



& our Partners,

Committed to
Safeguarding Adults



Harrow Safeguarding Adults Board (HSAB)

Annual Report 2015 - 2016



in partnership with:



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“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” (HSAB Vision)

Foreword

This is the 9th Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) 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 HSAB last year (2015/2016) and highlights the priorities for 2016/2017.

Nationally, the Care Act 2014 has placed Local Safeguarding Adults Boards on a statutory basis in primary legislation for the first time. This meant that by 1st April 2015 the Board had to meet the requirements of the Act and I can confirm that the Harrow Board is compliant with those requirements, which include having as core partners the Local Authority, the Clinical Commissioning Group and the Police. The Board has always published an annual report, which is now a statutory requirement.

The Board has taken the opportunity provided by the Care Act 2014 to review its policies and procedures and to introduce new ones where required. The Board has also been aware of the introduction into adult safeguarding arrangements of self-neglect, modern slavery and institutional abuse, alongside sexual exploitation and hate crime.

There was a lot of excellent work done last year on the priorities that the HSAB had agreed were important and I think that once again 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 3) and trust you agree once you have read it.

A key priority for the HSAB in the coming year will be 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).

As ever, everything the HSAB 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”*.

I am delighted to present this report to you and hope you will use it to raise awareness of adult safeguarding and to identify issues that you can take forward in your own organisation.

Bernie Flaherty (Chair of the HSAB)



SECTION 1 - INTRODUCTION

1. Introduction to the annual report

This Annual Report describes the activities carried out by the partnership organisations that form the Harrow Safeguarding Adults Board (HSAB) during 2015/16 and it also looks ahead to the priorities for 2016/17.

1.1 The Harrow Safeguarding Adults Board (HSAB)

The Harrow Safeguarding Adults Board (HSAB) 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 HSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and the active involvement of the elected Councillor who is the Council's Portfolio holder for adult social care, health and well-being. The list of members (as at March 31st 2016) is at Appendix 3, with their attendance record at Appendix 4.

1.2 Acknowledgments

The Board would like to thank staff, volunteers, users and carers from all agencies who have contributed to safeguarding and dignity/respect work in Harrow over the last year.

1.3 HSAB Accountability

Under the Care Act 2014 the HSAB has 3 core duties. It **must**:

- i. publish a strategic plan for each financial year
 - the HSAB has a 3 year strategic plan for 2014 – 2017 which is updated each year after production of the annual report
- ii. publish an annual report
 - the HSAB's 8th Annual Report (for 2014/2015) was presented to the Council's Scrutiny Committee on 26th October 2015. This 9th report for 2015/2016 will go to the Health and Wellbeing Board on 8th September 2016 and a Scrutiny meeting on 21st November 2016
 - consultation on the 2014/15 annual report as well as the 2015/16 draft version was done with Healthwatch in Harrow as well as the Local Account Group
 - 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, but there were none that needed to be done 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’s HSAB (as at 31st March 2016) is shown in Appendix 3 and their attendance record is shown at Appendix 4

1.4 “London Multi-Agency Adult Safeguarding Policy and Procedures”

The final version of the London Multi-Agency Adult Safeguarding Policy and Procedures was produced in December 2015 and formally launched on 9th February 2016. An update was required to ensure that the procedures were compliant with the Care Act 2014. As required, the Harrow Safeguarding Adults Board formally adopted the procedures at its meeting on 16th March 2016 and will implement them from 1st April 2016. The main points from the new procedures are:

- the process is now 4 stages: concerns; enquiry; safeguarding plan and review; and closure;
- Section 75 agreements continue to allow for Mental Health Trusts to act on behalf of the Local Authority to undertake safeguarding adult duties;
- the Safeguarding Adults Manager (SAM) who oversees the enquiries is allocated in the Local Authority or (where Section 75 agreements are in place), the relevant Mental Health Trust;
- there are no definitive timescales, (however indicative ones similar to the previous pan London procedures are given), as the focus has become more about user led processes in line with Making Safeguarding Personal;
- there is more focus on outcomes than process;
- the initial lead actions in response to a safeguarding concern should always be taken by the Local Authority for the area where the incident occurred. The “placing Local Authority” continues to hold the overall responsibility for the individual;
- the new areas introduced under the Care Act 2014 are referenced e.g. modern slavery; and
- HSAB partners are required to ensure the widest possible dissemination amongst staff

There will be a formal review in one year’s time.

SECTION 2

HSAB Work Programme in 2015/2016

2.1 Harrow HSAB business meetings – work areas covered

The HSAB met on 4 occasions in 2015/2016 – 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 London multi-agency procedures); some were for information/discussion (e.g. training); others were aimed at Board development (e.g. Prevent/radicalisation), 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. Making Safeguarding Personal) were discussed at more than one meeting.

Prevention and Community Engagement (including user involvement)

- Prevent and radicalisation – presentation/discussion (item for Board development)
- User Engagement - feedback on progress with the Harrow Safe Place Scheme development and from the discussions with the Local Account Group about the HSAB Annual Report 2014/15 (items for challenge; information and discussion)
- Mystery Shopping exercise – year 2 (item for information and decision)
- “Safeguarding is all about us” – user input to annual review/business planning day (item for challenge)
- World Elder Abuse Awareness Day 2015 in Harrow – local arrangements agreed (item for decision)
- Harrow Safe Place Scheme (item for information)
- Budget cuts and any impact on vulnerable people – (item for challenge)
- CSE; FGM and gangs – adult social care perspective (item for information)
- User outcomes – feedback from independent file audits and interviews with users (item for information)

Training and Workforce Development

- Formal review of the Safeguarding Adults (multi-agency) training programme (item for decision)
- HSAB Training programme for 2016/2017 (item for information and decision)
- Feedback from Best Practice Forums e.g. self-neglect (item for information)
- HSAB conference 25th November 2015 (item for discussion and information)

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)
- Mystery Shopping exercise – year 2 (item for information and decision)
- Quarterly statistics – discussed and findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- Home Office Inspection of Vulnerable People in Custody (item for decision)

Policies and Procedures/Governance

- HSAB Strategic Plan 2014/17 – exception reports (standing item)
- The HSAB Annual Report 2013/2014 - discussed and formally signed off (item for decision)
- Care Act 2014 implementation (items for decision)
- HSAB membership and revised Terms of Reference (item for decision)
- Safeguarding Adults Reviews (SAR) Policy – (item for decision)
- London multi-agency policy/procedures 2016 (item for decision)
- Making Safeguarding Personal – action plan agreed (items for discussion and decision)
- Metropolitan Police information sharing agreement (item for discussion)
- Self-neglect protocol (item for decision)

Joint work with the Harrow Safeguarding Children's Board (HSCB)

- HSCB independent audit (item for information)
- HSCB Annual Report 2014/2015 (item for information)
- Transition protocol for safeguarding work (item for decision)
- Child Sexual Exploitation – HSCB feedback (item for information)
- Female Genital Mutilation (FGM) – update on local arrangements (item for information)
- Learning from serious case reviews - (item for information)

Safeguarding Adults Reviews (SARs)

There were no cases for the HSAB to commission a SAR or review in 2015/2016.

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 HSAB.

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 statistical information for safeguarding adults services in 2015/2016 is shown at Appendix 2.

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 3rd 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 HSAB Resources

As at 31st March 2016, the staffing of the dedicated Safeguarding Adults Service located in the Council is as follows:-

- 1 Service Manager (Safeguarding Adults and DoLS)
- 1 DoLS Co-ordinator
- 1 Safeguarding Adults Co-ordinator
- 1 Team Manager
- 2 wte Safeguarding Adults Senior Practitioners
- 7 wte qualified Social Workers

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated Lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The nature of the work carried out is included in CNWL's statement at Appendix 1.

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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 HSAB etc.

The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £20,500 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust) and also the London Fire Service. In 2016/2017 there will be an additional contribution from the Metropolitan Police of £5,000 p.a.

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

SECTION 3 – MAKING A DIFFERENCE (PROGRESS ON OBJECTIVES 2015/2016)

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.

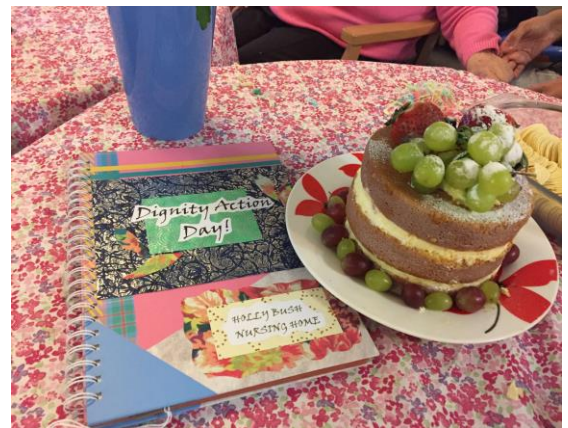
Theme 1 - Prevention and Community Involvement

The HSAB 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 (1st 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 10th 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.

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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.

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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.

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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).

Attendees by sector (multi-agency training programme)	2015-16
Harrow Council Internal	187
Health	49
Statutory (other)	1
Private	373
Voluntary	85
Sub-total:	695
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
	Sub-total
	478
Total Attending (all sessions)	1173

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.

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 (14th October 2015), the Council's Scrutiny Committee (26th 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.

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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.

Section 4: Action Plan (objectives 2016/2017)

NB. There are a range of actions for all partner agencies that will be taken forward in 2016/17 not reflected below as the HSAB objectives are at the strategic level. Some are contained within the documents that supplement the Strategic Plan 2014 – 2017 and others are single agency.

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Theme 1 – Prevention and Community Engagement

Overall objective

All the agencies represented at the HSAB 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 “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 HSAB has agreed that 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.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale
<p>The HSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow</p> <p>Source: PR; WV; CA and ADASS</p>	<p>Implement the Prevention Strategy 2014 – 2017</p> <p>Updates on progress presented at Board business meetings</p> <p>(user outcomes)</p>	<p>March/April 2017</p> <p>Quarterly at Board Meetings</p>
<p>Ensure effective communication by the HSAB with its target audiences</p> <p>Source: ADASS and CA</p>	<p>Implement the HSAB Communications Policy as agreed at the March 2015 Board meeting</p> <p>(service delivery and effective practice)/(user outcomes)</p>	<p>End March 2017</p>

<p>Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence</p> <p>Source: HPS and CA</p>	<p>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 HSAB Strategic Plan – and users report feeling safer in annual surveys and in focus group discussions</p> <p>(user outcomes); (leadership); (strategy)</p>	<p>End March 2017</p>
<p>There is evidence that the Harrow HSAB's work is influenced by user feedback and priorities</p> <p>Source: CA; MSP</p>	<p>Demonstrable changes in policy and practice are evident following annual evaluation of user feedback and presentation at the HSAB Review Day; Local Account Group and similar</p> <p>(user outcomes); (people's experiences of safeguarding)</p>	<p>End July 2017</p>

Theme 2 – Training and Workforce Development

Overall objective

In adopting the ADASS standards for Safeguarding Adults at risk, the HSAB 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.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale
<p>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</p> <p>Source: BU; file audit; HPR and CA</p>	<p>Update the training programme implementing the results from the 2015/16 formal evaluation and recognising any learning from file audit and user interviews</p> <p>Run Best Practice Forums as appropriate to supplement the formal training programme in order to cover specific topics of interest</p> <p>(service delivery and effective practice)</p>	<p>End July 2016</p> <p>End March 2017</p>
<p>DOLS arrangements (including for health funded services and facilities) are effective</p> <p>Source: HWB and WV</p>	<p>HSAB receives DoLS performance information at each Board Meeting</p> <p>(people’s experiences of safeguarding)</p>	<p>Quarterly</p>

Theme 3 – Quality and Performance Review

Overall objective

The HSAB has agreed to oversee robust performance management frameworks for monitoring the quality and effectiveness of safeguarding work across all sectors. The existing QA framework for the HSAB has user/carer challenge at its centre.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale
<p>The HSAB oversees effective practice and ensures continuous improvement</p> <p>Source: HPR; NHS; ADASS and CA</p>	<p>Commission the 3rd “mystery shopping” exercise ensuring feedback is given to providers and learning is implemented</p> <p>Develop an action plan to address relevant recommendations from the inspection of vulnerable people in custody report</p> <p>(performance and resource management)</p>	<p>End March 2017</p> <p>End October 2016</p>
<p>Statistical data improves understanding of local patterns enabling improved planning of responses to allegations</p> <p>Source: HPR; SAR; CA and AR</p>	<p>Ensure presentation of statistics at each HSAB Board Meeting and at the Annual Review/Business Planning Day, including comparisons with any available national data</p> <p>(performance and resource management)</p>	<p>Quarterly</p>
<p>The HSAB is confident that safeguarding adults work is person centred</p> <p>Source: HPR; MSP</p>	<p>HSAB receives reports on the findings of the user interviews conducted by the independent social worker at the end of the safeguarding adults process – ensuring that any learning is implemented</p> <p>(service delivery and effective practice)</p>	<p>End March 2017</p>

Theme 4 – Policies, Procedures and Governance

Overall objective

In adopting the ADASS standards for Safeguarding Adults at risk, the HSAB has signed up to a multi agency partnership, oversight by each organisation's executive body to the work and the London Multi-agency Policy & Procedures that describe the framework for responding to concerns/enquiries.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>Ensure production of the HSAB Annual Report</p> <p>Source: HPR and CA</p>	<p>HSAB receives the draft Annual Report within 3 months of the end of the financial year – with a focus on outcomes wherever possible</p> <p>(Local Safeguarding Adults Board)</p>	<p>End June 2016</p>
<p>Ensure that the HSAB Annual Report is presented to all relevant accountable bodies</p> <p>Source: PR; AR; CA</p>	<p>Presentation is made to Scrutiny Committee to include progress against the previous year's action plan and objectives for the coming year</p> <p>Feedback is obtained from Healthwatch in Harrow</p> <p>All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the HSAB</p>	<p>First available Scrutiny meeting after the Annual Report is discussed and agreed at the HSAB (and no later than the end of October 2016)</p> <p>First available Board meeting (or equivalent) after the Annual Report is discussed and agreed at the HSAB (and no later than the end of October 2016)</p>

	<p>Presentation is made to Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year</p> <p>(leadership); (Local Safeguarding Adults Board); (Strategy)</p>	<p>First available Health and Wellbeing Board meeting after the Annual Report is discussed and agreed at the HSAB (and no later than the end of October 2016)</p>
<p>The general public is aware of safeguarding issues and the work of the HSAB</p> <p>Source: ADASS and PR</p>	<p>Implement the HSAB Communications Policy as agreed by the Board at its March 2015 Board meeting</p> <p>The HSAB Annual Report is published in an easy to read format and posted on all partner websites</p> <p>(service delivery and effective practice)</p>	<p>End March 2017</p> <p>End October 2016</p>
<p>The statutory HSAB is effective; Care Act compliant and has strategic oversight of local safeguarding adults work</p> <p>Source: ADASS; CA and HPR</p>	<p>The HSAB Strategic Plan is monitored at Board meetings and updated at the Annual Review/Business Planning Day</p> <p>(leadership)</p>	<p>Quarterly and end of June 2017</p>
<p>Ensure local arrangements are London multiagency Policy/Procedures compliant and cover the new safeguarding areas e.g. human trafficking Source: CA</p>	<p>The HSAB formally adopts the new London multiagency Policy/Procedures when available</p>	<p>As determined by relevant guidance when the new procedures are issued</p>

Theme 5 – Partnership with the Harrow Safeguarding Children’s Board (HSCB)

The HSAB and HSCB 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.

Objectives and Targets	How it will be achieved and measured (outcomes)	Timescale for achievement
<p>Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC.</p> <p>Source: PR and ADASS</p>	<p>Consider all possible areas for joint approaches e.g. in relation to safeguarding training, work with schools and sexual exploitation</p> <p>(working together)</p>	<p>End March 2017</p>
<p>The HSAB (jointly with the HSCB) takes a “think whole family” approach to its work</p> <p>Source: WV and NHS</p>	<p>Audit processes in both Adults and Children’s Services across all HSAB partner agencies look at the whole family</p> <p>(working together)</p>	<p>End March 2017</p>

Source Documents:

AR – Harrow 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

Appendix 1

Statements from key HSAB partners

The following statements have been provided by some of the key agencies represented on the HSAB. The reports cover adult safeguarding issues from each organisation's perspective and some identify key priorities for 2016/17.

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28th July 2016

Mr Seamus Doherty
Safeguarding Adults Co-ordinator
2nd Floor, East Wing
Harrow Council
Civic Centre
Station Road
Harrow HA1 2XF

Dear Seamus

Re: SAB Annual Report

Thank you for inviting Healthwatch Harrow to make a formal response to your annual report, which is as follows:

As the manager of the Healthwatch Harrow service, Harrow in Business and its staff, volunteers and networks, look forward to supporting the work of the Harrow Safeguarding Adults Board during 2016/17, especially by communicating key priorities and actions as outlined in the 2015/16 Annual Report, through our range of business and community engagement activities and social media channels to the local people, businesses and others. Wherever possible, we will look to support each other at key events and community engagement forums and via our regular e-bulletins and e-newsletters.

Yours sincerely

Ash Verma
Chair (HiB)

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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 be working in partnership with other agencies and individuals to actively raise awareness.

Outcomes for prevention and community development

- through a contracted service we have provided advocacy support for 33 individuals who were subject to safeguarding alerts ensuring their voice was heard in the process of protecting them. And the safeguarding process was focussed on the outcomes they wished to achieve
- provided staying safe workshops for young people (aged 18-25) with learning disabilities. This has included keeping safe on line
- 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 to improve services
- safeguarding is an integral part of all person centred support plans

Outcomes for Training and Workforce Development

- 3 members of staff have undertaken safeguarding and advocacy training
- all Care and Support staff undertake DOLS training
- all staff receive basic awareness training for Children & Adults as part of their induction and these are refreshed annually
- 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

- safeguarding leads meet regularly to review incidents and the response to incidents so any barriers are identified and addressed

Outcomes for Governance

- safeguarding is on the agenda for every board meeting so the board is aware of issues and develop appropriate and responsive plans and policies
- we continue to ensure that there is a designated trustee with responsibility for safeguarding

Priorities for 2016-17

- continue to ensure that all staff are aware of their responsibilities under the Care Act (2014)
- to hold a learning disability Forum to explore what being safe means to individuals and how to keep safe whilst having active lives
- to continue to campaign to ensure that the rights of people with learning disabilities are upheld

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Royal National Orthopaedic Hospital (RNOH)

Outcomes for Prevention and Community Engagement:

- An FGM leaflet has been developed for staff and visitors which raise awareness of FGM, the support available and our legal responsibilities.

Outcomes for Training and Workforce Development:

- Staff trained to level 2 currently at 85.86%. Staff trained to level 1 currently at 91.33%.
- The effect of this is an increased awareness amongst all levels of staff resulting in safeguarding concerns being raised by a variety of staff/departments such as administrators in the appointment booking department.
- The Trust Induction programme now contains MCA and DoLS training for all new starters.
- The mandatory training programme includes awareness of self-neglect and it's complexities in relation to patients who have mental capacity to make 'unwise' decisions. Modern slavery is now also covered in all mandatory training. Sexual exploitation is discussed in both the Adult and Children's Safeguarding training.
- RNOH has revised the Adult Safeguarding workforce. Adult Safeguarding now has a 0.8 WTE Named Nurse and a full time Learning Disability nurse.

Outcomes for Quality and Performance Review:

- Bi-monthly meetings of the Safeguarding Adult Committee are held with attendance from named professionals, operational leads from nursing, Allied Health Professional, social work and patient representative.

Outcomes for Policies and Procedures/Governance:

- HSAB Annual Report 2014/2015 was presented to the organisation's Trust Board

Outcomes for joint work with the HSCB - "think family":

- Domestic violence is now incorporated in all Adult Safeguarding training as well as Children's Safeguarding training.
- The Adult Safeguarding Named Nurse and Children's Safeguarding Named Nurse are working closely together to facilitate cross learning in light of the 'think family' initiative.

Priorities for 2016/17:

- Undertake regular audit of knowledge and skills and corresponding outcomes.
- Engage service users to provide feedback and lessons learnt.
- Complete FGM policy and leaflet.

- Review all Adult Safeguarding documentation: SG referral, MCA/BID in order to make them more user friendly and incorporate the 'making safeguarding personal' agenda.
- Complete Prevent policy.
- Implement training strategy for the soon to be finalised Intercollegiate Document for adult Safeguarding.
- Newsletter to include lessons learnt from staff and patient feedback in order to disseminate learning widely across the organisation.
- Implement Safeguarding Champions in all departments to engage and feedback to staff on a local level any new developments/recommendations and to ensure Safeguarding is at the forefront of each department's agenda.
- Implement staff supervision programme.
- Update the Trusts Adult Safeguarding webpage to make it more user friendly so as to encourage staff to utilise the resources available to them.
- Continue to raise the profile of all Adult Safeguarding issues and embed best practice across all aspects of the organisation.

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Age UK Harrow (AUKH)

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 2015;

AUKH led on this day and this year organised an all day drop in sessions in the office. This enabled people to come in and speak to the staff on a one to one basis as well as collect information. Staff and volunteers gave out information on the subject and how to report it. Although the numbers attending were not great, those who did come had no idea of elder abuse and AUKH staff were able to raise the awareness on the subject. This did not generate a huge number of people coming in but the message did get to those who had no awareness on the subject.

On-going articles on safeguarding in the newsletter to remind members about scams.

- Outcomes have been that a number of clients have been signposted to Safeguarding and are aware of how the service operates. Some have been clients who have called on behalf of someone else etc.
- Made 2 direct safeguarding referrals.

Outcomes for Training and Workforce Development

- Staff continue to attend basic awareness course. Refresher training is also offered where appropriate.
- Volunteers are offered in house training delivered by Council staff or AUKH staff.
- Induction of new staff/volunteers/trustees – now includes presentation on safeguarding that was developed by the Council Safeguarding team.
- All support group meetings and staff meeting have Safeguarding as a standing agenda item where issues relating to this are discussed.

Due to all the above, the outcomes have been:-

- Staff and volunteers are more aware of safeguarding issues and the signs to look out for.
- Are more aware of how to report any safeguarding issues and staff knows how to deal with the issues if volunteers raise any alerts.
- Through the annual review of volunteers and clients to find out any safeguarding problems – outcome was to have Boundary training and this was accessed.

Outcomes for Quality and Performance Review

- Attained quality marks for our Advice and Advocacy service and both had safeguarding reviewed as part of the audit.
- AUKH has contributed to quality and performance review through our Chief Executive, Avani Modasia, attendance at HSAB meetings, HSAB away day in 2015.
- All staff now more aware of procedures internally on reporting safeguarding issues.

Outcomes for Policies and Procedures/Governance

The work done over the years on Safeguarding has resulted in the outcomes below:-

- Safeguarding is standing agenda item at AUKH Board meetings which includes feedback from the HSAB Board is given.
- The annual HSAB report was tabled at the board meeting.
- We have continued to implement pan London Procedures.
- Worked to ensure production of the HSAB Annual Report
- Reviewed the safeguarding policy to reflect the changes under the care act.
- Reviewed our internal the safeguarding reporting system for the organisation.

Our priorities for 2016/17 are:-

- As a result of incidents, work to introduce extensive volunteer safeguarding training with practical examples.
- Organise 11th annual World Elder Abuse Awareness Day event in partnership with the Council and other partners.
- Continue training staff and volunteers to spot risk/harm and take appropriate action,

- Raise awareness about safeguarding issues especially for vulnerable elderly and encourage more people to get help. Outcome same as above
- Continue working with Health watch in doing enter and view sessions and thus raise awareness about safeguarding.

Personal Pledges made at HSAB 2015 planning day

- Update all Safeguarding policies to include the Care Act
- Develop internal procedures on what referrals to be sent to Safeguarding Team.
(Work on both the pledges has been started)

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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 through our Care Act Information & Advice Service (SWiSH), 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.
- Increased awareness of the need for improved coordination between the police and NHS mental health services for BMER community members who are arrested and detained and could be at risk owing to their mental health problems through our Somali Olole Isbedel project campaign.

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 our staff awareness of Prevent programme through attendance at Harrow Council training, resulting in one referral being made in May 2016.

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 2015-16, the Harrow LSAB away day in 2015.
- Contributed to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a 'Mystery Shopping' exercise with 111 number, CNWL NHS Foundation Trust Single Point of Access (SPA) and a sample of GP practices in the autumn of 2015, which has resulted in learning reported to the Safeguarding Board.

Outcomes for Policies and Procedures/Governance:

- Improved Child Protection Policy through our annual review.
- Improved our Safeguarding Adults at Risk Policy by incorporating the new Pan-London Multi-Agency Procedures reviewed as a result of Care Act 2014 implementation.
- Improved our Board of Trustees awareness of current local safeguarding issues through our Chief Executive's presentation of the new Pan-London Multi-Agency Procedures and other safeguarding changes introduced as a result of the Care Act 2014 to a May 2016 meeting.
- Improved awareness of the need for a better coordinated multi-agency response to people experiencing mental health problems who are arrested and detained, including appropriate adult provision, from local evidence and the Home Office inspection report for Brent and Harrow 'The welfare of vulnerable people in police custody' (March 2015).

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.
- 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 2016/2017:

In addition to continuation of Mind in Harrow's actions and outcomes for 2015-16:

- Contribute to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a new 'Mystery Shopping' exercise 2016-17 and repeat the exercise for 2015-16 for improved responses.
- Contribute to a better coordinated multi-agency response to people experiencing mental health problems who are arrested and detained, including appropriate adult provision, through the new working group to be convened from June 2016.

- Contribute to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a new 'Mystery Shopping' exercise 2016-17 and repeat the exercise for 2015-16 for improved responses.
- Contribute to a better coordinated multi-agency response to people experiencing mental health problems who are arrested and detained, including appropriate adult provision, through the new working group to be convened from June 2016

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HARROW Clinical Commissioning Group (CCG)

Outcomes for Prevention and Community Engagement

Harrow CCG is committed to engaging with the community about health services for patients. We make decisions based on the feedback we get to ensure that the services we commission and redesign are services that residents need and can access.

We hold regular events so that patients can have their say in the design and development of local services.

In 2015/16 we consulted with patients, carers, stakeholders and the wider general public on a number of issues including:

- The Harrow spinal multi-disciplinary team (MDT) triage service
- NHS 111
- Procurement of the IAPT (Improving Access to Psychological Therapies Programme) service
- Review and redesign for paediatric pathways
- Wheelchair services

We also consulted on our commissioning intentions 2016/17 by holding a large public event. 181 people attended and were given an overview of our vision and our priorities for the year ahead.

For commissioning intentions 2016/17 the CCG also facilitated discussions with:

- GPs
- Mind in Harrow
- Age UK Harrow
- Harrow Patients' Participation Network (HPPN)
- Patient participation groups (PPGs)
- Local Medical Committee
- Healthwatch Harrow
- Existing and prospective providers

This year Harrow CCG developed an agreement with the Harrow Patients' Participation Network (HPPN) which brings together patient participation groups (PPGs) from surgeries across the borough.

This agreement will ensure a successful working partnership that helps improve services. The CCG also worked closely with partner organisations (Harrow Council and Healthwatch Harrow) to ensure engagement relating to health in the borough is more joined up.

The CCG continues to use its patient newsletter (Patients First), its website and social media to connect and share healthcare messages with local people.

We have an Equality and Engagement Committee which includes representatives from Healthwatch and the voluntary sector, and is chaired by our Governing Body lay member for public and patient engagement. It meets bi-monthly and oversees the engagement work carried out by the CCG to ensure it is open and inclusive.

NHSE Deep Dive

CCG Harrow participated in the NHS England deep dive review of Safeguarding Adults as part of the assurance process for CCGs in 2015/2016

Overall, Harrow CCG was assured as good.

An action plan has been drawn up following the Designated Safeguarding Professionals meeting held on the 4th April, 2016 to address areas where there was limited assurance.

NHS England commended CCG Harrow for good quality framework for undertaking provider assurance clinical visits

Outcomes for Training and Workforce Development

Currently 97% of the Harrow CCG staff have received Safeguarding Adults training.

The new categories of abuse have been embedded into the training materials.

Prevent training is also on-going. Harrow CCG and its providers are currently above the trajectory set by NHS ENGLAND

Outcomes of Quality and Performance Review:

Harrow CCG has works closely with other CCGs to commission high quality health services and monitor the effectiveness of the providers in delivering safe care.

Harrow CCG take the lead for undertaking this for the CNWL mental health services across NWL and are associate commissioners for the London North West Hospital Trust (LNWHT) contract and Imperial College HealthCare NHS Trust.

During 2015/16 the Brent, Harrow and Hillingdon CCGs Federation Quality and Safety Team underwent significant changes since July 2015. Jan Norman joined the organisation as the Director for Quality and Safety, Sandra Corry, the Deputy Director for Quality and Safety and Nicky Brown John, the Assistant Director for Quality and Safety. Safeguarding Adults within the CCG has since been delegated to the Quality and Safety Team.

For 2016/17 quality indicators for safeguarding adults are firmly included within the core requirements for North West London and an outcomes framework is being developed in collaboration with providers who will be required to submit quarterly reports to the CCGs.

Outcomes of Policies and procedures/Governance

Updates from the Safeguarding Adults Board Meeting and from national guidelines and legislation have been shared with staff of the CCG during team meetings.

Outcomes for Joint work with Children Safeguarding:

The Designated Nurse Safeguarding Children and the Lead Nurse Safeguarding Adults have attended various work streams be work streams within the CCG. The aim is to give updates on Safeguarding and to ensure the work streams have embedded Safeguarding correctly in their processes

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Central & North West London (CNWL) NHS Foundation Trust

Outcomes for Quality and Performance Review:

- The Board had previously formed a view there was a possible under-reporting of Concerns within Trust's services.
- In May 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 Further Enquiry was required and organizing a Safeguarding Adults Manager to conduct this.
- A further 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.
- The HSAB Annual Report 2014/2015 was presented to CNWL's Executive Board in September 2015.
- In December 2015 the new Single Point of Access for CNWL was a participant in a Mystery Shopper exercise. Following feedback further training was undertaken with the staff of the SPA by the Lead SAM about how to responded to a Concern raised by third parties.

Outcomes for Policies and Procedures/Governance:

- In September 2015 the following email account is launched for all to make enquiries to: cnw-tr.mentalhealthsafeguardingharrow@nhs.net
- In November 2015 the Trust launched the Single Point of Access (SPA) to receive referral for people professionals hold concerns that their wellbeing is suffering due to mental health difficulties (cnw-tr.SPA@nhs.net)

- In March 2016, the Trust's Care Quality Meeting for its Harrow Service, ratified a new Operational Policy in regard to the Allocation of Safeguarding Adults Manager to conduct Enquiries
- Also in March 2016 the reconfiguration of community services for mental health was completed. The 4 teams are now all based in a single site: Bentley House

Outcomes for Training and Workforce Development:

- Training entitled "Safeguarding Adults: Developments due to the Implementation of the Care Act 2014" was provided by the Lead SAM. Staff from the following services areas attended: the Single Point of Access, Liaison Psychiatry, Home Treatment Team, Ellington, Eastlake & Ferneley Wards; and those formerly of the Community Recovery Team, Assertive Outreach Team, Personal Budget Team and Community Rehabilitation Team.
- This covered the new categories of abuse, FGM, as well as good practice in regard to when and how to raise a Concern.
- Training on when and how to raise a Concern was also provided to staff of partner agencies RETHINK Bridge Centre & Look Ahead Support.

Priorities for 2016/17:

- To engage Patients and Carers
- To engage Staff

Personal pledges made at the Annual Review/business planning day 2015:

- Photographs of each Champion for Learning Disabilities is now displayed on the Wards at Northwick Park Hospital Mental Health Centre. This has achieved a personal pledge of the Trust.
-

Harrow Police

Outcomes for Prevention and Engagement

Harrow Police incorporate measures to ensure the continuation of quality outcomes and support for vulnerable members of the community, in particular:

- increasing staffing levels in MASH and incorporating updated MPS operational models around Protecting Vulnerable Persons
- ensuring early identification of vulnerable victims and increasing referrals to services through MASH where appropriate.
- early engagement from Neighbourhood Policing Teams to provide re-assurance and crime prevention advice.
- enforcing a positive action response against those committing crime against vulnerable victims

- daily review of crimes with a focus upon Domestic Abuse, Hate Crime and crime involving vulnerable victims
- joint community engagement work with Partners, including Secure streets, Action Days and ward-based Street Briefings

Outcomes for training and Workforce Development

All front-line officers receive corporate in-house training around Mental Health, Safeguarding issues and dealing with Vulnerable persons. This includes referral thresholds and Merlin minimum standards and supporting partner training to ensure wider awareness of roles, responsibilities and available services. This is an integral part of induction training for new officers and is also delivered to the existing workforce. Additional bespoke training is provided to staff in specialist roles on an on-going basis.

Outcomes for Quality and Performance Review

The internal MPS Quality Assurance framework drives minimum standards for cases involving vulnerable victims, including elderly persons and situations involving Mental Health issues. Domestic Abuse now includes cases of coercive control and Honour Based Violence and there is an increasing focus on a wider variety of investigative outcomes, including Criminal Behaviour Orders, Victimless Prosecutions and Domestic Violence Protection Notices/Orders.

Outcomes for Policies and Procedure/Governance

Harrow Police are fully engaged with the strategic partnerships for Safeguarding adults and children and is represented on the appropriate boards and executive groups. Harrow Police are fully engaged with internal and external auditing of case management and referrals. MPS structures, including around Protecting Vulnerable Persons, are currently being reviewed at an organisational level and this may include an uplift in officers deployed in this portfolio and a redesign of central delivery around the policing response to Safeguarding Adults. All changes will be communicated to strategic partners in sufficient time to ensure continuity of service delivery. Any actions arising from the LSAB annual report have been dealt with and completed.

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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 enquiries into individual cases of abuse and instances of institutional abuse. The Service also supports the HSAB arrangements; organises a range of public awareness campaigns; oversees the multi-agency training programme and runs briefing sessions. In 2015/2016 as with the previous year, the Safeguarding Adults and DoLS Service had a work programme which supported the overall objectives and priorities in the HSAB 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.



Appendix 1

Safeguarding Adults Concern & Enquiry Data - 1st April 2015 - 31st March 2016

Summary Statistics

No. of Concerns: -	1690	%		
Taken forward as Enquiries: -	680	40%		
Dealt with at Concern Stage: -	1010	60%		
No. of Repeat Enquiries: -	132	19%		
No. of Completed Enquiries: -	677	100%		
Concerns Female	1041	62%		
Concerns Male	642	38%		
Not Stated / Recorded	7	0%		
	1690	100%		
Enquiries Female	430	63%		
Enquiries Male	249	37%		
Not Stated / Recorded	1	0%		
	680	100%		
From different Ethnic Backgrounds (non white UK): -	863	51%	} C o n c e r n s	
Female	523	61%		
Male	335	39%		
(ethnicity) Not Stated / Recorded	49	6%		
	863	99%		
(ethnicity) Not Stated / Recorded or	W/UK	BME		
White UK	827	863		
White UK	49%	51%		
From different Ethnic Backgrounds (non white UK): -	323	48%		} E n q u i r i e s
Female	197	61%		
Male	126	39%		
(ethnicity) Not Stated / Recorded	23	7%		
	323	100%		
(ethnicity) Not Stated / Recorded or	W/UK	BME		
White UK	357	323		
White UK	53%	48%		
Where Abuse / Harm took Place: -			} Many cases involve multiple locations of abuse and this is highlighted in these figures	
Own Home	423	61%		
Care Home - Permanent	57	8%		
Care Home with Nursing - Permanent	52	8%		
Care Home - Temporary	11	2%		
Care Home with Nursing - Temporary	11	2%		
Alleged Perpetrators Home	15	2%		
Mental Health Inpatient Setting	25	4%		
Acute Hospital	10	1%		
Community Hospital	3	0%		
Other Health Setting	2	0%		
Supported Accommodation	26	4%		
Day Centre/Service	6	1%		
Public Place	27	4%		
Education/Training/Workplace Establishment	4	1%		
Other	11	2%		
Not Known / Not Recorded	7	1%		
	690	100%		
Service User Group: -			} Some Service Users have multiple conditions e.g. older person with a physical disability and mental health issue and this is highlighted in these figures	
Older People	314	46%		
Learning Disability	88	13%		
Physical Disability Support	269	40%		
Mental Health	210	31%		
Support with Memory and Cognition	35	5%		
Sensory Support	18	3%		
Substance Misuse		0%		
Other Adult at Risk / Social Support	50	7%		
Not Stated / Recorded	10	1%		
Total No. of Service Users	680	146%		
No. of Multiple Service User Groups	314	46%		
Type of Abuse / Harm: -			} Many cases involve multiple abuses and this is highlighted in these figures	
Physical	201	23%		
Sexual	65	7%		
Emotional/Psychological	179	20%		
Financial	154	17%		
Neglect	190	21%		
Self-Neglect	11	1%		
Discriminatory	6	1%		
Organisational / Institutional	24	3%		
Domestic Abuse	55	6%		
Modern Slavery		0%		
Not Stated / Recorded		0%		
Multiple Abuses	217	25%		
	885	125%		

Appendix 1

Person Alleged to have caused Abuse / Harm:-

Health Care Worker	39	6%
Neighbour or Friend	33	5%
Main Family Carer / Other Family Member	173	25%
Other Professional	26	4%
Other Vulnerable Adult	25	4%
Partner	71	10%
Social Care Staff	151	22%
Stranger	55	8%
Volunteer or Befriender	3	0%
Other	104	15%
Not Known/Stated/Recorded	0	0%
680	100%	

Source of Referral

Social Care Staff	Domiciliary Staff	23	3%
	Residential Care Staff	68	10%
	Day Care Staff	17	3%
	Social Worker/Care Manager	106	16%
	Self -Directed Care Staff	6	1%
	Other Social Care Worker	37	5%
Health Staff	Primary/Community Health Staff	70	10%
	Secondary Health Staff	59	9%
	Mental Health Staff	112	16%
	Other Health Care Worker		0%
Other Sources of Referral	Self-Referral	10	1%
	Family member	54	8%
	Friend/neighbour	12	2%
	Other Service User	3	0%
	Care Quality Commission	1	0%
	Education/Training/Workplace Establishment	5	1%
	Housing	21	3%
	Police	44	6%
	Other (anon, probation, contracts, MAPP, MARAC, etc	32	5%
	Not Recorded	0	0%
680	100%		

Outcomes for Adult at Risk (completed cases) :-

Increased Monitoring	116	13%
Removed from property or service	27	3%
Community Care Assessment & Services	122	13%
Civil Action		0%
Application to Court of Protection	9	1%
Application to change appointee-ship	2	0%
Referral to advocacy scheme	18	2%
Referral to Counselling/Training	22	2%
Moved to increase/Different Care	48	5%
Management of access to finances	13	1%
Guardianship/Use of Mental Health Act	8	1%
Review of Self Directed Support (IB)	15	2%
Management of access to Perpetrator	45	5%
Referral to MARAC	15	2%
Other	382	42%
No Further Action	11	1%
Not Recorded	66	7%
919	100%	

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

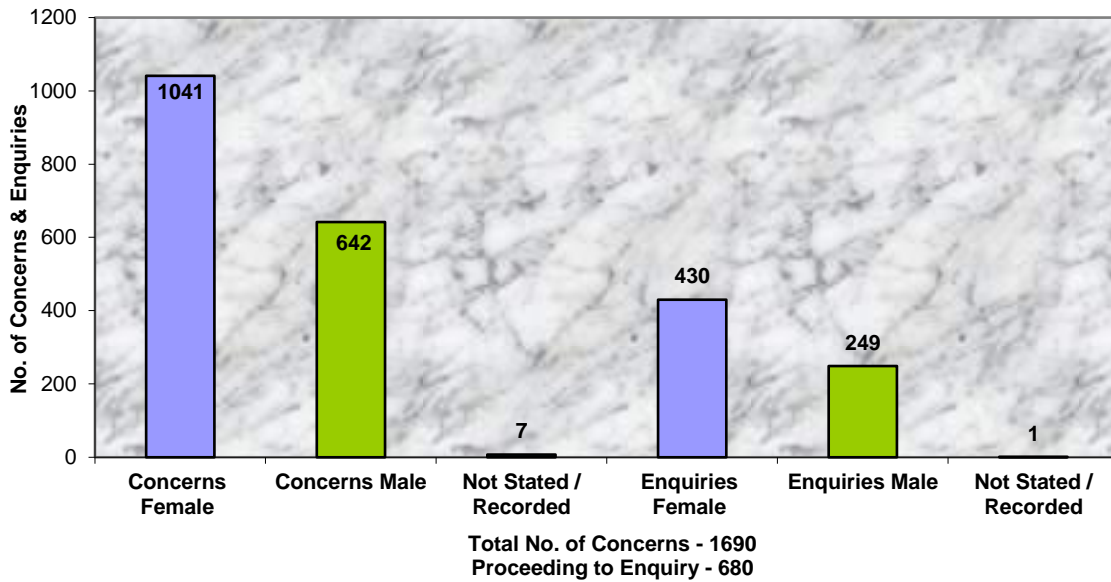
Outcomes for Person Alleged to have caused the Abuse / Harm (completed cases) :-

Criminal Prosecution/Formal Caution	10	1%
Police Action	95	11%
Community Care Assessment	46	6%
Removal from Property or Service	30	4%
Management of Access to Adult at Risk	46	6%
Referred to ISA / DBS	1	0%
Referral to Registration Body	12	1%
Disciplinary Action	27	3%
Action By Care Quality Commission	16	2%
Continued Monitoring	56	7%
Counselling/Training/Treatment	36	4%
Referral to Court Mandated Treatment	1	0%
Referral to MAPP	2	0%
Action under Mental Health Act	8	1%
Action by Contract Compliance	27	3%
Exoneration	84	10%
No Further Action	37	4%
Not Known	232	28%
Not Recorded	66	8%
832	100%	

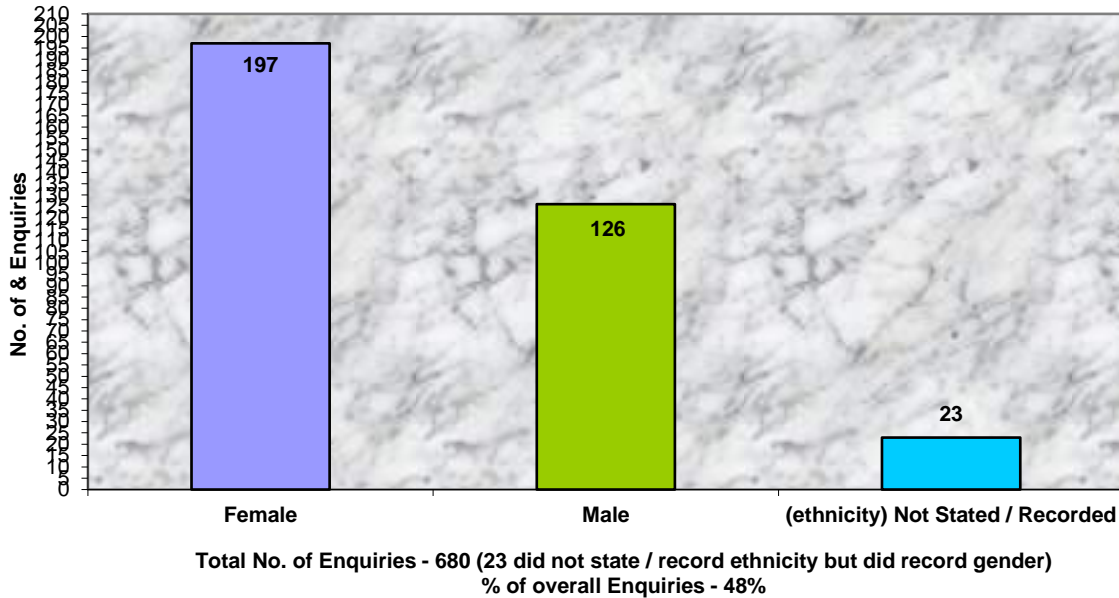
Many cases allow for multiple outcomes and this is highlighted in these figures

Appendix 1

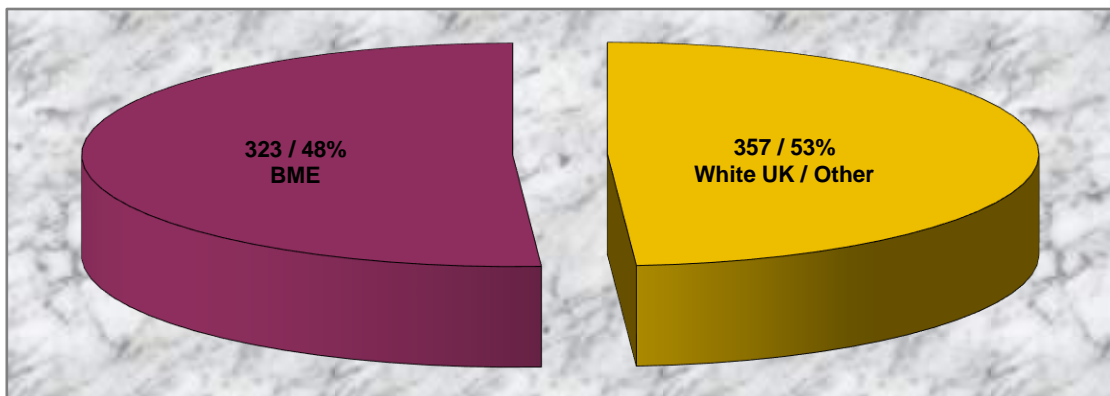
Safeguarding Adults Concern & Enquiry Data - 1st April 2015 - 31st March 2016
Male / Female Ratio



Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Male / Female Ratio
(from different ethnic backgrounds)



Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
W/UK / BME Ratio



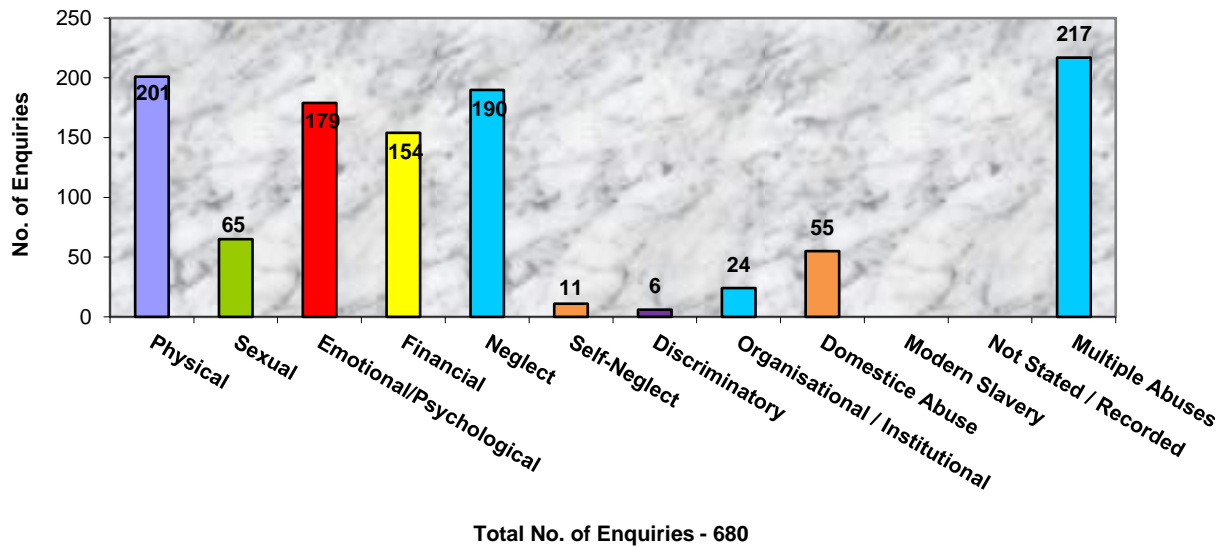
% Adult BAME Community in Harrow
(from 2011 Census) - 42%

% BME Safeguarding Concerns - 51%

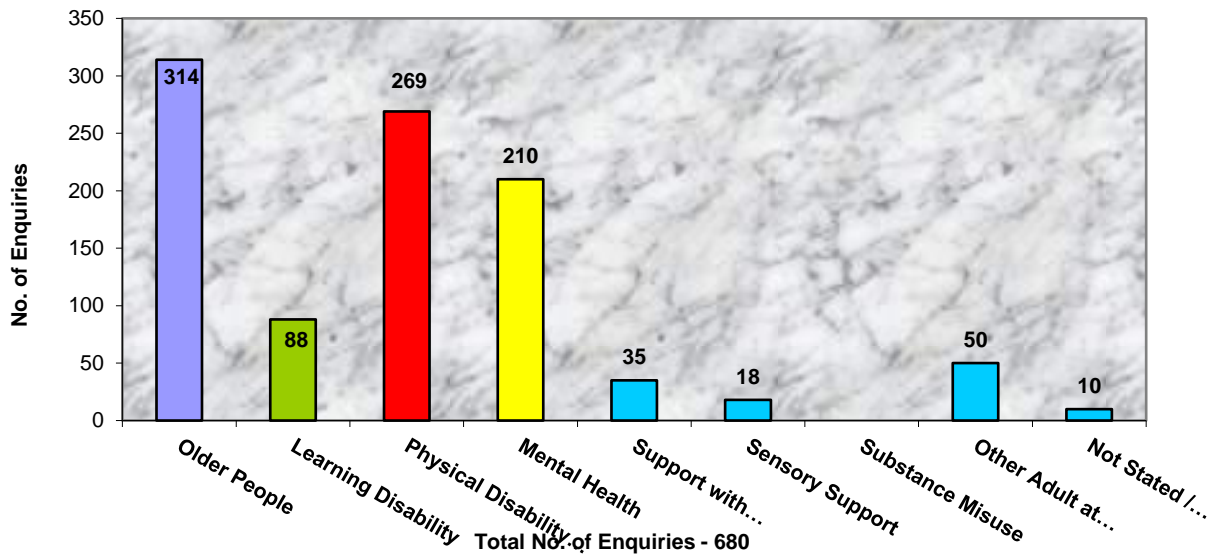
% BME Safeguarding Enquiries - 48%

Appendix 1

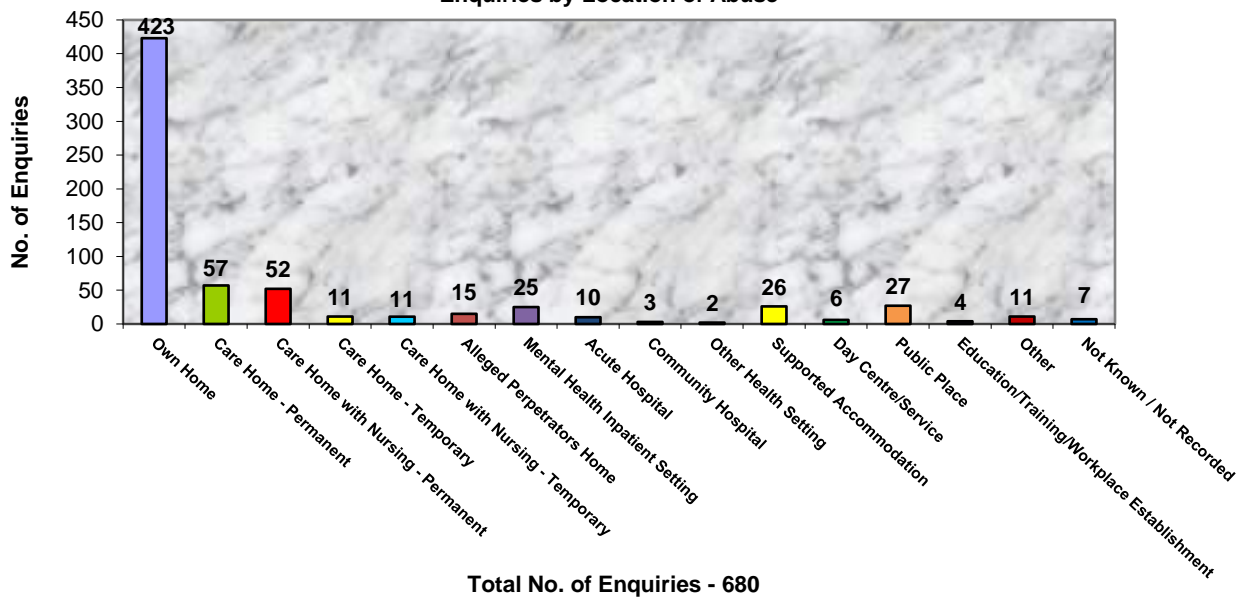
Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Enquiries by Type of Alleged Abuse



Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Enquiries by Client Group

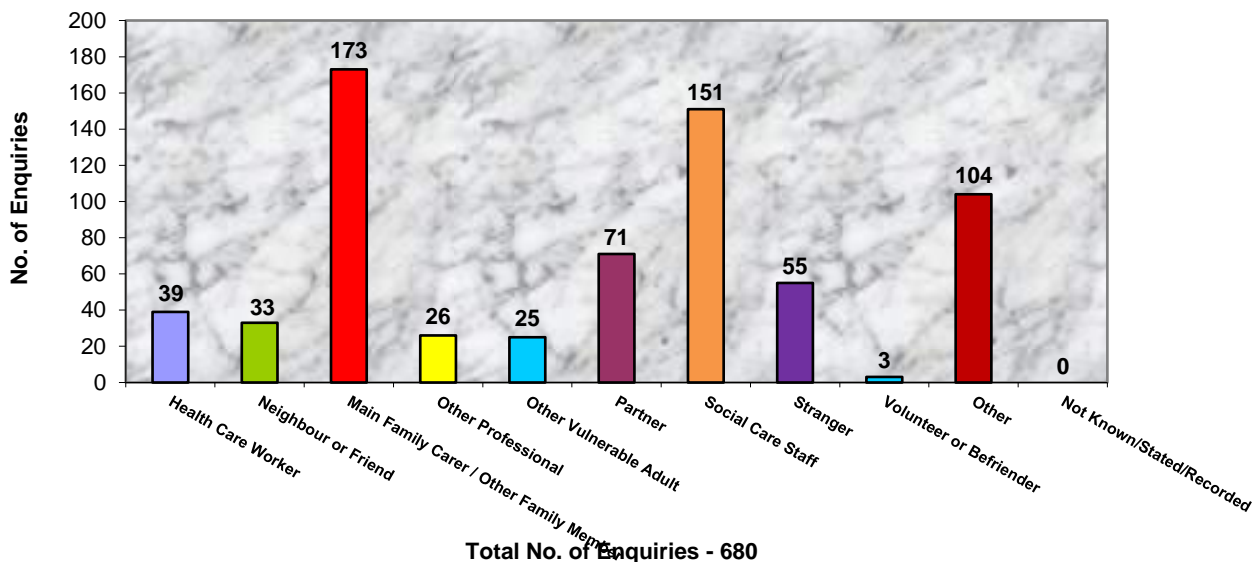


Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Enquiries by Location of Abuse

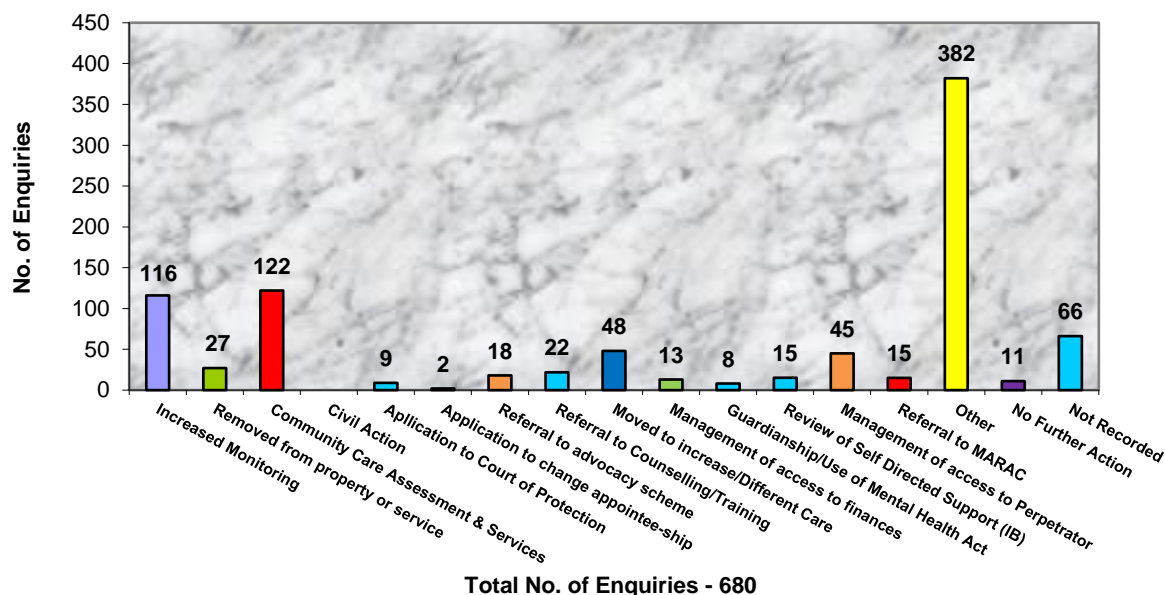


Appendix 1

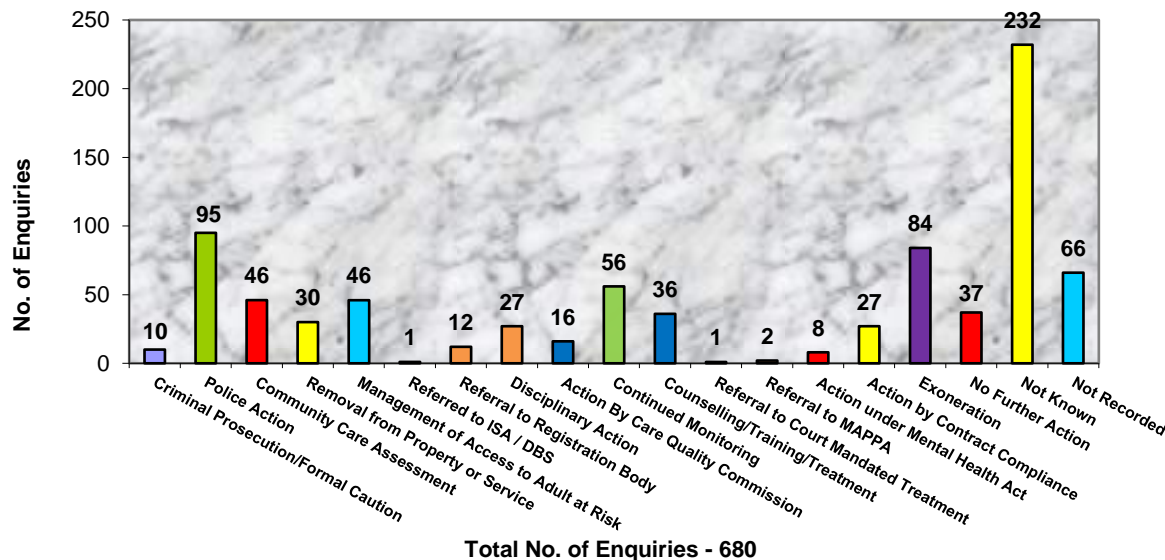
Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Enquiries by Alleged Perpetrator



Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Outcomes for Alleged Victim



Safeguarding Adults Enquiries 1st April 2015 - 31st March 2016
Outcomes for Alleged Perpetrator



HSAB Membership (as at 31st March 2016)

HSAB Member	Organisation
Christine-Asare-Bosompem	Harrow Clinical Commissioning Group (CCG)
Karen Connell	Harrow Council Housing Department
Sarah Crouch	Public Health, Harrow Council
Jonathan Davies	London North West Healthcare NHS Trust (hospital services)
Julie-Anne Dowie	Royal National Orthopaedic Hospital (RNOH)
Andrew Faulkner	Brent and Harrow Trading Standards
Bernie Flaherty (Chair)	Adult Social Services, Harrow Council
Mark Gillham	Mind in Harrow
Garry Griffiths	Harrow Clinical Commissioning Group (CCG)
Sherin Hart	Private sector care home provider representative
Vicki Hurst	London Ambulance Service
Patrick Laffey	London North West Healthcare NHS Trust (Provider Organisation)
Jules Lloyd	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Local Safeguarding Children's Board (HSCB)
Avani Modasia	Age UK Harrow
Cllr Chris Mote	Elected Councillor, Harrow Council
Mike Paterson	Metropolitan Police – Harrow
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council

Chris Spencer	People Services, Harrow Council
Karen Tiquet	Westminster Drug Project
Cllr Anne Whitehead	Elected Councillor (Portfolio Holder), Harrow Council
In attendance	
Arvind Sharma	Healthwatch Harrow
Officers supporting the work of the HSAB	
Sue Spurlock	Manager Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

Appendix 4

Harrow Safeguarding Adults Board

Attendance Record 2015/2016

Organisation	26/6/2015	16/9/2015	9/12/2015	16/3/2016	Total meetings attended
Brent and Harrow Trading Standards	x	x	x	✓	1
Harrow Council - Housing Department	✓	✓	✓	✓	4
London Ambulance Service	x	x	✓	✓	2
London Fire Service	x	x	x	x	0
Westminster Drug Project	x	x	✓	x	1
Harrow Council - Adult Social Services	✓	✓	✓	✓	4
Harrow Council - elected portfolio holder	✓	✓	✓	✓	4
Harrow Council - shadow portfolio holder	x	✓	✓	✓	3
Mind in Harrow	✓	✓	✓	✓	4
NHS Harrow (Harrow CCG)	✓	✓	✓	✓	4
Ealing Hospitals Trust (Harrow Provider Organisation)	✓	✓	✓	✓	4
North West London Hospitals Trust	✓	x	x	✓	2

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

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 with care/support needs that might be at risk of harm and want to make a referral for an older person or an adult with a disability, this can be done through Access Harrow on: 020 8901 2680

(ahadultsservices@harrow.gov.uk)

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for a younger person with mental health difficulties, this can be done through 0800 023 4650 (CNWL single point of access).

(cnw-tr.mentalhealthsafeguardingharrow@nhs.net)

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