



& our Partners,

Committed to Safeguarding Adults



# Harrow Safeguarding Adults Board (HSAB)

## Annual Report 2017 - 2018



in partnership with:



<b>Index</b>	<b>Page</b>
Foreword from the HSAB Chair	3
<b>Section 1</b> - Introduction to the Annual Report	4
<b>Section 2</b> - HSAB work programme 2017/18 and management information	6
Statistics	8
HSAB Resources	14
<b>Section 3</b> - Making a difference in 2017/18	14
3.1 Training and development	15
3.2 Progress on HSAB objectives in 2017/18	17
<b>Section 4</b> – Actions/priorities for 2018/19 – year 2 of the Strategic Plan 2017/2020	32
<b>Section 5</b> - Appendices	40
Appendix 1                      Statistical trends	40
Appendix 2                      HSAB membership as at March 31 <sup>st</sup> 2018	43
Appendix 3                      HSAB meeting attendance record 2017 – 2018	45
<b>Section 6</b> - Further information/contact details	47

**“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

I am delighted to have taken over as the Harrow Safeguarding Adults Board (HSAB) chair and would like to thank staff, volunteers, experts by experience, users and carers from all agencies who have contributed to safeguarding and dignity/respect work in Harrow over the last year.

The second joint HSAB HSCB (Harrow Safeguarding Children's Board) annual conference took place on 2<sup>nd</sup> February 2018 with a focus on sexual abuse within the family. It was an excellent day with inspirational speakers and challenging workshops and continued to develop both Boards' commitment to "thinking whole family". We hope to run our third event in early 2019 on a topic that once again affects both children and adults with care/support needs who may be at risk of harm.

A priority for the HSAB last year was more specific projects to tackle issues such as hate crime; scams; distraction burglary/doorstop crime; and home fire safety. Section 3 highlights the excellent work that has been done by partners in these areas over the last 12 months.

As in previous years, the Board has provided training to a very large number of people and I was particularly pleased that 88 staff from a wide range of partner organisations attended our Best Practice Forum on scams and fraud which was run to mark World Elder Abuse Awareness Day 2017.

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 and hope you agree once you have read it.

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"*. In that context, section 4 of this report covers the areas that the Board wants to focus on this year (2018 – 2019) which includes more training and support for everyone in recognising the newer areas of abuse, (for example modern slavery) and knowing how to report it.

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.

Visva Sathasivam (Chair of the HSAB)



## SECTION 1 - INTRODUCTION

### 1. Introduction to the annual report

This is the 11<sup>th</sup> Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) and contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2017/2018) and highlights the priorities for 2018/2019.

The Care Act 2014 set out the main purpose of a safeguarding adults board as:

- to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- to assure itself that safeguarding practice is person-centred and outcome-focused;
- to work collaboratively to prevent abuse and neglect where possible;
- to ensure agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- to assure itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Harrow

#### 1.1 The Harrow Safeguarding Adults Board (HSAB)

The Harrow Safeguarding Adults Board (HSAB) is chaired by Visva Sathasivam (Director – Adult Social Services, Harrow Council) and is the statutory body that oversees how organisations across Harrow work together to safeguard or protect adults with care/support needs.

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 31<sup>st</sup> 2018) is at Appendix 2, with their attendance record at Appendix 3.

#### 1.2 HSAB Accountability

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

- i. publish a strategic plan for each financial year
  - the HSAB has a 3 year strategic plan for 2017 - 2020 which is updated each year after production of the annual report
- ii. publish an annual report
  - the HSAB's 10<sup>th</sup> Annual Report (for 2016/2017) was presented to the Council's Scrutiny Committee on 3<sup>rd</sup> July 2017 and this 11<sup>th</sup> report for 2017/2018 will go to a Scrutiny meeting on 16<sup>th</sup> October 2018

- 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)
- the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews, but no referrals were received requesting a SAR in 2017/2018
- 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 31<sup>st</sup> March 2018) is shown in Appendix 2 and their attendance record is shown at Appendix 3

### 1.3 Strategic Links

The HSAB has links with the following partnerships also working with communities in Harrow, to help the Board ensure that local arrangements are effective in protecting people with care and support needs from the experiences or risk of abuse and neglect: *Health and Wellbeing Board; Harrow Safeguarding Children's Board (HSCB); Safer Harrow Partnership; Domestic Abuse Forum; Multi-Agency Risk Assessment Conference (MARAC); Multi-agency Public Protection Arrangements (MAPPA) and Prevent.*

### 1.4 "London Multi-Agency Adult Safeguarding Policy and Procedures"

The final version of the London Multi-Agency Adult Safeguarding Policy and Procedures was implemented by the Harrow Safeguarding Adults Board from 1<sup>st</sup> April 2016 and has been used throughout the period covered by this report.

## SECTION 2

### HSAB Work Programme in 2017/2018

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

The HSAB met on 4 occasions in 2017/2018 – 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; some were items for a decision; some were for information/discussion; others were aimed at Board development, and there were also specific items providing challenge to the Board. Some items were discussed at more than one meeting.

#### Prevention and Community Engagement (including user involvement)

- “ordinary lives are safer lives” – experts by experience input to annual review/business planning day 2017 (item for challenge)
- “feedback about keeping people with mental health problems safe” - experts by experience input to annual review/business planning day 2017 (item for challenge)
- World Elder Abuse Awareness Day 2017 in Harrow – local arrangements agreed (item for decision)
- hoarding (item for information/Board development)
- Violence, Vulnerability and Exploitation (VVE) Strategy – (item for information/Board development)
- user outcomes – feedback from independent file audits and interviews with users (item for information)
- Best Practice Forum on 15<sup>th</sup> June 2017 – “scams, fraud and staying safe” (item for information)
- revised Prevention Strategy for 2017 – 2020 (item for decision)
- fire safety in care homes (item for information, Board development and action)
- Provider concerns (item for information at every meeting)

### Training and Workforce Development

- HSAB training programme for 2018/2019 (item for information and decision)
- feedback from the joint HSAB/HSCB conference on 2<sup>nd</sup> February 2018 (item for information)
- learning from joint HSAB/HSCB “whole family” case audits (item for discussion)

### Quality and Performance Review

- quarterly statistics – discussed and findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- statistical “deep dive” reports – on domestic abuse; repeat referrals and financial abuse (items for information, discussion and decisions)
- Deprivation of Liberty Safeguards (DoLS) statistics (item for information and discussion)
- “critical friend” review of Council safeguarding arrangements by Professor Jill Manthorpe (item for challenge, discussion and information)
- mystery shopping exercise – (item for information and decision)
- learning from a domestic homicide review (item for information and discussion)
- learning from the Mendip House Safeguarding Adults Review (item for information and discussion)
- ADASS risk assessment tool (item for decision and action)

### Policies and Procedures/Governance

- HSAB Strategic Plan 2017/2020 – (item for decision)
- HSAB Annual Report 2016/2017 - discussed and formally signed off (item for decision)
- Making Safeguarding Personal (MSP) – position statement for London SAB (item for decision)
- Metropolitan Police information sharing agreement (item for discussion)
- Metropolitan Police changes (item for information)
- Appropriate Adult protocol (item for discussion)
- Supporting development of the London SAB (item for decision)

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

- HSCB Annual Report 2016/2017 (item for information and discussion)
- feedback from HSCB HSAB joint file audits (item for information and discussion)

### Safeguarding Adults Reviews (SARs)

No referrals were made to the HSAB requesting that a SAR be commissioned during 2017/2018, however the Board did receive a report on the Mendip House SAR and debated any transferable learning.

## 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. The Board's strategic plan for 2017 – 2020 contains 5 year trend analysis which provides an excellent basis for planning future work. The 3 year trends post the implementation of the Care Act 2014 are shown at Appendix 1 and referred to in the narrative below.

The background information for the statistical analysis of safeguarding adults services work in 2017/2018 is available on request.

### Headline messages 2017/2018 – safeguarding adults

- 1,467 concerns compared to 1,662 in 2016/2017, represented an 11% reduction. There had been a year on year rise in referrals from 2009/2010 which indicated that more professionals were identifying abuse/neglect and how to report it. There then followed a 38% rise in concerns for the financial year 2015/2016 due to the threshold being lowered and widened with Care Act 2014 implementation. The Harrow SAB will continue to monitor referral numbers to be reassured that cases of abuse are being reported appropriately
- 43% of Harrow concerns were taken forward as enquiries, compared to 39% in 2016/2017. The most recent national comparator is 41%, so the HSAB can be reassured that locally a very similar number of concerns have met the threshold for enquiries. However, as previously reported, both internal and external file audits continue to check that appropriate concerns are being taken forward to the enquiries stage i.e. that threshold decisions are being correctly made in the safeguarding adults teams



- repeat enquiries in Harrow had increased again from 19% in 2015/2016 to 31% in 2016/2017. Consequently the HSAB requested and received a report during 2017/18 which looked in detail at the cases referred more than once into the Council's Safeguarding Service.

With two exceptions the Board was reassured to find that all the repeat referrals were not as a result of inaction or inappropriate action by the LBH SGA Team. There was also evidence of care management involvement in parallel to safeguarding enquiries which is appropriate given the complexity and risk with a number of the cases. Where 2 cases required escalation it was reassuring to find that the Team Manager immediately saw the need for enquiries and allocated accordingly.

The audit highlighted the need for ongoing support and training for staff in mental capacity assessments where risks are high due to perceived unwise decision making. A best practice forum is being planned for summer 2018 with the key note speaker having carried out several recent SARs in cases where mental capacity assessments were challenging and also where legislation outside that commonly used in social care would have been appropriate e.g. through the Police, Housing or Environmental Health. A number of audited cases needed progression to the Court of Protection – another area of training being given high priority for LBH staff.

It is noteworthy that in 2017/2018 repeat enquiries dropped back to 17% (the average over the 6 years prior to 2016/17 having been 11%), however it will remain an area that is kept under close review by the Board. The most recent national comparator figure was 28%

- completed enquiries in Harrow were at 99% last year, suggesting that casework is progressing to a conclusion and not “drifting”
- in Harrow the female:male ratio at the end of 2017/2018 was 60:39 for enquiries, which is relatively close to the figure in 2016/2017 of 67:33. Nationally the percentage of women subject to safeguarding adults enquires also remains higher than for men (60:40) and the ratio in Harrow has been fairly stable since the statistics were first collected
- the figure for older people remains identical at 48% (301 people in 2017/18 compared to 317 in 2016/17) and they continue to be the highest “at risk” group as they have been since 2009/2010. Nationally older people represented 63% of the concerns
- for adults with a physical disability the figure in Harrow last year was 34% of concerns (217 people) compared to 38% in 2016/2017. As indicated in previous annual reports it is important to note that in the statistics (as required by the Department of Health/NHS Information Centre), people (for example) who are older but also have a physical disability are counted in both categories.

It therefore remains quite difficult for the HSAB to form a view about the risks to younger adults whose primary disability is physical or sensory

- mental health numbers were 31% last year, having increased over the previous 2 years from 16% in 2014/15 (which was significantly below the national average) to 33% in 2016/17. Numbers now seem to have stabilised at a figure above the most recent national average of 21%
- in Harrow enquiries for people with a learning disability in 2017/2018 were slightly higher (80 people) than the previous year's figure of 71, but numbers remain relatively stable – the average over the last 7 years being 17% (compared to 13% in 2017/18). The most recent national figure is 13%
- concerns from “BME” communities last year were at 51% compared to 48% in 2016/2017 – which remains in line with the makeup of the Harrow adult population. The enquiries figure was 46% which is also positive, as it suggests that a proportionate number of concerns progress and concerns from “minority” communities are not disproportionately closed before that stage of the process
- statistics showing where the abuse took place in Harrow remain broadly similar to 2016/2017. The highest percentage at 57% is in the user's own home, compared to the average over the last 7 years of 55%. Concerns for care homes rose slightly last year (from 14% to 19%), however the numbers have stayed relatively stable with the average figure over the previous 7 years being 23%. The national statistics are in similar proportions i.e. highest levels of abuse in the user's own home (44%), but show higher numbers in care homes (36%)

Numbers in other settings were - 5% in mental health in-patient units (30 patients compared to 38 in 2016/17); 5% in supported accommodation (33 people compared to 51 in 2016/2017); 5% (30 incidents) in a public place; and 2% in acute hospitals (10 patients compared to 5 the previous year)

- allegations of physical abuse, neglect, emotional abuse and financial abuse have been the most common referral reasons in previous years and reported in successive annual reports. It is therefore possible to compare the 2017/2018 statistics with the average figures from the last 7 years.

Physical abuse was 19% last year compared to the average of 24%. Neglect was at 22% in 2017/18 compared to the average of 20%. Emotional abuse was at 20% which is exactly the same figure as the average over the last 7 years. Financial abuse was at 19% last year compared to the average of 17% and has been growing in numbers over the last few years.

The following areas can be compared to 2016/2017:

- sexual abuse at 5% (43 people) compared to 7% (60 people)
- concerns about self-neglect which rose again from 14 situations to 28 being dealt with under the local arrangements
- concerns about domestic abuse also rose from 75 people to 86 people
- the newer area of modern slavery rose from nil in 2016/17 to 4 cases last year

There were no reported cases of forced marriage or sexual exploitation last year.

- in Harrow, social care staff (21% across all care sectors); family/partner (41%); stranger (5%); and health care worker (5%) were the most commonly alleged persons alleged to have caused harm (PACH). These figures were largely in line with 2016/2017 with the exception of family/partner which increased by 6%, having already been the highest category in recent years
- given the numbers of training and briefing sessions undertaken in recent years, it is always important to look at the source of concerns and this is the fourth time that year on year comparison has been possible for the HSAB to carry out:

Last year the highest numbers (18%) were from social workers/care managers; mental health staff and primary health care staff (13%); secondary health care staff (12%); and Police (10%). The other sources were: residential care staff (7%); family (7%); self referral (3%); and Care Quality Commission (2%). There are no significant statistical changes from the previous year

- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2016/17 statistics of 131 cases have decreased again to 105 (14%) – which is disappointing given the amount of focus on this area in the last 2 years. The safeguarding adults teams in both the Council and CNWL MH Trust supported by the Police will continue to give this area a high priority.

Other outcomes for the PACH were: exoneration (13%); monitoring (6%); management of access to adult at risk (8%); and community care services (6%). There were 154 cases where the outcome was “not known” (primarily in the Council’s service) which is disappointing and will need to be an area of focus in 2018/19

- outcomes for the adult at risk include: community care assessment and services at 20% (up 3%); increased monitoring at 12% (down 1%); management of access to PACH at 6% (up 1%); moved to different services at 7% (up 2%); and referral to advocacy at 2% (down 1%). Referral to counselling or training at 2%; referral to MARAC at 1%; management of access to finances at 3%; and application to Court of Protection were all the same as last year’s figures.

There were 252 outcomes recorded as “other” which in the context of Making Safeguarding Personal suggests that the Mosaic and Jade recording systems may not be picking up the more varied solutions which people are seeking.

### Summary/Actions Required

In the majority of the performance statistics above, there is now quite a lot of stability in comparison to previous years. Also, although most areas are not significantly different from the national picture the actions below have been developed in the context of the national comparator data. Areas for focus in 2018/2019 include:

- a focus on the newer areas of work i.e. modern slavery; forced marriage/sexual exploitation; and domestic abuse so that the HSAB is reassured there is sufficient knowledge amongst professionals about recognition and referral mechanisms
- a continued focus on Police action/criminal prosecution where a crime may have been committed
- ensuring that wherever possible the outcome for the PACH is recorded
- reviewing how information about outcomes for the adult at risk is recorded on Jade and Mosaic so that a wider variety can be reported in future years – in line with Making Safeguarding Personal implementation

The plan in section 4 of this report (year 2 of the HSAB Strategic Plan 2017 - 2020) includes actions to address the key messages from the statistical analysis.

.....

### Headline messages - Deprivation of Liberty Safeguards (DoLS) 2017/2018

This is the fourth year that the HSAB Annual Report has included statistics for use of the Deprivation of Liberty Safeguards (DoLS). These are relevant for people in hospitals, hospices and care homes who lack the mental capacity to understand and consent to the care/support they need and in particular to any restrictions e.g. locked front doors and/or medication given covertly. The use of these safeguards is important in the Board's oversight of the prevention of abuse as they are relevant for some of the most vulnerable people known to local services (including those that are placed out of borough) and the HSAB needs to be reassured that they are carefully applied and monitored.

The Law Commission review of the DoLS was reported in Spring 2017 and suggests that the current arrangements may be replaced by Liberty Protection Safeguards. It is unclear when the change will be required, however the action plan at Section 4 refers to any possible preparatory work needed.

	<b>Total Active Cases</b>	<b>Granted</b>	<b>Granted (%)</b>	<b>Not Granted</b>	<b>Not Granted (%)</b>	<b>Withdrawn</b>	<b>Yet to be signed off</b>
2017/18	<b>1078 (725)</b>	<b>684</b>	94%	<b>35</b>	5%	<b>6 (1%)</b>	<b>353</b>
2016/17	957	893	93%	51	6%	13 (1%)	0
2015/16	778	644	83%	88	11%	46 (6%)	0
2014/15	384	304	79%	66	17%	14 (4%)	0

*'Active application - an application is considered active from the date it is received until the date it is either formally withdrawn, not granted or the granted authorisation comes to an end.'*

This year the number of applications that have yet to be signed off (353) have been included in the return to provide a more accurate picture of the number of active DoLS applications in Harrow. As a result, the data shows a higher number of active DoLS in this reporting period (1078) compared to last year (957). The proportion of cases that were given an outcome has not changed largely from last year.

	<b>Total New Cases</b>	<b>Granted</b>	<b>Granted (%)</b>	<b>Not Granted</b>	<b>Not Granted (%)</b>	<b>Withdrawn</b>	<b>Yet to be signed off</b>
2017/18	<b>561(344)</b>	<b>310</b>	90%	<b>32</b>	9%	<b>2 (1%)</b>	<b>217</b>
2016/17	385	326	85%	47	12%	12 (3%)	0
2015/16	725	591	82%	88	12%	46 (6%)	0
2014/15	384	304	79%	66	17%	14 (4%)	0

Similarly, applications that were received between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018 have increased from last year. Again, this is because of the large number of applications that are yet to be signed off. The proportion of DoLS applications that have been granted has increased by five per cent from last year.

## 2.3 HSAB Resources

As at 31<sup>st</sup> March 2018, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

*1 Service Manager (Safeguarding Adults and DoLS)*

*1 DoLS Officer*

*1 Safeguarding Adults Co-ordinator*

*1 Team Manager*

*2 wte Safeguarding Adults Senior Practitioners*

*6 wte qualified Social Workers; and 1 wte care manager*

*2.5 wte Best Interest Assessors (DoLS work only)*

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 statistics for the CNWL Safeguarding Service are included in section 2.2 above.

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 £21,000 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); the London Fire Service and Metropolitan Police.

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 member organisations.

.....

## SECTION 3 – MAKING A DIFFERENCE

### (PROGRESS ON OBJECTIVES 2017/2018)

The next section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2017/2018, as set out in the annual report for 2016/2017. All HSAB member organisations have also progressed their own safeguarding priorities and reports on that work are also available through the relevant representative on the Board.

### 3.1 Training and Workforce Development

Multi-agency training remains a high priority for the HSAB. The existing programme is competency based, so that all staff know what is required for them to meet their safeguarding adults' responsibilities within the workplace. As a supplement to the formal training programme, the Safeguarding Adults and DoLS Service also ran briefing sessions across a range of agencies, offering most at the organisation's premises. The details are as follows:

	2017-18	+/- on 2016/17
<b><i>Multi-agency training programme (commissioned)</i></b>		
Harrow Council Internal	79	-30
Health	37	2
Statutory (other)	14	-4
Private	117	-24
Voluntary	68	-46
HSAB Board Development	100	32
SGA Team Development	28	-10
Partner Training: CNWL	9	9
<b>Total:</b>	<b>452</b>	<b>-71</b>
<b><i>SGA Team Briefing Sessions</i></b>		
Children's Staff Inductions	20	20
HAD Staff & Volunteers	26	26
MIND Staff & Volunteers	49	49
Safe Place Scheme Briefing	8	8
<b><i>Good Practice Workshops / Events / Conferences</i></b>		
BIA Legal Update	25	25
Care Home Managers and Deputies	200	200
Children & Young People and Deprivation of Liberty	18	18
SAB/SCB Joint Annual Conference - Sexual Abuse within the Family	155	155
Scams, Fraud & Adults at Risk	88	88
<b><i>Community &amp; Service User Briefings</i></b>		
Active Community Mondays	10	10
Milmans Day Centre Staff & Users	29	29
Rayners Lane Community Group	23	23
Roxeth Community Church	29	29
St John's Community Group	27	27
St Pauls Church Community Group	27	27
Tamil Seniors Group	35	35
Trinity Church Community Group	22	22
<b><i>GP / Doctor / Medical Centres</i></b>		
GP Surgeries (Clinical & Non-Clinical Staff)	20	20
<b>Total Attending</b>	<b>1263</b>	<b>-253</b>

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 mental capacity and unwise decision making.

Analysis of the attendance across the range of events suggests that the uptake of best practice forums and on-site "bespoke" sessions is greater than for the commissioned multi-agency formal training programme. Consequently, in 2019/2020 the HSAB has agreed to trial a shift in emphasis away from the formal classroom events and on to the one-off sessions which can be tailored to themes emerging from casework audits or SARs etc. A decision can then be taken about the best approach in future years.

### HSAB member organisations' training activity

Each of the organisations represented on the HSAB also carry out their own training programmes to ensure that their staff are up to date. Examples include: at Harrow NHS Clinical Commissioning Group (CCG) where 72% of the staff required to complete mandatory safeguarding adults levels 1 – 3 did so last year; and at London North West Hospitals NHS Trust there was an 82% completion of level 1 training across all its various sites.

### Safeguarding Adults Board Conference 2018

The HSAB and HSCB held their second joint conference in February 2018 with a focus on sexual abuse within the family.

Topics included: Exploring Good Practice and Not-So-Good Practice at different stages in a case of intra-familial Sexual Abuse: What does 'good' look like and how we can prevent and challenge practice that isn't? (Elly Hanson); Sexual Abuse and People with Disabilities (Children & Adults) - Making the Invisible Visible (Harrow Mencap); Sexual Abuse and Older People - Exploring the Myths and Stereotypes and Responding to the 'Needs' of Older Victims (Dr Hannah Bows)

Evaluation was almost 100% positive from the 155 multi-agency staff that attended and there is a commitment from both Boards to continue collaborating on events in future years (see section 4). Some comments from the evaluation included:

*"incorporated into my practice and I feel more 'alive' to the issues and possibilities with vulnerable adults and their families that I work with"*

*"had excellent contact with other professionals working in our contract area. It was lovely to get a cross-disciplinary perspective on child safety from the many academic speakers. Really valued speaker, Hannah Bows's contribution. I look forward to returning in the coming years. Just attending this event brought the issue more to the forefront for me to work into my prevention and education work as well as evaluate future safeguarding scenarios where SV within families plays a part"*

*"the knowledge gained from the workshops was extremely insightful"*

*"learning (from the Conference was) applied to support commissioning and contract performance of Services including monitoring of their multi-agency work with safeguarding partners"*



<b>Section 3.2</b>	<b>Progress on HSAB objectives</b>
<b>HSAB objective 1 (empowerment)</b>	<b>Actions undertaken to progress objectives</b>
<i>The HSAB ensures effective communication with its target audiences</i>	<i>A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)</i>
<p>The “little book of big scams” produced by the Metropolitan Police/Home Office was widely promoted by the Safeguarding Adults Coordinator.</p> <p>The Council’s Safeguarding Quality Assurance (SQA) Team newsletter in May 2017 covered a range of topics including: “Mental Capacity Act – the basics”; and “Fire Safety in care homes”.</p> <p>The Council’s Safeguarding Adults Team used the free “Your Harrow” publication to raise awareness about scams.</p> <p>The Council’s Housing Department also highlighted scams and how to keep safe in its “Homing In” magazine.</p> <p>The Mind in Harrow education course programme has promoted the Metropolitan Police ‘Little Book of Big Scams’ section about online scams and has provided a new user-friendly information sheet about safeguarding &amp; Prevent to over 200 people with mental health needs to increase awareness.</p> <p>Harrow Mencap’s Forum for people with learning disabilities holds regular themed sessions on issues such as Speaking Out; Staying Safe; Hate Crime and Well-being to raise awareness, embed understanding and empower individuals. Representatives from the Safeguarding Team, Police and advocacy services have also attended. They have also held being safe on-line workshops with children, young people and young adult groups.</p> <p>In CNWL, information in poster form about the nature of abuse/neglect was displayed appropriately in community mental health services premises. In 2017, a service user reference group was set up based in Harrow’s community mental health teams. This group runs on co-production lines with a brief to promote the ‘recovery’ approach and ensure service user’s views inform service developments in community services. The group has started to assist professionals to formulate changes that can be made to service provision in light of feedback received from Friends &amp; Family Test. This has included:</p> <ul style="list-style-type: none"> <li>- updating and improving the information given to new patients</li> <li>- take forward actions to improve ratings on the <u>Triangle of Care</u> Audit’s findings</li> <li>- give advice about how clinicians can improve the provision of physical health monitoring when attending Bentley house.</li> </ul>	

CNWL Harrow routinely ask patients, their friends and family to complete a short questionnaire relating to the following 3 domains of patient experience:

- achieving what matters to them
- being treated with dignity and respect
- how involved they were in decisions about their care & treatment

At Royal National Orthopaedic Hospital (RNOH) a range of methods such as forums, magazines, patient leaflets, internet and intranet websites are used throughout the year to provide information and communicate with patients, staff, the community and stakeholders. RNOH publishes the Articulate Magazine every quarter for staff, patients, the community and stakeholders to get updates such as, pressure ulcer week and other patient safety information from the different departments. Hard copies are available in the directorates and soft copies can be accessed via the RNOH internet (public) and Intranet websites.

Central London Community Healthcare NHS Trust (CLCH) has developed a safeguarding leaflet which provides patients with information about safeguarding concerns. It explains what CLCH adult safeguarding services do, where they operate and how to get in touch with services should patients and or their family/carers require support. The public has access to information about CLCH services on the CLCH website.

<i>The Harrow SAB's work is influenced by user feedback and priorities</i>	<i>Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events</i>
<p>Both the Council and CNWL's safeguarding services had an independent audit of casework last year – carried out by an external professional with significant experience in this field. Action plans have been created to address all the recommendations and progress will be tracked by the HSAB.</p> <p>In the Council an independent/external social worker continues to interview users at the point of the enquiry being concluded. Her questions are focused around the Making Safeguarding Personal areas about involvement in the process and outcomes. All feedback is given to the Team so that practice continues to develop. Generally the feedback has been positive. The main challenge (also highlighted in audit reports) is the need to express the outcomes desired by users in a more measurable way.</p> <p>The “deep dive” audit of repeat referrals presented to the HSAB last year found no cause for concern with only 2 cases where the referrer had needed to challenge the initial decision not to progress to the enquiry stage of the process. This area is being closely monitored by the Team Manager.</p> <p>The Mind in Harrow User Involvement Project Coordinator facilitated 4 Mental Health Service User Representatives of the Harrow User Group (HUG) to present a user challenge at the Safeguarding Adults Board annual review/business planning day in June 2017 and have been working to ensure that the SAB responds with actions during 2018.</p> <p>Harrow Mencap's Care Act advocacy service works with individuals on identifying the feedback they want from the safeguarding process and ensure this is heard by decision makers.</p> <p>CLCH has good attendance on service user forums across several local authorities that they provide services to. CLCH Safeguarding Adults Team has also carried out service user feedback sessions. This provided invaluable information to help the Trust to understand how service users found their experience of safeguarding.</p>	
<i>HSAB is reassured that there is access to justice for those who want it</i>	<i>Annual statistics show an improvement in Police action/prosecutions</i>
<p>There was a slight reduction in the numbers of cases where there was Police action or criminal prosecution last year compared to the progress made in 2016/2017, so this will remain a high priority for the HSAB in 2018/2019. However, although the statistics have reduced there are some excellent examples of strong partnership working between the Police and the Safeguarding Adults Teams e.g. the first cases of wilful neglect and coercive control being prosecuted in Harrow.</p> <p>Mind in Harrow has contributed to a better coordinated multi-agency response to Appropriate Adult provision for people experiencing mental health problems who are arrested and detained through a Safeguarding Adults Board working group.</p>	

They have continued to raise the need for a solution to the lack of adequate Appropriate Adult response at SAB meetings.

Harrow Mencap work with individuals and groups on their rights including their right to report to the police. After a recent Hate crime forum one member saw another member being verbally abused in St Ann's Shopping Centre and as a result of the forum recognised this as hate crime and called the police. Harrow Mencap supports individuals to make statements to the police.

In CNWL Harrow ongoing liaison between mental health professionals and the Police occurs when a Safeguarding Concern triggers criminal investigation. Wards routinely offer patients opportunity to make statements to the Police where this is the case.

<b>HSAB objective 2 (prevention)</b>	<b>Actions undertaken to progress objectives</b>
<p><i>The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence</i></p> <p><i>The Harrow SAB ensures that community safety for vulnerable people is a high priority for action</i></p>	<p><i>Performance reports at quarterly Board meetings and the annual review day increasingly provide more detailed analysis e.g. by sector, user group and type of abuse – informing decisions about future campaigns</i></p> <p><i>Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities</i></p> <p><i>Projects highlighted by users take place each year (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influences future activities</i></p> <p><i>More work is done with care providers and the general public about fire safety</i></p>

There have been a number of “deep dive” reports presented to the HSAB in 2017/2018 – including on domestic abuse and repeat referrals. These have enabled the Board to take decisions about future work e.g. asking Housing and the voluntary sector to raise awareness with staff about domestic abuse in a safeguarding context due to low numbers of referrals from those areas.

The quarterly HSAB newsletter has covered fire safety and a presentation was also given at the Board's quarterly meeting in December 2017 by the local Fire Service.

Information was given to local care providers at their forums about fire safety and followed up by the Council's Safeguarding Quality Assurance (SQA) Team in its newsletter.

As stated above, the “little book of big scams” has been widely promoted and well received.

In July 2017, Mind in Harrow contributed to the Harrow Safe Place Scheme by spending half a day speaking to several shop managers in central Harrow to encourage them to sign up to the scheme and providing their contact details to the Harrow Council safeguarding team.

Harrow Mencap has developed and delivered learning disability awareness training in schools. An evaluation of Harrow Mencap's Skill Up service led to the development of being safe on line workshops.

RNOH runs annual learning at work seminars for patients, stakeholders and staff. During the seminar, all the different directorates such as safeguarding children and adults have stands to provide information such as 10 Golden Rules to prevent scammers, Independent mental Capacity Advocates, hoarding, staff contacts, advice and support.

*The Harrow SAB ensures that dignity is a high priority for local care providers*

*Providers e.g. care homes and/or domiciliary agencies are supported with relevant information/training*

The Council's Safeguarding Quality Assurance (SQA) Team ran a programme of training sessions for care providers in 2017/2018 including: SCIE sessions on dementia/challenging behaviour (80 staff) and Tissue Viability Nurse led sessions about pressure care (90 people).

The Council's Safeguarding Adults multi-agency training programme was advertised in the SQA Team's newsletter in September 2017 – resulting in excellent take up with 185 private and voluntary sector staff attending relevant courses.

96% of service users self-reported feeling safe and supported while using Mind in Harrow's services during 2016-17, which was an improvement on 93% in the previous year.

All Harrow Mencap care staff undertake training in providing care with dignity. All new staff undertake the Care Certificate. All services have quality standards that include dignity in care and are subjected to internal audit and CQC inspections.

CNWL routinely ask patients, their friends and family for direct feedback via a short questionnaire in regard to whether they have been treated with Dignity and Respect.

Harrow CCG along with the Local Authority provided a structured education day for nursing homes that was very well received and attended and is in the process of trying to provide on-going education for the homes and their staff. This will cover issues around safeguarding and advanced care planning to support the staff and residents in the nursing homes.

Harrow CCG has also worked with the local authority and the local Primary Care Educational Team in link to the Royal College of General practice to help implement the red bag scheme for nursing homes and Full moon care planning to incorporate anticipatory care plans and Advanced wishes.

CLCH has strong values that uphold the principle of dignity and equality. The CLCH Quality Strategy (2017-2020) has clear campaigns to ensure the delivery of care to patients is safe, caring and compassionate and that staff treat all service users with dignity and respect in keeping with the organisational culture. The Quality campaigns are:

- **a positive patient experience** – changing behaviour and care to enhance the experience of our patients and service users
- **preventing harm** – reducing unwarranted variations in care and increasing diligence in practice
- **smart effective care** – ensuring patients and service users receive the best evidence-based care, every time
- **modelling the way** – providing world class models of care, education and professional practice
- **here, happy, healthy and heard** – recruiting and retaining an outstanding clinical workforce
- **value added care** – using enhanced tools and technologies to manage resources well

Some local care providers marked Dignity Day 2018 by running events for their residents.

*The HSAB is reassured that staff are well informed about the new safeguarding areas e.g. modern slavery, domestic abuse and sexual exploitation (including forced marriage)*

*Staff are supported with relevant information/training and numbers of concerns in these areas increase*

There were more concerns about modern slavery and domestic abuse in 2017/2018 than the previous year suggesting wider knowledge amongst professionals, however numbers are still relatively low so this will remain an area of focus for the HSAB in 2018/2019.

Four staff from Mind in Harrow attended the joint safeguarding adults and children's conference in February 2018, attending workshops on different aspects of abuse and neglect, increasing their awareness and understanding about child sexual abuse. Mind in Harrow ran a workshop session at the conference about the mental health impact on adults of childhood sexual abuse.

All Harrow Mencap staff attend basic awareness and refresher training. Safeguarding is a standing item on every team agenda and this ensures that staff are kept up to date. Staff are able to confidently identify and report safeguarding concerns. All front-line staff as a policy undergo safeguarding training before completion of their probation (within the first three months of joining). Safeguarding champions have been appointed in the various teams including support workers. Safer recruitment training has been implemented and all line managers participated and apply the principle in staff selection.

CNWL's Liaison Psychiatry Team is accessing training provided by the Hestia Modern Slavery Team, to ensure they are up to date on knowing what are the indicators that someone presenting in crisis at an Emergency Dept or admitted to hospital may have symptoms or injuries that are due to abuse or neglect as manifestations of domestic abuse, sexual exploitation/trafficking and/or modern slavery. CNWL undertook its first enquiry into an allegation of Modern Slavery in year. This led to establishing links with the key commissioned service for supporting survivors of Modern Slavery, Hestia. CNWL Harrow held a number of awareness training sessions for mental health professionals in regard to FGM.

CNWL rewrote its policy on Domestic Abuse in the financial year. Two training briefings led by IDVAs (domestic violence advocates) employed by Hestia given to staff in community mental health team in year. This outlined when and how to completed a Domestic Abuse checklist and refer to MARAC or for other domestic abuse support services.

RNOH's mandatory and staff induction safeguarding adults training informs staff about modern slavery, domestic abuse and sexual exploitation, forced marriage, mate crime and honour based violence. The safeguarding team have a safeguarding advice phone number and bleep which staff contact for ad-hoc advice. RNOH has leaflets and posters in the clinical areas and the internet and intranet to inform staff about the new safeguarding areas. The Named Nurse for safeguarding Adults also informs staff during ad-hoc supervision, training, safeguarding adults board meeting and Senior Nurses forum about current safeguarding headlines and pitfalls discussed during HSAB meetings to enhance safeguarding practice.

The Designated Nurse for Safeguarding Adults at the Harrow Clinical Commissioning Group (CCG) is a member of the London Region Modern Slavery Network. The group aims to inform the London Region Safeguarding steering group and to make certain that NHSE carries out its responsibilities in relation to modern slavery. Information from the group is also shared with the Harrow Modern Slavery Working Group within the local authority. Assurance is sought from the provider organisations commissioned by the CCG in ensuring modern slavery and domestic abuse are embedded in their policies as well as training. Harrow CCG together with their NHS provider organisations have a modern slavery statement on their website.

The Designated Nurse (Adults) at the CCG, together with NHSE Regional Prevent Coordinator – London as well as a Lead from the General Medical Council delivered a Workshop to Raise Awareness of Prevent (WRAP) training to 30 Harrow General Practitioners. The GMC Lead went through confidentiality and sharing of information in great detail with the General Practitioners and the feedback after the training was really positive.

At LNWHUT domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals.

The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care. Secondly, Modern Slavery and Human Trafficking abuse was also incorporated in Adult safeguarding Training. Staff across Children's and Adult Safeguarding Service have completed the London ADASS & NHS England "Train the Trainer: Human Trafficking and Modern Slavery Multiagency Awareness Raising Training.

CLCH give staff more up to date and in-depth knowledge around issues such as Modern Slavery, Female Genital Mutilation (FGM), and domestic abuse.

The training package is in line with the Intercollegiate Framework and as a result of increased awareness, staff are making more enquiries with the safeguarding team about concerns in relation to Modern Slavery. The safeguarding team works closely with the sexual health teams around complex safeguarding issues in relation to their service users. The Safeguarding Advisor has participated in the 'My Marriage My Choice' research project run by the University of Nottingham and RESPOND. The safeguarding team have membership with the Standing Together against domestic violence Domestic Violence Co-ordinators Network. CLCH also has a specialist advisor for domestic violence.

<b>HSAB objective 3 (proportionality)</b>	<b>Actions undertaken to progress objectives</b>
<i>Staff are confident in balancing risks with user empowerment</i>	<i>More work takes place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS</i>
<i>The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice</i>	<i>HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)</i>
<p>A range of training sessions took place in 2017/2018 including "young people and deprivation of liberty". The Council's Safeguarding Team had some "bespoke" sessions picking up the findings from file audits which included further work on undertaking mental capacity assessments with people deemed to be taking unwise decisions and facing significant risk.</p> <p>The 200 care home and domiciliary agency managers attending the Provider Forums last year received sessions on the Mental Capacity Act (MCA), including unwise decision making.</p> <p>Harrow Mencap are compliant in this area. The Mental Capacity Act (MCA) and DOLS is covered with staff during the induction process. The Independent Mental Capacity Advocate ensures that that people without someone to support them are heard and that the least restrictive option is used.</p> <p>At present, 84% of CLCH Harrow staff are compliant with MCA Level 2 training and 76% of CLCH Harrow staff are compliant with MCA Level 3 training.</p>	



Training was implemented on sex and relationship management for CLCH managers and front line staff to enable them to gain knowledge and confidence in handling difficult clients' sex and relationship issues.

At CNWL Harrow, training in regard to assessment of mental capacity is available for staff. They will use this skill routinely in their contact with people struggling with mental health difficulties, not only in the context of a Safeguarding Concern/Enquiry. CNWL has appropriate and proportionate checks and balances in place to ensure that the application for a DoLS is considered, applied for and the situation monitored if there is a delay in authorisation being granted.

At RNOH, most staff are confident in identifying patients/users who fulfil the criteria for MCA/DoLS by balancing risks with user empowerment. However some staff show lack of confidence in completing mental capacity assessments and using DoLS. The Named Nurse for Safeguarding Adults has oversight of patients/users who require MCA/DoLS and provides adequate support for staff to complete their mental capacity assessments and DoLS applications.

The Council's casework audits during 2017/2018 were structured around the MSP areas and feedback included a need for further refinement of how user outcomes were being described and recorded. It was not possible last year to provide the voluntary return to NHS Digital as the Mosaic system could not generate the required information.

*The Harrow SAB is reassured that DoLS processes are an integral part of its prevention arrangements*

*DOLS arrangements are effective and least restrictive options are identified in all cases. The new Liberty Protection Safeguards as proposed by the Law Commission will be addressed when required by statute*

Deprivation of Liberty Safeguards (DOLS) practice is now well embedded in Harrow and the statistics for last year are shown at section 2 above.

Work around completion of mental capacity assessments and using DoLS is monitored at the various Clinical Quality Groups as well as during Safeguarding and Quality assurance visits conducted by the CCG's Designated Nurse Safeguarding Adults and Assistant Directors for Quality.

At the time of writing this report there are 6 cases currently being heard at the Court of Protection with the Official Solicitor representing the person who has asked for the DoLS authorisation to be challenged on their behalf. The Court will decide whether its in their best interest to continue living at the care home or whether a less restrictive option is available.

<p><i>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</i></p>	<p><i>Relevant “mystery shopping” exercises or equivalents check that front door services recognise possible abuse and know how to advise/deal with concerns effectively</i></p> <p><i>A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users</i></p> <p><i>A “deep dive” into repeat referrals will be completed and reported to the HSAB with any required recommendations</i></p>
<p>The HSAB has had a quality assurance framework in place for 10 years.</p> <p>As referred to above, the Mind in Harrow User Involvement Project Coordinator facilitated 4 Mental Health Service User Representatives of the Harrow User Group (HUG) to present a user challenge at the Safeguarding Adults Board annual review/business planning day in June 2017 and has been working to ensure that SAB responds with actions during 2018. Improvements requested by User Representatives were systemic issues raised by mental health service users from their direct personal experiences of Harrow safeguarding processes.</p> <p>Mind in Harrow has not been able to identify a “mystery shopping” exercise format which is a meaningful test of front door responses and which is not also presenting an actual live safeguarding concern being raised. Therefore the previous annual mystery shopping exercise with Mental Health Service User Representatives of the Harrow User Group (HUG) is currently on hold.</p> <p>Harrow Mencap has internal quality standards including those for safeguarding which are audited annually. There are regular opportunities for people who use the service to feedback through satisfaction surveys and through telephone monitoring. Random spot checks by managers/supervisors are carried out regularly.</p> <p>At CNWL Harrow, an audit of enquiries from January to March 2017 was undertaken in November 2017 by an independent safeguarding Social Worker. Findings and recommendations formulated an action plan that is being implemented to enhance and improve learning of staff.</p> <p>The Council commissioned Professor Jill Manthorpe to carry out a “critical friend” review of how it quality assures its safeguarding arrangements. The report concluded:</p> <p><i>“I was asked to consider whether the citizens of Harrow and their elected representatives can be assured of the quality of adult safeguarding in Harrow. From the perspective of the local authority, which is still the lead agency for this area of work, there are good grounds for confidence that London Borough of Harrow is not complacent about the challenges of adult safeguarding, that it has responded to the changes deriving from the Care Act 2014, and that it has several systems to check and interrogate its professionals’ activities. While we have learned that there is no risk-free safeguarding, in my view the quality assurance systems for adult safeguarding in Harrow are well-designed, consistently applied and effective”.</i></p>	

Recommendations are being addressed – for example that overseas workers recruited into Children’s Services be provided with safeguarding adults training which has resulted in this topic being a standing item on all induction programmes in that Department.

Both the Council and CNWL’s safeguarding services had an independent audit of casework last year – carried out by an external professional with significant experience in this field. Action plans have been created to address all the recommendations and progress will be tracked by the HSAB.

In the Council an independent/external social worker continues to interview users at the point of the enquiry being concluded. Her questions are focused around the Making Safeguarding Personal areas about involvement in the process and outcomes.

All feedback is given to the Team so that practice continues to develop. Generally the feedback has been positive. The main challenge (also highlighted in audit reports) is the need to express the outcomes desired by users in a more measurable way.

The “deep dive” audit of repeat referrals presented to the HSAB last year found no cause for concern with only 2 cases where the referrer had needed to challenge the initial decision not to progress to the enquiry stage of the process. This area is being closely monitored by the Team Manager.

CLCH adult safeguarding team have under taken the 3<sup>rd</sup> annual Mental Capacity audit in Q4. The aim of the audit was to establish whether staff are considering a patient’s mental capacity by demonstrating understating of the 5 principles and adherence to the MCA Code of Practice and are documenting this clearly. Recommendations include more training on consent and the need for a mental capacity tool in the district nurses assessment.

*The HSAB has accessible and effective information available to those who might need it*

*A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats*

In the Council, all the information about “how to report a concern” and “what happens after you report a concern” in easy to read formats (primarily for users) and the associated documents aimed at professionals was updated and uploaded on to the website.

Mind in Harrow’s Care Act Information & Advice Service (SWiSH) has provided information about the safeguarding process to 22 people with mental health needs or their carers - who have reported to us that they may be at risk of abuse or neglect to ensure timely and appropriate referral.

Harrow Mencap provides easy read information on what is abuse and how to report concerns. There is also the whistleblowing policy in place.

The lead for safeguarding within CNWL Harrow visited Harrow Mencap Operational meeting to clarify what the actual working procedure for raising a Safeguarding Concern for someone at risk or experience abuse/neglect, who also has mental health difficulties is. Briefing provided. Flowcharts detailing how to raise safeguarding concerns for those of different ages and residents of Harrow and neighbouring Boroughs revised and disseminated, replacing previous ones from Dec 2015.

<b>HSAB objective 4 (protection)</b>	<b>Actions undertaken to progress objectives</b>
<i>The HSAB and HSCB work collaboratively ensuring a “whole family” approach to safeguarding work</i>	<p><i>Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes</i></p> <p><i>A joint approach to domestic abuse with a focus on areas highlighted by statistical analysis e.g. Housing and the voluntary sector</i></p>
<p>There is a standing quarterly business meeting between the officer supporting the HSAB and the officer supporting the HSCB where information is shared and opportunities for collaboration are explored. The joint HSAB HSCB annual conference is a good example of a positive outcome.</p> <p>In response to requests for independent advocacy support from adults with mental health needs, who as parents are under the care of secondary care mental health services and subject to child protection process, Mind in Harrow raised the need for funded advocacy provision not currently available. As a result, from 2017 the Council has agreed to spot purchase independent advocacy for these service users for whom two referrals have been made to-date.</p> <p>Harrow Mencap has delivered learning disability awareness training in schools and led a workshop at the HSAB/HSCB joint conference on Sexual abuse and disability. Harrow Mencap collaborated with the British Institute of Learning Disability and FPA – the Sexual Health Charity - to facilitate two key programs.</p> <p>RNOH safeguarding Adults and Children Team work collaboratively with its Psychology/mental Health Team and responsible Local Authorities Domestic Abuse Services and Safeguarding Adults teams to ensure a “whole family” approach to safeguarding work.</p> <p>As stated above, the Council’s Safeguarding Adults Service now provides awareness training at all Children’s Services induction days for new workers.</p> <p>In October 2017 CLCH held its first annual safeguarding conference. This was a day-long conference covering topics on Child Sexual Exploitation (CSE), Mental Capacity Act 2005, Modern Day Slavery and Making Safeguarding Personal. The conference was a success in terms of numbers of attendees and feedback and it will be held again in 2018/2019.</p>	
<i>Learning is embedded in practice and leads to continuous service improvement</i>	
<p>In 2017-18 Mind in Harrow’s national body (Mind) conducted an independent panel audit of Mind in Harrow’s quality against 150 indicators including safeguarding adults and children. The panel held separate feedback sessions with service users, staff, volunteers and trustees, from which we were commended for the high quality of our practices. We have agreed a continuous quality improvement plan with our Board for 2018-19 for example improving the visibility of information about how service users can complain.</p>	

Harrow Mencap has an open and critical approach to reviewing alerts and referrals embracing reflective learning to improve practice. Cases are reviewed by the Senior Manager and at the bi-monthly Safeguarding Leads meetings, issues are followed up including looking at areas of weakness, barriers and ensuring these are addressed and communicated. A central Safeguarding Log is held. Safeguarding is a standing item on every team agenda and at every levels of the organisation including at board level.

A new training package was implemented by CLCH in October 2017. Level 2 training can now be accessed as an e-learning course and Level 3 training is a classroom based session. A 90 minute classroom session for Safeguarding Adults has been implemented which has replaced the previous 60 minute session. This is being delivered in a workshop style so to help facilitate discussion amongst attendees whilst they work with case studies (typically scenarios from published SARS) to further embed what is being taught.

<b>HSAB objective 5 (partnership)</b>	<b>Actions undertaken to progress objectives</b>
<i>The HSAB is effective as a partnership</i>	<p><i>HSAB considers undertaking the NHS England/ADASS Risk Audit Tool in 2017/2018</i></p> <p><i>HSAB annual review and business planning day incorporates challenge from “experts by experience” and an independent facilitator</i></p>

All statutory member agencies and many non-statutory agencies represented on the HSAB completed the risk audit tool in 2017/2018. Each agency reported its findings to the HSAB highlighting the areas for action in 2018/2019.

Safeguarding Adults Risk Assessment Tool was revised by CNWL’s Service Lead for Safeguarding in late March 2017. Provided to Local Authority who host/administrate the Harrow Safeguarding Adults Board (HSAB) in July. 22 Criteria, which as of March were RAG rated as being Red – 1, Amber - 6, Green – 15. Red item has been addressed. Further work on moving rating of Amber Criteria to ‘Green’ required.

RNOH has a risk register with RAG ratings similar to the NHS England/ADASS Risk Audit Tool.

NHS CCG Harrow along with providers submitted to the HSAB the annual safeguarding adults at risk audit tool. This enables the CCG as well as providers to submit evidence of compliance within their own policy standards. It was identified that some staff members due to change in roles may need to have the Disclosure Barred Service (DBS) check done.

As part of the Learning Disabilities and Mortality Programme (LeDeR), a steering group has been established in Harrow and is tasked to oversee all completed reviews of deaths and to identify where actions need to be taken and what key messages are emerging.

<p>Experts by Experience attended the HSAB annual review and business planning day in 2017 and challenged the Board in specific areas under the headings “ordinary lives are safer lives” and “how to keep people with mental health problems safe”. This will be followed up by Mind in Harrow and Harrow Mencap at the annual event in 2018 to check what progress has been made by Board members.</p>	
<p><b>HSAB objective 6 (accountability)</b></p>	<p><b>Actions undertaken to progress objectives</b></p>
<p><i>Elected Councillors, Executives and Committee members in all relevant partner agencies are aware of their personal and organisational responsibilities</i></p>	<p><i>Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required</i></p>
<p><i>The general public is aware of safeguarding issues and the work of the HSAB</i></p> <p><i>Relevant staff are aware of safeguarding issues and the work of the HSAB</i></p>	<p><i>The HSAB Annual Report for 2017/2018 is published in an “easy to read” format and posted on all partner websites</i></p> <p><i>The HSAB Annual Report for 2017/2018 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites</i></p> <p><i>A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats</i></p>
<p><i>Learning is embedded in practice and leads to continuous service improvement</i></p>	<p><i>The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs</i></p> <p><i>The multi-agency safeguarding adults training programme is re-tendered at the end of the current contract</i></p>
<p>In the Council, the DASS and Service Manager meet quarterly with the Chief Executive, Leader, Portfolio Holder and Corporate Director to provide an update on safeguarding adults’ work. These sessions provide both information for the senior recipients, but also challenge back to the Department e.g. to carry out further awareness raising sessions with local Banks.</p> <p>Mind in Harrow’s Board of Trustees reviews its safeguarding adults and children’s policies each year and is required to undertake as mandatory safeguarding training during their induction period as new Trustees. The Chief Executive updates the Board annually about Mind in Harrow’s contribution to the HSAB work plans.</p> <p>At Harrow Mencap, safeguarding is a standing item on the board agenda and there is a trustee with responsibility for safeguarding. Two managers are also serving as board members/governors in schools within the locality to advance safeguarding issues.</p>	

CNWL Harrow's care quality meeting, attended by Senior Clinicians and Management continues to receive a report on a quarterly basis outlining activity, service developments etc.

At CLCH, information is fed back via the monthly senior managers meeting and the monthly safeguarding Named Nurse and Safeguarding Advisors meeting.

The annual report for 2016/17 was made available in "Executive summary", "easy to read" and "staff key messages" versions, widely circulated and available on partner websites. All HSAB member organisations confirmed that the report had been presented at their Executive Board or equivalent and there was a presentation to the Council's Scrutiny committee on 3<sup>rd</sup> July 2017.

See section 3.1 above in relation to training and development in 2017/18.

## Section 4: Action plan priorities – 2018/2019 (year 2 from the Strategic Plan 2017 - 2020)

The Board's priorities are developed from analysis of the statistics presented at quarterly meetings; feedback from users; learning from research, audits; and case reviews. They are organised around the four Care Act statutory requirements and six principles.

<b>Principle One:</b> <b>Empowerment</b>	<b>Description:</b> <i>Presumption of person led decisions and informed consent</i>	<b>Outcome for users at risk:</b> <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"</i> <i>"I have access to justice if I want it"</i>
<b>Objectives and how they will be achieved and measured</b>	<b>Actions</b>	<b>Timescale</b>
<p>The HSAB ensures effective communication with its target audiences</p> <p>Impact and effectiveness are evaluated and influence changes to future campaigns</p>	<p>A range of methods are used throughout the year to provide information to all sections of the community with a focus on people/groups highlighted in the statistics (e.g. older people living in their own home and about the risks of financial abuse)</p>	<p>End March 2019</p>
<p>The Harrow SAB's work is influenced by user feedback and priorities</p> <p>User feedback at annual review events reports progress on agreed projects</p>	<p>Further attempts are made with Head Teachers to engage with young people and adults at risk – in relation to disability awareness and social inclusion</p>	<p>End March 2019</p>



<b>Principle Two:</b>  <b>Prevention</b>	<b>Description:</b>  <i>There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs</i>  <i>Communities have a part to play in preventing, detecting and reporting neglect and abuse</i>	<b>Outcome for users at risk:</b>  <i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"</i>
<b>Objectives and how they will be achieved and measured</b>	<b>Actions</b>	<b>Timescale</b>
<p>The HSAB is reassured that partnership priorities are informed by local intelligence about risk and prevalence</p> <p>Performance reports at quarterly Board meetings and the annual review day provide more detailed analysis – informing decisions about future campaigns</p>	<p>Change the reporting to the HSAB such that routine performance information (e.g. repeat referrals, Police action, modern slavery) is highlighted on an exception basis only</p> <p>Focus to be on more “deep dive” statistical reports in areas of interest/concern to the HSAB e.g. sexual abuse by location</p>	<p>End September 2018</p> <p>End March 2019</p>
<p>The Harrow SAB ensures that community safety for adults with care/support needs is a high priority for action</p> <p>Numbers of home fire safety checks increase from the 2017/18 out-turn position</p>	<p>Relevant campaigns take place each year (e.g. a focus on scams, door step crime, distraction burglary) and formal evaluation influences future activities</p> <p>Work continues with care providers and the general public about fire safety</p>	<p>End March 2019</p> <p>End March 2019</p>
<p>The Harrow SAB ensures that dignity is a high priority for local care providers</p> <p>More Providers in Harrow improve their CQC rating each year</p>	<p>Provider concerns are monitored at Board meetings and commissioners oversee quality assurance</p> <p>Providers are supported with relevant information/training</p>	<p>End March 2019</p> <p>End March 2019</p>

<p>The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns</p>	<p>Provide annual training/refresher events for elected Councillors and those in similar roles across partner agencies</p>	<p>End March 2019</p>
<p><b>Principle Three:</b></p> <p><b>Proportionality</b></p>	<p><b>Description:</b></p> <p><i>Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)</i></p>	<p><b>Outcome for users at risk:</b></p> <p><i>"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed and I understand the role of everyone involved in my life"</i></p> <p><i>"I had the support of an advocate if I needed one"</i></p>
<p><b>Objectives and how they will be achieved and measured</b></p>	<p><b>Actions</b></p>	<p><b>Timescale</b></p>
<p>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</p> <p>Demonstrable changes in practice are evident through file audit, user interviews and as presented by experts by experience at the HSAB Review Day and other relevant partner events</p>	<p>A minimum of 40 externally audited and 30 internally audited cases will be completed each year; and independent user interviews will take place – with a focus on ensuring that a person centred approach to practice (including use of advocates) identified the outcomes desired by users</p> <p>Audit reports will be taken to the HSAB with any required actions and proposed recommendations</p>	<p>End March 2019</p> <p>Bi-annual</p>

<p>Staff are confident in balancing risks with user empowerment</p>	<p>Audit findings, user feedback, SAR actions and Risk Panel learning to be fed into the Multi-agency Training Programme and Best Practice Forums</p> <p>Work continues to take place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS/Court of Protection</p>	<p>End March 2019</p> <p>End March 2019</p>
<p>Learning is embedded in practice and leads to continuous service improvement</p> <p>The multi-agency safeguarding adults training programme is updated annually based on formal evaluation; and learning from audits, user feedback and SARs</p>	<p>The approach to multi-agency safeguarding adults training is changed in 2019/2020 – to run more best practice forums and bespoke events (on emerging topics) - with recommendations for future programmes reported to HSAB in March 2020</p>	<p>April 2019</p> <p>End of March 2020</p>
<p>The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice</p> <p>There is a reduction in “not known” and “other” outcomes recorded at the end of safeguarding enquiries</p> <p>Return is made to NHS Digital)</p>	<p>Work is completed to investigate if the Jade (or its replacement) and Mosaic systems can record the more diverse variety of outcomes likely to be achieved for adults at risk through MSP</p> <p>HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)</p>	<p>End December 2018</p> <p>End March 2019</p>

<p><b>Principle Four:</b></p> <p><b>Protection</b></p>	<p><b>Description:</b></p> <p><i>Support and representation for those in greatest need</i></p>	<p><b>Outcome for users at risk:</b></p> <p><i>"I get help and support to report abuse"</i></p> <p><i>"I get help to take part in the safeguarding process to the extent to which I want and to which I am able"</i></p>
<p><b>Objectives and how they will be achieved and measured</b></p>	<p><b>Actions</b></p>	<p><b>Timescale</b></p>
<p>The HSAB is reassured that adults at risk are empowered to raise concerns from any setting (including in-patient units and care homes) and that advocacy is being sought and provided to those that seek it as part of the safeguarding adults enquiry process</p>	<p>Projects are implemented as highlighted by users e.g. task and finish group or learning review for CNWL in-patient services; and presentation by Public Health about their role with reducing social isolation</p>	<p>End March 2019</p>

.....

<b>Principle Five:</b>  <b>Partnership</b>	<b>Description:</b>  <i>Effective partnership working ensures a “whole family” approach leading to the best possible outcomes for users</i>  <i>Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users</i>	<b>Outcome for users at risk:</b>  <i>“I know staff treat any personal and sensitive information in confidence, only share what is helpful and necessary”</i>  <i>“I’m confident professionals will work together to get the best result for me”</i>
<b>Objectives and how they will be achieved and measured</b>	<b>Actions</b>	<b>Timescale</b>
<p>The HSAB is effective as a partnership</p>	<p>HSAB monitors the actions resulting for each agency represented on the Board from the NHS England/ADASS Risk Audit completed in 2017/2018</p>	<p>End March 2019</p>
<p>The HSAB and HSCB work collaboratively ensuring a “whole family” approach to safeguarding work</p> <p>Joint projects (e.g. annual conferences, training events, community outreach, work with schools) will be explored wherever possible - to optimise both resources and outcomes</p>	<p>A third joint HSCB HSAB conference will be held in 2018/2019 with a focus on “trafficking and modern day slavery”</p>	<p>End March 2019</p>

<p><b>Principle Six:</b></p> <p><b>Accountability</b></p>	<p><b>Description:</b></p> <p><i>There is accountability and transparency in delivering safeguarding. The Board meets its statutory requirements as set out in the Care Act 2014.</i></p> <p><i>Learning from local experiences and national policy/research improves the safeguarding arrangements and user outcomes</i></p>	<p><b>Outcome for users at risk:</b></p> <p><i>"I understand the role of everyone involved in my life"</i></p>
<p><b>Objectives and how they will be achieved and measured</b></p>	<p><b>Actions</b></p>	<p><b>Timescale</b></p>
<p>The statutory HSAB Annual Report is produced</p>	<p>HSAB receives the Annual Report within 3 months of the end of each financial year</p>	<p>End June 2019 (for the 2018/19 report)</p>
<p>The HSAB Annual Report is presented to all relevant accountable bodies</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>All partner agencies present the Annual Report to their Board (or equivalent) within 3 months of the agreement by the HSAB</p> <p>Presentation is made to the Harrow Health and Wellbeing Board with particular reference to progress on agreed joint priorities and recommendations for the coming year</p>	<p>First available Scrutiny meeting after the Annual Report is discussed and agreed at the HSAB (&amp; no later than the end of October 2019 for the 2018/19 report)</p> <p>First Board meeting after the Annual Report is agreed (and no later than the end of October 2019 for the 2018/19 report)</p> <p>First Health and Wellbeing Board meeting after the Annual Report is agreed (and no later than the end of October 2019 for the 2018/19 report)</p>

<p>Elected Councillors, Executives and Committee members in HSAB agencies are aware of their personal and organisational responsibilities</p>	<p>Briefings are provided on a quarterly basis by HSAB members to their organisations at a senior level sufficient to ensure ownership of the issues and leadership to agree any changes required</p>	<p>End March 2019</p>
<p>The general public is aware of safeguarding issues and the work of the HSAB</p> <p>Relevant staff are aware of safeguarding issues and the work of the HSAB</p>	<p>The HSAB Annual Report for 2018/19 is published in an “easy to read” format and posted on all partner websites</p> <p>The HSAB Annual Report for 2018/19 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites</p>	<p>End July 2019 (for the 2018/19 report)</p> <p>End July 2019 (for the 2018/19 report)</p>

## Appendix 1

<b>Statistic</b>	<b>2015/2016</b>	<b>2016/2017</b>	<b>2017/2018</b>	<b>*National figure (2016/17)</b>
Concerns	1690	1662 (2% decrease)	1467 (11% decrease)	6% increase
Concerns taken forward as enquiries	40%	39%	43%	41%
Repeat referrals (enquiries)	19%	31%	17%	28%
Completed referrals (enquiries)	100%	95%	99%	100%
Concerns from non white ethnic backgrounds	51%	48%	51%	16%
Where abuse took place	Client's own home (61%) Care Homes (20%)	Client's own home (63%) Care Homes (14%)	Client's own home (57%) Care Homes (19%)	Client's own home (44%) Care Homes (36%)
User group	Older people (46%) Physical Disability (40%) Mental Health (31%) Learning Disability (13%)	Older people (48%) Physical Disability (38%) Mental Health (33%) Learning Disability (12%)	Older people (48%) Physical Disability (34%) Mental Health (31%) Learning Disability (13%)	Older people (63%) Physical Disability (42%) Mental Health (12%) Learning Disability (13%)



Type of abuse	Physical (23%) Neglect (21%) Emotional (20%) Financial (17%) Not recorded this year	Physical (19%) Neglect (21%) Emotional (20%) Financial (22%) Self neglect (14 cases) Domestic abuse (75 cases)	Physical (19%) Neglect (22%) Emotional (20%) Financial (19%) Self neglect (28 cases) Domestic abuse (86 cases)	Physical (24%) Neglect (35%) Emotional (14%) Financial (16%) Self neglect - (not available) Domestic abuse - (not available)
Person alleged to have caused harm (highest incidence first)	Family including Partner (35%) Social care staff (22%)	Family including Partner (35%) Social care staff (19%) Stranger (4%)	Family including Partner (41%) Social care staff (21%) Stranger (5%)	Not available
Outcomes for adult at risk	Increased monitoring (13%) Community Care Services (13%) Court of Protection application (1%) Advocacy (2%) MARAC referral (5%)	Increased monitoring (13%) Community Care Services (17%) Court of Protection application (1%) Advocacy (3%) MARAC referral (1%)	Increased monitoring (12%) Community Care Services (20%) Court of Protection application (1%) Advocacy (2%) MARAC referral (1%)	Not available
Prosecutions/Police action as an outcome for PACH	12%	16%	14%	Not available

\*The 2016/17 data is the most recent national information available for comparison

## Appendix 2

**HSAB Membership (as at 31<sup>st</sup> March 2018)**

<b>HSAB Member</b>	<b>Organisation</b>
Florence Acquah	London North West Healthcare NHS Trust (hospital services)
Kate Aston	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Claire Clarke	Metropolitan Police – Harrow (Vice Chair)
Karen Connell	Harrow Council Housing Department
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Vanessa Duke	Westminster Drug Project
Andrew Faulkner	Brent and Harrow Trading Standards
Mark Gillham	Mind in Harrow
Lawrence Gould	Harrow (NHS) CCG – GP/clinical representative
Sarah Green	NHS England - London Region
Garry Griffiths	Harrow NHS Clinical Commissioning Group
Paul Hewitt	People Services, Harrow Council
Sherin Hart	Private sector care home provider representative
Chris Miles	London Ambulance Service
Mina Kakaiya	Healthwatch Harrow
Jules Lloyd	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Safeguarding Children's Board (HSCB)
Avani Modasia	Age UK Harrow

Cllr Chris Mote	Elected Councillor (shadow portfolio holder), Harrow Council
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council (Chair from December 2017)
<b>Officers supporting the work of the HSAB</b>	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

## Appendix 3

## Harrow Safeguarding Adults Board

## Attendance Record 2017/2018

Organisation	June 2017	September 2017	December 2017	March 2018	Total attended
HSAB Chair	√	√	√	√	4
Brent and Harrow Trading Standards	√	X	√	√	3
Harrow Council - Housing Department	√	√	X	X	2
London Ambulance Service	X	X	X	√	1
London Fire Service	X	X	√	√	2
Westminster Drug Project	X	X	√	√	2
Harrow Council - Adult Social Services	√	√	X	X	2
Harrow Council - elected portfolio holder	√	X	√	√	3
Harrow Council - shadow portfolio holder	X	X	X	√	1
Harrow Council – People Services/Children’s Services	√	√	√	X	3
Mind in Harrow	√	√	√	√	4
NHS Harrow (Harrow CCG)	√	√	√	√	4
CLCH NHS Trust (Harrow Provider Organisation)	√	√	√	√	4

London North West Healthcare University Hospitals Trust	√	√	√	√	4
Harrow CCG – clinician	√	√	√	√	4
Local Safeguarding Children Board (HSCB)	√	√	√	√	4
Royal National Orthopaedic Hospital	√	√	√	√	4
Metropolitan Police – Harrow (Vice Chair)	√	√	√	√	4
Age UK Harrow	X	X	X	X	0
Harrow Mencap	√	√	√	√	4
CNWL MH Trust	√	X	√	√	3
Harrow Association of Disabled People	X	X	X	X	0
Private sector provider representative (elected June 2013)	√	√	√	X	3
Public Health	X	X	X	X	0
Department of Work and Pensions	X	X	X	X	0
<b>In attendance</b>					
Care Quality Commission (CQC)	X	X	X	X	0
Healthwatch Harrow (other Board members e.g. from Harrow Mencap and Mind in Harrow are also Healthwatch Harrow members)	X	X	X	X	0

## Further information/contact details

For further information about this report or any aspect of safeguarding vulnerable adults at risk of harm in Harrow, the website is:

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

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

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

If you are concerned about an adult 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](mailto: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](mailto: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](mailto:DOLS@harrow.gov.uk)

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

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

Civic Centre  
PO Box 7,  
Station Road,  
Harrow, Middx. HA1 2UH