



& our Partners,

Committed to
Safeguarding Adults



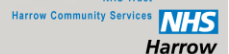
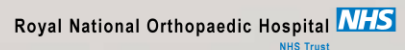
Harrow Local Safeguarding Adults Board
(LSAB)

Safeguarding Adults Annual Report

2010/2011



in partnership with:



| Index | Page |
|---|-------------|
| Foreword | 3 |
| Section 1 - Introduction to the Annual Report | 5 |
| 1.1 The Harrow Local Safeguarding Adults Board (LSAB) | 6 |
| 1.2 A Strategic approach to adult safeguarding | 6 |
| Section 2 - Local context | 8 |
| 2.1 Outcomes for and experience of people who use services | 9 |
| 2.2 Leadership, strategy and commissioning | 11 |
| 2.3 Service delivery, effective practice and performance | 11 |
| 2.4 Working together | 13 |
| 2.5 LSAB resources | 16 |
| Section 3 - Statements from key LSAB partners | 17 |
| Section 4 - Progress on objectives for 2010/11 – year one of the Business Plan | 26 |
| Section 5 - Objectives for 2011/12 – year two of the Business Plan | 33 |
| Section 6 – Appendices | 39 |
| Appendix 1 | |
| 2010/2011 Statistics | 40 |
| Appendix 2 | |
| LSAB Prevention Strategy as at April 2011 | 54 |
| Appendix 3 | |
| LSAB Quality Assurance Framework | 58 |
| Appendix 4 | |
| Training statistics | 59 |
| Appendix 5 | |
| LSAB Terms of reference and membership | 61 |
| Section 7 – Further information/contact details | 66 |



Foreword

This is the 4th Annual Report published on behalf of Harrow's Local Safeguarding Adults Board (LSAB) and contains contributions from the broad range of agencies who are members. The LSAB oversees the effectiveness of the arrangements made by individual organisations and the wider partnership to safeguard adults from harm. Its remit is not operational but one of coordination, planning and commissioning.

During 2010/2011 the Safeguarding Adults Team continued to see an increase in the numbers of reported allegations of adult abuse and with ongoing awareness raising and investment in multi-agency training activity, this trend is likely to continue.

This report demonstrates that significant progress has been made against all the priorities set last year by the LSAB and I am particularly pleased with the increased focus on assuring quality, robust risk assessment and user involvement.

A key milestone in 2010/2011 was the development by the LSAB of a Business Plan. This clearly identifies the work that the Board intends to carry out over the years 2010 to 2013 and an annual review of progress will be made publically available.

The key priorities for the LSAB in the coming year include:

- further work on the wider community safety agenda with the Police, Trading Standards, Neighbourhood Champions; 3rd Party Reporting Centres and Safer Neighbourhood Teams – including tackling hate crime
- continuing to increase the amount of user feedback obtained through the existing file audit programme
- implementing the Dignity Strategy as part of existing work on prevention
- formally reviewing the new competency based Training Programme to ensure it is meeting all organisations' requirements
- fully embedding the new pan-London Policies and Procedures into local practice

In conclusion, a great deal has been achieved, but I am committed through my chairing of the LSAB to ensure that there is continuous learning and development. Our goal remains the same as in previous years – to develop a local culture that does not tolerate abuse and ensure that all vulnerable people living in Harrow who experience abuse know where to get help and feel safer and empowered as a result of the responses they receive and the choices and support offered to them.

**Paul Najsarek – LSAB Chair
(Corporate Director of Adult and Housing Services)**

Say **NO**
to abuse



SECTION 1 - INTRODUCTION

1. Introduction

Safeguarding vulnerable adults is a responsibility placed on health and social care through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970 (see also Appendix 5).

Through this mandatory guidance, statutory health and social care organisations have a duty of partnership to work together to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

The 'No Secrets' guidance gives the Local Authority (Harrow Council) a leadership and co-ordinating role to ensure that all those who provide services for local people work together to address the safeguarding agenda in the borough.

A vulnerable adult as defined in the 'No Secrets' guidance is:

- a person aged 18 or over
- who is or may be in need of community care services by reason of mental or other disability, age or illness; **and**
- who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation

Abuse is a violation of an individual's human or civil rights by any other person or persons (No Secrets 2000).

Abuse can happen anywhere - in someone's own home, on a bus, in a care home, in community care or in a hospital. It may be behaviour that is intended, or caused by a lack of training and/or ignorance.

Abusers (perpetrators) are often already known by the vulnerable adult. Abusers can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

New definitions as introduced by the pan-London Policy/Procedures in January 2011 are outlined in section 2.4.

This Annual Report describes all the activity that has been carried out by the partnership organisations that form the Harrow Local Safeguarding Adults Board (LSAB) to support the safeguarding of vulnerable adults during 2010/11.

The Terms of Reference for the Harrow Local Safeguarding Adults Board (LSAB) can be seen at Appendix 5 with the detailed statistics at Appendix 1.

1.1 The Harrow Local Safeguarding Adults Board

The Harrow Local Safeguarding Adults Board (LSAB) has been chaired by the Corporate Director of Adults and Housing (Harrow Council) for the last 3 years.

The LSAB is the body that oversees how organisations across Harrow work together to safeguard or protect adults who may be at risk of harm, or who have been abused or harmed.

The LSAB's membership includes the following agencies working in Harrow: the Metropolitan Police; Harrow Council; NHS Harrow; North West London Hospitals NHS Trust; Central & North West London NHS Foundation Trust; Royal National Orthopaedic Hospitals NHS Trust; Ealing and Harrow NHS Community Organisation; Harrow Mencap; Age Concern; Harrow Association of Disability; Harrow MIND; Harrow Association of Voluntary Services; Harrow Carers; LinkUp; Support For Living; the London Fire Brigade; Harrow LINK; Freemantle; Mears; Care UK; Gentle Care; Stanmore Residential Home; and the Care Quality Commission (CQC). A full list of current members is included with the Terms of Reference at Appendix 5.

The LSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and (for the Council) the active involvement of the elected Councillor who is the Portfolio holder for adult social care, health and well-being.

The LSAB's Annual Report 2009/2010 was presented to the Council's Scrutiny Committee in July 2010. This report for 2010/11 will go to a Scrutiny meeting on 14th September 2011.

1.2 A strategic approach to adult safeguarding

This year, the LSAB further refined the strategic approach to its work.

In August 2010 the Board agreed a Business Plan for the period 2010 – 2013 and at its annual review day in June 2010 revisited its governance arrangements. This resulted in the establishment of revised sub-groups to carry out four work streams:

The main objectives for each sub-group are outlined in the tables on the following page.

| Harrow LSAB Sub-Group Objectives | |
|---|---|
| i. | <p>Prevention and Community Engagement</p> <p>All the agencies in Harrow represented at the LSAB have agreed to take a “zero tolerance” approach to the abuse of adults at risk from harm. As such they have agreed that the prevention of abuse (in both domestic and institutional settings), publicity campaigns and information provision which reaches all sections of the community should be a high priority.</p> |
| ii. | <p>Training and Workforce Development</p> <p>In adopting the ADASS standards for Safeguarding Adults at risk from harm, the LSAB has signed up to a multi-agency workforce development/training strategy.</p> <p>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.</p> |
| iii. | <p>Quality and Performance Review</p> <p>The LSAB has agreed to oversee robust frameworks for monitoring the quality and effectiveness of safeguarding across all sectors.</p> |
| iv. | <p>Policies and Procedures/Governance</p> <p>In adopting the ADASS standards for Safeguarding Adults at risk, the LSAB has signed up to a multi agency partnership, oversight by each organisation’s executive body to the work and the pan London Policy & Procedures that describe the framework for responding to alerts/referrals.</p> |

The sub-groups are chaired by members of the LSAB and include staff with relevant skills from both the organisations represented on the board and others interested in being actively involved.



SECTION 2 – LOCAL CONTEXT

2. Local context

This LSAB Annual Report does not contain a specific and separate section on the national context for safeguarding adults' work. As part of its work programme in 2010/11 the LSAB discussed/agreed actions relating to all the national developments which are incorporated in the update of year one of the Business Plan and the objectives for 2011/2012.

This section has been broadly structured under 4 thematic areas: outcomes for and the experience of people who use services; leadership, strategy and commissioning; service delivery, effective practice and performance; and working together.

2.1 Outcomes for and the experience of people who use services

Quality assurance framework

In 2010/2011 there was a quality assurance framework in place (see Appendix 3) which (for the Council) relates to an overarching QA framework, ensuring effective oversight and governance. There are 5 sections to the framework – “user/carer challenge”; “independent challenge”; “provider challenge”; “professional challenge” and “continuous learning”. The following are examples of the activities that were undertaken with the resulting outcomes:

- internal file audit by the Safeguarding Adults Team – all active cases reviewed
- external (independent) file audits – 30 cases
- the second round of external audits started a new process of interviewing clients who have been safeguarded to see if their desired outcomes were met
- “live audit” of cases by Senior Practitioners specialising in safeguarding adults work
- MORI conducted a survey in adult social care concerning people with a learning disability in June 2010. The aim of the research was to measure users' satisfaction with the services provided by the Council, assess the impact of the services received and their outcomes, and identify areas for improvement. The survey included questions about how safe user felt. The results continue to show adults with learning disabilities regard the services they receive very highly and most (85%) feel safe in their day-to-day life
- routine surveys of users of domiciliary care services continued in 2010/11 which include questions about dignity and safety
- following a competitive process the training contract was re-let
- relevant performance indicators (e.g. numbers of repeat referrals) have been closely monitored as a way of judging levels of practice
- Safeguarding Adults Team had oversight of most cases dealt with during the year and provided monthly feedback on practice to managers

- ongoing surveys of service users by MORI and Age UK include questions about “staying safe” and “feeling safe”
- the Dignity tool was “mainstreamed” by the Contracts Team in the monitoring of Service Providers (e.g. care homes) so that residents are now routinely asked about these important issues – this is an important strand of both the prevention and quality assurance work for the LSAB
- 5 multi-agency Best Practice Forums were held – see section 2.3 below
- presentations were made to the LSAB on the outcomes from case inquiries and any learning that had been taken from them
- the LSAB receives reports on the file audits carried out so that it can reassure itself as to the quality of casework in the borough

Outcomes

As a direct result of the above there have been a number of outcomes:

- further refinements to the Framework-i database so that some fields are mandatory - ensuring essential information is captured
- changes to the safeguarding process so that the alert stage is ended appropriately and a decision to proceed to a referral made as quickly as possible
- additional training and briefing sessions given on the Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS) - in response to file audit findings and a specific audit of MCA/DOLS implementation
- a range of easy to use A4 Guidance Notes produced by the Safeguarding Adults Team (SGVAT) in response to frequently asked questions
- tracking of “live” cases set up by the SGVAT to prevent “drifting”
- new multi-agency competency based training programme in place
- any service users who expressed concerns about staying or feeling safe in any survey carried out by the Adults and Housing Department were contacted personally so that their issue could be explored further
- closer joint working on cases between the Contracts Team and Safeguarding Vulnerable Adults Team
- users expressing concerns to MORI about their safety were individually followed up

Risk assessment

A new risk assessment tool has been developed with specific regard to people managing their own care through a Personal Budget/Direct Payments. This was implemented in March 2011, will be formally reviewed (in partnership with Harrow

Association of Disabled People who offer brokerage and other support) and reported back to the LSAB in November 2011.

2.2 Leadership, strategy and commissioning

LSAB Business Plan

The Harrow LSAB developed its first Business Plan in 2010/2011 and progress on the Year 1 objectives are outlined at section 4 below.

Throughout the year the LSAB has benchmarked its work against relevant “best practice” documents including: the Association of Directors of Adult Social Services (ADASS) standards for adult safeguarding 2005 and 2011; Local Government Improvement and Development “Adult Safeguarding – early messages from peer reviews” August 2010 and Care Quality Commission inspection reports.

The Business Plan includes (as appendices) separate strategies for training and development; prevention and dignity in care – progress against all of which has been reviewed by the LSAB in 2010/11.

2.3 Service delivery, effective practice and performance

Serious Case Reviews

At its meeting in February 2011, the Harrow LSAB agreed to carry out an independent review of the case of Mrs J R. This case had been highlighted by Northwick Park Hospital and the LSAB agreed that:

- an independent review is done by a suitably qualified professional with no local service involvement
- the independent person reports their findings back to the LSAB
- the findings are public to ensure there is transparency
- the LSAB agrees any learning points and an action plan for addressing them

The findings of the independent review will be discussed at the LSAB meeting in November 2011.

Local Best Practice Forums

There were 5 multi-agency Best Practice Forums organised and run by the Safeguarding Adults Team in 2010/11. They were well attended from across all partner agencies (181 staff in total) and covered the following topics: Mental Capacity Act (2 sessions); learning from case audits; sharing best practice; presentations on Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) and specific case discussions.

Positive **outcomes** include:

- production of a series of A4 Guidance Notes responding to frequently asked questions at the sessions;
- direct referrals into and out of the MARAC and MAPPA forums; and
- increasingly proactive use of the Safeguarding Adults Team

Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS)

In 2010/2011 an independent audit of Mental Capacity Act implementation was commissioned which took place in January/February 2011 and reported in March. The findings mirrored the national picture i.e. a low number of formal mental capacity assessments in relevant cases and a lack of confidence in using the legislative framework.

Outcomes:

- the training programme has been reviewed and some aspects will be delivered differently in 2011/12 e.g. more experiential learning opportunities
- there have also been some changes made to the Council's Framework-i system so that the processes start with a focus on mental capacity

There has been close monitoring of the use of the **Independent Mental Capacity Advocacy (IMCA)** service in Harrow. In 2009/10 use of the service in the borough was slightly lower than comparator boroughs. However in 2010/11 referral numbers have increased, been appropriate and in line with other boroughs. In 2010/2011 the borough was involved in re-tendering the IMCA contract and the new provider (POhWER) commenced in April 2011.

Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management information report. The report which is available quarterly is overseen by and discussed at the LSAB. It attempts to identify trends in referral data and to provide accessible and useful statistics to Board members which can then be used to inform decisions e.g. identifying where awareness campaigns or training should be focussed.

Headline messages (statistics)

2010/2011 is the first year where the Department of Health (DoH) has required the annual Abuse of Vulnerable Adults (AVA) statistical return. It is positive that from this point forward there will be national data, however it does mean that in this report the LSAB is not able to make a direct comparison between the last 2 years e.g. older people with mental health difficulties were counted under the mental health category in 2009/10, but under older people in 2010/11 (as required by the DoH). However there are a number of headline messages that it has been possible to conclude from the Harrow AVA statistics:

- 400 alerts compared to 378 in 2009/10 - a growth in number is positive, particularly given that some alerts were from areas where no/low numbers had previously been received
- 48% of alerts were taken forward as referrals, compared to 67% in 2009/10 – this is an expected reduction given that the Safeguarding Adults Team judge that in most cases there is now more appropriate progress to referral stage
- repeat referrals dropped from 11% in 2009/10 to 3% in 2010/11 – a positive trend showing that cases are dealt with appropriately first time around in the majority of situations and in the context that some repeat referrals are to be expected
- 36% of referrals were from different ethnic backgrounds compared to 65% from white/UK backgrounds – a very similar proportion to the 2009/10 figures suggesting that despite targeted briefing sessions and some outreach there has been limited success in getting the safeguarding adults’ message across to all sections of the local community
- statistics showing where the abuse took place remain broadly similar to 2009/10 with the highest percentage in the client’s own home (44%) and 31% in care homes (long term and temporary placements)
- the highest proportion of allegations remains for older people (in line with the national picture), with a slight reduction in those for people with a learning disability and a slight increase for mental health
- allegations of physical abuse remain the most common referral (23%) with the other areas similar to 2009/10 except institutional abuse which rose from 3% to 7%
- social care staff (e.g. domiciliary care workers) are the most commonly alleged perpetrators (although it should be noted that this is across a range of different settings), with family members the most common in a single setting (i.e. the service user’s own home)
- outcomes for victims were varied but did show some increases in actions apart from “increased monitoring” e.g. application to the Court of Protection and applications for appointeeship, neither of which had been used in 2009/10
- outcomes for the perpetrator showed a very small increase in criminal prosecutions, some additional actions by Contracts Team staff and action under the Mental Health Act

The full analysis of 2010/11 statistical data is shown at Appendix 1.

2.4 Working together

Pan London Policy and Procedures

The new pan-London Policy and Procedures were finalised and agreed in 2010/11 and the official launch took place in Harrow on World Elder Abuse Awareness Day 2011 (15th June). The progress made locally in 2010/2011 towards full implementation of the Policy/Procedures includes:

- Framework-i (Harrow’s electronic social care records) safeguarding adults’ processes improved and running to the new pan London 7 stage process

- a new training course developed and introduced titled “Safeguarding Adults Managers – Managing Investigations within a Pan-London Framework”
- new terminology (i.e. vulnerable adult has changed to “adult at risk – anyone with social care needs who is or may be at risk of significant harm”) adopted in all publicity/media activities
- implementation briefing sessions run for staff and users/carers
- investigations being carried out utilising the new framework under the guidance of the Safeguarding Adults Team
- LSAB member organisations have started to implement the new procedures – see section 3 for updates from individual agencies

The new procedures will be reviewed London wide in 2014.

LSAB development

The LSAB held its first annual review in June 2010. There were two main elements to the event – a look back at the previous year (2009/10) and agreement on the objectives/priorities for 2010/2011.

At the review there was a decision to restructure the sub-groups working to the Board (see section 1.2 above).

The 2011 annual event is scheduled for June 28th and will include a formal review of practice, impact and outcomes. The 2011 review day will also provide an opportunity to benchmark local progress against best practice and look ahead at any likely changes e.g. the Government’s proposal to put LSAB’s on a statutory footing.

At the board meeting in November 2010 a development programme for the LSAB was agreed so that its members can keep up to date on best practice/required knowledge in relation to safeguarding adults. At the February 2011 meeting the topic was “hate crime” and an update on the Mental Capacity Act/Deprivation of Liberty Safeguards (DOLS) will be covered in May 2011.

Information Sharing Protocol

No Secrets’ [DH 2000] states that the government expects organisations to share information about individuals who may be at risk from abuse. It is important to identify an abusive situation as early as possible so that the individual can be protected.

Withholding information may lead to abuse not being dealt with in a timely manner.

Confidentiality must never be confused with secrecy.

Investigating and responding to suspected abuse or neglect requires close

co-operation between a range of disciplines and organisations. Safeguarding adults work is concerned with sharing personal information, both about someone who is alleged to have experienced abuse and an alleged perpetrator.

In November 2010 an updated cross agency information sharing protocol was agreed with the aim of further clarifying the safe and secure framework for sharing information among partner organisations in Harrow.

Working with Children's Services

There is a reciprocal arrangement in place between the Local Safeguarding Children's Board (LSCB) and the LSAB. The Senior Professional for Safeguarding Practice, Review and Scrutiny (Children's Services) attends the LSAB and the Safeguarding Adults Team Manager attends the LSCB. The transition protocol previously in existence for young disabled people becoming an adult where there are already safeguarding concerns has been refreshed and re-launched in the last year and joint working on cases continues to strengthen.

There has been some reciprocal advertising of training opportunities e.g. the safeguarding adults training programme references courses being commissioned by the LSCB.

Health Service (NHS) changes

At all its meetings in 2010/11, the LSAB was kept up to date on the changes in the NHS. At the meeting in November 2010 it was agreed that a General Practitioner (GP) representative would be a highly valuable additional member of the Board.

In February 2011 the Department of Health's document "Clinical Governance and Adult Safeguarding – an integrated process" was discussed, so that local NHS organisations could provide the LSAB with information about implementation. This topic will be revisited at the November 2011 LSAB to evaluate local progress.

LSAB membership reflects the changed local NHS structure e.g. recent addition of a senior manager from the independent provider organisation. Further information on progress made by some local NHS organisations is covered in section 3 below.

2.5 LSAB resources

Apart from the time spent by all relevant managers and staff in local organisations, there are some financial/human resources specifically established for safeguarding vulnerable adults at risk in Harrow. They are:

The Safeguarding Adults Team

- One wte Safeguarding Adults Coordinator
- One wte Safeguarding Adults Practice Adviser
- One wte Safeguarding Adults Team Manager/Senior Practice Adviser

The Safeguarding Adults budget (excluding accommodation costs etc.)

| | | |
|---|----------|----------------|
| | £ | |
| Salaries | 187,000 | |
| Publicity/leaflets | 4,300 | |
| Training | 25,000 | |
| External/independent audit | 7,000 | |
| Total (Council) expenditure | | 223,300 |
| Income from statutory partners (excluding the Council) | | 20,000 |



SECTION 3 – STATEMENTS FROM KEY PARTNERS

3. Statements from key partners

The following statements have been provided by some of the key agencies represented on the LSAB. The reports cover adult safeguarding issues from each organisation's perspective and some identify key priorities for 2011/12.

3.1 North West London Hospitals NHS Trust

The North West London Hospitals NHS Trust [NWLHT] is committed to working together with our partners in health and social care to safeguard adults at risk.

The Deputy Director of Nursing and the Matron for Older People and Dementia are nominated Trust leads for safeguarding adults and they have developed good working relationships with colleagues at NHS Harrow and the London Borough of Harrow to really strengthen partnership working arrangements. Much of the role of the adult safeguarding leads has been to assist in investigations in respect of concerns regarding the safeguarding of vulnerable adults.

NWLHT staff have embraced the teaching sessions on safeguarding vulnerable adults with very good attendance. The success of this training in raising knowledge and awareness can be seen through the increase in reporting of concerns over the last 12 months. All staff, trained and untrained, Nursing, Allied Health Professionals and Medical staff have access to the training. Training has had a positive effect on raising levels of awareness, thus enabling them to recognise safeguarding issues and to know how to report these to the most appropriate agency.

Over the last year the Trust has:

- reviewed the terms of reference for the Safeguarding Vulnerable Adults Board, which includes membership of partners in health and social care
- reviewed the Trust procedures to reflect the Pan-London Safeguarding Procedures
- strengthened incident reporting, in particular relating to pressure damage
- undertaken training in line with the recommendations made in our training needs analysis and we have held training on a fortnightly basis. Training for adult safeguarding is mandatory for all staff within NWLHT and is included in the corporate induction training for new starters. To date we have trained over 600 staff
- analysed cases of pressure ulcer development to determine whether there are safeguarding concerns associated with the care delivered to the patient
- made clear links with the dignity agenda and its preventative approach to some of the concerns which may be raised through safeguarding

Initiatives planned for 2011/12 include:

- review the safeguarding referral process and monitoring
- develop a Safeguarding Vulnerable Adults information page on the Trust Intranet for staff and the Trust website for patients and the public

- work with Brent Mencap to improve the experience of patients with a learning disability. This work will include agreed care pathways, a patient passport, new communication tools and training sessions
- training, including assessment of the implementation of the Mental Health Act, the Mental Capacity Act and DoLS

3.2 Royal National Orthopaedic Hospital NHS Trust

The Royal National Orthopaedic Hospital, as a national centre of excellence for orthopaedics, works across the UK and with local partners in health and social care to safeguard vulnerable adults at risk.

The Matron for Adults and Clinical Nurse Specialist for Safeguarding Adults are the nominated Trust leads for safeguarding adults and have worked together with the Local Safeguarding Adults Board (Harrow) and NHS London in developing systems and policies within the Trust to identify adults at risk accessing the Trusts services, refer and investigate concerns regards vulnerable adults. The Clinical Nurse Specialist has been able to provide home visits where appropriate to patients to plan admission, hospital stay and discharge following the patient through their patient journey.

Since the role of Clinical Nurse Specialist for Safeguarding Adults was implemented by the Trust, the awareness of vulnerable adults at risk has increased, demonstrated by referrals of concern from all levels of Trust staff.

Over the past year the Trust has:

- ✓ delivered Safeguarding Adults Awareness Training to all Trust staff, both mandatory and at induction
- ✓ devised a grid to identify appropriate Trust staff to attend relevant Harrow Safeguarding Adults Training Programme (Levels 1 -3)
- ✓ implemented a vulnerable adult and dementia pathway to identify patients to provide support throughout the patient journey
- ✓ implemented a patient passport system for vulnerable adults
- ✓ linked incident reporting system to safeguarding adults system
- ✓ delivered two safeguarding awareness study days focussing on mental health and dementia
- ✓ further expanded the membership of the Safeguarding Adults Committee
- ✓ made Clinical Nurse Specialist for Safeguarding Adults a permanent and substantive post
- ✓ the Clinical Nurse Specialist for Safeguarding Adults is an approved trainer for PREVENT for the Trust
- ✓ developed an intranet site for staff with information regards to safeguarding adults
- ✓ weekly meetings and ward rounds attended by Clinical Nurse Specialist for safeguarding adults to identify and discuss patients who may need additional support in accessing Trust services

Areas for development 2011/12:

- ✓ to review the Trust policies and procedures in light of the Pan-London Safeguarding Adults Policies and Procedures
- ✓ to review the referral and monitoring processes linking pressure area damage, incident reporting and safeguarding alerts electronically
- ✓ e-learning training for direct care staff at all levels regarding Mental Capacity Act and DoLS
- ✓ to develop information for staff and patients both written and electronically with regards to adults at risk e.g. information on adults who may be at risk, mental capacity and DoLS, delirium and dementia guidance
- ✓ to work closer with local care groups i.e. staff awareness days ,training, and patient contact – regular stands at Outpatients Department

3.3 Ealing and Harrow NHS Community Organisation

As part of the national strategic direction for Transferring Community Services, Harrow PCT became NHS Harrow and the Provider Service was integrated into Ealing and Brent thus forming the new Integrated Care Organisation called Ealing Hospital NHS Trust.

The transitional plans included the appointment of two new Safeguarding leads for Ealing Hospital Trust (Harrow provider) and NHS Harrow commissioners: Beverly Elgar, Assistant Director for Provider Services in Harrow, and Thirza Sawtell, the Director for Commissioning. Both are now invited members of the LSAB.

In addition, new links are currently being worked on between the Ealing Hospital NHS Trust Clinical Governance structure and Harrow Provider Services.

There is a continued commitment for working jointly to a training program with the Harrow Local Authority training department for Safeguarding and links are established between the Local Authority (LA) and the HR training department in Harrow Provider Services.

Safeguarding Training/Awareness

Safeguarding for all staff working with adults is now part of the mandatory training program for the Provider Services. All new staff are now receiving an awareness of safeguarding issues. In addition, Training has been provided both by the LA via the joint training program and via other independent training conferences. In addition to this teams have received team based training on Mental Capacity Act awareness. There is a need to further encourage and promote the training programme. This will be a key activity for the coming year.

There is now an allocated person from Harrow Provider Services on the joint training and development sub group reporting to the LSAB. However due to significant changes in the Harrow health economy it has not been possible at this point to support the other 3 sub groups in the later part of 2010. It is hoped this will be rectified this year.

Clinical Governance and Adult Safeguarding

The Safeguarding lead for Harrow is currently reviewing arrangements for integrating Harrow safeguarding issues into the Ealing Hospitals NHS Trust organisation whilst maintaining local identity and local Harrow processes working with the Harrow Local Authority. This process will be through the Ealing Hospital Trust Quality and Governance strategy meeting.

In addition there is the development of an action plan to co-ordinate services to ensure that good practice is maintained in relation to safeguarding and that all Department of Health guidelines are adhered to and shared across the organisation.

Harrow Safeguarding lead - activity

- The new Pan London Safeguarding Policy has now been fully launched in Provider Services and placed on the internet
- The Safeguarding Adults Referrals Audit for 1st April 2010 to 31st December 2010 was shared across Harrow services for information and awareness
- Draft safeguarding policy/procedures including governance arrangements
- Sharing and disseminating of Safeguarding Adults training strategy across Harrow Provider Service
- Sharing and disseminating of Local Safeguarding Adults Board Business Plan across Harrow Provider Services
- Draft self assessment for CQC standards
- Ealing NHS Hospital Trust (Harrow Services) action plan for 2011/12

3.4 NHS Harrow and Brent

NHS Harrow is committed to working with our partners in health and social care to safeguard vulnerable adults at risk. The Deputy Director of Non-Acute Contracts is the nominated lead at NHS Harrow for safeguarding adults, with the NHS Harrow Borough Director attending Harrow Safeguarding Adults Board meetings.

During 2010-2011, NHS Harrow has taken the lead in investigating adult safeguarding concerns relating to service users whose care packages are funded by NHS Harrow. The findings and recommendations of each investigation have been reported back to the Harrow Adult Safeguarding Team.

3.5 Age UK Harrow

Age UK Harrow (Registered as Age Concern Harrow) has been a member of the LSAB since its establishment. This year we participated in the planning for the business plan at the Away Day.

As an organisation we have taken the opportunity and accessed the training offered to the partners. Our staff and volunteers are more confident now in dealing with POVA cases. We have had some complex POVA cases referred to us by Social Services and we have given support to these clients. The work by our staff and volunteers in supporting these clients has been very onerous. We have also had a referral from the National Elder Abuse organisation and again we have supported this client.

As the statistics show in this report, the clientele with the highest reported cases is elderly and therefore we feel that we play a vital role in this partnership. We led a very successful event on the national Elder Abuse Awareness Day with other partners in making people aware of elder abuse. This event took place at a number of venues across the borough. Following on from that success, we will be leading on the event again this year.

Our Board of trustees is kept up to date with the LSAB Board and has a standing agenda item on this at every meeting.

We feel a lot has been achieved by all the partners on the LSAB board but a lot still needs to be done and we look forward to playing our part in making sure that there is more awareness on this issue particularly for the elderly residents that we serve in the borough.

3.6 Harrow Association of Disability (HAD)

Over the last year HAD has been focused on different ways of safeguarding vulnerable adults and has been working closely with the Safeguarding Adults Team in the following areas:

- in accordance with the Self Directed agenda, HAD has been focusing new service users on risk assessing their workplace (which is usually their home) and their staff when employing privately. Advice and support is provided right at the start of working with a service user and where service users do not feel confident to conduct their own risk assessment, HAD Advisors will work with them in order to be able to carry these out.

Examples where a risk assessment would be identified might be: an employee has informed the service user that they have back problems, or that they are pregnant. Therefore certain tasks may not be appropriate for the employee to carry out e.g. lifting, moving and handling. These need to be identified, logged and discussed with the employee and an appropriate way of working together identified

- HAD has also been active in encouraging the need for social care staff to conduct a thorough initial risk assessment for new service users who choose self directed support, prior to referring them on to HAD. Potential areas which need to be addressed can then be done so right from the start and appropriate support provided to service users at the outset. An example of this might be where a client has already demonstrated problems in managing their money.

By continuing to develop a close working relationship between the Direct Support Team at HAD and social care professionals within Personalisation Teams, this has continued to assist in ensuring that service users are fully supported in achieving the social care arrangements they choose when setting up their personal budget/direct payment

- HAD has been working with the Safeguarding Adults Team in developing workshops aimed at training vulnerable adults in developing skills and abilities to identify dangers they may come up against in day to day living. The Police and Fire Safety Units are also working with us in providing this training. These are currently being rolled out and the focus has been on service users with a learning disability. However, depending on the success of the first round, it is hoped that these workshops will be offered to other vulnerable groups
- HAD has always been involved in supporting the annual World Elder Abuse Awareness Day (WEAAD) and is part of the planning and implementing group who co-ordinate and organise events to recognise this date locally. This year the event is taking place on Wednesday 15th June 2011

3.7 Harrow MIND

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

In the past year 2010-11, we have completed the following actions:

- Membership - Mind in Harrow Chief Executive, Mark Gillham, is a member of the Harrow Multi-Agency Safeguarding Adults Board, which meets quarterly
- Staff training - Mind in Harrow has introduced a policy two years ago that all new staff are required to undertake the Harrow Council 1 day "introduction to safeguarding" training course. We have received positive feedback from staff who have attended about the value of this introductory training and plan for senior staff to attend the new training days on "risk assessment" and "conducting investigations" in the programme 2011-12 aimed at managers
- Volunteer training - for the first time this year, we have collaborated with the Harrow Safeguarding Team to offer two training sessions in early 2011 for our volunteers, who visit vulnerable adults to offer befriending support. We are establishing safeguarding training for all new volunteers
- User reps training - we have also planned safeguarding training sessions with our Harrow User Group representatives for 2011, who can offer peer awareness. This training has been requested by the group to better understand this complex area and appropriate boundaries for user representatives
- Provide information - Mind in Harrow has offered support and information, as appropriate for a voluntary sector partner in conjunction with the Safeguarding Team, for those people with mental health needs who report to us that they are at risk of abuse or mistreatment
- We have conducted a policy review in 2010, have revised some policies related to safeguarding and have a work plan for 2011 to continue to keep up to date with current practice, including the Equalities Act 2010

3.8 Support For Living

Support for Living has had an extremely eventful and productive year in 2010/11. We were delighted to merge with Southside Partnership and are now both managed by our parent company, Certitude. As a result of the merger we are lucky enough to be able to share good practice in all areas, including safeguarding.

Over the past year, Support for Living has continued to be able to provide SOVA training to all staff through our in-house expert trainers. We have also undertaken a major review of how we share information with each of the five London Boroughs where we work in order to manage risk more effectively.

In 2011, we are aiming to implement a big policy change in how we support people to manage risk. We intend to put in place a new policy that uses person centred risk management tools to ensure that risk is understood and planned for effectively. We firmly believe that risk management should be about empowering people and not preventing them from doing things that are important to them. The policy and tools are currently being piloted in Southside Partnership and we are excited about joining them in this work.

Support for Living is also reviewing our organisational Safeguarding policy so that it is in line with the Pan London policy.

3.9 Harrow LINK

Harrow LINK was invited by the Adult Safeguarding Group team to participate in four or five care homes visits which was a benchmark. LINK participants found the experience valuable and will put it to good use when they conduct 'enter and view' visits in the future. The LINK has worked closely with the Adult Safeguarding Group team by passing on some intelligence received from members of the public.

3.10 Gentlecare

Gentlecare is committed to working with Harrow Council and its associated partners to safeguard adults within the Borough who are vulnerable and at risk.

We have, through our involvement in the Board from the outset, been able to not only improve our own internal procedures and awareness at all levels but we have also been able to contribute through representation on the Board to improving services and procedures by bringing to the Board issues related to and affecting homecare services within the Borough.

We have also utilised the excellent training offered by the Borough to enhance awareness and have been able to share internally, the business plan and improvements made within the Borough through the Board and this we feel has helped to support the common goal of safeguarding vulnerable adults with a commitment from the top at our own Board level to have a zero tolerance and improve lives.

3.11 Adult Services, Harrow Council

Harrow Council's Adult Social Services Division takes the lead coordinating role for safeguarding vulnerable adults at risk from harm as set out in the Department of Health's "No Secrets" guidance. This role is both in relation to multi-agency strategic development of the work as well as investigations into some complex individual cases of abuse and instances of institutional abuse. The Team also supports the LSAB arrangements; organises a range of public awareness campaigns; oversees the multi-agency training programme and runs briefing sessions.

In 2010/2011 the Safeguarding Adults Team had a work programme with over 50 action points. These had been developed following a review of various key documents e.g. the ADASS standards and progress is monitored at the monthly Team Meeting. Most of the work of the Team and the outcomes from its work programme are covered in the body of this report.



**SECTION 4 – PROGRESS ON OBJECTIVES 2010/11
(YEAR ONE OF THE BUSINESS PLAN)**

4. Progress on objectives for 2010/11 – year one of the Business Plan

The following 13 areas were the priorities from Year 1 of the LSAB Business Plan and progress on each of the actions (as at 31st March 2011) is set out below.

i. Implement year one of the Training Strategy with agreed competencies

Multi-agency training remains a high priority for the LSAB. Following variable feedback about the training provided up until 2009/10, a tender selection process was completed and the new provider (Lowe Consultancy) started to deliver the sessions from August 2010. Initial feedback from attendees has been very positive.

The new programme is competency based. This has been designed to ensure that all staff know about the competencies required to meet their safeguarding adults' responsibilities within the workplace. It will help staff and their managers to be clear about the safeguarding adults' knowledge they require in their role, the training they should access and will assist in the evaluation of training needs and professional development pathways. It offers a broader range of training courses with a greater degree of flexibility e.g. more half day sessions.

As a supplement to the formal training programme, the Safeguarding Adults Team also ran a number of briefing sessions across a range of agencies, offering most at the organisation's own premises.

A full breakdown of the training statistics is shown at Appendix 4.

Headline messages

- a total of 1,136 people received some training in 2010/11
- 469 staff received formal training and 667 people attended sessions run by the Safeguarding Adults Team
- the breakdown of formal training was: 182 Council staff; 29 NHS staff; 1 Police officer; 186 private sector staff and 71 voluntary sector staff
- the breakdown of briefing sessions was (summarised): 40 elected Councillors; 26 Housing staff; 41 NHS staff; 36 Council staff; 68 residential and domiciliary care staff (all sectors); 2 HIV/AIDS staff and 3 specific sessions for staff working in drugs/alcohol organisations. In addition there were briefing sessions for 97 service users and 15 carers
- there were some new organisations/individuals provided with training in 2010/11 as a way of extending safeguarding awareness into the wider community safety arena: 2 Neighbourhood Champion Managers; the Borough Fire Commander; 20 Access Harrow staff; and 7 staff at Barclays Bank
- Some specific training on use of the Mental Capacity Act/Deprivation of Liberty Safeguards was also run on several occasions with a total of 237 staff from a range of organisations attending
- 41% of individuals (191 people) booked on to formal training courses cancelled, leading to difficulties about the viability of some sessions

Outcomes

As a result of the targeted sessions provided for organisations where no/low numbers of referrals had been received in recent years the following number of alerts/referrals were made to the Safeguarding Adults Team: Compass, EACH and the DAAT (i.e. drug and alcohol services) – 3 new alerts (1 referral); HIV/AIDS provider - one new alert; MAPPA - 2 referrals; MARAC - 6 alerts (3 referrals); Community Safety staff - 9 alerts (3 referrals); hate crime panel - 2 new alerts. One referral was made from the Safeguarding Adults Team into the Prevent Panel following their presentation to the LSAB.

ii. Implement year one of the Prevention Strategy

Full details of progress against all the objectives are shown at Appendix 2.

Headline messages

Good progress was made on all the areas in the strategy. There were 23 specific objectives and 16 were completed with 7 requiring ongoing work. There are 7 new objectives for year 2 of the strategy.

Outcomes

One positive outcome in 2010/11 was the inclusion (during Spring 2011) of a new Dignity Strategy as part of the overall prevention work programme. There was also some evidence that the outreach and briefing sessions programme being targeted at specific organisations has produced some referrals e.g. in the drugs/alcohol and HIV/AIDS work areas (see section 4i above).

Another good example is the work that has been done in the (learning disability) Neighbourhood Resource Centres where the 10 Dignity Challenges have been adopted. As a result, service users say that they feel more able to challenge staff and the daily programme has been shaped differently following dignity discussions at the “Future Groups”.

iii. Continue to work towards full compliance with the Association of Directors of Adults Social Services (ADASS) standards for safeguarding adults

The LSAB was provided with a report during 2010/11 which demonstrated that all the ADASS Standards (2005) for safeguarding vulnerable adults at risk were being met.

At its meeting in February 2011, the LSAB discussed the “ADASS (Draft) Advice Note Safeguarding Adults 2010” and completed a benchmark of local progress against its recommendations. A range of actions (included in the 2011/12 objectives in section 5 of this report) were agreed as follows:

- that a vision statement is added to the Harrow LSAB Business Plan
- that a relevant action is added to the Business Plan about effective access to criminal justice systems
- that the LSAB agrees to adopt the suggested change in language/terminology and continues to use it in publicity

- to continue the good work already started on community safety e.g. with the safer neighbourhoods, neighbourhood champion and 3rd party reporting kiosks teams
- to develop the second LSAB annual review so that it deals with effectiveness and outcomes more explicitly
- that the LSAB development programme agreed at the most recent meeting is taken forward in 2011/12
- that a discussion takes place with NHS Harrow about which GP could become an LSAB member
- that the evaluation of the new training programme takes place as planned with any resulting recommendations made to the LSAB

iv. Follow up the outcomes of safeguarding adults investigations in writing to service users

The implementation of the Council's new Framework-i process as it relates to safeguarding adults' work now makes this a mandatory action for staff. Ongoing file audits will check for compliance which will be reported in feedback to the LSAB.

v. Continue joint working with the Police on issues such as community safety and hate crime

The LSAB has recognised the importance of the wider community safety agenda as it relates to safeguarding vulnerable adults at risk. In 2010/2011 work has taken place with the following forums: Antisocial Behaviour Action Group; Prevent Panel; Neighbourhood Champions; 3rd Party Reporting Kiosks; Multi-agency Public Protection Arrangements (MAPPA); Multi-agency Risk Assessment Conference (MARAC); Domestic Violence Forum/Steering Group and the DV Health and Social Care Sub-group. The Safeguarding Adults Team also attended the Community Safety Week of Action in December 2010 speaking with members of the public and handing out leaflets.

Outcomes

As a result of this work there have been referrals both into and out from each of the above forums, suggesting that partnership in this area is improving

(see section 4i above).

vi. Run targeted awareness raising sessions with HIV and drug & alcohol services where no referrals were received in 2009/10

Briefing sessions have been carried out for EACH, Compass, the Drug and Alcohol Abuse Awareness Team (DAAAT) and the HIV/AIDS Team where low/no referrals were received in 2009/10.

Outcomes

Referrals have been received from each area (see section 4i above).

vii. Further embed dignity in care and the 10 dignity challenges across all services in Harrow

In July/August 2010 Harrow was one of 6 local authorities that took part in a pilot dignity audit under a programme overseen by the Department of Health's London Region Joint Improvement Partnership (London JIP). A report was presented to both the LSAB and a London conference in November 2010 which is summarised below.

The four services audited by Harrow Council were residential homes providing services to adults who have a learning disability.

The audit tool was based on a questionnaire developed by Brighton and Hove Council, selected because it was the most suitable to inform the Council about service user's views and experiences in a manner that was accessible and accurate. The audit was carried out jointly with the Harrow LINK.

Services were found to be generally well run and the majority of service users felt they were treated with dignity and respect. 100% of service users said they had choice in daily care, meals and activities and that staff respected their privacy. Of those interviewed, 85% said they would tell someone if they felt unsafe or worried.

Outcomes

As a direct result of the audit work Harrow is:

- exploring ways to improve consistency in raising concerns/comments and complaints in all services
- providing information and training for service users and carers, as well as staff and managers to raise awareness of dignity
- encouraging Dignity Champions to sign up to the National Campaign, supporting the work on dignity in care within the borough and sharing good practice

Overall, the experience of using the audit tool was positive and helpful and has been incorporated into routine contract monitoring visits.

In addition to the dignity pilot, several of the Council's in-house residential homes for people with a learning disability or mental health difficulty were inspected by CQC in 2010/11. A strong focus of the inspections was outcomes for users including safeguarding and dignity, with all the homes showing some improvements and several receiving a good inspection result.

viii. Further refine electronic systems to ensure Harrow meets the requirements of the National Data Set (NDS) and provides the required returns to the Information Centre

The first national statistical return on the Abuse of Vulnerable Adults (AVA) was submitted to the Department of Health in June 2010. The AVA return will enable Councils with adult social services responsibilities to benchmark their safeguarding data against other local authorities of a similar size.

As stated previously, Harrow Council has redesigned and implemented a new Framework-i process which both underpins best practice (by guiding staff through the pathway) and collects all the required statistical information. Mental Health statistics have been brought in to the NDS in 2010/11 so that joint reports can be produced.

ix. Analyse the data from the 2009/10 NDS and the 2010/11 NDS and use the learning from this analysis to target awareness raising sessions where most needed

This was completed in 2009/10 with new briefing sessions being added to the programme for Drug/Alcohol services and HIV/AIDS services where no/low referral numbers were received in 2008/9 (see also vi above). In 2010/11 there was a greater focus on outreach to harder to reach communities with limited success and further work will be needed in 2011/12. See Appendix 1 for full analysis of the statistics.

x. Develop a system to gauge the success of the various publicity campaigns i.e. asking referrers details of where/how they found our number or how they knew where to call – use this feedback to further refine future awareness raising sessions

The SGVA Team now has a system in place and publicity campaigns have been tailored accordingly.

Outcomes

As a direct result of the articles in the Fire Safety magazine, News and Views and the Community Safety publication, new referrals were received from members of the public.

xi. Continue to target harder to reach groups so that safeguarding adults' referrals are more in line with Harrow's demographic

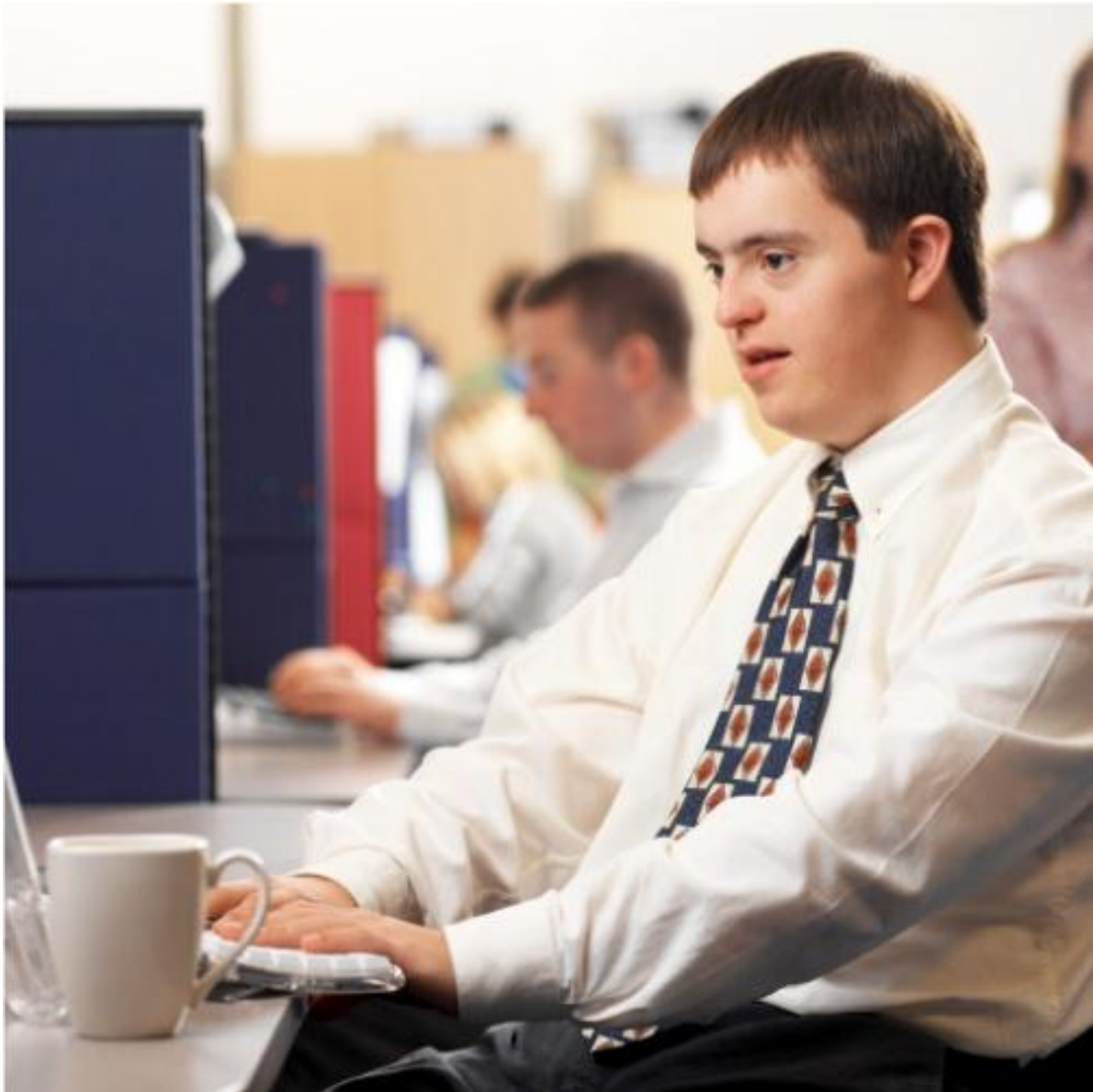
Despite carrying out specific outreach work into a number of community groups, referral rates remain broadly similar to 2009/10. A different approach to engagement will be needed in 2011/12 for the LSAB to reassure itself that safeguarding messages are reaching all sections of the community.

xii. To continue and further develop the Safeguarding Adults' quality assurance processes and to incorporate a mechanism for user/carer feedback into these processes

See section 2.1 above.

xiii. To ensure all the LSAB's workstreams have clear action plans in line with the above objectives

The sub-groups were refreshed in 2010/11 with revised terms of reference and action plans (taken from the relevant sections of the LSAB Business Plan). Attendance at sub-groups needs improvement, although this has not prevented the actions being progressed.



SECTION 5 – OBJECTIVES FOR 2011/2012 (YEAR 2 OF THE BUSINESS PLAN)

5. Aims and objectives for 2011/12 – Year 2 of the Business Plan

The following areas are the priorities in Year 2 of the LSAB Business Plan. Please see the Harrow LSAB Business Plan 2010 – 2013 for comprehensive details about delivery and implementation.

NB: user involvement, carer voice and accessibility will be addressed in all themed areas

Theme 1 - Prevention and Community Engagement LSAB Sub Group

Overall objective

All the agencies in Harrow represented at the LSAB have agreed to take a “zero tolerance” approach to the abuse of adults at risk from harm. As such they have agreed that the prevention of abuse (in both domestic and institutional settings), publicity campaigns and information provision which reaches all sections of the community should be a high priority.

| Action | How it will be achieved and measured | Timescale for achievement |
|---|---|---------------------------|
| Implement the Safeguarding Adults at Risk Prevention Strategy Source: CQC | As outlined in the Prevention Strategy | End March 2012 |
| Actively use the media for publicity campaigns Source: AR | Specific campaigns will be focused on sections of the community where no/few referrals were received in 2010/11 The new pan London Policy/Procedures terminology will be used in all publicity campaigns etc | End March 2012 |
| Run high profile campaigns e.g. WEAAD – incorporating the “zero tolerance” message Source: ADASS | Campaigns to be linked with national programmes etc. for maximum coverage and effect e.g. Carers Week – minimum 4 campaigns annually | End March 2012 |

| | | |
|--|---|-----------------------|
| <p>Adopt a different approach to community engagement so that safeguarding adults' at risk referrals are more broadly representative of Harrow's demographic profile</p> <p>Source: AR</p> | <p>LSAB will explore the possibility of a small piece of local research on community engagement (in relation to safeguarding vulnerable adults at risk) focused on style and /language terminology in use in publicity campaigns etc</p> <p>Specific campaigns will be focused on sections of the community where no/few referrals were received in 2010/11</p> | <p>End March 2012</p> |
| <p>Improve community safety and address hate crime – in relation to vulnerable adults at risk</p> <p>Source: I&DeA</p> | <p>Continue to work with the Community Safety Unit in reaching out to vulnerable groups e.g. utilising links with Neighbourhood Champions; 3rd Party Reporting Centres; Trading Standards and Safer Neighbourhood Teams</p> | <p>End March 2012</p> |
| <p>Improve access to the Criminal Justice system for victims</p> <p>Source: ADASS</p> | <p>The SGVAT will continue to work with the Police to support victims in following through relevant prosecutions</p> | <p>End March 2013</p> |
| <p>Ensure risk assessments are completed and suitable information is available for self funders and people with Personal Budgets</p> <p>Source: CQC</p> | <p>Pilot risk assessment process in place and findings/recommendations to be reported to the LSAB in November 2011</p> <p>File audit will measure compliance with risk assessments.</p> | <p>End March 2012</p> |
| <p>Engage with banks and utility companies to raise awareness of safeguarding and develop greater understanding of their role in both prevention and involvement in safeguarding cases</p> <p>Source: CQC/file audit/I&DeA</p> | <p>Target Banks and utility companies with publicity material and provide briefing sessions to a further 4 organisations</p> | <p>End March 2012</p> |

Theme 2 – Training and Workforce Development LSAB Sub Group

Overall objective

In adopting the ADASS standards for Safeguarding Adults at risk, the LSAB has signed up to a multi-agency workforce development/training strategy. In addition, the main messages drawn from the Bournemouth University/Learn To Care research (May 2010) “Towards a National Competence Framework for Safeguarding Adults” suggests that there needs to be better coordination, quality and breadth of multi-agency staff training.

| Action | How it will be achieved and measured | Timescale for achievement |
|---|--|--|
| <p>Review the effectiveness of the new training programme and explore a wider range of delivery options e.g. e-learning or “training the trainers” etc</p> <p>Source: ADASS/BU</p> | <p>Adjustments will be made to the multi-agency training programme following analysis of feedback from attendees, their managers and funding organisations</p> | <p>December 2011</p> |
| <p>Mental Capacity Act and Deprivation Of Liberty Safeguards (DOLS) audit – implementation of findings</p> <p>Source: I&DeA</p> | <p>Revised training programme/briefing sessions in place Improvements to practice will be monitored through file audit</p> | <p>September 2011 Ongoing</p> |
| <p>Oversee best practice forums for frontline staff from across all relevant local organisations</p> <p>Source: CQC</p> | <p>A minimum of 3 Best Practice Forums are held each year</p> | <p>End March 2012</p> |
| <p>Ensure a wider group of key people are appropriately briefed in relation to their role e.g. Councillors; GPs; Non Executive Directors; LINK members</p> <p>Source: I&DeA</p> | <p>Continue to brief Councillors and NEDs as required Two multi-practice GP surgeries will have received briefing sessions</p> | <p>End March 2011 End March 2011</p> |

Theme 3 – Quality and Performance Review LSAB Sub Group

Overall objective

The LSAB has agreed to oversee robust frameworks for monitoring the quality and effectiveness of safeguarding across all sectors.

| Action | How it will be achieved and measured | Timescale for achievement |
|--|--|---------------------------|
| Oversee the independent Case Review and report the findings to the LSAB Source: NS | LSAB will receive independent reports highlighting learning points and other areas for action | November 2011 |
| Ensure that independent and internal audit programmes take place Source: CQC/I&DeA | A minimum of 40 externally audited and 30 internally audited cases will be completed each year – findings, actions and resulting outcomes to be reported to the LSAB | End March 2012 |
| Improve understanding of local referral patterns, enabling improved planning of responses to allegations Source: AR | Statistical data will be available for presentation to the LSAB at each meeting and for inclusion in the LSAB Annual Report 2011/12 LSAB will agree any resulting actions required | End March 2012 |
| Ensure contract compliance – in relation to safeguarding vulnerable adults at risk Source: C&C | Contracts Team staff will routinely utilise an audit tool that assist with identifying dignity and safeguarding issues in care services Contracts Team staff will continue to ensure that all contracts/SLAs contain a robust clause in relation to compliance with the Harrow Policy | Ongoing |

Theme 4 - Policies and Procedures/Governance LSAB Sub Group

Overall objective

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

| Action | How it will be achieved and measured | Timescale for achievement |
|--|--|--|
| Continue to oversee the implementation of pan London procedures Source: AR | Implementation will be monitored through the ongoing file audit programme with particular focus on the role of the Safeguarding Adults Manager (SAM) | March 2012 |
| Ensure production of the LSAB Annual Report Source: AR | LSAB receive Annual Report within 3 months of the end of each financial year | End June 2012 |
| Ensure the annual report is presented to all organisations' Boards/equivalent Source: ADASS | All members of LSAB present the Annual Report to their Boards/equivalent | End September 2012 |
| Ensure that the LASB Annual Report is presented to Scrutiny Committee Source: I&DeA | Presentation made to Scrutiny Committee to include progress against the 2011/2012 action plan and objectives for 2012/2013 | First available Scrutiny meeting after the Annual Report is discussed and agreed at the LSAB |

Source Documents:

AR – Local Safeguarding Adults Board Annual Report

ADASS – Association of Directors of Adult Social Services – National Framework for Good Practice Standards

CQC - CSCI Study "Effectiveness of Arrangements to Safeguard Adults From Abuse" (November 2008)

C&C - Best Practice in Contracts & Commissioning

I&DeA - I&DeA Peer Review (June 2010)

NS – No Secrets guidance

BU - Bournemouth University/Learn To Care research "Towards A National Competence Framework For Safeguarding Adults" (May 2010)

File Audit

Harrow Safeguarding Adults Annual Report 2010/2011



SECTION 6 - APPENDICES

Safeguarding Adults Referrals 1st April 2010 - 31st March 2011

Summary Statistics

| | | |
|------------------------------|------------|----------|
| No. of Alerts: - | 400 | % |
| Taken forward as Refs: - | 192 | 48% |
| Dealt with at Alert Stage: - | 208 | 52% |
| No. of Repeat Refs: - | 13 | 3% |
| No. of Completed Refs: - | 114 | 59% |

| | | |
|-----------------------|------------|-------------|
| Alerts Female | 238 | 60% |
| Alerts Male | 162 | 41% |
| Not Stated / Recorded | 0 | 0% |
| | 400 | 100% |

| | | |
|-----------------------|------------|-------------|
| Referrals Female | 134 | 70% |
| Referrals Male | 58 | 30% |
| Not Stated / Recorded | 0 | 0% |
| | 192 | 100% |

| | | |
|---|------------|-------------|
| From different Ethnic Backgrounds (non white): - | 121 | 36% |
| Female | 88 | 62% |
| Male | 54 | 38% |
| (ethnicity) Not Stated / Recorded | 21 | 15% |
| | 142 | 100% |

| | | |
|---|-------------|------------|
| | W/UK | BME |
| From different Ethnic Backgrounds (white): - | 258 | 142 |
| From different Ethnic Backgrounds (non white): - | 65% | 36% |

Where Abuse took Place: -

| | | |
|--|------------|-------------|
| Own Home | 88 | 44% |
| Care Home - Permanent | 37 | 19% |
| Care Home with Nursing - Permanent | 20 | 10% |
| Care Home - Temporary | 4 | 2% |
| Care Home with Nursing - Temporary | 0 | 0% |
| Alleged Perpetrators Home | 7 | 4% |
| Mental Health Inpatient Setting | 7 | 4% |
| Acute Hospital | 1 | 1% |
| Community Hospital | 1 | 1% |
| Other Health Setting | 0 | 0% |
| Supported Accommodation | 8 | 4% |
| Day Centre/Service | 2 | 1% |
| Public Place | 4 | 2% |
| Education/Training/Workplace Establishment | 1 | 1% |
| Other | 8 | 4% |
| Not Known / Not Recorded | 11 | 6% |
| | 199 | 100% |

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

Client Group: -

| | | |
|-----------------------|------------|-------------|
| Older People | 104 | 54% |
| Learning Disability | 44 | 23% |
| Physical disability | 20 | 10% |
| Mental Health | 20 | 10% |
| Substance Misuse | 1 | 1% |
| Other Adult at Risk | 3 | 2% |
| Not Stated / Recorded | 0 | 0% |
| | 192 | 100% |

Type of Abuse: -

| | | |
|-------------------------|------------|-------------|
| Physical | 67 | 23% |
| Sexual | 14 | 5% |
| Emotional/Psychological | 43 | 15% |
| Financial | 53 | 18% |
| Neglect | 46 | 16% |
| Discriminatory | 1 | 0% |
| Institutional | 21 | 7% |
| Not Stated / Recorded | 0 | 0% |
| Multiple Abuses | 43 | 15% |
| | 288 | 100% |

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

| Alleged Perpetrator:- | | |
|------------------------------|------------|-------------|
| Health Care Worker | 7 | 4% |
| Neighbour or Friend | 18 | 9% |
| Other Family Member | 45 | 23% |
| Other Professional | 0 | 0% |
| Other Vulnerable Adult | 5 | 3% |
| Partner | 12 | 6% |
| Social Care Staff | 60 | 31% |
| Stranger | 9 | 5% |
| Volunteer or Befriender | 1 | 1% |
| Other | 13 | 7% |
| Not Known/Stated/Recorded | 22 | 11% |
| | 192 | 100% |

Outcomes for Victim (completed cases) :-

| | | |
|---------------------------------------|------------|-------------|
| Increased Monitoring | 24 | 16% |
| Removed from property or service | 14 | 9% |
| Community Care Assessment & Services | 20 | 14% |
| Civil Action | 0 | 0% |
| Application to Court of Protection | 1 | 1% |
| Application to change appointee-ship | 2 | 1% |
| Referral to advocacy scheme | 1 | 1% |
| Referral to Counselling/Training | 2 | 1% |
| Moved to increase/Different Care | 9 | 6% |
| Management of access to finances | 4 | 3% |
| Guardianship/Use of Mental Health Act | 0 | 0% |
| Review of Self Directed Support (IB) | 3 | 2% |
| Management of access to Perpetrator | 10 | 7% |
| Referral to MARAC | 1 | 1% |
| Other | 19 | 13% |
| No Further Action | 38 | 26% |
| | 148 | 100% |

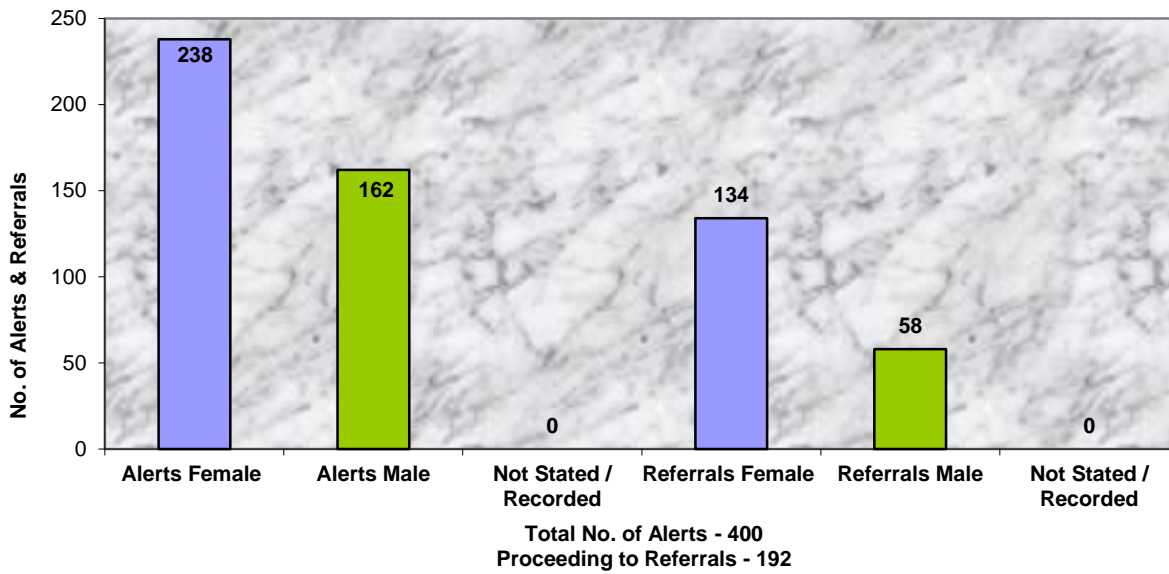
Many cases allow for multiple outcomes and this is highlighted in these figures

Outcomes for Perpetrator (completed cases) :-

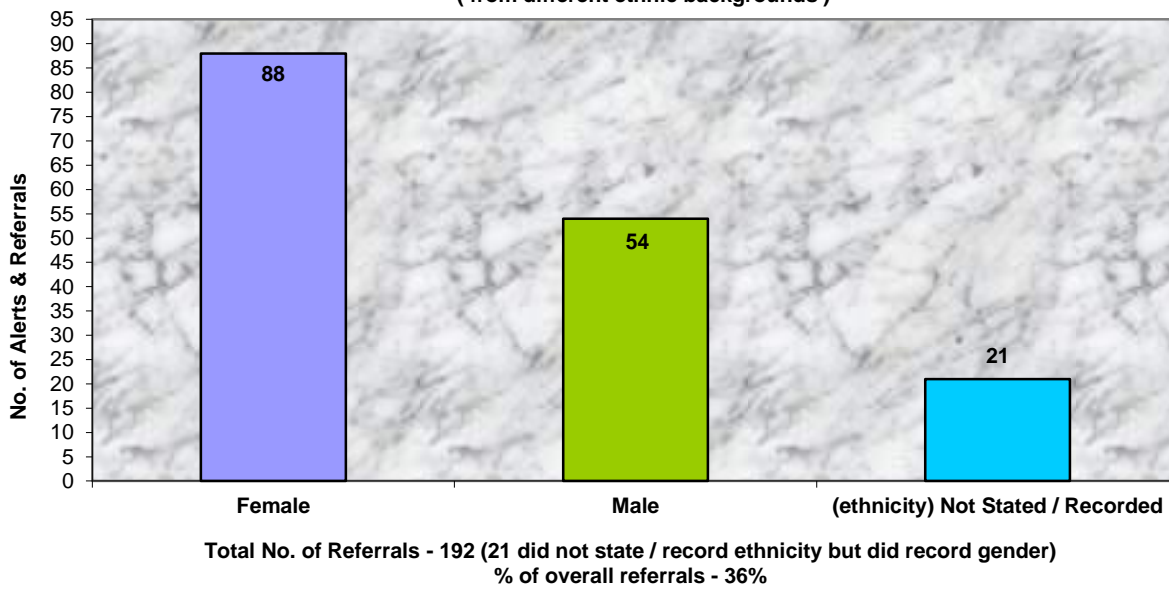
| | | |
|--|------------|-------------|
| Criminal Prosecution/Formal Caution | 6 | 5% |
| Police Action | 10 | 8% |
| Community Care Assessment | 11 | 9% |
| Removal from Property or Service | 0 | 0% |
| Management of access to Vulnerable Adult | 1 | 1% |
| Referred to PoVA List/ISA | 0 | 0% |
| Referral to Registration Body | 0 | 0% |
| Disciplinary Action | 8 | 6% |
| Action By Care Quality Commission | 0 | 0% |
| Continued Monitoring | 13 | 10% |
| Counselling/Training/Treatment | 4 | 3% |
| Referral to Court Mandated Treatment | 0 | 0% |
| Referral to MAPP | 0 | 0% |
| Action under Mental Health Act | 1 | 1% |
| Action by Contract Compliance | 8 | 6% |
| Exoneration | 19 | 15% |
| No Further Action | 40 | 32% |
| Not Known | 4 | 3% |
| | 125 | 100% |

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

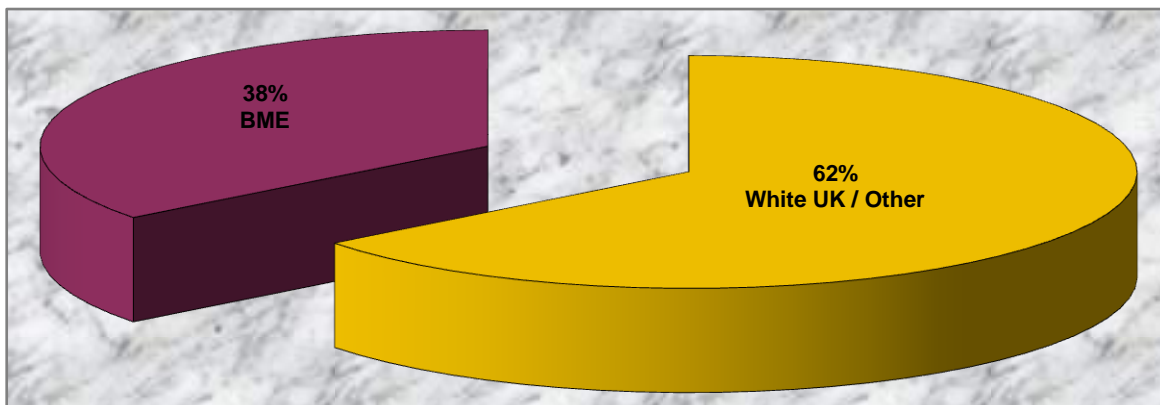
**Safeguarding Adults Alerts & Referrals 1st April 2010 - 31th March 2011
Male / Female Ratio**



**Safeguarding Adults Alerts & Referrals 1st April 2010 - 31th March 2011
Male / Female Ratio
(from different ethnic backgrounds)**

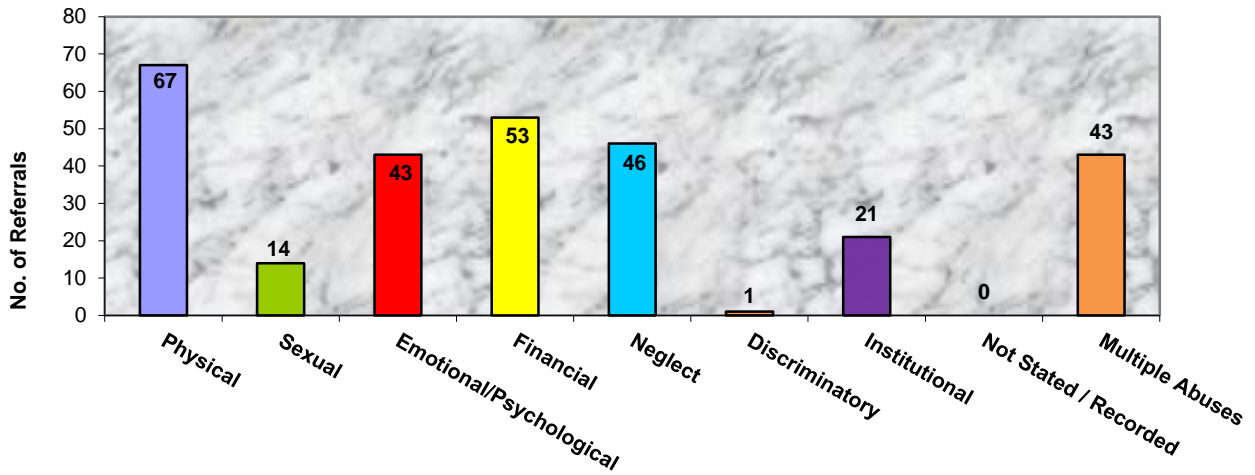


**Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
W/UK / BME Ratio**



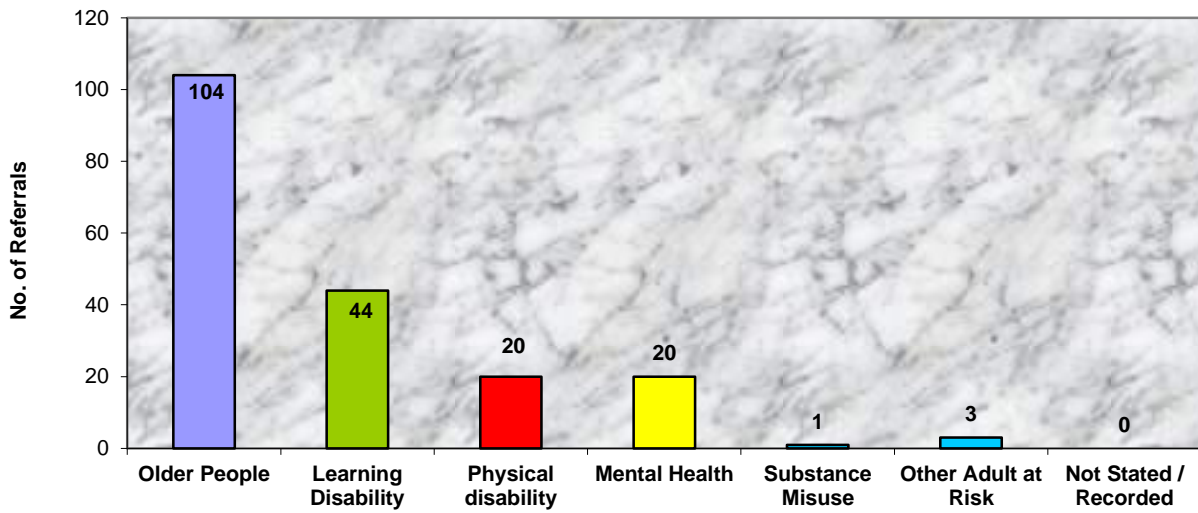
% BME Community in Harrow
(from 2001 Census) - 41.23%

Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Referrals by Type of Alleged Abuse



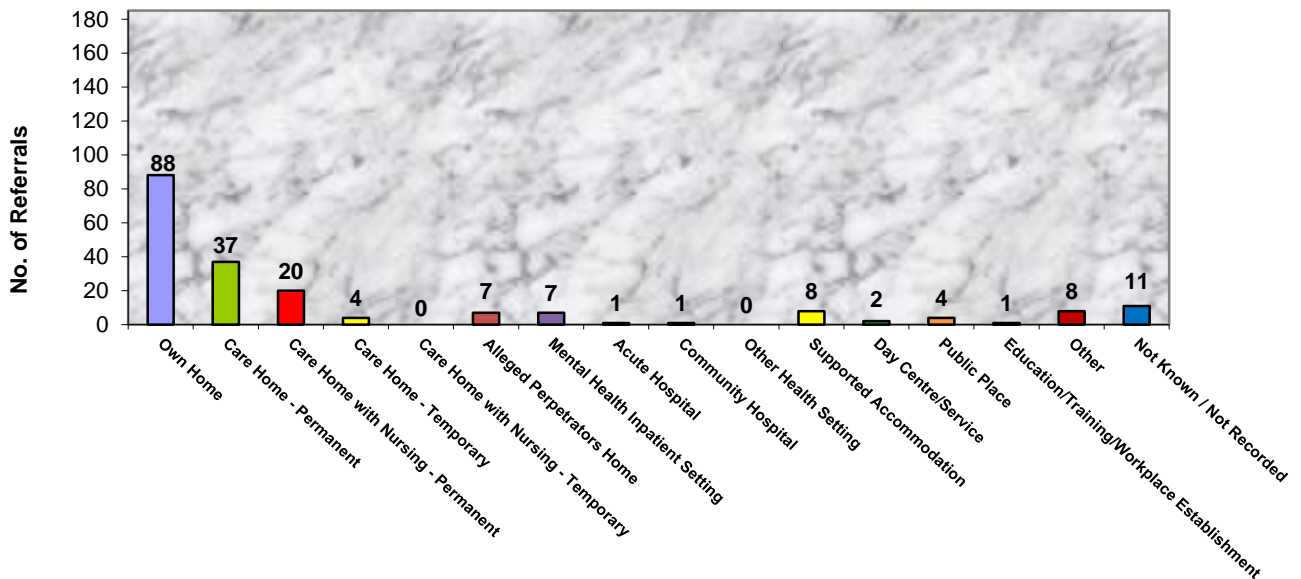
Total No. of Referrals - 192

Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Referrals by Client Group



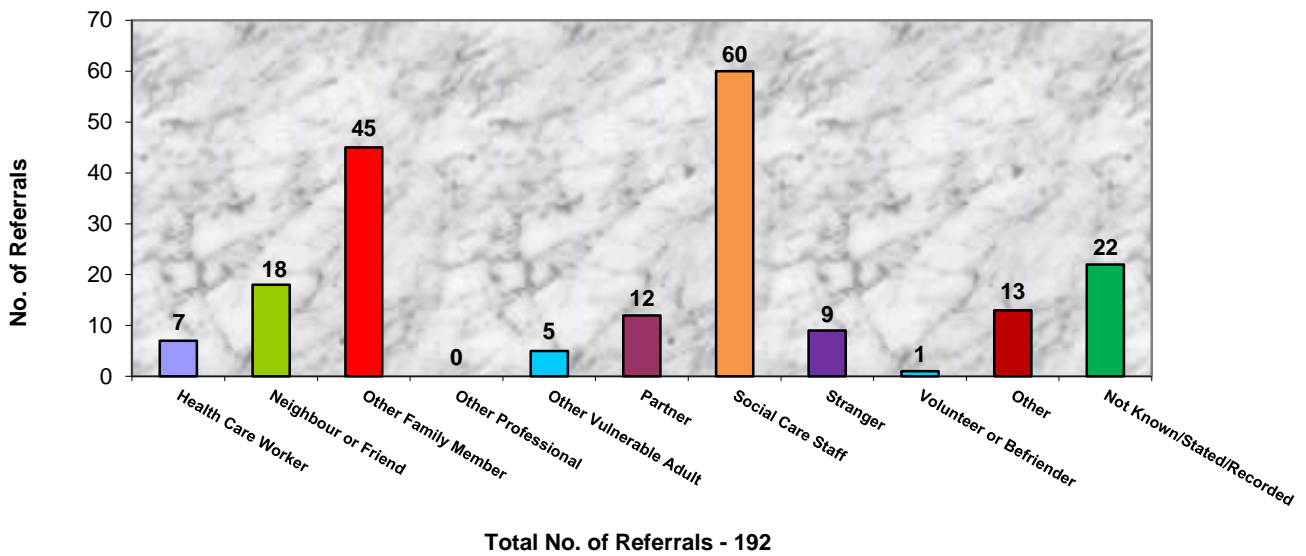
Total No. of Referrals - 192

Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Referrals by Location of Abuse

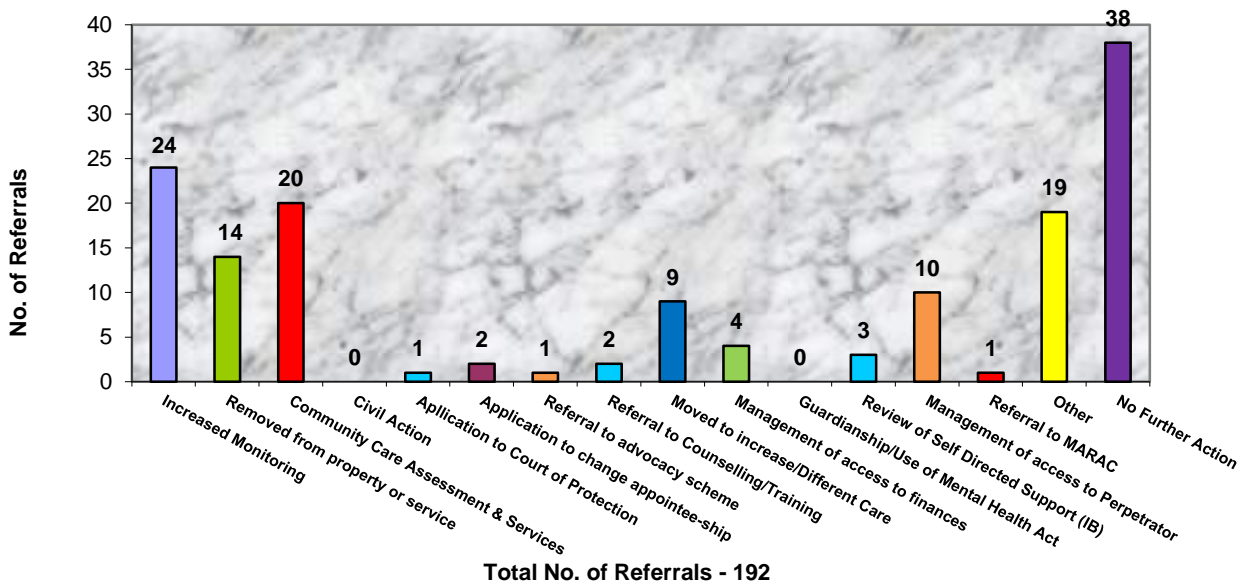


Total No. of Referrals - 192

Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Referrals by Alleged Perpetrator



Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Outcomes for Alleged Victim



Safeguarding Adults Referrals 1st April 2010 - 31th March 2011
Outcomes for Alleged Perpetrator

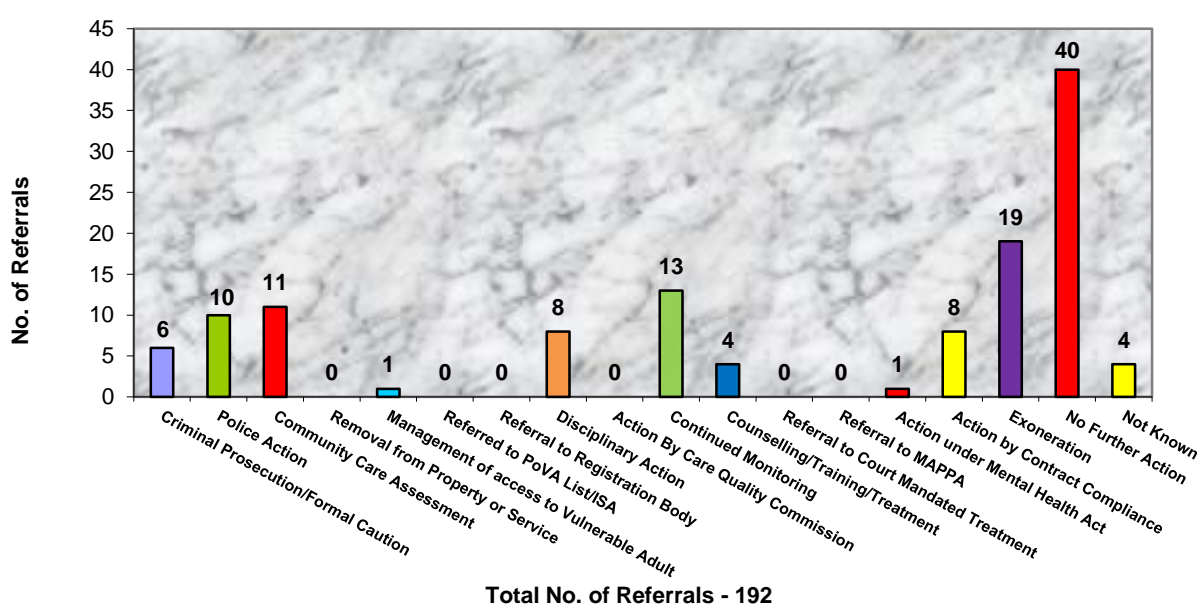


Table 1: Number of alerts, referrals, repeat referrals and completed referrals by age, primary client group and gender of alleged victim

| | | Alerts | | | Referrals | | | Repeat Referrals | | | Completed Referrals | | |
|---|---|--------|------|-------|-----------|------|-------|------------------|------|-------|---------------------|------|-------|
| | | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Age group: 18-64 | Physical disability, frailty and sensory impairment (Total) | 20 | 20 | 40 | 12 | 8 | 20 | 1 | 1 | 2 | 6 | 9 | 15 |
| | Of which: Sensory Impairment | 2 | 1 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mental Health (Total) | 23 | 24 | 47 | 11 | 9 | 20 | 1 | 1 | 2 | 0 | 0 | 0 |
| | Of which: Dementia | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Learning Disability | 57 | 64 | 121 | 29 | 15 | 44 | 4 | 0 | 4 | 19 | 8 | 27 |
| | Substance misuse | 2 | 1 | 3 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| | Other Vulnerable People | 3 | 3 | 6 | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 1 |
| | Total aged 18-64 | 105 | 112 | 217 | 54 | 34 | 88 | 6 | 2 | 8 | 25 | 19 | 44 |
| Age group: 65-74 | Physical disability, frailty and sensory impairment (Total) | 17 | 8 | 25 | 9 | 4 | 13 | 0 | 1 | 1 | 6 | 4 | 10 |
| | Of which: Sensory Impairment | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mental Health (Total) | 3 | 8 | 11 | 3 | 4 | 7 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Of which: Dementia | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Learning Disability | 1 | 2 | 3 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Substance misuse | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| | Other Vulnerable People | 4 | 3 | 7 | 3 | 2 | 5 | 0 | 0 | 0 | 1 | 2 | 3 |
| | Total aged 65-74 | 25 | 22 | 47 | 15 | 13 | 28 | 0 | 1 | 1 | 8 | 7 | 15 |
| Age group: 75-84 | Physical disability, frailty and sensory impairment (Total) | 38 | 10 | 48 | 24 | 3 | 27 | 4 | 0 | 4 | 16 | 1 | 17 |
| | Of which: Sensory Impairment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mental Health (Total) | 7 | 3 | 10 | 4 | 0 | 4 | 0 | 0 | 0 | 3 | 0 | 3 |
| | Of which: Dementia | 5 | 2 | 7 | 2 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 2 |
| | Learning Disability | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Substance misuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Vulnerable people | 2 | 2 | 4 | 3 | 1 | 4 | 0 | 0 | 0 | 3 | 0 | 3 |
| | Total aged 75-84 | 49 | 15 | 64 | 31 | 4 | 35 | 4 | 0 | 4 | 22 | 1 | 23 |
| Age group: 85+ | Physical disability, frailty and sensory impairment (Total) | 48 | 11 | 59 | 26 | 7 | 33 | 0 | 0 | 0 | 23 | 5 | 28 |
| | Of which: Sensory Impairment | 1 | 2 | 3 | 1 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Mental Health (Total) | 6 | 1 | 7 | 3 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 2 |
| | Of which: Dementia | 6 | 0 | 6 | 3 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 2 |
| | Learning disability | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Substance misuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Vulnerable People | 5 | 1 | 6 | 5 | 0 | 5 | 0 | 0 | 0 | 2 | 0 | 2 |
| | Total aged 85 and over | 59 | 13 | 72 | 34 | 7 | 41 | 0 | 0 | 0 | 27 | 5 | 32 |
| Total (18+) Excluding Unknown | 238 | 162 | 400 | 134 | 58 | 192 | 10 | 3 | 13 | 82 | 32 | 114 | |
| Full Total (18+) Including Unknown | 238 | 162 | 400 | 134 | 58 | 192 | 10 | 3 | 13 | 82 | 32 | 114 | |
| Of which | | | | | | | | | | | | | |
| No. Placed by other authority from outside council area | 24 | 26 | 50 | 11 | 6 | 17 | 0 | 1 | 1 | 11 | 3 | 14 | |
| No. known to CASSR at time of alert / referral | 222 | 142 | 364 | 64 | 28 | 92 | 4 | 1 | 5 | 52 | 17 | 69 | |

Table 2: Number of alerts, referrals, repeat referrals and completed referrals by ethnicity and age of alleged victim

| | | Alerts | | | Referrals | | | Repeat Referrals | | | Completed Referrals | | |
|------------------------|------------------------------|--------|-----|-------|-----------|-----|-------|------------------|-----|-------|---------------------|-----|-------|
| | | 18-64 | 65+ | Total | 18-64 | 65+ | Total | 18-64 | 65+ | Total | 18-64 | 65+ | Total |
| White | White British | 107 | 119 | 226 | 42 | 67 | 109 | 3 | 2 | 5 | 22 | 43 | 65 |
| | White Irish | 8 | 14 | 22 | 5 | 10 | 15 | 1 | 1 | 2 | 2 | 7 | 9 |
| | Traveller of Irish Heritage | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Gypsy/Roma | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Any other White background | 3 | 7 | 10 | 0 | 6 | 6 | 0 | 0 | 0 | 0 | 4 | 4 |
| Mixed | White and Black Caribbean | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | White and Black African | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | White and Asian | 2 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Any other Mixed background | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian or Asian British | Indian | 33 | 10 | 43 | 12 | 4 | 16 | 1 | 0 | 1 | 8 | 3 | 11 |
| | Pakistani | 6 | 1 | 7 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 |
| | Bangladeshi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Any other Asian background | 15 | 9 | 24 | 7 | 5 | 12 | 0 | 0 | 0 | 3 | 4 | 7 |
| Black or Black British | Caribbean | 7 | 5 | 12 | 2 | 2 | 4 | 0 | 0 | 0 | 0 | 1 | 1 |
| | African | 12 | 2 | 14 | 6 | 1 | 7 | 0 | 0 | 0 | 3 | 1 | 4 |
| | Any other Black background | 3 | 0 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Ethnic Groups | Chinese | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Any other ethnic group | 8 | 6 | 14 | 3 | 2 | 5 | 1 | 0 | 1 | 1 | 2 | 3 |
| Not stated | Refused | 3 | 7 | 10 | 3 | 5 | 8 | 2 | 2 | 4 | 2 | 4 | 6 |
| | Information not yet obtained | 8 | 3 | 11 | 4 | 2 | 6 | 0 | 0 | 0 | 2 | 1 | 3 |
| Total | | 217 | 183 | 400 | 88 | 104 | 192 | 8 | 5 | 13 | 44 | 70 | 114 |

Table 3: Number of referrals by source of referral, by age and primary client group of alleged victim

| | | 18-64 | | | | | 18-64 | 65+ | 18+ |
|---------------------------|---|---|-----------------------------|---------------------|------------------|-------------------------|-------|-------|-------|
| | | Physical disability, frailty and sensory impairment (Total) | Mental Health Needs (Total) | Learning Disability | Substance misuse | Other Vulnerable People | TOTAL | TOTAL | TOTAL |
| Social Care Staff | Social Care Staff (CASSR & Independent) - Total | 11 | 5 | 24 | 0 | 1 | 41 | 40 | 81 |
| | Of which | | | | | | | | |
| | Domiciliary Staff | 2 | 0 | 1 | 0 | 0 | 3 | 7 | 10 |
| | Residential Care Staff | 3 | 0 | 9 | 0 | 0 | 12 | 8 | 20 |
| | Day Care Staff | 0 | 0 | 2 | 0 | 0 | 2 | 1 | 3 |
| | Social Worker/Care Manager | 4 | 4 | 11 | 0 | 0 | 19 | 12 | 31 |
| | Self-Directed Care Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | 1 | 1 | 0 | 1 | 5 | 12 | 17 | |
| Health Staff | Health Staff - Total | 4 | 12 | 8 | 0 | 0 | 24 | 24 | 48 |
| | Of which | | | | | | | | |
| | Primary/Community Health Staff | 1 | 0 | 6 | 0 | 0 | 7 | 11 | 18 |
| | Secondary Health Staff | 3 | 1 | 2 | 0 | 0 | 6 | 5 | 11 |
| | Mental Health Staff | 0 | 11 | 0 | 0 | 0 | 11 | 8 | 19 |
| Other Sources of Referral | Self Referral | 1 | 0 | 0 | 0 | 0 | 1 | 3 | 4 |
| | Family member | 1 | 1 | 5 | 1 | 0 | 8 | 16 | 24 |
| | Friend/neighbour | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| | Other service user | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| | Care Quality Commission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Housing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Education/Training/Workplace Establishment | 1 | 0 | 4 | 0 | 0 | 5 | 0 | 5 |
| | Police | 0 | 1 | 0 | 0 | 0 | 1 | 6 | 7 |
| Other | 2 | 1 | 3 | 0 | 2 | 8 | 12 | 20 | |
| Total | Overall Total | 20 | 20 | 44 | 1 | 3 | 88 | 104 | 192 |

Table 4a: Number of referrals by nature of alleged abuse, age and gender of alleged victim*

| | 18-64 | | | 65+ | | | Total 18+ | | |
|--|-----------|-----------|------------|------------|-----------|------------|------------|-----------|------------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Physical | 24 | 15 | 39 | 25 | 3 | 28 | 49 | 18 | 67 |
| Sexual | 11 | 2 | 13 | 1 | 0 | 1 | 12 | 2 | 14 |
| Emotional/psychological | 14 | 7 | 21 | 15 | 7 | 22 | 29 | 14 | 43 |
| Financial | 9 | 7 | 16 | 25 | 12 | 37 | 34 | 19 | 53 |
| Neglect | 7 | 7 | 14 | 26 | 6 | 32 | 33 | 13 | 46 |
| Discriminatory | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| Institutional | 6 | 3 | 9 | 11 | 1 | 12 | 17 | 4 | 21 |
| Total | 71 | 42 | 113 | 103 | 29 | 132 | 174 | 71 | 245 |
| of which: Included multiple types of abuse** | 13 | 7 | 20 | 18 | 5 | 23 | 31 | 12 | 43 |

Table 4b: Number of referrals by nature of alleged abuse, primary client group and age of alleged victim*

| | 18-64 | | | | | 65-74 | 75-84 | 85+ | Total 18+ | |
|--|---|-----------------------|---------------------|------------------|-------------------------|------------|-----------|-----------|-----------|------------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance Misuse | Other Vulnerable People | TOTAL | TOTAL | TOTAL | TOTAL | |
| Physical | 10 | 10 | 16 | 1 | 2 | 39 | 10 | 12 | 6 | 67 |
| Sexual | 0 | 5 | 8 | 0 | 0 | 13 | 0 | 1 | 0 | 14 |
| Emotional/psychological | 6 | 2 | 11 | 1 | 1 | 21 | 9 | 10 | 3 | 43 |
| Financial | 4 | 2 | 9 | 0 | 1 | 16 | 10 | 8 | 19 | 53 |
| Neglect | 3 | 2 | 9 | 0 | 0 | 14 | 6 | 12 | 14 | 46 |
| Discriminatory | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Institutional | 3 | 2 | 4 | 0 | 0 | 9 | 3 | 4 | 5 | 21 |
| Total | 26 | 23 | 58 | 2 | 4 | 113 | 38 | 47 | 47 | 245 |
| of which: Included multiple types of abuse** | 5 | 2 | 11 | 1 | 1 | 20 | 8 | 10 | 5 | 43 |

* Multiple Entries are permitted in this table**Unique count of referrals where multiple types of abuse took place

Table 5a: Number of referrals by location alleged abuse took place and age group of vulnerable adult*

| | 18 - 64 | 65 - 74 | 75 - 84 | 85 and over | Total 18 and over |
|---|---------|---------|---------|-------------|-------------------|
| Own Home | 29 | 14 | 22 | 23 | 88 |
| Care Home - Permanent | 23 | 6 | 3 | 5 | 37 |
| Care Home with Nursing - Permanent | 2 | 2 | 7 | 9 | 20 |
| Care Home - Temporary | 4 | 0 | 0 | 0 | 4 |
| Care Home with Nursing - Temporary | 0 | 0 | 0 | 0 | 0 |
| Alleged Perpetrators Home | 4 | 1 | 1 | 1 | 7 |
| Mental Health inpatient setting | 6 | 1 | 0 | 0 | 7 |
| Acute Hospital | 0 | 0 | 0 | 1 | 1 |
| Community Hospital | 1 | 0 | 0 | 0 | 1 |
| Other Health Setting | 0 | 0 | 0 | 0 | 0 |
| Supported Accommodation | 2 | 3 | 1 | 2 | 8 |
| Day Centre/Service | 2 | 0 | 0 | 0 | 2 |
| Public Place | 2 | 0 | 1 | 1 | 4 |
| Education/Training /Workplace Establishment | 1 | 0 | 0 | 0 | 1 |
| Other | 5 | 2 | 1 | 0 | 8 |
| Not Known | 10 | 0 | 1 | 0 | 11 |
| Total | 91 | 29 | 37 | 42 | 199 |

* Multiple entries are permitted in this table:(a person should be recorded under each location where abuse is alleged to have taken place)

Table 5b: Number of referrals by location alleged abuse took place and by type of service*

| | Own Council commissioned Service | Commissioned by Another CASSR | Self Funded service | Service funded by Health | No Service |
|---|----------------------------------|-------------------------------|---------------------|--------------------------|------------|
| Own Home | 35 | 0 | 4 | 9 | 40 |
| Care Home - Permanent | 22 | 7 | 4 | 4 | 0 |
| Care Home with Nursing - Permanent | 10 | 8 | 0 | 2 | 0 |
| Care Home - Temporary | 2 | 1 | 0 | 0 | 1 |
| Care Home with Nursing - Temporary | 0 | 0 | 0 | 0 | 0 |
| Alleged Perpetrators Home | 2 | 1 | 0 | 0 | 4 |
| Mental Health inpatient setting | 2 | 2 | 0 | 3 | 0 |
| Acute Hospital | 0 | 0 | 0 | 0 | 1 |
| Community Hospital | 1 | 0 | 0 | 0 | 0 |
| Other Health Setting | 0 | 0 | 0 | 0 | 0 |
| Supported Accommodation | 6 | 1 | 1 | 0 | 0 |
| Day Centre/Service | 2 | 0 | 0 | 0 | 0 |
| Public Place | 2 | 0 | 0 | 0 | 2 |
| Education/Training /Workplace Establishment | 0 | 0 | 0 | 0 | 1 |
| Other | 2 | 1 | 0 | 3 | 2 |
| Not Known | 1 | 1 | 0 | 2 | 7 |
| Total | 87 | 22 | 9 | 23 | 58 |

* Multiple entries are permitted in this table:(a person should be recorded under each location where abuse is alleged to have taken place)

Table 6a: Number of referrals by relationship of alleged perpetrator, by age and gender of vulnerable adult *

| | Aged 18-64 | | | Aged 65+ | | | Total | | |
|---|------------|------|-------|----------|------|-------|--------|------|-------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Partner | 5 | 1 | 6 | 6 | 0 | 6 | 11 | 1 | 12 |
| Other family member | 14 | 7 | 21 | 18 | 6 | 24 | 32 | 13 | 45 |
| Health Care Worker | 1 | 3 | 4 | 2 | 1 | 3 | 3 | 4 | 7 |
| Volunteer/Befriender | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 |
| Social Care Staff - Total | 15 | 9 | 24 | 28 | 8 | 36 | 43 | 17 | 60 |
| Of Which: | | | | | | | | | |
| Domiciliary Care staff | 0 | 2 | 2 | 11 | 2 | 13 | 11 | 4 | 15 |
| Residential Care staff | 14 | 7 | 21 | 15 | 6 | 21 | 29 | 13 | 42 |
| Day Care staff | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 |
| Social Worker/Care Manager | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Self-Directed Care Staff | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 |
| Other | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 |
| Other professional | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Vulnerable Adult | 2 | 2 | 4 | 0 | 1 | 1 | 2 | 3 | 5 |
| Neighbour/Friend | 2 | 6 | 8 | 8 | 2 | 10 | 10 | 8 | 18 |
| Stranger | 2 | 1 | 3 | 4 | 2 | 6 | 6 | 3 | 9 |
| Not Known | 9 | 1 | 10 | 9 | 3 | 12 | 18 | 4 | 22 |
| Other | 4 | 4 | 8 | 4 | 1 | 5 | 8 | 5 | 13 |
| Total of above | 54 | 34 | 88 | 80 | 24 | 104 | 134 | 58 | 192 |
| Of Which: | | | | | | | | | |
| The alleged perpetrator lives with the vulnerable adult | 10 | 7 | 17 | 20 | 3 | 23 | 30 | 10 | 40 |
| The alleged perpetrator is the main family carer | 7 | 5 | 12 | 9 | 1 | 10 | 16 | 6 | 22 |

*Multiple Entries are permitted in this table

Table 6b: Number of referrals by relationship of alleged perpetrator, by primary client type and age of vulnerable adult *

| | Aged 18-64 | | | | | | Aged 65-74 | Aged 75-84 | Aged 85+ | Total |
|---|---|-----------------------|---------------------|------------------|-------------------------|-------|------------|------------|----------|-------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance misuse | Other Vulnerable People | Total | Total | Total | Total | Total |
| Partner | 3 | 1 | 1 | 0 | 1 | 6 | 1 | 0 | 5 | 12 |
| Other family member | 6 | 3 | 10 | 1 | 1 | 21 | 8 | 11 | 5 | 45 |
| Health Care Worker | 0 | 4 | 0 | 0 | 0 | 4 | 0 | 1 | 2 | 7 |
| Volunteer/Befriender | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Social Care Staff - Total | 7 | 2 | 15 | 0 | 0 | 24 | 6 | 16 | 14 | 60 |
| Of Which: | | | | | | | | | | |
| Domiciliary Care staff | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 9 | 4 | 15 |
| Residential Care staff | 6 | 2 | 13 | 0 | 0 | 21 | 6 | 7 | 8 | 42 |
| Day Care staff | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Social Worker/Care Manager | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Self-Directed Care Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Other professional | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Vulnerable Adult | 0 | 3 | 1 | 0 | 0 | 4 | 1 | 0 | 0 | 5 |
| Neighbour/Friend | 2 | 5 | 1 | 0 | 0 | 8 | 3 | 2 | 5 | 18 |
| Stranger | 0 | 1 | 2 | 0 | 0 | 3 | 2 | 1 | 3 | 9 |
| Not Known | 0 | 1 | 8 | 0 | 1 | 10 | 4 | 3 | 5 | 22 |
| Other | 2 | 0 | 6 | 0 | 0 | 8 | 3 | 1 | 1 | 13 |
| Total of above | 20 | 20 | 44 | 1 | 3 | 88 | 28 | 35 | 41 | 192 |
| Of Which: | | | | | | | | | | |
| The alleged perpetrator lives with the vulnerable adult | 3 | 5 | 8 | 0 | 1 | 17 | 9 | 6 | 8 | 40 |
| The alleged perpetrator is the main family carer | 3 | 1 | 8 | 0 | 0 | 12 | 2 | 3 | 5 | 22 |

*Multiple Entries are permitted in this table

Table 7a: Number of completed referrals by case conclusion, primary client group and age of vulnerable adult

| | | Substantiated | Partly Substantiated | Not Substantiated | Not Determined /Inconclusive |
|------------------|---|---------------|----------------------|-------------------|------------------------------|
| Age Group 18-64 | Physical disability, frailty and sensory impairment (Total) | 4 | 1 | 5 | 5 |
| | Mental Health (Total) | 0 | 0 | 0 | 0 |
| | Learning Disability | 8 | 5 | 10 | 4 |
| | Substance misuse | 0 | 1 | 0 | 0 |
| | Other Vulnerable People | 0 | 0 | 0 | 1 |
| | Total | 12 | 7 | 15 | 10 |
| Other Age Groups | Age group 65-74 | 2 | 3 | 5 | 5 |
| | Age group 75-84 | 9 | 2 | 9 | 3 |
| | Age group 85+ | 9 | 7 | 7 | 9 |
| Total | Overall Total | 32 | 19 | 36 | 27 |

7a Validation table

Row Totals

| | Sum Columns A-D |
|-----------------|-----------------|
| TOTAL 18-64 | 44 |
| Age Group 65-74 | 15 |
| Age Group 75-84 | 23 |
| Age Group 85+ | 32 |

Table 7b: Number of completed referrals by case conclusion, and ethnicity of vulnerable adult

| | | Substantiated | Partly Substantiated | Not Substantiated | Not Determined /Inconclusive |
|------------------------|------------------------------|---------------|----------------------|-------------------|------------------------------|
| White | White British | 21 | 10 | 21 | 13 |
| | White Irish | 1 | 1 | 4 | 3 |
| | Traveller of Irish Heritage | 0 | 0 | 0 | 0 |
| | Gypsy/Roma | 0 | 0 | 0 | 0 |
| | Any other White background | 1 | 1 | 2 | 0 |
| Mixed | White and Black Caribbean | 0 | 0 | 0 | 0 |
| | White and Black African | 0 | 0 | 0 | 0 |
| | White and Asian | 0 | 0 | 0 | 0 |
| | Any other Mixed background | 0 | 0 | 0 | 0 |
| Asian or Asian British | Indian | 4 | 1 | 1 | 5 |
| | Pakistani | 0 | 0 | 1 | 0 |
| | Bangladeshi | 0 | 0 | 0 | 0 |
| | Any other Asian background | 3 | 1 | 0 | 3 |
| Black or Black British | Caribbean | 0 | 1 | 0 | 0 |
| | African | 0 | 1 | 2 | 1 |
| | Any other Black background | 0 | 0 | 0 | 0 |
| Other Ethnic Groups | Chinese | 0 | 0 | 0 | 0 |
| | Any other ethnic group | 0 | 0 | 2 | 1 |
| Not stated | Refused | 2 | 2 | 2 | 0 |
| | Information not yet obtained | 0 | 1 | 1 | 1 |
| Total | Total | 32 | 19 | 36 | 27 |

Table 8a: Outcome of completed referral by age group and primary client group of vulnerable adult *

| | 18-64 | | | | | TOTAL | 65-74 | 75-84 | 85+ | Total |
|---|---|-----------------------|---------------------|------------------|-------------------------|-----------|-----------|-----------|-----------|------------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance misuse | Other Vulnerable People | | TOTAL | TOTAL | TOTAL | TOTAL |
| Increased Monitoring | 1 | 0 | 11 | 0 | 0 | 12 | 2 | 6 | 4 | 24 |
| Vulnerable Adult removed from property or service | 1 | 0 | 4 | 0 | 0 | 5 | 1 | 3 | 5 | 14 |
| Community Care Assessment and Services | 2 | 0 | 5 | 0 | 1 | 8 | 2 | 6 | 4 | 20 |
| Civil Action | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Application to Court of Protection | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Application to change appointment | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| Referral to advocacy scheme | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Referral to Counselling / Training | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Moved to increase / Different Care | 2 | 0 | 2 | 0 | 0 | 4 | 1 | 0 | 4 | 9 |
| Management of access to finances | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 3 | 4 |
| Guardianship/Use of Mental Health act | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Review of Self-Directed Support (PB) | 0 | 0 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 3 |
| Restriction/management of access to alleged perpetrator | 0 | 0 | 3 | 0 | 0 | 3 | 3 | 2 | 2 | 10 |
| Referral to MARAC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Other | 4 | 0 | 5 | 1 | 0 | 10 | 2 | 5 | 2 | 19 |
| No Further Action | 8 | 0 | 6 | 1 | 0 | 15 | 5 | 7 | 11 | 38 |
| Total | 20 | 0 | 43 | 2 | 1 | 66 | 16 | 29 | 37 | 148 |

* Multiple entries are permitted in this table

Table 8b: Number of completed referrals Leading to Serious Case Review by age group and primary client group of vulnerable adult

| | 18-64 | | | | | TOTAL | 65-74 | 75-84 | 85+ | Total |
|--|---|-----------------------|---------------------|------------------|-------------------------|-------|-------|-------|-------|-------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance misuse | Other Vulnerable People | | TOTAL | TOTAL | TOTAL | TOTAL |
| No. completed referrals leading to serious case review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 8c: Acceptance of Protection Plan by age group and primary client group of vulnerable adult

| | 18-64 | | | | | TOTAL | 65-74 | 75-84 | 85+ | Total |
|-------------------|---|-----------------------|---------------------|------------------|-------------------------|-----------|-----------|-----------|-----------|------------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance misuse | Other Vulnerable People | | TOTAL | TOTAL | TOTAL | TOTAL |
| Yes | 15 | 0 | 19 | 1 | 1 | 36 | 13 | 19 | 20 | 88 |
| No | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 3 |
| Could not consent | 0 | 0 | 7 | 0 | 0 | 7 | 2 | 4 | 10 | 23 |
| Total | 15 | 0 | 27 | 1 | 1 | 44 | 15 | 23 | 32 | 114 |

Table 9: Outcome of completed referral for Alleged Perpetrator/Organisation/Service by age group and primary client group of vulnerable adult *

| | 18-64 | | | | | | 65-74 | 75-84 | 85+ | Total |
|--|---|-----------------------|---------------------|------------------|-------------------------|-------|-------|-------|-------|-------|
| | Physical disability, frailty and sensory impairment | Mental Health (Total) | Learning Disability | Substance misuse | Other Vulnerable People | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL |
| Criminal Prosecution / Formal Caution | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 2 | 6 |
| Police Action | 1 | 0 | 3 | 0 | 1 | 5 | 1 | 1 | 3 | 10 |
| Community Care Assessment | 1 | 0 | 3 | 0 | 0 | 4 | 1 | 4 | 2 | 11 |
| Removal from property or Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Management of access to the Vulnerable Adult | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Referred to PoVA List/ISA** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Referral to Registration Body | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disciplinary Action | 1 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 5 | 8 |
| Action By Care Quality Commission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Continued Monitoring | 1 | 0 | 6 | 0 | 0 | 7 | 2 | 1 | 3 | 13 |
| Counselling/Training/Treatment | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 1 | 4 |
| Referral to Court Mandated Treatment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Referral to MAPPA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Action under Mental Health Act | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Action by Contract Compliance | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 3 | 8 |
| Exoneration | 3 | 0 | 7 | 0 | 0 | 10 | 3 | 3 | 3 | 19 |
| No Further Action | 7 | 0 | 7 | 1 | 0 | 15 | 4 | 12 | 9 | 40 |
| Not Known | 1 | 0 | 2 | 0 | 0 | 3 | 0 | 0 | 1 | 4 |
| Total | 17 | 0 | 30 | 1 | 1 | 49 | 16 | 26 | 34 | 125 |

* Multiple entries are permitted in this table **Independent Safeguarding Authority

Appendix 2

LSAB PREVENTION STRATEGY
– end of year progress (as at 31/3/2011)



| | Action point | Lead Sub group | End of year update |
|-----|--|--------------------------------------|---|
| 1 | Introduction/Principles | | |
| 1.1 | All agencies have agreed to take a “zero tolerance” approach to the abuse of vulnerable adults | LSAB representatives/senior managers | Agreed at LSAB All relevant campaigns and publicity now reinforce this message for Harrow |
| 2. | Tier 1 “Generic” Activities | | |
| 2.1 | All agencies to implement the 10 Dignity in Care Challenges and to report progress in the LSAB Annual Report | LSAB representatives/senior managers | Dignity audit presentation discussed at LSAB in November 2010 |
| 2.2 | Rolling training programme to include section on recognising “triggers” of carer burnout | Training and Learning | Completed |
| 2.3 | Ensure that there are articles in the local media a minimum of 3 times a year | Publicity/Communication | Completed |
| 2.3 | Develop plans for World Elder Abuse Awareness Day 2010 and start planning for WEAAD 2011 | Publicity/Communication | Completed |
| 2.3 | Develop an outreach programme into well used local places e.g. faith buildings and community groups | Publicity and Communication | A range of activities have taken place to date in 2010/2011 Further work required in 2011/2012 |

| | | | |
|--------------|--|--------------------------------------|---|
| 2.4 | Develop a document that provides accessible key messages from the local Multi-agency policy | Publicity/Communication | Completed |
| 2.4 | All lead senior managers to ensure that they have disseminated the Multi-Agency Safeguarding Adults Policy widely within their organisation | LSAB representatives/senior managers | Completed |
| 2.5 | Run targeted awareness events for service users, starting with priority groups i.e. learning disability, mental health, dementia, very elderly, the isolated | Publicity/Communication | Completed for 2010/2011. Further targeted sessions will be needed in 2011/2012 |
| 2.5 | Awareness campaigns highlighting specific issues to the wider community will be run each year in partnership with Community Safety e.g. avoiding door step crime and keeping safe outside the home | Publicity and Communication | Ongoing |
| 2.5 | SLAs to require care homes to run “residents committees” which can raise issues on behalf of those that cannot speak up for themselves | LSAB representatives/senior managers | Ongoing |
| 2.5 and 14.1 | SLAs for care homes/domiciliary care services to be explicit about dignity and the audit tool will check compliance e.g. look for “residents committees” which can raise issues on behalf of those that cannot speak up for themselves | Contracts Team | New action for 2011/2012 (Dignity Strategy) |
| 3 | Tier 2 “Staff” Activities | | |
| 3.1 | Each organisation will have a “whistle blowing” policy in place and ensure it is widely publicised | LSAB representatives/senior managers | All LSAB representatives have confirmed that this is in place for their organisation |
| 3.2 | Each organisation to ensure that any of their staff involved in visiting care service providers have a checklist to assist them in picking up relevant indicators of potential abuse | LSAB representatives/senior managers | Safeguarding Adults Team has produced a range of guidance sheets – available to any staff or manager on request |
| 3.3 | LSAB senior managers to ensure that their organisation has robust recruitment procedures in line with best practice | LSAB representatives/senior managers | All LSAB representatives have confirmed that this is in place for their organisation |

| | | | |
|------|---|--------------------------------------|---|
| 3.4 | Organisations to ensure that any volunteers they use have been appropriately vetted | LSAB representatives/senior managers | Ongoing |
| 3.4 | Volunteers to be offered free access to the local training programme | Training and Learning | Now available |
| 3.5 | LSAB Training Strategy will clearly identify which level of training should be provided to each staff group in the borough (i.e. be competency based) | Training and Learning | Completed |
| 3.5 | All organisations will ensure that their staff are provided with levels of supervision in line with their own Policy | LSAB representatives/senior managers | All LSAB representatives have confirmed that this is in place for their organisation |
| 3.6 | All organisations to develop a set of guidelines for staff as outlined at section 3.6 of the Prevention Strategy | LSAB representatives/senior managers | Safeguarding Adults Team has produced a range of guidance sheets which cover these topics and are available to all organisations on request |
| 10.1 | JDs and Person Specs for relevant posts to include reference to the dignity in care philosophy | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |
| 10.2 | Formal interview questions for care posts will include at least one question about preserving dignity of the patient/user | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |
| 10.3 | Induction processes will cover the dignity agenda | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |
| 11.2 | Supervision/performance appraisal meetings with relevant care staff will include a review of dignity in care initiatives | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |

| | | | |
|-----------|--|--------------------------------------|---|
| 4. | Tier 3 “Specialist” Activities | | |
| 4.1 | Safeguarding Adults Team staff will support the Self Directed Support Team and Harrow Association For Disability in strengthening advice and information available to users of Direct Payments and/or Personal Budgets | User/Carer | Ongoing New risk assessment process in pilot stage and will be discussed at the LSAB meeting in November 2011 |
| 4.1 | Feedback from users organising their own care will inform future revisions of publicity materials | Publicity and Communication | February/March 2011 round of external audits included independent auditor speaking with users to obtain outcomes feedback |
| 4.2 | LSAB Managers responsible for negotiating contracts to ensure that provider track record in safeguarding adults is a factor in tender assessment/award | LSAB representatives/senior managers | Now in place |
| 4.2 | LSAB Managers responsible for negotiating with providers to ensure that it is a contractual requirement for them to work to the Harrow Safeguarding Adults Policy | LSAB representatives/senior managers | Completed and ongoing |
| 12.1 | Customer satisfaction and consultation exercises will request feedback regarding the respect of dignity | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |
| 12.2 | Complaints Teams will highlight with LSAB managers any dignity concerns arising through their work | LSAB representatives/senior managers | New action for 2011/2012 (Dignity Strategy) |

Appendix 3

Safeguarding Vulnerable Adults at Risk in Harrow Quality Assurance Framework

Independent Challenge

- External audit
- Inspections
- Improvement Board & equivalents
- Scrutiny Committee
- Peer review

Provider Challenge

- Data collection and analysis
- Contract and SLA monitoring
- Dignity toolkit/monitoring

Continuous Learning

- All learning and training is: multi-agency, competency based & evaluated (annually)
- LSAB learns from inquiries
- Performance Indicators
- SCRs inform learning and development
- Best practice forums

User & Carer Challenge

- complaints
- research
- surveys
- audit

Professional Challenge

- Case file audit
- Peer Audit
- Care reviews
- Staff supervision and appraisal
- LSAB benchmarking best practice
- SGVA Team monitoring of practice

Appendix 4 - TRAINING STATISTICS

Training Breakdown

| | |
|-------------------------|------------|
| Harrow Council Internal | 182 |
| Health | 29 |
| Statutory (other) | 1 |
| Private | 186 |
| Voluntary | 71 |
| Total: | 469 |

SGA Team Briefing Sessions (approximations)

| | |
|---|-----|
| Members Briefings x 3 | 40 |
| Meals On Wheels | 5 |
| Improving Practice Forum 07/05/10 | 22 |
| Self Directed Support Team 14/5/10 | 10 |
| Shared Lives Scheme Staff 17/05/10 | 3 |
| Physical Disability Team 18/5/10 | 15 |
| Housing Team 2/6/10 | 10 |
| Kenton Road 10/06/10 | 8 |
| Michael Mandelstam 15&16/06/10 | 116 |
| Gordon Avenue Team 21/6/10 | 10 |
| Provider Forum - Supporting People 7/7/10 | 15 |
| Sheltered Housing Wardens 14/07/10 | 16 |
| Shared Lives Scheme Staff 26/7/10 | 3 |
| Improving Practice Forum 18/08/10 | 26 |
| HIV / AIDS Team 8/9/10 | 2 |
| RNOH Awareness Day 10/9/10 | 30 |
| CNWL - Older Adults 16/09/10 | 11 |
| Weldon Crescent 13/10/10 | 10 |

Cancellations

| | | |
|--|------------|------------|
| Harrow Council Internal | 69 | 38% |
| Health | 19 | 66% |
| Statutory (other) | 0 | 0% |
| Private | 74 | 40% |
| Voluntary | 29 | 41% |
| Total Cancelled (formal training) | 191 | 41% |

| | |
|--|-------------|
| Neighbourhood Champion Managers 10/11/10 | 2 |
| Borough Fire Commander 10/11/10 | 1 |
| Access Harrow Staff 22/11/10 | 20 |
| Provider Forum - Residential 24/11/10 | 20 |
| Improving Practice Forum 15/12/10 | 12 |
| Provider Forum - Domiciliary Care 01/02/10 | 20 |
| Improving Practice Forum - Assessing Capacity for Professionals 19/02/10 | 77 |
| Improving Practice Forum - Assessing Capacity –for Providers 16/03/10 | 44 |
| Service User Briefings | |
| Edwin Ware Court Residents 22/11/10 | 15 |
| Sinclair House Residents 24/11/10 | 15 |
| Milmans clients 28/01/10 | 30 |
| HAD Service User Briefing 18/08/10 | 1 |
| Watkins House tenants | 18 |
| Neighbourhood Resource Centres | 8 |
| Learning Disability Partnership Board - users | 10 |
| Carer Briefings | |
| Shared Lives Scheme Carers 26/7/10 | 7 |
| HAD Carer Briefing 18/08/10 | 3 |
| Tamil carers | 5 |
| Commercial Briefings | |
| Barclays Bank | 7 |
| Total | 1136 |

Appendix 5

Harrow's Local Safeguarding Adults Board (LSAB)

Terms of Reference

Department of Health/Home Office Guidance “*NO SECRETS*” 2000

The Department of Health and the Home Office published *NO SECRETS* in March 2000. It was issued as Guidance under Section 7 of the Local Authority Social Services Act 1970.

NO SECRETS makes it a requirement for local authority Social Services Departments to take a lead in working in partnership with health care providers, the police and the voluntary and private sector to: “*create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk of abuse*”

Local authorities are required to:

- Collaborate with public, voluntary, private sector agencies and with users and carers and involve them in developing an inter-agency response to Safeguarding Adults.
- Adopt a lead /co-ordinating role in the development of local Safeguarding Adults Policies and Procedures
- Carry out a policy and service audit, develop a Safeguarding Adults Strategy and present an Annual Report to elected Members.
- Collect and collate monitoring information.
- Ensure that Safeguarding Adults is included in commissioning and contract monitoring.
- Develop a Training Plan and ensure that training is provided.
- Disseminate information.

Partner agencies have a responsibility to:

- Work in collaboration with the local authority and other agencies.
- Investigate and take action when a vulnerable adult is believed to be suffering abuse.
- Produce internal guidelines.
- Appoint a lead officer.
- Provide training for staff and volunteers
- Draw up guidance on confidentiality
- Disseminate information to staff and service users.

LSAB terms of reference

- 1). Harrow's Local Safeguarding Adults Board (LSAB) is a multi-agency forum comprising of partners from the statutory sector (Council, PCT / NHS Acute and Mental Health Trusts, Police and CSCI.) together with partners from the private and voluntary sectors.

2). Working with service users and carers at the heart of the process, the LSAB aims to:

- ensure effective partnership arrangements
- devise strategies to detect and prevent abuse from happening
- agree operational definitions and thresholds for intervention
- co-ordinate multi-agency safeguarding adults policies and procedures
- develop systems and structures to safeguard vulnerable adults in Harrow

3). **The roles and responsibilities of the LSAB**

Member agencies are responsible for their full and effective contributions to the work of the LSAB.

This will include:

- To oversee the continued working of the Safeguarding Adults Policies and Procedures, including publication, distribution and administration of the procedures document.
- To manage and audit multi-agency relationships relating to the implementation of the procedures document.
- To review the policy and procedures on a two-yearly basis to reflect current experience and government guidance together with expectations and lessons learned from the monitoring process.
- To make links with other areas of national and local policy development
- To develop good practice guidance relating to i.e. Contracting and Commissioning, Care Management and developing those links across Child Protection, Domestic Violence, Direct Payments, the Community Safety Plan, etc.
- To maintain a strategic overview of Safeguarding Adults training and oversee the implementation of a multi-agency training programme
- To secure funding from statutory agencies to support the work and infrastructure of Safeguarding Adults in Harrow
- To promote the awareness of Safeguarding Adults issues amongst staff / professionals in the statutory, private and voluntary sectors together with service users and carers and the wider community.
- To produce public information, organise events, and use available resources to publicise the work of the LSAB.
- To promote a wider professional and public understanding of Safeguarding Adults through a variety of events or information campaigns.
- To identify and secure adequate resources and funding to ensure there are sufficient skilled staff across agencies to undertake investigations as appropriate
- To develop a robust audit and monitoring system and cascade / implement the learning from those audits to improve performance and practice.
- To use information from audit and monitoring to develop more robust protective measures and services.
- To oversee the production of an Annual Report and Action Plan to identify and deliver on the LSAB's aims and objectives.
- To present an Annual Safeguarding Adults report to Senior Officers, Members and to Executive Management Boards in line with good Governance arrangements.

- To ensure Safeguarding Adults and Protection issues are effectively addressed / included in areas of strategic planning and within the Harrow Strategic Partnership.
- To commission Serious Case Reviews on cases where a vulnerable adult/s has been seriously injured or died as a result of adult abuse.
- To liaise with other strategic groups, i.e. the Local Safeguarding Children's Board (LSCB) and the Domestic Violence Steering Group on areas of mutual interest including training and awareness raising.
- To oversee the work of the various Work Streams to deliver on identified aims and objectives and strategic priorities.
- To support the Safeguarding Adults Co-ordinator in their role.
- That a quorum is a third of the membership that is also representative of the sectors and client groups.

4). Membership, accountability and decision making authority

Representatives from partner organisations / agencies will be of sufficient seniority and authority within their agency to be able to take decisions and commit time / resources as appropriate to the work of the LSAB and associated work streams.

The LSAB will have a standing membership from:

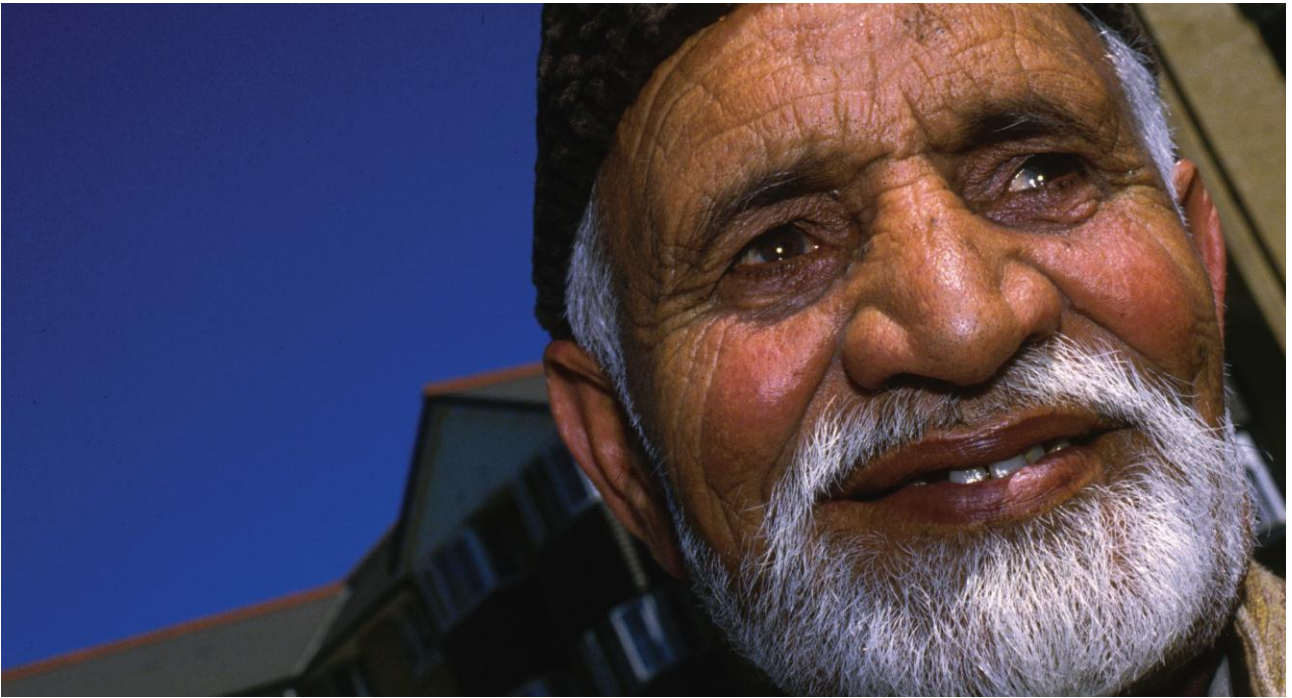
- Adult and Housing Services
- Contracts and Brokerage
- The Metropolitan Police
- Harrow Primary Care Trust
- North West London Hospital Trust (NWLHT)
- Central and North West London Mental Health NHS Foundation Trust (CNWL)
- Care Quality Commission (CQC)
- Independent Sector Providers
- The voluntary sector including Age UK, HAD, Mencap, MIND, etc
- User and Carer Groups
- Advocacy Services
- Harrow Commission for Race Equality (CRE)

- 5). Representatives from these organisations are accountable to the organisation / agency they represent and are responsible for reporting back, both at an operational and strategic level and for embedding Safeguarding Adults within their agency and its Governance arrangements.
- 6). All representatives and agencies are jointly responsible for the actions of the LSAB
- 7). Other organisations / agencies or groups may be part of the LSAB or associated work streams for either a time limited period or permanently as appropriate and as decided by the LSAB
- 8). The LSAB will meet 4 times per year (with one additional meeting for an annual review), with the work streams meeting in between the board meetings and reporting back to the LSAB at each board meeting.

LSAB Membership (as at 31st March 2011)

| LSAB Member | Designation/Organisation |
|------------------------------------|---|
| Paul Najsarek (Chair) | Corporate Director – Adults & Housing, Harrow Council |
| Cllr Margaret Davine | Portfolio Holder – Adult Social Care, Health and Wellbeing |
| Bernie Flaherty | Divisional Director – Community Care, Harrow Council |
| DCI Craig McKinlay | Metropolitan Police |
| Thirza Sawtell | Borough Director, NHS Harrow |
| Rachel Blaney | Clinical Facilitator for Vulnerable Adults – Royal National Orthopaedic Hospital NHS Trust (RNOH) |
| Kim Cox or Natalie Fox | Central and North West London NHS Foundation Mental Health Trust |
| Beverly Everist | Ealing and Harrow NHS Community Organisation |
| Susan Mackie or Patricia Treacy | North West London Hospitals Trust |
| Sue Spurlock | Head of Community Care – Adults & Housing, Harrow Council |
| Seamus Doherty | Safeguarding Adults Co-ordinator – Adults & Housing, Harrow Council |
| Nick Davies | Contracts Manager – Harrow Council |
| Mark Hall-Pearson | Senior Professional – Harrow Mental Health Services |
| Steve Spurr | Senior Professional, Safeguarding Practice, Review and Scrutiny (LSCB representative) |
| Nick O'Reilly | Borough Commander, London Fire Brigade |
| | |
| Deven Pillay | Chief Executive – Harrow Mencap |
| Avani Modasia | Chief Executive – Age Concern Harrow |
| Angela Dias | Chief Executive, Harrow Association of Disabled People |
| Asoke Dutta | Chair – Harrow Association of Voluntary Services |
| Georgina Wood | Direct Payments Support Scheme Manager & Acting Advocacy Manager, Harrow Association of Disabled People |

| | |
|---------------------------------|--|
| Mark Gillham | Chief Executive - Mind in Harrow |
| Mike Coker | Carer Support – Harrow |
| Richard Coe | LinkUp |
| | |
| Anila Joshi | Hadley House/Stanmore Residential Care Home |
| Hitesh Karia | Director – Gentle Care |
| Leon Ferreira | Deputy Chief Executive – The Fremantle Trust |
| Roma Keane or Sian Davenport | Mears |
| Harriet Michael-Philips | Support for Living |
| Treena Greany | Care UK |
| | |
| Julian Maw | Chair – Harrow LINK |
| Jaswant Gohil | Harrow LINK |
| | |
| Amanda Brady | Care Quality Commission (CQC) |



SECTION 7 - FURTHER INFORMATION & CONTACT DETAILS

Further information/contact details

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

www.harrow.gov.uk/safeguardingadults

If you are concerned about an adult that might be at risk of harm, or would like information or advice (including how to access the multi-agency training programme) the Safeguarding Adults Team can be contacted on the telephone number below or via e-mail at:

safeguarding.adults@harrow.gov.uk

The address for written correspondence is:

Civic Centre (Second Floor East Wing)
PO Box 7,
Station Road,
Harrow, Middx. HA1 2UH



& our Partners,
Committed to
Safeguarding Adults



Adult abuse - break the silence REPORT IT

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

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

Safeguarding Adults Service

during office hours:

tel: **020 8420 9453**

at all other times

020 8424 0999

fax: **020 8416 8269**

email: safeguarding.adults@harrow.gov.uk

web: www.harrow.gov.uk/safeguardingadults