

Harrow Safeguarding Adults Board (HSAB)

Strategic Plan 2017 – 2020 (updated August 2018)

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is protected including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action” (Care Act 2014)



in partnership with:



1. The Harrow Safeguarding Adults Board (HSAB)

In the context of the Care Act, the HSAB's remit is to set priorities, agree objectives and co-ordinate the strategic development of adult safeguarding across the Harrow area. It is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at risk and/or are in vulnerable situations.

Under the Care Act 2014, the HSAB is required to publish a strategic plan and an Annual Report. The Care Act also set out the main purpose of a safeguarding adults board as:

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

The HSAB also has links with a wide range of other strategic forums and partnerships including the Harrow Safeguarding Children's Board (HSCB), Community Safety Partnerships, PREVENT Board, Health and Wellbeing Board and Health Watch - in recognition of the strong links between the work of the HSAB and many of these forums and to minimise duplication/maximise efficiencies, particularly as objectives and membership are likely to overlap.

The HSAB aims to promote the contribution of users in its work and will continue to explore a range of approaches to achieve their meaningful involvement.

Vision

The Harrow Safeguarding Adults' Board (HSAB) has an agreed vision for the borough:

“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business”

2. Principles and Values

The Harrow SAB partners will safeguard the welfare of adults at risk by working together in the six key areas published by the Department of Health in May 2013 - empowerment; protection; prevention; proportionality; partnership and accountability.

3. Care Act 2014

Under the Care Act 2014 the HSAB has statutory membership requirements and 3 core duties.

It **must**:

- i. publish a strategic plan for each financial year
 - the HSAB had a 3 year strategic plan for 2014 – 2017 which was updated each year. This document is the next version to cover the 3 year period 2017 – 2020 and will continue to be updated annually after production of the annual report
- ii. publish an annual report
 - the HSAB's 10th Annual Report (for 2016/2017) was presented to the Council's Scrutiny Committee on 3rd July 2017 and this 11th report for 2017/2018 will go to a Scrutiny meeting on 16th October 2018
 - all partner organisations represented at the HSAB present the most recent version of the Board's Annual Report at their Executive level meeting or equivalent
 - each year, the annual report is produced in "Executive Summary", "key messages for staff" and "easy to read" formats and is made available to a wider audience through the Council and partner agencies websites
- iii. conduct any Safeguarding Adults Reviews (SARs)
 - the HSAB has an agreed protocol for carrying out Safeguarding Adults Reviews, but no referrals were received requesting a SAR in 2017/2018

- iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police
 - the membership of Harrow’s SAB (as at March 2018) is shown in Appendix 1 and attendance records are reported in each annual report

4. National legislative & guidance framework

The national and legal requirements for safeguarding adults at risk are contained in the Care Act 2014 and the accompanying statutory guidance which came into force in April 2015. It sets out the statutory duty to have a safeguarding board in each local authority area. It details who should be members of the board and what the responsibilities of the boards are. It sets out a statutory duty on the Local Authority to make enquiries if they reasonably suspect an adult is being or is at risk of being abused or neglected. The local authority can delegate the enquiry to be carried out by another organisation.

The Act defines who are considered to be people in need of this safeguarding as people:

- (a) who have needs for care and support (even if the authority is not meeting any of those);
- (b) are experiencing, or is at risk of, abuse or neglect; and
- (c) as a result of those needs are unable to protect themselves against the abuse or neglect, or the risk of it

The list of types of abuse and neglect is broad and includes:

- physical abuse
- domestic violence
- sexual abuse
- psychological abuse
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect or acts of omission
- self-neglect

5. Local Policy and Procedures

In March 2016 the Harrow SAB formally signed up to the London multi-agency safeguarding adults procedures which can be found at the following web link:

<http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>

The Harrow SAB also has a range of relevant procedures e.g. for undertaking Safeguarding Adults Reviews (SARs) and working with situations of self-neglect. These can also be found via the above web link.

6. Statistical Trends (2010 – 2016)

Statistic	2010/2011	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
Alerts (called concerns from 2015/16)	400	544	657	1003	1227	1690
Alerts taken forward as referrals (called enquiries from 2015/16)	48%	64%	70%	62%	51%	40%
Repeat referrals (enquiries)	3%	6%	11%	10%	18%	19%
Completed referrals (enquiries)	59%	90%	110%	92%	88%	100%
Referrals (concerns) from non white ethnic backgrounds	36%	40%	41%	34%	46%	51%
Where abuse took place (highest incidence first)	Client's own home (44%) Care Homes (31%)	Client's own home (50%) Care Homes (24%)	Client's own home (49%) Care Homes (29%)	Client's own home (56%) Care Homes (23%)	Client's own home (61%) Care Homes (21%)	Client's own home (61%) Care Homes (20%)

User group (highest incidence first)	Older people (54%) Learning Disability (23%) Mental Health (10%) Physical Disability (10%)	Older people (51%) Learning Disability (22%) Mental Health (14%) Physical Disability (6%)	Older people (63%) Physical Disability (56%) Learning Disability (18%) Mental Health (17%)	Physical Disability (66%) Older people (62%) Learning Disability (15%) Mental Health (13%)	Older people (58%) Physical Disability (53%) Mental Health (16%) Learning Disability (14%)	Older people (46%) Physical Disability (40%) Mental Health (31%) Learning Disability (13%)
Type of abuse (highest incidence first)	Physical (23%) Financial (18%) Neglect (16%) Emotional (15%)	Physical (28%) Emotional (23%) Financial (19%) Neglect (18%)	Physical (29%) Emotional (22%) Financial (21%) Neglect (19%)	Neglect (25%) Physical (18%) Emotional (18%) Financial (18%)	Physical (28%) Neglect (23%) Emotional (22%) Financial (20%)	Physical (23%) Neglect (21%) Emotional (20%) Financial (17%)
Alleged perpetrators (highest incidence first)	Family including Partner (39%) Social care staff (31%)	Family including Partner (37%) Social care staff (22%)	Family including Partner (26%) Social care staff (19%)	Family including Partner (35%) Social care staff (25%)	Family including Partner (38%) Social care staff (20%)	Family including Partner (35%) Social care staff (22%)

Outcomes for victims	Increased monitoring (16%)	Increased monitoring (15%)	Increased monitoring (12%)	Increased monitoring (14%)	Increased monitoring (12%)	Increased monitoring (13%)
	Community Care Services (14%)	Community Care Services (12%)	Community Care Services (8%)	Community Care Services (13%)	Community Care Services (12%)	Community Care Services (13%)
	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)	Court of Protection application (1%)
	Advocacy (1%)	Advocacy (0%)	Advocacy (1%)	Advocacy (1%)	Advocacy (2%)	Advocacy (2%)
	MARAC referral (1%)	MARAC referral (1%)	MARAC referral (1%)	MARAC referral (1%)	MARAC referral (2%)	MARAC referral (5%)
Prosecutions/ Police action as an outcome for alleged perpetrators	5%	7%	6%	10%	12%	12%

Statistical Trends (2015 – 2018) – post Care Act implementation

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

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

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

7. Equality, Diversity and Human Rights Impact Assessment

The HSAB considers local statistics at each quarterly meeting and at its annual review/business planning event, with particular emphasis on ensuring that concerns are being received from all sections of the community. Over the 3 years covered by the previous strategic plan a number of changes to outreach practice have been implemented following Board deliberations and in 2017/2018 the percentage of alerts from BME communities was in line with the most up to date Census information for adults. Improvements had also been seen in underrepresented groups such as people with mental health difficulties. This plan has been developed using the knowledge/analysis gathered over recent years (see statistical trends above).

8. Information Sharing

The HSAB has an agreed Information Sharing Policy in place as it relates to local work to safeguard adults at risk of harm.

9. Links with other forums

A number of HSAB members attend other relevant joint groups e.g. the Domestic Violence Forum/MARAC, Prevent Panel, Multi-agency Public Protection Arrangements (MAPPA), Anti-social Behaviour Action Group (ASBAG) etc. This ensures that key strategic documents and plans contain reference to safeguarding adults and joint projects are enabled e.g. highlighting door step crime with Trading Standards/Police; training events with the DV Forum; work with the Banks/Police in response to ATM (cash machine) crime for older people.

10. Strategic Plan 2017 – 2020

This strategic plan builds on the work already carried out in Harrow as set out in the Board's previous version for 2014 – 2017. It focuses on planned work with member and partner agencies as well as other local multi-agency partnerships to address the local agenda.

This plan is informed by data analysis and comparison, over time and where possible, with other boards. Use has been made of qualitative data so that, for example, the voices of users who have experienced abuse or neglect are heard and inform the strategy. The findings of case reviews, audits and safeguarding adults reviews has also been utilised.

As with the 2014/2017 plan it is informed by current research and by developments in other areas.

Please see the Board's recent Annual Reports, the previous Strategic Plan and quarterly performance reports for further details:

http://www.harrow.gov.uk/info/200184/adults_at_risk/734/harrow_s_safeguarding_adult_s_board_hsab

The strategic plan has two main purposes:

- to specify the actions required by the Harrow Safeguarding Adults Board and each of its member agencies to implement the strategy, including timescales; and
- to inform the local community and all interested parties, including practitioners, about the work programme of the HSAB

Progress on the actions in Section 11 will be reported each year in the Board's annual report and this plan will be updated accordingly.

11. Action plan priorities – 2017/2018

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

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

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

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

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

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

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

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

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

12. Further information and contact details

All the reports referred to in this document, the HSAB policy/procedures, publicity, training events and other related information is available via this web link: http://www.harrow.gov.uk/info/200184/adults_at_risk/734/harrow_s_safeguarding_adult_s_board_hsab

To raise a safeguarding concern:

ahadultsservices@harrow.gov.uk (for older people and adults with a disability/learning disability)

Tel: 020 8901 2680 (Access Harrow golden number)

cnw-tr.mentalhealthsafeguardingharrow@nhs.net (for people over 18 years with a mental health difficulty)

Tel: 0800 023 4650 (CNWL single point of access)

Appendix 1

HSAB Membership (as at 31st March 2018)

HSAB Member	Organisation
Florence Acquah	London North West Healthcare NHS Trust (hospital services)
Kate Aston	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Claire Clarke	Metropolitan Police – Harrow (Vice Chair)
Karen Connell	Harrow Council Housing Department
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Vanessa Duke	Westminster Drug Project
Andrew Faulkner	Brent and Harrow Trading Standards
Mark Gillham	Mind in Harrow
Lawrence Gould	Harrow (NHS) CCG – GP/clinical representative
Sarah Green	NHS England - London Region
Garry Griffiths	Harrow NHS Clinical Commissioning Group

Paul Hewitt	People Services, Harrow Council
Sherin Hart	Private sector care home provider representative
Chris Miles	London Ambulance Service
Mina Kakaiya	Healthwatch Harrow
Jules Lloyd	London Fire Service
Nigel Long	Harrow Association of Disability
Coral McGookin	Harrow Safeguarding Children's Board (HSCB)
Avani Modasia	Age UK Harrow
Cllr Chris Mote	Elected Councillor (shadow portfolio holder), Harrow Council
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council (Chair from December 2017)
Officers supporting the work of the HSAB	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council