



& our Partners,

Committed to Safeguarding Adults



# Harrow Safeguarding Adults Board (HSAB)

## Annual Report 2016 - 2017



in partnership with:



<b>Index</b>	<b>Page</b>
Foreword from the HSAB Chair	3
<b>Section 1</b> - Introduction to the Annual Report	4
<b>Section 2</b> - HSAB work programme 2016/17 and management information (statistics)	8
<b>Section 3</b> - Making a difference in 2016/2017	13
<b>Section 4</b> - Objectives for 2017/18 – year one of the Strategic Plan 2017/2020	23
<b>Section 5</b> - Appendices	32
Appendix 1                      Statements from HSAB partner organisations	32
Appendix 2                      HSAB membership as at March 31 <sup>st</sup> 2017	46
Appendix 3                      HSAB meeting attendance record 2016 – 2017	48
<b>Section 6</b> - Further information/contact details	50

**“Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone’s business” (HSAB Vision)**

## Foreword

This is the 10<sup>th</sup> Annual Report published on behalf of Harrow's Safeguarding Adults Board (HSAB) and contains contributions from its member agencies. The Board is statutory and coordinates local partnership arrangements to safeguard adults at risk of harm. This report details the work carried out by the HSAB last year (2016/2017) and highlights the priorities for 2017/2018.

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

I was delighted to co-chair the first joint HSAB HSCB (Harrow Safeguarding Children's Board) annual conference in February this year which focused on domestic violence as it affects all age groups. This event demonstrated both Boards' commitment to "thinking whole family" and myself and the HSCB Chair are committed to continuing to develop these areas.

Over 1,500 people had some safeguarding adults training last year (343 more than the previous year) which is extremely positive, particularly given that 205 were users and some new areas were covered such as Citizen's Advice Bureau volunteer advisers. Both these facts show that the Board continues to give high priority to getting its messages out to as many staff, volunteers, users and carers as possible.

Users told us again last year about wanting to keep safe in the community, so this will be a focus for the HSAB in the coming year with more specific projects to tackle issues such as hate crime; safe travel on public transport; distraction burglary/doorstop crime; and home fire safety.

There was a lot of excellent work done last year on the priorities that the HSAB had agreed were important and I think that once again this annual report demonstrates the difference that the Board's work has made to the lives of the most vulnerable people in the borough (see section 3) and trust you agree once you have read it.

As ever, everything the HSAB does is to achieve its vision – *"that Harrow is a place where adults at risk from harm are safe and empowered to make their own decisions and where safeguarding is everyone's business"*.

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

Bernie Flaherty (Chair of the HSAB)



## SECTION 1 - INTRODUCTION

### 1. Introduction to the annual report

This Annual Report describes the activities carried out by the partnership organisations that form the Harrow Safeguarding Adults Board (HSAB) during 2016/2017 and it also looks ahead to the priorities for 2017/2018.

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

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

The HSAB takes its leadership role very seriously with appropriate senior management attendance from member organisations and the active involvement of the elected Councillor who is the Council's Portfolio holder for adult social care, health and well-being. The list of members (as at March 31<sup>st</sup> 2017) is at Appendix 2, with their attendance record at Appendix 3.

#### 1.2 HSAB Accountability

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

- i. publish a strategic plan for each financial year
  - the HSAB has a 3 year strategic plan for 2017 - 2020 which is updated each year after production of the annual report
- ii. publish an annual report
  - the HSAB's 9<sup>th</sup> Annual Report (for 2015/2016) was presented to the Council's Scrutiny Committee on 7<sup>th</sup> February 2017. This 10<sup>th</sup> report for 2016/2017 will go to the Health and Wellbeing Board on 7<sup>th</sup> September 2017 and a Scrutiny meeting on 3<sup>rd</sup> July 2017
  - consultation on the 2015/2016 annual report and the 2016/2017 draft version was done with Healthwatch in Harrow as well as the Local Account Group
  - each partner organisation represented at the HSAB presented the Board's Annual Report for last year at their Executive level meeting or equivalent
  - as in previous years, this report will be produced in "Executive Summary", "key messages for staff" and "easy to read" formats and will be available to a wider audience through the Council and partner agencies websites

- iii. conduct any Safeguarding Adults Reviews (SARs)
  - these will be carried out as required, but there were none needed in 2016/2017
- iv. have the following organisations on the Board – the Council; the local NHS Clinical Commissioning Group (CCG) and the chief officer of Police
  - the membership of Harrow’s HSAB (as at 31<sup>st</sup> March 2017) is shown in Appendix 2 and their attendance record is shown at Appendix 3

### 1.3 Strategic Links

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

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

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

## SECTION 2

### HSAB Work Programme in 2016/2017

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

The HSAB met on 4 occasions in 2016/2017 – three Business Meetings and an Annual Review/Business Planning Day. The following table lists the main topics discussed by the Board at those meetings – some being standing items; some were items for a decision; some were for information/discussion; others were aimed at Board development, and there were also specific items providing challenge to the Board. Some items were discussed at more than one meeting.

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

- Home Office “Inspection of Vulnerable People in Custody” (item for decision)
- User Engagement - feedback on progress with the Harrow Safe Place Scheme development and from the discussions with the Local Account Group about the HSAB Annual Report 2014/15 (items for challenge; information and discussion)
- “Safeguarding is all about us” – experts by experience input to annual review/business planning day (item for challenge)
- World Elder Abuse Awareness Day 2016 in Harrow – local arrangements agreed (item for decision)
- Harrow Safe Place Scheme (item for information)
- Budget pressures and any impact on vulnerable people – (item for challenge)
- User outcomes – feedback from independent file audits and interviews with users (item for information)
- Best Practice Forum on community safety – (item for information)
- Working with schools (user led project) – presentation from experts by experience (item for discussion)

### **Training and Workforce Development**

- Formal review of the Safeguarding Adults (multi-agency) training programme (item for decision)
- HSAB Training programme for 2017/2018 (item for information and decision)
- Feedback from joint HSAB/HSCB conference on domestic abuse (item for information)
- Learning from joint HSAB/HSCB “whole family” case audits (item for discussion)

### **Quality and Performance Review**

- Quarterly statistics – discussed and findings used by the HSAB to inform changes to the training programme and local practice (standing item at every meeting)
- Statistical “deep dive” – on domestic abuse (item for information and discussion)
- Deprivation of Liberty Safeguards (item for information and discussion)
- File audits – confirmation of each Board member organisation’s audit processes (item for information)
- Mr “M” independent case review (item for discussion)
- Mystery Shopping exercise – (item for information and decision)
- Learning from a domestic homicide review (item for information and discussion)

### **Policies and Procedures/Governance**

- HSAB Strategic Plan 2014/17 – exception reports (standing item)
- HSAB Strategic Plan 2017/2020 – (item for decision)
- The HSAB Annual Report 2015/2016 - discussed and formally signed off (item for decision)
- Safeguarding Adults Reviews (SAR) Policy – (item for decision)
- Making Safeguarding Personal – learning from national research (item for Board development)
- Metropolitan Police information sharing agreement (item for discussion)
- Local Assurance Test progress review (item for information)
- Towards Excellence in Adult Social Care review (item for information)

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

- Learning from joint HSAB/HSCB “whole family” case audits (item for discussion)
- HSCB Annual Report 2015/2016 (item for information and discussion)
- Child Sexual Exploitation – HSCB feedback (item for information)
- Female Genital Mutilation (FGM) – update on local arrangements (item for information)
- Learning from serious case reviews - (item for information)

### Safeguarding Adults Reviews (SARs)

There were no cases in 2016/2017 for the HSAB to examine by commissioning a SAR. One case was scrutinised using an independent management review process with key learning points fed back to the HSAB and a “learning lessons” event held for relevant Council staff (see section 3, theme 3 for more details).

## 2.2 Management information (statistics)

The Board collates multi agency information on a range of adult safeguarding statistics in order to produce a management report. The report which is available at each business meeting is overseen by and discussed at the HSAB. The Board’s strategic plan for 2017 – 2020 contains 5 year trend analysis which provides an excellent basis for planning future work.

The breakdown of statistical information for safeguarding adults services in 2016/2017 is available on request.

### Headline messages 2016/2017 – safeguarding adults

- 1,662 concerns compared to 1,690 in 2015/2016, represented a small reduction for the first time of 2% locally. This is unsurprising following year on year increases (including a 38% post Care Act implementation rise) and the assumption that numbers would need to level off at some stage
- 39% of Harrow concerns (654 cases) were taken forward as enquiries, compared to 40% in 2015/2016. It remains difficult to be sure what percentage of concerns should meet the threshold for enquiries, although it would not be 100%. As previously reported, both internal and external file audits continue to check that appropriate concerns are being taken forward to the enquiries stage



- repeat enquiries in Harrow increased again last year from 19% in 2015/2016 to 31% in 2016/2017. This is another area that is scrutinised by the external/independent file auditor and given the significant rise in numbers will be looked at again and reported back to the HSAB later this year
- completed enquiries in Harrow were at 95% last year
- in Harrow the female:male ratio at the end of 2016/2017 was 67:33 for enquiries, which is very close to the figure in 2015/16
- numbers for older people were almost identical to those in 2015/2016 at 48% (317 people) and they remain the highest “at risk” group
- for adults with a physical disability the figure in Harrow last year was 38% of concerns (249 people). As indicated in previous annual reports it is important to note that in the statistics (as required by the Department of Health/ NHS Information Centre), people (for example) who are older but also have a physical disability are counted in both categories. It therefore remains quite difficult for the HSAB to form a view about the risks to younger adults whose primary disability is physical or sensory
- mental health numbers increased again slightly last year from 31% of enquiries (210 users) in 2015/2016 to 33% (216 users)
- in Harrow enquiries for people with a learning disability in 2016/2017 were slightly lower (71 people) than the previous year’s figure of 88 and over the last few years numbers seem to have stabilised
- concerns from “BME” communities last year were at 48% compared to 51% in 2015/2016 – which remains in line with the makeup of the Harrow adult population. The enquiries figure was 45% which is also positive, as it suggests that a proportionate number of concerns are progressed and people from “minority” communities are not being disproportionately closed before that stage of the process
- statistics showing where the abuse took place in Harrow remain broadly similar to 2015/16, with the highest percentage (63%) being in the user’s own home. There has been a reduction in concerns for care homes (from 20% to 14%), which is positive given the significant amounts of training and support that have been provided by a range of NHS and social services agencies. Figures in other settings were - 6% in mental health in-patient units (38 cases); 8% in supported accommodation (51 cases); and 1% in acute hospitals (5 cases)
- allegations of physical abuse and neglect have been the most common referral reasons in previous years. However last year financial abuse was the most prevalent for the first time at 22% (188 people) followed by neglect at 21% (180 people). Concerns about physical abuse dropped from 201 people in 2015/2016 to 161 people last year.

Allegations about sexual abuse were broadly similar to 2015/2016 at 7% (60 people). Concerns about self-neglect rose slightly from 11 situations to 14 being dealt with under the local arrangements

- emotional/psychological abuse (20%) is the other significant figure which remained exactly the same as in 2015/2016
- in Harrow social care staff (19% across all care sectors); family/partner (35%); stranger (6%); and health care worker (6%) were the most commonly alleged persons alleged to have caused harm (PACH)
- given the numbers of training and briefing sessions undertaken in recent years, it is always interesting to look at the source of concerns and this is the third time that year on year comparison has been possible for the HSAB to carry out. Last year the highest numbers (17%) were from mental health staff, primary health care staff (13%) and social workers/care managers (12%). The other sources were: residential care staff (8% - another small increase from 2015/2016); family (7% - a 1% decrease on 2015/16); secondary health care staff (a 1% increase from 2015/2016); Police (10% - a 3% increase)
- outcomes in Harrow for the person alleged to have caused harm in relation to criminal prosecutions/Police action compared to the 2015/2016 statistics of 105 cases have increased again to 131 (16%) – which is very positive. The safeguarding adults teams supported by the Police continue to give this area a high priority
- outcomes for the adult at risk include: community care assessment and services (17%); increased monitoring (13%); management of access to PACH (5%); moved to different services (5%); referral to MARAC (1%); referral to advocacy (3%); referral to counselling or training (2%); management of access to finances (3%); application to Court of Protection (1%)

All figures are broadly similar to 2015/2016 and although the percentage is the same as the previous year, there were 2 more cases (11 in total) taken to the Court of Protection which is positive

### **Headline messages - Deprivation of Liberty Safeguards (DoLS) 2016/2017**

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

There were 425 new cases last year (a decrease of 300 on the previous year) of which 361 (85%) were granted. The reduction followed the very significant increase the previous year in response to the Supreme Court ruling in the “Cheshire West” case.

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

### Summary/Actions Required

In the majority of the performance statistics above, there is now quite a lot of stability in comparison to previous years. There was another small improvement in the numbers of cases subject to Police action/prosecution which remains very positive given that national surveys have previously heard that this is what victims want. Areas for focus in 2017/2018 include repeat referrals; financial abuse; community safety; and older people at risk in their own homes.

The action plan in this report (year one of the HSAB Strategic Plan 2017 - 2020) includes objectives to address the key messages from the statistical analysis – see section 4.

## 2.3 HSAB Resources

As at 31<sup>st</sup> March 2017, the staffing of the dedicated Safeguarding Adults and DoLS Service located in the Council is as follows:-

1 Service Manager (Safeguarding Adults and DoLS)

1 DoLS Officer

1 Safeguarding Adults Co-ordinator

1 Team Manager

2 wte Safeguarding Adults Senior Practitioners

7 wte qualified Social Workers

2.5 wte Best Interest Assessors (DoLS work only)

Under the formal Section 75 agreement there are also a number of trained Safeguarding Adults Managers with a dedicated lead located in Central and North West London Mental Health NHS Foundation Trust (CNWL). The nature of the work carried out is included in CNWL’s statement at Appendix 1. The statistics are included in section 2.2 above.

In addition to staff, there are ongoing costs for the multi agency training programme; best practice forums; publicity (posters/fliers/wallet cards); awareness/briefing sessions; independent file audit and administrative support to the HSAB etc.

The costs of these services are primarily borne by the People Services Department within Harrow Council, with contributions totalling circa £20,500 p.a. from three of the four local NHS partner agencies (Harrow Clinical Commissioning Group; North West London Hospitals Trust; and the Royal National Orthopaedic Hospital Trust). Financial contributions are also made by the London Fire Service and Metropolitan Police.

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

## SECTION 3 – MAKING A DIFFERENCE

### (PROGRESS ON OBJECTIVES 2016/2017)

This section of the report looks at what difference the work of the HSAB made last year by reviewing progress on the priorities agreed for 2016/2017, as set out in the annual report for 2015/2016.

Board members' organisations have also commented on these areas in their statements in Appendix 1.

#### Prevention and Community Involvement

#### **The HSAB is confident that prevention of abuse of adults at risk is a high priority in Harrow**

The HSAB's prevention strategy 2014 – 2017 ("Promoting Dignity and Prevention of Abuse") was formally agreed at the Board meeting in March 2014. 2016/2017 was the third year of implementation which built on the work done from the previous year. Examples of work in this area include:

- the full range of information leaflets was updated to ensure compliance with the Care Act and a focus on making safeguarding personal
- the Safeguarding Adults Services continued to promote distribution of "The Little Book of Big Scams" produced by the Metropolitan Police and the Home Office which is extremely popular with members of the general public
- support/training has been offered to local residential homes and domiciliary care agencies e.g. a Best Practice Forum with a focus on "do not resuscitate orders"; covert medication and advance decisions/"living wills"; and training in working with dementia
- 82 referrals were made via the Safeguarding Adults Team to the local Fire Service for home fire safety checks

#### **Ensure effective communication by the HSAB with its target audiences**

A formal Communications Plan for the HSAB was approved by the Board at the March 2015 business meeting and was updated in January 2017. It aims to ensure that its target audiences across the whole community know about abuse and how to report it and that resources are used for publicity and awareness related events in the most time/cost efficient ways. Examples of work in this area include:

- the HSAB's newsletter which commenced in 2013 continued throughout last year, aimed at keeping all relevant individuals and organisations up to date with its work and any key issues that needed to be highlighted.

The editions published (April and July 2016 and January 2017) included topics such as: statistical information; scams (e.g. distraction burglary); Dignity Action Day 2017; the new London multi-agency procedures; “think family”; keep safe on twitter; work with schools; and training information

- articles were also written for “News and Views” which is produced for people with a learning disability, with a particular focus on keeping safe from bullying and using twitter safely
- for World Elder Abuse Awareness Day 2016, Age UK staff and volunteers supported by the Safeguarding Adults Team visited several locations in Harrow (including libraries) speaking with members of the public and distributing information e.g. about avoiding scams

### **Safeguarding Adults priorities are clearly referenced in wider community safety strategies e.g. Domestic Violence**

Contributions continued from the Safeguarding Adults Service to the Multi-agency Risk Assessment Conference (MARAC – domestic violence focus); Multi-agency Public Protection Arrangements (MAPPA – public safety focus); Prevent (prevention of terrorism focus), and Anti-social Behaviour Group (ASBAG – anti social behaviour focus) - ensuring effective information sharing and communication where vulnerable adults are victims or people alleged to have caused harm. Examples of specific projects include:

- the joint conference on domestic abuse with the HSCB (see below for details)
- joint visits with Trading Standards officers to the victims of door step crime/distraction burglary to identify any specific issues for more vulnerable people

### **There is evidence that the Harrow HSAB’s work is influenced by user feedback and priorities**

- the independent social worker (who interviews randomly selected users after the safeguarding enquiry is concluded) continued last year to ask people questions constructed around the “making safeguarding personal” framework.

She found that those she spoke with were generally happy with the outcome of the enquiry and had felt more in control of the process than users had reported to her previously. It is believed that approaches introduced in 2015/16 under the “Making Safeguarding Personal” project e.g. holding strategy meetings at user’s own homes continue to be factors in this finding. Section 4 includes an action to ensure that the HSAB also receives quantitative data about MSP outcomes in addition to this qualitative information

- “experts by experience” attended the HSAB Annual Review Day again last year (June 2016). They told the HSAB about what was important to them in keeping safe and provided feedback to Board members on topics they had raised the previous year
- the HSAB Annual Report for 2015/16 was presented to the Local Account Group and discussed in detail

### Outcomes for prevention work

- the HSAB was very pleased to hear from the “users by experience” that people were feeling safer at the bus station now that there is a greater police presence
- the easy to read articles about on-line safety and keeping safe in the community had been well received
- in February 2017, three “experts by experience” met 50 Heads and teachers and gave a presentation about their concerns. The teachers were very keen to run some sessions in their schools which will take place in 2017/18
- there was a reduction in concerns from care homes which indicates some positive impact from the training/support being provided by social services and NHS staff

.....

## Training and Workforce Development

The HSAB is confident that the local workforce is competent in relation to safeguarding adults' practice – with particular focus on learning from file audits and management reviews e.g. use of the Mental Capacity Act

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

<b>Training (formal multi-agency programme)</b>	<b>2016-17</b>
Harrow Council internal	109
Health	35
Statutory (other)	18
Private	141
Voluntary	114
HSAB Board Development	68
SGA Team Development	38
<b>Total:</b>	<b>523</b>
<b>Briefing Sessions (delivered by SGA Team)</b>	
CAB Volunteer Advisors	9
Designated Teachers Event (user led session)	50
Domiciliary Care Agency Staff / Providers	34
Housing Team	176
Kings College London – (Students, Lecturers, Interest Groups)	30
Library Managers Meeting	7
Members Briefings	1
Student Social Workers	45
<b>Good Practice Workshops</b>	
Domestic Abuse: "a journey through life" (joint with HSCB)	170
IMR learning event (Harrow Council)	50
Mental Capacity, unwise decisions and Safeguarding	55
Social Work Conference – focus on safeguarding	100
<b>Service User Briefings (delivered by SGA Team)</b>	
Mencap Service Users	100
MIND Service Users & Volunteers	67
Shared Lives Service Users	6
Sheltered Housing Blocks (Various)	32
<b>Carer Briefings (delivered by SGA Team)</b>	
Harrow Shared Lives Carers	56
<b>Total Attending</b>	<b>1516</b>



Each year the multi-agency training programme and Best Practice Forums are developed from the evaluation and experience of the previous year's sessions. Last year there was a focus on mental capacity and unwise decision making.

The HSAB and HSCB held their first joint conference in February 2017 with a focus on domestic abuse as it affects all ages in the family. Evaluation was almost 100% positive from the 170 multi-agency staff that attended and there is commitment from both Boards to continue collaborating in this area of work (see section 4).

The Council (Adults and Children's Services) and CNWL Mental Health Trust ran the first conference for qualified social workers in October 2016, with a focus on safeguarding. Topics included "learning from safeguarding adults serious case reviews" and "effectiveness of social work" (Professor Jill Manthorpe – Kings College, London); "impact of mental illness in families" and "lifelong disability" (James Blewett – Kings College, London); and "self-neglect/the legal framework" (Sue Inker – Bond Solon training).

### **DOLS arrangements (including for health funded services/facilities) are effective**

The Deprivation of Liberty Safeguards (DoLS) statistics are at section 2.2 of this report. The HSAB can be reassured that for the 361 cases where a DoLS was authorised, some of the most vulnerable people they are responsible for have been protected.

### **Outcomes for Training and Development work:**

- file audits continue to show a growing confidence in use of the Mental Capacity Act/best interest decision, making with more cases being taken to the Court of Protection than in 2015/16. However all HSAB members believe that their staff need to have further training in carrying out capacity assessments (see section 4)
- both the joint HSAB/HSCB conference and qualified social worker conferences produced a greater understanding of the roles and responsibilities of workers across a range of agencies plus a commitment to future collaboration
- there are good case examples in DoLS work of the involvement of a Best Interest Assessor or independent section 12 doctor highlighting ways in which restrictions on individual's can be reduced e.g. picking up where a care home (not in Harrow) had removed all personal effects from a resident's room when he appeared to lose the mental capacity to recognise them

.....

## Quality and Performance Review

### **The HSAB oversees effective practice and ensures continuous improvement**

As covered in previous annual reports, the HSAB has a long standing/well established quality assurance framework in place. Examples of work in this theme include:

- performance management reports were presented to the HSAB at all of its meetings in 2016/2017. See 2.2 above for analysis
- a further (third) “mystery shopping” exercise commissioned by the HSAB was carried out by users (supported by Mind in Harrow) in Autumn 2016, with a focus on key “front door/access points”. The findings were presented to the Board in December 2016 and feedback has been given to the agencies contacted in the exercise. It was agreed that refinements will be needed to the exercise in future in order to obtain the optimum learning from it (see section 4)
- both internal and external (independent) audits of casework continued in the Council’s Safeguarding Adults and DoLS Service during 2016/2017 with headline messages presented to the HSAB. The audit findings were fed back to relevant front-line staff and managers as a way of informing continuous improvement
- in February 2017, a joint case audit process was undertaken with the Harrow Safeguarding Children’s Board (HSCB) for the first time - to ensure that a “think whole family” approach is being taken by staff across all involved agencies. The focus of the audit was cases where there was an element of domestic abuse. The recommendations were:
  - i. the risks posed by female perpetrators of domestic abuse should not be considered less severe purely on the basis of gender. All risks assessments relating to domestic abuse should be evaluated on specific behaviour and impact, regardless of gender
  - ii. case records should clearly indicate which other agencies are involved
  - iii. chronologies should be kept up to date, capturing key events
  - iv. clarity should be sought from adult services regarding assumed parental mental health issues or learning difficulty – particularly in relation to capacity and consent
  - v. child focussed services should be made aware of the existence and purpose of the ‘Adult Risk Panel’
  - vi. a ‘think whole family approach’ must include consideration of all family members, including adult siblings
  - vii. consideration should be given to cross agency management consultation for joint oversight of complex cases
  - viii. agencies should be able to evidence that multi-agency differences and challenges are brought to an appropriate resolution

An action plan has been produced to respond to these recommendations, with timelines and lead officers identified by the HSCB's Quality Assurance Sub-committee.

### **Independent Management (case) Review**

On 5<sup>th</sup> December 2016, a "learning the lessons" event was held for relevant staff and managers following receipt of an independent management review report related to the death of an elderly man living with his family and being supported by several agencies in the borough. The actions agreed were:

- carers assessments will be carried out by the allocated worker and not by another Team who may not know the family
- staff will be reminded to always to feedback to referrers and record information accurately
- staff will be reminded that where a user or their relative has a mental health difficulty, medical information should always be sought (with their consent)
- staff will be reminded to have "professional curiosity" and not accept at face value what they are being told

All the actions have subsequently been actioned and their implementation will be monitored by managers. Updates will be provided to the HSAB.

### **Statistical data improves understanding of local patterns enabling improved planning of responses to allegations**

The HSAB has received statistical reports at each of its meetings, including the full year position for 2016/2017 at its Annual Review Day. In addition, the new Strategic Plan for 2017 - 2020 includes trend analysis looking back over the previous 5 years and all reports included comparison with the national position wherever possible.

As requested by HSAB members in 2015/16, two "deep dives" into the statistics were carried out in 2016/2017 – the first looking at prevalence of abuse by user group and the second at domestic abuse (DVA).

In the first exercise it was notable that whichever user was experiencing the abuse and whatever the type of abuse, the location was their own home. For all groups the person alleged to have caused the harm was a family member or partner.

In the second exercise there were some key points highlighted including:

- the female / male split was 71% / 29% with no significant variations by ethnic group
- as with the main set of safeguarding adults' statistics, older people were the most at risk group (45%) followed by mental health (MH) users (42%)
- the ethnicity proportions were 44% BME to 56% white - bearing out research that DVA exists across all communities

- domestic abuse (by definition) is most prevalent within the person's own home and this was found in 94% of cases - mirroring the picture of the largest percentage of adult abuse also perpetrated within the user's home (63%)
- DVA is highlighted as a significant aspect of risk within the female MH user group
- there were low numbers or no referrals from Housing and the voluntary sector

The HSAB agreed all the recommendations in the report which included targeting the training sessions where low/no referrals have been received and to further raise awareness in the community (see section 4).

#### **Outcomes for quality and performance work:**

- ongoing analysis by the HSAB of relevant statistical information has enabled adjustments to be made to training events and also to briefing sessions e.g. a higher emphasis on DVA as it relates to adults in need of care and support
- the terms of reference for the Adults Risk Enablement Panel have been amended to include attendance by relevant managers from Children's Services - in recognition of the high risk young people being discussed there and the benefit of advice/support from those colleagues
- implementation of learning from the IMR case will improve practice and this will be monitored by the HSAB

.....

## **Policies and Procedures/Governance**

### **Ensure production of the HSAB Annual Report and presentation to all relevant accountable bodies**

The HSAB Annual Report 2015/2016 was agreed formally by the Board at its annual review day in June 2016. This report for 2016/2017 was discussed at the same event in June 2017. Following its formal agreement by the HSAB, the report was presented to the Health and Wellbeing Board, the Council's Scrutiny Committee and subsequently to all partner agencies' Executive meetings or equivalent.

### **The general public is aware of safeguarding issues and the work of the HSAB**

Work under this theme included:

- the safeguarding adults' website was kept up to date and has a section for easy to read information
- the Annual Report 2015/2016 was produced in concise "Executive Summary" and "Easy to Read" versions to make information about the work of the Board as accessible as possible
- as stated last year, the Safeguarding Adults Service finds that the "little book of big scams" produced by the Home Office/Metropolitan Police is popular with the general public and is therefore actively promoting it as widely as possible across Harrow
- public events e.g. for World Elder Abuse Awareness Day took messages out into the wider community

### **The HSAB (jointly with the Safeguarding Children's Board) takes a "family first" approach to its work**

- in February 2017, a joint case audit process was undertaken with the Harrow Safeguarding Children's Board (HSCB) for the first time - to ensure that a "think whole family" approach is being taken by staff across all involved agencies. The focus of the audit was cases where there was an element of domestic abuse. The recommendations are shown under theme 3 above

### **The HSAB has strategic oversight of local safeguarding adults work**

- year three actions from the HSAB Strategic Plan 2014 – 2017 were implemented with an exception report at each Board meeting. This section of the annual report covers the work carried out and some of the outcomes achieved as a result
- the Board has agreed a new Strategic Plan for 2017 – 2020
- the Board developed and approved a policy for implementing SARs when required

### **Outcomes for policy/procedures work:**

- independent file audits continue to show growing confidence in working with families by staff in Adult Services. These audit findings were fed back to and discussed with the Children’s Safeguarding Board (HSCB) quality assurance sub-group meeting
- an independent management review was carried out in one case with an action plan agreed by the HSAB and a “learning the lessons” event held for relevant staff

.....

### **Partnership with the Local Safeguarding Children’s Board (HSCB)**

**Common joint safeguarding needs are identified in terms of Domestic Violence and actions prepared to address gaps, including mapping key pathways to MARAC; and**

**The HSAB (jointly with the HSCB) takes a “family first” approach to its work**

- see above for joint conference and joint audit work
- a practitioner representative from the Council’s Safeguarding Adults/DoLS Service, relevant NHS and voluntary sector staff provide daily information to MASH (Multi-agency Safeguarding Hub) where threshold decisions about referred children are discussed. This ensures appropriate information sharing and therefore decisions are taken in the most informed way possible
- relevant staff from Adults Services attend task and finish groups run by the HSCB e.g. training to ensure that a joined up approach takes place whenever possible

### **Outcomes for partnership work with the HSCB:**

Better outcomes for young adults in specific cases where joint work was effective.

## Section 4: Action plan priorities – 2017/2018 (year 1 from the Strategic Plan 2017 - 2020)

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

<b>Principle One: Empowerment</b>	<b>Description:</b> Presumption of person led decisions and informed consent	<b>Outcome for users at risk:</b> <i>"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"</i> <i>"I have access to justice if I want it"</i>
<b>Objectives</b>	<b>How it will be achieved and measured</b>	<b>Timescale</b>
The HSAB ensures effective communication with its target audiences	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) Impact and effectiveness are evaluated and influence changes to future campaigns	End March 2018  End March 2018
The Harrow SAB's work is influenced by user feedback and priorities	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	End June 2018
The HSAB is reassured that there is access to justice for those who want it	Annual statistics show an improvement in Police action/prosecutions	End June 2018

<p><b>Principle Two:</b></p> <p><b>Prevention</b></p>	<p><b>Description:</b></p> <p>There is a culture that doesn't tolerate abuse, dignity/respect are promoted and it is better to take action before harm occurs</p> <p>Communities have a part to play in preventing, detecting and reporting neglect and abuse</p>	<p><b>Outcome for users at risk:</b></p> <p><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></p>
<p><b>Objectives</b></p>	<p><b>How it will be achieved and measured</b></p>	<p><b>Timescale</b></p>
<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 increasingly provide more detailed analysis e.g. by sector, user group and type of abuse – informing decisions about future campaigns</p>	<p>End March 2018</p>
<p>The Harrow SAB ensures that community safety for vulnerable people is a high priority for action</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>Projects highlighted by users take place each year (e.g. working with schools to raise awareness of disability/mental health issues) and formal evaluation influences future activities</p>	<p>End March 2018</p> <p>End March 2018</p>



	More work is done with care providers and the general public about fire safety	End March 2018
The Harrow SAB ensures that dignity is a high priority for local care providers	Provider concerns are monitored at Board meetings and commissioners oversee quality assurance Providers are supported with relevant information/training	End March 2018 End March 2018
The HSAB is reassured that staff are well informed about the new safeguarding areas e.g. modern slavery, domestic abuse and sexual exploitation (including forced marriage)	Staff are supported with relevant information/training and numbers of concerns in these areas increase	End March 2018
The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns	Develop a “crib sheet” for use in Councillor “surgeries” and similar Provide annual training/refresher events for elected Councillors and those in similar roles	End March 2018

<p><b>Principle Three:</b></p> <p><b>Proportionality</b></p>	<p><b>Description:</b></p> <p>Proportionate, person centred and least intrusive response appropriate to the risk presented (best practice)</p>	<p><b>Outcome for users at risk:</b></p> <p><i>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed and I understand the role of everyone involved in my life”</i></p> <p><i>“I had the support of an advocate if I needed one”</i></p>
<p><b>Objectives</b></p>	<p><b>How it will be achieved and measured</b></p>	<p><b>Timescale</b></p>
<p>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</p>	<p>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>A “deep dive” into repeat referrals will be completed and reported to the HSAB with any required recommendations</p>	<p>End March 2018</p> <p>End March 2018</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>More work takes place to increase staff confidence (in all agencies) in completing mental capacity assessments and using DoLS</p>	<p>End March 2018</p> <p>End March 2018</p>

The Harrow SAB is reassured that DoLS processes are an integral part of its prevention arrangements	DOLS arrangements are effective and least restrictive options are identified in all cases. The new Liberty Protection Safeguards as proposed by the Law Commission will be addressed when required by statute	End March 2018 As required by statute
The Harrow SAB is reassured that Making Safeguarding Personal (MSP) is well embedded in practice	HSAB is provided with quantitative data (in addition to the existing qualitative information) about MSP outcomes (based on the return to NHS Digital)	End March 2018

.....

<b>Principle Four:</b>	<b>Description:</b>	<b>Outcome for users at risk:</b>
<b>Protection</b>	Support and representation for those in greatest need	<i>"I get help and support to report abuse"</i> <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>
<b>Objectives</b>	<b>How it will be achieved and measured</b>	<b>Timescale</b>
The HSAB and HSCB work collaboratively ensuring a "whole family" approach to safeguarding work	At least one round of audits each year will be joint cases, with findings reported to both Boards	End March 2018

<p>The HSAB has an effective Quality Assurance framework in place which includes relevant approaches to overseeing effective practice</p>	<p>Relevant “mystery shopping” exercises or equivalents check that front door services recognise possible abuse and know how to advise/deal with concerns effectively</p>	<p>End March 2018</p>
<p>The HSAB has accessible and effective information available to those who might need it</p> <p>The Board supports elected Councillors and others in similar roles to recognise abuse and report their concerns</p>	<p>A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats</p> <p>Develop a “crib sheet” for use in Councillor “surgeries” and similar</p> <p>Provide annual training/refresher events for elected Councillors and those in similar roles</p>	<p>End March 2018</p> <p>End March 2018</p> <p>End March 2018</p>

.....

<b>Principle Five:</b>  <b>Partnership</b>	<b>Description:</b>  Effective partnership working ensures a “whole family” approach leading to the best possible outcomes for users  Effective partnership working ensures an effectively coordinated approach leading to the best possible outcomes for users	<b>Outcome for users at risk:</b>  <i>“I know staff treat any personal and sensitive information in confidence, only share what is helpful and necessary”</i>  <i>“I’m confident professionals will work together to get the best result for me”</i>
<b>Objectives</b>	<b>How it will be achieved and measured</b>	<b>Timescale</b>
The HSAB is effective as a partnership	HSAB considers undertaking the NHS England/ADASS Risk Audit Tool in 2017/2018	End March 2018
The HSAB is effective as a partnership	HSAB annual review and business planning day incorporates challenge from “experts by experience” and an independent facilitator	End June 2018
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 joint approach to domestic abuse with a focus on areas highlighted by statistical analysis e.g. Housing and the voluntary sector  Any transferable learning from the Ofsted inspection of the HSCB is utilised by the HSAB	End March 2018  End March 2018  End March 2018

<p><b>Principle Six:</b></p> <p><b>Accountability</b></p>	<p><b>Description:</b></p> <p>There is accountability and transparency in delivering safeguarding. The Board meets its statutory requirements as set out in the Care Act 2014.</p> <p>Learning from local experiences and national policy/research improves the safeguarding arrangements and user outcomes</p>	<p><b>Outcome for users at risk:</b></p> <p><i>“I understand the role of everyone involved in my life”</i></p>
<p><b>Objectives</b></p>	<p><b>How it will be achieved and measured</b></p>	<p><b>Timescale</b></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 multi-agency safeguarding adults training programme is re-tendered at the end of the current contract</p>	<p>End of March 2018</p> <p>End of March 2019</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 2018 (for the 2017/18 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>First available Scrutiny meeting after the Annual Report is discussed and agreed at the HSAB (and no later than the end of September 2018 for the 2017/18 report)</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 Board meeting after the Annual Report is agreed (and no later than the end of September 2018 for the 2017/18 report)</p> <p>First Health and Wellbeing Board meeting after the Annual Report is agreed (and no later than the end of September 2018 for the 2017/18 report)</p>
Elected Councillors, Executives and Committee members in all relevant partner agencies are aware of their personal and organisational responsibilities	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	End March 2018
<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 2017/2018 is published in an “easy to read” format and posted on all partner websites</p> <p>The HSAB Annual Report for 2017/2018 is published in “Executive summary” and “staff headlines” formats and posted on all partner websites</p> <p>A full range of updated information for practitioners, service providers and people who may need to use safeguarding services is available in a range of accessible formats</p>	<p>End July 2018 (for the 2017/18 report)</p> <p>End July 2018 (for the 2017/18 report)</p>

## Appendix 1

### Statements from key HSAB partners

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

#### Harrow Mencap

##### Outcomes for Prevention and Community Development

- We have provided advocacy support for 43 individuals (Pan Impairment) who were subject to safeguarding alerts ensuring their voices were heard in the process of protecting them; focussing on the individuals' desired outcomes.
- The Forum for people with learning disability held a forum on 'Speaking Out' and 'Staying Safe' to raise awareness, embed understanding and empower individuals. The forum was attended by 80+ individuals and carers ranging from young people to those in retirement and with representatives from the Safeguarding team, the Police and Advocacy Services.
- We have held a number of workshops (4) for young people on the safe use of social media.

##### Outcomes for Training and Workforce Development

- Safeguarding is embedded in our recruitment process; discussed at interview; first day of employment and with basic awareness training as part of all new staff's formal induction training session within the first week of employment
- All existing staff receive refresher training annually
- We have reviewed and updated our safer recruitment policy
- Safeguarding incidents are critically reviewed in order for continuous staff/organisational learning.
- Safeguarding is embedded in our culture; with discussions at all team, Managers and Board meetings

##### Outcomes for Quality and Performance Review

- We have reviewed and updated the roles and responsibilities of the safeguarding Leads/champions within the organisation
- Safeguarding leads meet bi-monthly to review incidents and responses to identify any barriers, issues, learning and ensure that these are addressed and communicated.

##### Outcomes for policies and procedures /governance

- The HSAB Annual report was sent to all trustees and operational priorities agreed.

##### Priorities for 2017-18

- Continue to ensure that all staff are aware of their responsibilities under the Care Act 2014



- Ensure that all Business units and work premises have a trained safeguarding lead and known to all the staff.
- Ensure all our staff have an understanding of the Prevent agenda and their responsibilities within it.
- Develop closer working relationship with the Safeguarding Children's Board in line with the 'Think whole family approach'
- Continue to work with our managers on their safeguarding responsibilities.
- Deliver further focussed workshops for young people on the safe use of social media.
- To continue to campaign to ensure that the rights of people with learning disabilities are upheld.

.....

## Royal National Orthopaedic Hospital (RNOH)

### Outcomes for Prevention and Community Engagement:

- Increased awareness around domestic abuse, leaflets and posters displayed around the hospital in appropriate place of where to access help as a service user

### Outcomes for Training and Workforce Development:

- Volunteers and all staff received training in the last year on PREVENT
- Training on modern day slavery and trafficking commissioned and delivered by external training company
- The effect of this is an increased awareness amongst all levels of staff resulting in safeguarding concerns being raised by a variety of staff/departments such as administrators in the appointment booking department.
- The mandatory training programme includes awareness of self-neglect and it's complexities in relation to patients who have mental capacity to make 'unwise' decisions. Modern slavery is now also covered in all mandatory training. Sexual exploitation is discussed in both the Adult and Children's Safeguarding training.

### Outcomes for Quality and Performance Review:

- Bi-monthly meetings of the Safeguarding Adult Committee are held with attendance from named professionals, operational leads from nursing, Allied Health Professional, social work and patient representative.
- Independent External Review of both adult and children safeguarding has taken place which will help to further determine the safeguarding structures, roles and responsibilities within the organisation in the future.

### Outcomes for Policies and Procedures/Governance:

- HSAB Annual Report 2015/2016 was presented to the organisation's Trust Board

- Independent External Review of both adult and children safeguarding has taken place which will help to further determine the safeguarding structures, roles and responsibilities within the organisation in the future.

### Outcomes for joint work with the HSCB - “think whole family”:

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

### RNOH priorities for 2017/2018:

- Implement the recommendations of the independent external review into safeguarding within the organisation
- Continue to raise the profile of all Adult Safeguarding issues and embed best practice across all aspects of the organisation.
- Implement Safeguarding Champions in all departments to engage and feedback to staff on a local level any new developments and recommendations and to ensure Safeguarding is at the forefront of each department’s agenda.
- Newsletter to include lessons learnt from staff and patient feedback in order to disseminate learning widely across the organisation.

### Personal pledges:

- Continue to update all Safeguarding policies
- Develop internal procedures on what referrals to be sent to Safeguarding Team.
- Continue to improve training compliance figures
- Develop safeguarding champions

**(Work on pledges has been started)**

.....

### Age UK Harrow (AUKH)

Age UK Harrow is firmly committed to safeguarding adults and believes that all have the right to live free from abuse of any kind. Age or circumstances should not have any bearing or effect on this basic right

### Outcomes for Prevention and Community Engagement:

WEAAD: 16th June 2016:

- AUKH led on this day and organised outreach sessions around the borough at the following venues:- Civic Centre, Wealdstone Library, Gayton Road Library, Tesco Harrow, Barclays Bank (Harrow and Pinner Branches), St Annes Shopping Centre, Carramea (South Harrow), Goodnews and Cannon Lane Churches and Northwick Park Hospital.

- This enabled people around the borough to speak to AUKH staff on a one to one basis as well as collect information.
- Staff and volunteers gave out information on the safeguarding and how to report it. Those who did come to the different venues gained awareness. Many had no idea of elder abuse and the effect on older people. AUKH staff were able to raise the awareness on the subject.
- Outcome was more awareness about elder abuse and how to report it.

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

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

### **Outcomes for Training and Workforce Development:**

- Council staff provided a tailored session on sexual exploitation to Age UK Harrow staff and volunteers
- Staff continue to attend basic awareness course. Refresher training is also offered where appropriate.
- Induction of new staff/volunteers/trustees – now includes presentation on safeguarding that was developed by the Council Safeguarding team.
- All support group meetings and staff meeting have Safeguarding as a standing agenda item where issues relating to this are discussed.

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

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

Outcome was to now provide Boundary training and this is also part of the induction for staff and volunteers.

### **Outcomes for Quality and Performance Review**

- AUKH has contributed to quality and performance review through our Chief Executive, Avani Modasia, attendance at HSAB meetings, HSAB away day in 2016.

### **Outcomes for Policies and Procedures/Governance:**

- HSAB Annual Report was presented to the Board and it was agreed to get some basic awareness training for Board Members. This has not been organised yet.

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

- Safeguarding is a standing agenda item at AUKH Board meetings which includes feedback from the HSAB Board.
- The annual HSAB report is tabled at the board meeting.

- Continue reviewing internal safeguarding reporting system for the organisation.

#### **AUKH priorities for 2017/18 are:-**

- As a result of incidents, continue working to introduce extensive volunteer safeguarding training with practical examples.
- Support the Council in promoting the event on scams on the 12th annual World Elder Abuse Awareness Day. Raise awareness about elder abuse at the event by having a stall on the day.
- Continue training staff and volunteers to spot risk/harm and take appropriate action,
- Continue raising awareness about safeguarding issues especially for vulnerable elderly and encourage more people to get help. Outcome same as above

#### **Personal Pledges made for 2016 2017**

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

#### **Other relevant information:**

Safeguarding is a standing agenda item in supervision with staff members.

Continue working with the Safeguarding Team to support clients specifically under the Care Act Advocacy.

.....

#### **Mind in Harrow**

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

#### **Outcomes for Prevention and Community Engagement:**

- Contributed to safeguarding prevention by offering support and information through our Care Act Information & Advice Service (SWiSH), in conjunction with Harrow Council Safeguarding Team and CNWL NHS Foundation Trust, to people with mental health needs who have reported to us that they may be at risk of abuse or mistreatment.
- Increased awareness of the risk of scams and how to avoid them through a presentation by the Safeguarding Adults Team to our mental health service user Forum in March 2017.

#### **Outcomes for Training and Workforce Development:**

- Increased our staff awareness of safeguarding procedures through implementation of our policy that all our new employees are required to undertake the Harrow Council introduction to safeguarding training course.

- Increased our volunteer and mental health service user representatives' awareness of safeguarding procedures through training delivered by the Harrow Safeguarding Team/Freelance trainer three times a year.
- Increased our staff awareness of Prevent programme through attendance at Harrow Council training or online training, resulting in one referral being made in May 2016.
- Increased Council awareness of the impact of their response to our Prevent referral through detailed case study feedback.

#### **Outcomes for Quality and Performance Review:**

- Increased awareness of mental health safeguarding issues from a voluntary sector perspective through our Chief Executive's attendance at Harrow Multi-Agency Safeguarding Adults Board meetings 2016-17, the Harrow LSAB away day in 2016.
- Contributed to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a 'Mystery Shopping' exercise with the Council's Access Harrow service and Personalisation teams which has resulted in learning reported to the Safeguarding Board.
- Increased awareness of the need for improved procedures for CNWL NHS Foundation Trust Single Point of Access service to respond to safeguarding concerns raised by the voluntary sector and improved communications by clarifying the procedures to raise a safeguarding concern with the Harrow CNWL NHS Foundation Trust service.

#### **Outcomes for Policies and Procedures/Governance:**

- Improved Child Protection Policy through our annual review.
- Improved our Safeguarding Adults at Risk Policy through annual review
- Increased our Board of Trustees awareness of current local safeguarding issues through our Chief Executive's update to the February 2017 meeting.
- Improved awareness of the need for a better coordinated multi-agency response to people experiencing mental health problems who are arrested and detained, including appropriate adult provision, through the Safeguarding Adults Board working group.

#### **Outcomes for joint work with the LSCB ("think family"):**

- Increased our staff awareness of safeguarding procedures by our policy that all new senior staff and casework staff are required to undertake Harrow Council introduction to safeguarding children training session.

#### **Priorities for 2017/2018:**

In addition to continuation of Mind in Harrow's actions and outcomes for 2016-17:

- Contribute to partner quality assurance through Mind in Harrow User Involvement Project coordinating with Harrow Safeguarding team to conduct a new 'Mystery Shopping' exercise 2017-18.
- Contribute to improved awareness of local needs through Mind in Harrow User Involvement Project facilitation of a mental health service user to Safeguarding Adults Board awayday 2017 and support follow-up actions.

.....

## HARROW Clinical Commissioning Group (CCG)

Harrow Clinical Commissioning Group (Harrow CCG) remains committed to including, consulting and listening to patients, carers and members of the public as well as other stakeholder to enable us understand the needs of our residents and service users and their preferred care.

As part of helping people get access to their right care, Harrow CCG engaged with members of the Gorkha, Somali and Middle Eastern communities and provided them with information on how to access the right NHS services and this gave them further insight into health care services available them.

The Right Care Programme initiative involved service users, Carers, Harrow Council, providers and clinicians getting together with the CCG at a number of workshops focused on developing patient centred approaches to dementia, MKS, cancer, respiratory disease, and dementia. This has been used to develop project proposals.

Together with the Patients Participation Network, the patients' voice has been developed through the Patient Participation Groups (PPGs).

Harrow CCG commissioned a patient App called Harrow Health Help Now. This App was created to increase the CCGs ability to communicate types of services available to Harrow residents to enable them get support for their health, safety and wellbeing needs. The App has services and support groups which are Health and Social care commissioned as well as the third-sector (voluntary). Information on FGM, domestic abuse and local mental health support groups/services are on the App.

The CCG contacted and engaged various groups before the App was released. They included the Local council, Harrow public and patient network, HASVO Somali Group, Mind UK, Harrow carers, Age UK, Schools, colleges, Interfaith group, universities.

Harrow Mencap was also contacted to get the opinion of adults with learning disabilities. One of the areas that they gave specific feedback was on the presentation of the App which has been implemented. Currently, over 14,000 people have downloaded the App of whom 13% are Harrow residents in the age range of 55-64 and 10% of the residents being in the age range of over 65 years.

Harrow CCG has also delivered the ability of sharing of clinical information and patient safeguarding status through Interoperability and Data sharing.

This now offers the opportunity to greater promote awareness of safeguarding status of the registered population in Harrow between General Practices, walking centres, community nursing, Northwick Park Hospital that is: the ambulatory care, Accident and Emergency department as well as the Rapid Response Unit.

Harrow CCG has also upgraded its commissioned service at the Urgent Care Centre (UCC) of Northwick Park Hospital. The IT department of the UCC has now got the ability to view the patients' GP records. This is of great help as it enables the clinician at the UCC to view past medical history which includes medications and allergies. The new model of Care includes an initial clinical assessment within twenty minutes of arrival (fifteen minutes for children and young adults), where necessary, the UCC will facilitate the re direction of patients to the most appropriate care setting. This includes the direct booking of appointments at Walk in Centres.

NHS111 can now notify the UCC directly of patients being referred in order to book appointments.

The UCC has also employed patient champions to provide health information, education to other services.

The UCC will now move to work on the EMIS platform, within a year to enable a full integration with GP practices for a two way data sharing to be enabled.

Changes were made to the Safeguarding Adults Structure within Harrow CCG. The Lead Nurse Safeguarding Adults now reports directly to the Chief Operating Officer of CCG, however the Lead Nurse for Safeguarding Adults still reports to the Director of Quality and Safety on a dotted line.

The Quality and Safety Team across Brent Harrow and Hillingdon have continued to work with providers to encourage an open and transparent culture. The main providers have shared their Quality Accounts with the CCGs to identify areas for improvement.

Dr. Lawrence Gould has also recruited as named G.P for Safeguarding Adults. Dr. Gould will be working with local stakeholders and represent Harrow CCG at strategic multi agency meetings, and present at relevant CCG committees and boards.

Within the last year, the Lead Nurse Safeguarding Adults CCG Harrow, has been working with the Safeguarding and Quality teams in the Local Authority, looking into provider concerns, and measures being implemented as well as monitoring action plans and sharing information to ensure safeguarding processes are being followed within provider organisations especially within the Care Homes in Harrow. This has led to various quality and safeguarding assurance visits to different Care Homes in Harrow with action plans being monitored to ensure the safety and wellbeing of Service Users in the Care Homes. The medicine's management team within Harrow CCG also contributed a lot with work at the Care Homes by ensuring safeguarding concerns with medicine management and other safeguarding concerns were shared with the CCG and the Local Authority Quality and Safeguarding team.

Harrow CCG is 100% compliant with Safeguarding Adult Training. This success is attributed to face to face training facilitated and delivered by the Lead Nurse Safeguarding Adults as well as Staff of the CCG having access to on line training.

Harrow CCG has also met its 85% trajectory set by NHSE for Prevent training.

The 2015/2016 Harrow Safeguarding Adults Board report was shared with the Governing Body of the Harrow CCG.

The Law Commission has published its final report and draft legislation for a new system to authorise care placements involving deprivation of liberty for service users who are deemed to lack capacity. The suggested Liberty Protection Safeguards (LPS) scheme is aiming to be less arduous than the Deprivation of Liberty Safeguards which currently applies to over 18year olds. Once this is implemented, the CCG Safeguarding Adult team will have regular meetings with Provider Organisation Safeguarding Adult Leads to ensure it is correctly embedded in their processes.

.....

## Central & North West London (CNWL) NHS Foundation Trust

### Outcomes for Prevention and Community Engagement:

2016/17 saw continued development of safeguarding processes across the Trust and an increasing awareness and understanding of safeguarding issues amongst Trust staff. This was evidenced by the comments from the CQC on their inspection reports. This is at a time of increased statutory requirements and challenges from partner agencies including the PREVENT agenda, the impact of increased DoLS applications and greater scrutiny over lessons learnt from incidents Trust-wide.

The priorities identified enable the already considerable achievements in safeguarding practice to be protected and further improved.

### Outcomes for Training and Workforce Development:

Initiatives this year have included:

- Sexual Safety (for patients and staff), especially within inpatient settings has been promoted and rolled out. Specific training sessions about 'Professional Boundaries' have been held at Northwick Park Hospital
- Specialists Practitioners spending time on Wards and with staff of CMHTs specifically discussing and enhancing their understanding of Mental Capacity, its assessment, and an accurate recording of this
- Successful reduction in the number of Restrictive Interventions undertaken by staff to patients. Most significantly a change of practice in the form of Restraint used. Staff are now being trained and consequently using the Supine form as opposed to the Prone (where the patient is held face down). This work aims to increase the safety to patients when the use of restraint is required. We have continued to meet our target in relation to training frontline staff about identifying adults at risk of becoming radicalised or harmed by exposure to Extremism, in accordance with the Home Office's PREVENT agenda

### Outcomes for Quality and Performance Review:

The number of Concerns raised for Harrow residents with Mental Health difficulties continued to increase this year. In total 353 were raised, of which 201 were followed by Further Enquiry.

### Outcomes for Policies and Procedures/Governance:

CNWL Borough Director for Harrow attends the LSAB. Safeguarding adult activity and themes are also discussed in the Strategic S75 Partnership Board which meets every other month.

The monthly Care Quality Meeting (CQM) is where safeguarding adult themes and trends glean from data generated by Concerns and Enquires are reported on and discussed. This then feeds into the overarching CNWL quarterly meeting, the Jameson Division Safeguarding Meeting and the HSAB. The CQM provides opportunity to triangulate safeguarding activity with serious incidents and complaints data for the service and share lessons learnt which are then disseminated through services.

The Trust has this past year revised its policies in regard to Sexual Safety on Wards and our response to reports of Domestic Abuse.

It was discovered that there were a variety of DoLS trackers being used in areas of the Trust to record DoLS activities, work to formulate and use a single form of Tracker has been consequently commenced.



### **Outcomes for joint work with the HSCB - “think whole family”:**

CNWL In-house domestic abuse training is still available via ‘Standing Together’, until March 2018. Over 38 teams have now received training across the Trust and there has been a recent focus on inpatient settings. Harrow services that have already received Domestic Abuse training;

- West CMHT; Psychiatric Liaison Team; and CAMHS

There is also a date scheduled for Inpatient Staff session at Northwick Park.

### **Priorities for 2017/2018:**

The following are ongoing priorities for the Trust:

- Increasing awareness of the MCA and DoLS amongst front-line staff:
- Improving data collection:
- Improving governance:
- Improving training provision:

Revise content of Safeguarding training provided by the Trust to ensure it is consistent with the requirements of the intercollegiate document and with the Care Act provisions. E-learning module will also be rewritten.

The identified priorities will be included in the annual work plan, which is owned by the Trust-wide Safeguarding Group. Progress against the action plan developed from the priorities will be overseen in the Trust quarterly Safeguarding Group meetings and managed through the monthly Safeguarding Adults and MCA Team (SAMCAT) meetings, with updates included in the regular safeguarding reports to the Board.

### **Progress made with personal pledges:**

CNWL fulfilled both pledges made of:

- 1) Advertising who the Learning Disability Champion for each Ward is.
- 2) Significantly increasing the level of Concerns reported.

.....

### **London North West Healthcare NHS Trust (LNWHT)**

London North West Healthcare NHS Trust (LNWHT) is one of the largest integrated care trusts in the country, bringing together hospital and community services across Brent, Ealing and Harrow. Established on 1 October 2014, the Trust employs more than 8,000 staff and serves a diverse population of approximately 850,000. London North West Healthcare NHS Trust is responsible for: Central Middlesex Hospital; Ealing Hospital; Northwick Park Hospital; St Mark’s Hospital; Community services across Brent, Ealing and Harrow, including Clayponds, Meadow House, The Denham Unit and Willesden Centre for Care; and Urgent Care Centres.

LNWHT has a well-established Safeguarding Adult’s team; the team leads on all aspects of Adult Safeguarding across the organisation. The team is responsible for training and development, responding to adult safeguarding concerns, liaising with local safeguarding adult and children teams and data collection and analysis. The team attends Safeguarding Adult Boards and works closely with local Safeguarding Adult partners.

2016 – 2017 brought an increase in safeguarding adult activity at the Trust. Adult safeguarding referrals increased by 25% on the previous year and there was a significant increase in Deprivation of Liberty (DoLS) referrals.

During 2016-17 LNWHT focused on further embedding a safeguarding culture across the 8000 strong workforce, a particular focus has been on PREVENT training which has resulted in the Trust being above the target set by the Home Office PREVENT training trajectory.

Key performance information for the Adults Safeguarding Service at London North West Healthcare NHS Trust is summarised below.

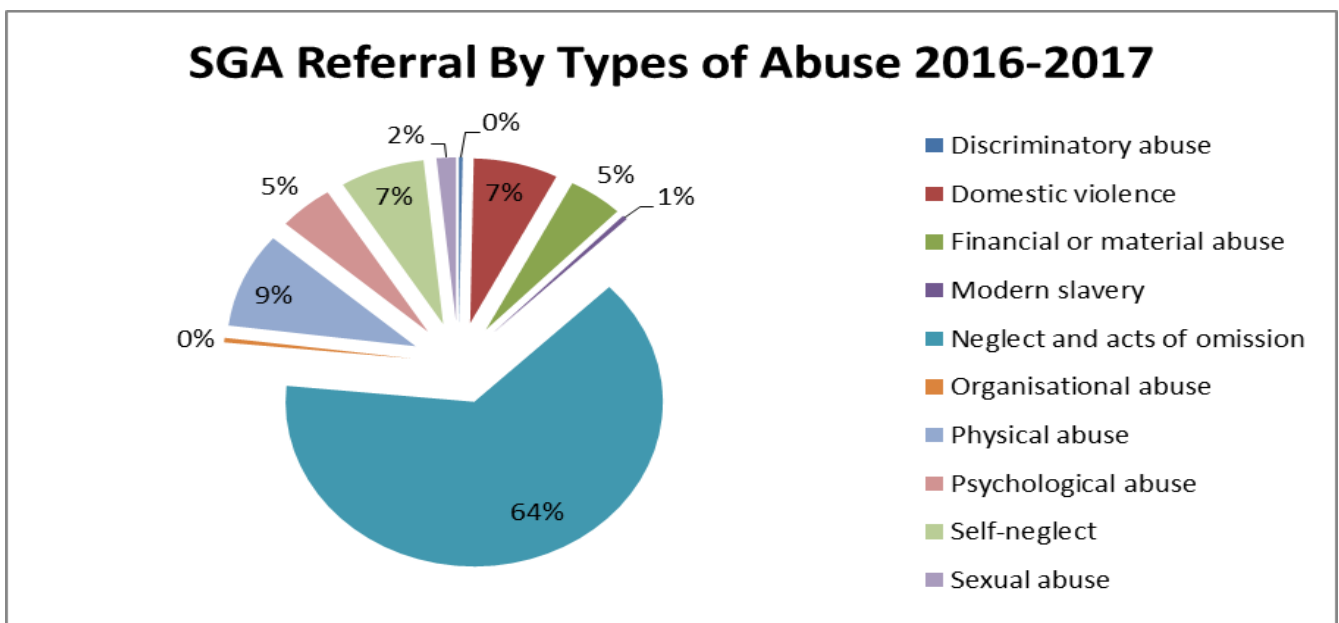
**Adult Safeguarding Alerts 2016/2017 (Brent, Ealing and Harrow):**

LNWHT Safeguarding Adult concerns, notified by staff, have increased by 25% during 2016/17, the increase demonstrates that a safeguarding culture exists at the Trust and that the focus on training has had a positive impact on staff awareness of their safeguarding responsibilities. The Safeguarding Adults Team monitors and analyse all concerns made at the Trust. The analysis helps the team spot trends in types of abuse and informs future development of staff training packages.

**Safeguarding Concerns**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
<b>Safeguarding Concerns 2015/2016</b>	90	109	128	143	<b>470</b>
<b>Safeguarding Concerns 2016/2017</b>	112	164	165	148	<b>589</b>

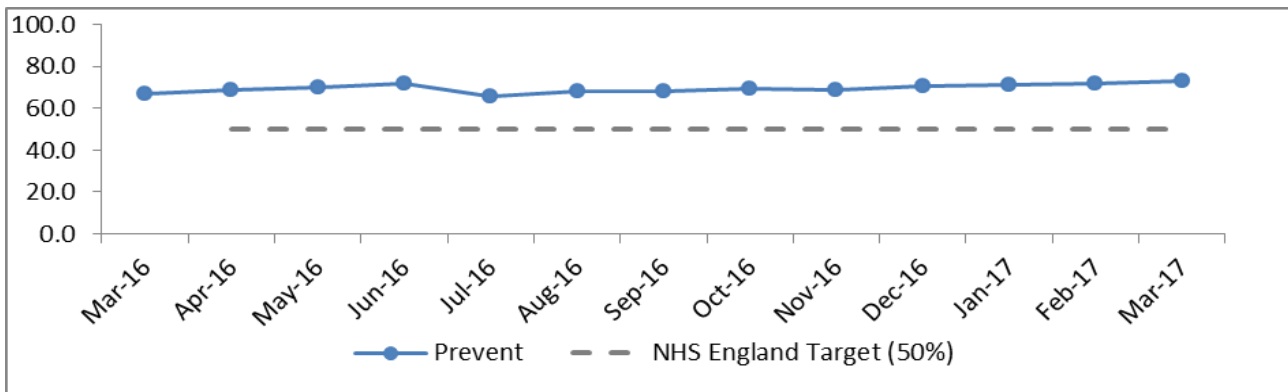
**Types of Abuse**



## Prevent Training

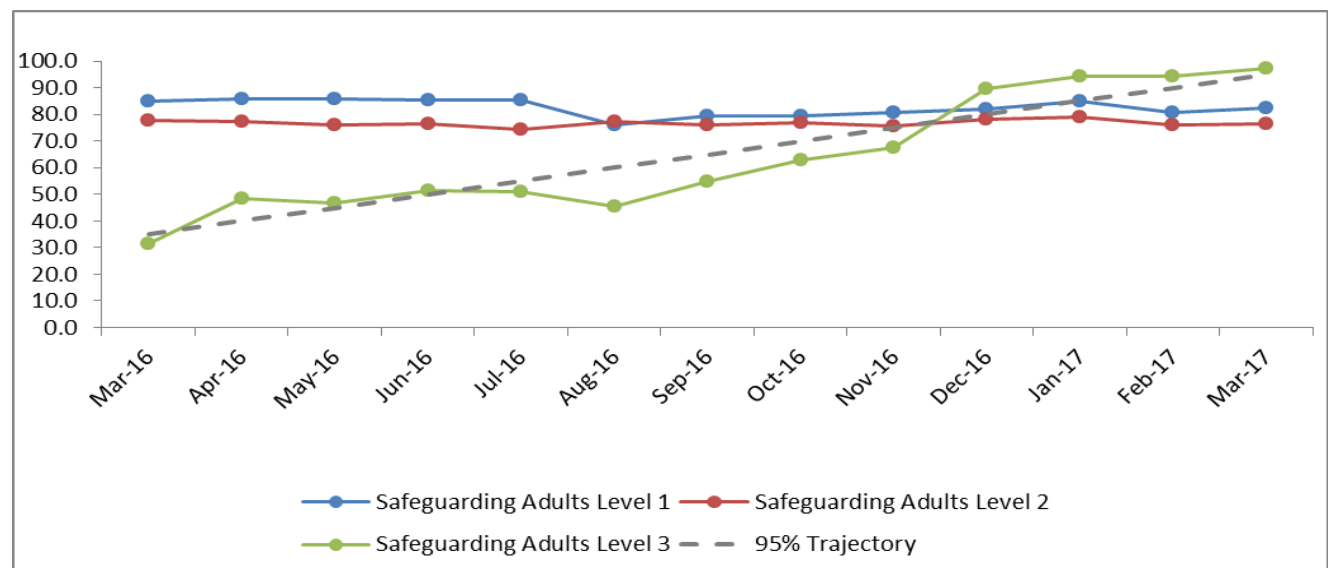
LNWHT is located across the London\_boroughs of Harrow, Ealing and Brent, these three boroughs are identified as PREVENT priority localities by the Home Office. In 2016/17 the Trust continued to prioritise PREVENT training for the workforce. The number of staff trained with the Workshop to Raise Awareness of Prevent (WRAP) training currently exceeds the target set by NHS England (50%).

The graph below demonstrates Trust performance against the target set by NHS England.



## Training and Development

The Trust provides its staff with a number of safeguarding related training courses. A variety of training methods are used to deliver the sessions, these include e-learning and face to face teaching sessions. In 2016/17 the Trust delivered training across all three required levels of safeguarding training. The Trust acknowledges that there is further work to do in respect to the workforce development and will continue to focus on adult safeguarding training in the year ahead. The graph below illustrates the Trust training performance for level 1, 2 and 3 training in 2016 / 2017.



In addition to its commitment to training and development and the increased safeguarding culture the Safeguarding Adults Team progressed a number of other work streams in the past year. Firstly domestic abuse awareness has been firmly incorporated into the training provided to Trust staff with two Independent Domestic Violence Advocates (IDVA's) employed in the Emergency Rooms at both Ealing and Northwick Park Hospitals. The IDVAs provide support to patients attending the hospital and act as a crucial resource for front line staff delivering care.

The Trust currently employs a Learning Disability Specialist Nurse. The nurse oversees the delivery of training and education to Trust staff, recently setting up and training a team of Learning Disability (LD) champions within the nursing workforce. The service provided by the LD nurse includes the assessment and support of patients with Learning Disabilities attending the Trust for care.

The adult safeguarding team have been involved in the Trust's commitment to improve care provided to patients with dementia. In the past year the team contributed to the development of a new patient pathway for patients suffering with confusion. Additionally the Trust has signed up to "John's Campaign" which enables relatives and carers of patients, who are suffering with dementia, greater access to the hospital outside of normal visiting hours.

In the past year the Trust reviewed its actions against the Kate Lampard recommendations; in particular focusing on the volunteer workforce. As a result of this review the volunteers have been properly vetted and screened with a bespoke induction program provided that includes a focus on Safeguarding.

In the last twelve months the governance of the adult safeguarding process at the hospital have been reviewed and improved upon. A monthly steering group provides professional oversight of the safeguarding process and an escalation report is produced that informs the Trust board of the progress made against the organisation's adult safeguarding responsibilities. A secure database has been introduced to track all safeguarding concerns made within the Trust, this also provides key data that supports the work of the team. All complaints and incidents are now reviewed and those containing safeguarding elements are identified and referred as appropriate.

The Trust has reviewed key safeguarding policies over the last year with new policies being agreed and introduced. An element of this work has resulted in the provision of supervision to staff involved in safeguarding cases. Eighteen key staff members are now trained as safeguarding supervisors with the intention of supporting frontline care staff in their safeguarding work.

The Trust remains committed to delivering its responsibilities detailed within the 2014 Care Act. The year ahead provides a number of new challenges that will be delivered by the team. The Trust will continue to work in partnership with local Safeguarding Adult Boards ensuring attendance and engagement at the quarterly board meetings. The priorities for the year ahead include the provision of new training levels to comply with the

intercollegiate training recommendations and working to embed adult safeguarding supervision as good practice across the organisation.

The Trust will review its current policies and practice in relation to modern slavery and ensure that there is increased staff awareness around this issue. The safeguarding adult's team will continue to raise the agenda of support for vulnerable adults throughout the organisation and continue to work closely with children's safeguarding to embed the Think Family approach into all that we do.

.....

### **Harrow Police**

Harrow Police are fully engaged with the strategic partnerships for safeguarding adults and children and are represented on the appropriate boards and executive groups. Merlins continue to be sent in to safeguarding teams for adults who come to Police notice, where officers perceive that they may be vulnerable.

There is a strong commitment to increasing prosecutions through improved awareness/coordination and to pursuing lines of response to fraud – to identify safeguarding needs.

.....

### **Harrow Council – Safeguarding Adults and DoLS Service**

Harrow Council's Safeguarding Adults and DoLS Service take the lead coordinating role for safeguarding vulnerable adults at risk from harm. This role is both in relation to multi-agency strategic development of the work as well as enquiries into individual cases of abuse and instances of institutional abuse. The Service also supports the HSAB arrangements; organises a range of public awareness campaigns; oversees the multi-agency training programme and runs briefing sessions. In 2016/2017 as with the previous year, the Safeguarding Adults and DoLS Service had a work programme which supported the overall objectives and priorities in the HSAB Business Plan and progress is monitored at a regular meetings. The work of the Service and any outcomes, including the numbers of referrals handled are covered in the body of this report.

## Appendix 2

**HSAB Membership (as at 31<sup>st</sup> March 2017)**

<b>HSAB Member</b>	<b>Organisation</b>
Kate Aston (from December 2016)	Central London Community Health Care NHS Trust
Christine-Asare-Bosompem	Harrow NHS Clinical Commissioning Group
Cllr Simon Brown	Elected Councillor (Portfolio Holder), Harrow Council
Karen Connell	Harrow Council Housing Department
Sarah Crouch	Public Health, Harrow Council
Jonathan Davies	London North West Healthcare NHS Trust (hospital services)
Julie-Anne Dowie	Royal National Orthopaedic Hospital NHS Trust
Andrew Faulkner	Brent and Harrow Trading Standards
Bernie Flaherty (Chair)	Adult Social Services, Harrow Council
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
Sherin Hart	Private sector care home provider representative
Vicki Hurst	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

Ray Keating (vice chair from March 2017)	Metropolitan Police – Harrow
Tanya Paxton	CNWL Mental Health NHS Foundation Trust
Deven Pillay	Harrow Mencap
Visva Sathasivam	Adult Social Care, Harrow Council
Chris Spencer	People Services, Harrow Council
Claire Whittle	Westminster Drug Project
<b>Officers supporting the work of the HSAB</b>	
Sue Spurlock	Safeguarding Adults and DoLS Services – Harrow Council
Seamus Doherty	Safeguarding Adults Co-ordinator - Harrow Council

## Appendix 3

## Harrow Safeguarding Adults Board

## Attendance Record 2016/2017

<b>Organisation</b>	<b>3.6.16</b>	<b>21.9.16</b>	<b>14.12.16</b>	<b>22.3.17</b>	<b>Total attended</b>
HSAB Chair	√	√	√	√	4
Brent and Harrow Trading Standards	X	X	√	√	2
Harrow Council - Housing Department	√	√	X	X	2
London Ambulance Service	X	X	X	X	0
London Fire Service	X	X	X	X	0
Westminster Drug Project	√	√	√	X	3
Harrow Council - Adult Social Services	√	√	√	√	4
Harrow Council - elected portfolio holder	√	√	√	√	4
Harrow Council - shadow portfolio holder	X	√	√	√	3
Harrow Council – Corporate Director People Services	√	√	√	X	3
Mind in Harrow	√	√	√	√	4
NHS Harrow (Harrow CCG)	√	√	√	X	3
Ealing Hospitals Trust (Harrow Provider Organisation) (CLCH NHS Trust from December 2016)	X	X	√	√	2



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

## Further information/contact details

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

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

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

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

If you are concerned about an adult with care/support needs that might be at risk of harm and want to make a referral for an older person or an adult with a disability, this can be done through Access Harrow on: 020 8901 2680  
([ahadultsservices@harrow.gov.uk](mailto:ahadultsservices@harrow.gov.uk))

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

([cnw-tr.mentalhealthsafeguardingharrow@nhs.net](mailto:cnw-tr.mentalhealthsafeguardingharrow@nhs.net))

Any enquiries about the Deprivation of Liberty Safeguards (DoLS) including requests for authorisations can be e-mailed to: [DOLS@harrow.gov.uk](mailto:DOLS@harrow.gov.uk)

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

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

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