Harrow Safeguarding Adults Board (HSAB)



Minutes of Meeting - Wednesday 14th December 2016

HSAB Members	Organisation	In attendance?
Florence Acquah (FA)	London North West Hospitals NHS Trust	Х
Samuel Abdullahi (SA)	Trading Standards (Brent and Harrow)	✓
Christine Asare-Bosompem (CA-B)	Harrow (NHS) Clinical Commissioning Group	✓
Kate Aston (KA)	Central London Community Health Care NHS Trust	✓
Cllr Simon Brown (Cllr B)	Elected Councillor (Portfolio Holder) – LBH	✓
Nicky Brownjohn (NB)	Harrow (NHS) Clinical Commissioning Group	Х
Karen Connell (KC)	Housing (Harrow Council)	Х
Sarah Crouch (SC)	Public Health	Х
Jonathan Davies (JD)	London North West Hospitals NHS Trust	Х
Martin Delaney (MD)	(Westminster Drug Project	✓
Julie-Ann Dowie (J-AD)	Royal National Orthopaedic Hospital	✓
Andrew Faulkner (AF)	Brent and Harrow Trading Standards	Х
Bernie Flaherty (BF)	HSAB Chair	✓
Mark Gillham (MG)	Mind in Harrow	√
Lawrence Gould (LG)	Harrow (NHS) CCG – GP representative	√

Garry Griffiths (GG)	Harrow (NHS) Clinical Commissioning Group (CCG)	✓
Emily Grist (EG)	London Ambulance Service	Χ
Dawn Hargadon (DH)	Metropolitan Police – Harrow	✓
Sherin Hart (SH)	Care Home provider representative	√
Mina Kakaiya (MK)	Healthwatch Harrow	✓
Ray Keating (RK)	Metropolitan Police – Harrow	X
Nigel Long (NL)	Harrow Association of Disability (HAD)	Х
Jules Lloyd (JL)	LFB	Х
Martin Machray (MM)	NHS England - North West London	Х
Coral McGookin (CMcG)	Harrow Safeguarding Children's Board (HSCB)	✓
Avani Modasia (AM)	Age UK Harrow	✓
Cllr Chris Mote (Cllr M)	Elected Councillor (Shadow Portfolio Holder) – LBH	✓
Tanya Paxton (TP)	CNWL	✓
Deven Pillay (DP)	Harrow Mencap	✓
Visva Sathasivam (VS)	Adult Social Care, LBH	✓
Chris Spencer (CS)	Corporate Director People Services, LBH	✓
Claire Whittle (CW)	Westminster Drug Project (WDP)	Х
Officers supporting the Board		
Sue Spurlock (SS)	LBH - Safeguarding Adults and DoLS Service	✓
Seamus Doherty (SD)	LBH - Safeguarding Adults and DoLS Service	✓

1. Welcome/Introductions/Apologies

BF welcomed all HSAB members - introductions and apologies were made. New members were welcomed to their first meeting.

2. Minutes of Last Meeting and Matters Arising (not covered on the agenda)

The minutes of the previous meeting held on 21st September 2016 were agreed.

Matters arising:

Vulnerable people in custody – update from the task and finish group

SD, MG and the Police representative will get this project back on track in the early new year and report to the next HSAB meeting

Mr M – update on the LBH learning lessons events

Vis updated the meeting. He reminded Board members about the context of the case and as reported at the September meeting a "learning lessons" event was held for Council staff on 5th December and 23 workers/managers from across all relevant Teams attended. The main action points had been disseminated to relevant staff fro implementation.

TP confirmed that CNWL is completing an internal review which will also highlight lessons.

There was general discussion about the process used in this case and BF reminded members that it started in the middle of the new SAR process being agreed so the approach in any future cases would follow that agreed pathway. She confirmed that the new vice Chair of the HSAB would chair the SAR subgroup as and when needed. The actions agreed were:

- a. VS will feedback as to progress on the actions at a future meeting
- b. VS and TP will discuss how best to ensure joint learning is shared across the two services, once the CNWL review is concluded
- c. CMcG to consider presentation about lessons learned at a relevant sub-group of the HSCB as there could be transferable issues
- GP representative for the HSAB

LG was welcomed back to the HSAB as the GP representative.

 Police information sharing agreement update (item deferred from December 2015, March 2016 and September 2016 HSAB meetings)

DH committed to this being finalised by the next HSAB meeting.

DH

VS

VS/TP

CMcG

3.	HSAB Development	
3.1	Learning from the Domestic Homicide Review (DHR)	
	TP introduced this item. There were findings and recommendations for the whole system from this DHR i.e. all the agencies involved, however given the delays in the report being published, much has already been done – MARAC is stronger and there has been widespread DV training. CMcG said that quite a few recommendations are no longer relevant given the time since the incident occurred	
	BF asked about ownership of the overall action plan and it was clarified that this sat with the Safer Harrow Partnership.	
	Action: TP to liaise with the Safer Harrow Partnership and follow up on actions/learning lessons	ТР
4.	Training and Workforce Development	
4.1	Training focus for 2017/18	
	SS presented this item. The multi-agency training programme will be refreshed again from April next year, so there is an opportunity for the HSAB to put forward suggestions for inclusion. The main topics discussed included community safety; self-neglect and hoarding. CMcG confirmed that the HSCB also has an issue with getting numbers of relevant staff on to its courses. Length, style and location of training may need to be considered.	
	DH offered slots on the Police training days which was warmly received by the HSAB. Action: SD to contact DH about taking up this offer	SD
5.	Prevention & Community Involvement	
5.1	Best Practice Forum on Community Safety (update)	
	The date is now set for this event and publicity is already underway. More information will follow and any members/organisations that would like to be involved can contact SD	All
6.	Quality/Performance Review	
6.1 Performance report quarter 2 – 2016/2017		
	SS introduced the report which had been sent out with the agenda in advance. The statistics at the end of September 2016 showed another growth in concerns compared to the same period last year. There were 2 main areas for the HSAB to note:	

There were only 2 concerns this quarter in acute NHS settings. Linked to the recent month on month reduction of referrals from secondary health care staff this may be an issue for the HSAB to look into more closely – to reassure itself that staff are aware of the full range of safeguarding adults' concerns and how to report them. However it was recognised that many safeguarding concerns arising on the hospital site are likely to be referred to Brent. GG offered to obtain the statistics specifically for Harrow patients.

GG

There are very high percentages of outcomes (both for victims and alleged perpetrators) not being known or recorded at the conclusion of the enquiries. In this context it is difficult for the Board to be reassured that victims' expressed outcomes have been achieved and relevant Board members agreed that a piece of work to try and improve the recording practices of staff undertaking safeguarding enquiries would be helpful.

VS/TP

The rise in mental health statistics was again noted as very positive and MG believed that the HSAB's focus on this area had been a large factor in the improvements. He was still concerned about the Single Point of Access (SPA) in CNWL, particularly in relation to raising concerns about in-patient services. TP confirmed that the North West London commissioners have started a review of the SPA and that MIND has been asked to get involved.

It had not been possible this quarter to provide the additional "deep dive" statistics as the data had arrived too late. However SS confirmed that she had put a commitment to providing this at every HSAB meeting in the new Strategic Plan.

6.2 Mystery Shopping task and finish group - progress report

SD and MG provided some feedback on the recent exercise with local "front door" services. The difficulty of a obtaining a useful outcome without being able to give a name and address was discussed at length. It was agreed that in future it might be possible to involve a user who is prepared to give their name/address, so that a possible safeguarding scenario can be discussed with staff beyond first contact.

7. Policies and Procedures/Governance

7.1 HSAB Strategic Plan 2017/2020 - next steps

SS introduced this item and gave a brief update. Research around the country suggests that most Boards are developing 5 year plans to avoid the need for too many re-writes. This is in the context of the Care Act requirement for annual updates as well as a stand-alone Annual Report.

SS hopes to send out a first draft of the refreshed plan over the Christmas and New Year period and it was agreed that in the first instance the draft is circulated to Board members who will identify the best person to respond.

SS

8. Partnership Working

8.1 Feedback from the Harrow Safeguarding Children's Board (standing item)

HSCB annual report 2015/16:

CMcG reported that there is a statutory requirement to present the HSCB Annual Report to Health and Wellbeing Board, and best practice to bring it to the HSAB. This was a reciprocal arrangement with the HSAB equivalent report having recently been discussed at the HSCB.

CMcG covered the key points from the report which can be found at the following link: http://www.harrowlscb.co.uk/wp-content/uploads/2015/06/HSCB-Annual-Report-2015-16.pdf

New HSCB Chair

The new chair is Chris Miller who has a Police background. He is also the chair of both the Barnet Boards and is committed to joint working across the two statutory Safeguarding Boards.

Joint HSAB/HSCB conference – February 2017

The theme is "DV – a journey through life" and is being held at the Harrow Arts centre on 2^{nd} February 2017. Publicity is underway.

8.2 Updates from Member Organisations

Harrow Mencap

There are many changes underway in health and social care with opportunities for doing things differently and Harrow Mencap is keen to be involved.

CNWL

There is now a specific single point of access for safeguarding children with better links to MASH being developed. CNWL is also more involved with the "troubled families" agenda.

Harrow and Brent Trading Standards

SA reported that there is a new Banking protocol aimed at older people who may be vulnerable to scams e.g. trying to draw large amounts of money to pay bogus builders. Harrow and Brent Trading Standards have signed up to the protocol which is currently being piloted in 3 boroughs. SD expressed a wish to be involved e.g. with training for Banks when possible

Harrow NHS Clinical Commissioning Group (CCG)

Positive joint work underway with the Safeguarding Quality Assurance Team at the Council and with the Safer Harrow partnership.

100% of CCG staff have attended safeguarding adults training and CA-B will send SD the numbers to include in the HSAB training statistics.

CA-B

The CCG has launched a new app called "Health Help Now" so that patients can undertake more self-help and reduce pressure on both primary and secondary care.

MIND in Harrow

Involved with increasing the mental health focus for the "Health Help Now" app e.g. linking with the MIND directory.

Councillor M

Very positive personal feedback given to the Board about both the Police and local NHS services.

Age UK Harrow

Also involved in the "Health Help Now" development. The organisation has some new Board members so AM will contact SD for a training session.

RNOH

JA-D reported that awareness raising is still underway with a "whole family" approach. There are some challenges with roles and responsibilities in the safeguarding team, so an independent review has been commissioned.

Westminster Drug Project (WDP)

Update given on contract changes; mandatory safeguarding training (e.g. impact of substance misuse on families); attendance at MARAC and user involvement.

HSCB

See item 8.1 above.

Private Sector Representative

SH reported that the care homes are very busy in the run up to Christmas/New Year. They are using learning from safeguarding cases as part of their audit process.

Metropolitan Police

DH reported that in future there will be Basic Crime Units rather than borough based services. The Protecting Vulnerable People (PVP) Command will cover CSE; Jigsaw; CAIT; Sapphire and safeguarding children and vulnerable adults work. The base for the Unit is not yet known.

AM

Healthwatch

Undertaking a GP access review which will report its findings to Scrutiny Committee.

CLCH

CLCH is the new NHS provider for local district nursing services. They are ensuring that all mandatory training is done and have introduced a new pressure ulcer protocol. More feedback on its use will be provided at the next meeting.

Adult Social Care

BF suggested that the HSAB should discuss financial pressures and any resulting risks at its next meeting. SS to agenda

DP suggested looking at some case studies as a way of informing the debate and offered to produce some for use at the next HSAB meeting.

HSAB Chair

BF thanked the Board and reflected on a positive year with lots of work achieved e.g. a significant rise in mental health concerns and achieving the silver level in Making Safeguarding Personal. Better attendance at meetings has definitely been a factor in the good work being carried out. Also the "whole family" approach is stronger than it had been a year ago which is extremely positive. She thanked all Board members for their hard work and commitment throughout 2016 and wished everyone a happy Christmas.

9. AOB (urgent items only)

None



in partnership with:











SS

DP







