REPORT TO: Health Policy & Performance Board

DATE: 7 June 2011

REPORTING OFFICER: Strategic Director, Communities

SUBJECT: Safeguarding Adults

WARDS: All

1.0 **PURPOSE OF REPORT**

1.1 To update the Board on key issues and progression of the agenda for Safeguarding Vulnerable Adults.

2.0 **RECOMMENDATION**:

i) That the Board notes the contents of the report.

3.0 **SUPPORTING INFORMATION**

- 3.1 Halton **LINk** held an **informal 'drop-in' event**/coffee morning in February 2011 to mark **Dignity Action Day**. The aims were to offer LINk's support to the local and national Dignity in Care campaign, raise awareness of the importance of Dignity in Care and what's taking place locally, remind society that the dignity of those in their community is not the sole responsibility of health or social care staff- everyone has a role to play, remind the public that staff have a right to be treated with dignity and respect too, and hear about people's experiences of local health and social care services over the past 12 months.
- 3.2 On the 15th February 2011, a shocking report from the **Health Service**Ombudsman, Ann Abraham, was published called "Care and Compassion" www.ombudsman.org.uk

The report stated that the NHS is failing to treat older people with care, compassion, dignity and respect and highlighted ten investigations from complaints made about the standards of care provided to older people by NHS Hospital Trusts and GP practices. These cases involved people aged 65 and over all of whom suffered indignity, unnecessary pain, distress, poor care, medication management and discharge planning arrangements. The investigations revealed personal and institutional attitudes which failed to recognise people's humanity and individuality alongside care/treatment which lacked sensitivity, compassion and professionalism.

The report was brought recently to Halton's Safeguarding Adults Board, where a decision was taken to develop and monitor a local action plan

that will pick up learning from this report and from the 'Six Lives' report which was published in March 2009 and investigated the deaths of six people with learning disabilities, highlighted in the report by MENCAP in 2007 called 'Death by Indifference', which in turn raised concerns about the care given six individuals with learning disabilities.

- 3.3 A report of a Serious Untoward Incident that occurred in 2010 was brought to the Board recently. The SUI review undertaken by NHS Halton and St Helens looked at contributory factors (including underlying medical conditions) and found unsatisfactory practices in a number of areas. The Board's Chair has written to St Helens and Knowsley Teaching Hospitals NHS Trust, requesting the matter also be investigated by the Trust.
- 3.3 All NHS Trusts that interface with Halton have agreed to **report Serious Untoward Incidents** involving a Safeguarding element to the SAB

One SUI has been reported to the Board, which will **monitor progress** on actions to prevent recurrence of the issues it raised

Work is being undertaken to improve arrangements for patients pathway through health provision locally.

- 3.4 **Recent reports on service deficiencies** occurring in other localities, along with the Munro Report identifying problems within child protection have been considered for any **learning** that could benefit Halton's Safeguarding Adults services:
- 3.5 Halton's draft **Hate Crime Strategy and Action Plan** has been reviewed to ensure vulnerable adults content.
- 3.6 **Brief training** has been provided for providers of **Homelessness** services and a **Basic Awareness Briefing** provided for **Custody Visitors** (who conduct visits in either Halton, Warrington, Cheshire East or West Cheshire), and marketing materials and practice guidance distributed.
- 3.7 The **2011-12 training programme** has been agreed

The E-Learning course will constitute our Basic Awareness training course, but the recent decision not to directly provide Basic Awareness course will be reviewed later in the year [2011-12] against take up of the E-Learning course.

3.8 A pilot is about to begin, with the aim of gathering **learning from people** (service users and carers) who have experienced the local multiagency safeguarding adults service.

3.9 Adult Social Care Reform – Law Commission Review

The government has signalled the biggest reform of adult care law in 60 years after a three-year review proposed sweeping changes to adult safeguarding and carers' rights, and the extension of direct payments to residential care.

Among the commission's recommendations are:

- A set of statutory principles setting out the purpose of adult social care.
- The introduction of direct payments for residential care.
- A statutory basis for adult safeguarding boards
- A duty on councils to investigate adult safeguarding cases.
- A duty on councils to assess carers without them having to request an assessment.
- A duty on councils to produce a care and support plan for all eligible users and carers, including self-funders.
- Separate care laws for England and Wales.

This signals a significant step in moving us closer to a clearer and more coherent framework for adult social care.

The Government has published a 'Statement of Government Policy on Adult Safeguarding', which outlined:

- Government Policy
- Principles
- Suggested outcomes
- Links to other statements on adult social care, and Key Milestones, including:
 - response to the review of 'No Secrets'
 - research commissioned by the Department of Health
 - Law Commission report on the law on Adult Social Care (11 May 2011)
 - 'A vision for adult social care: Capable communities and active citizens' (November 2010)
 - the Police Reform and Social Responsibility Bill
 - Report of the Independent Commission on the Funding of Care and Support July 2011
 - White Paper on social care reform December 2011
- 3.11 The government halted the registration of workers and volunteers with children and vulnerable adults to the **vetting and barring scheme** due

to commence on 26 July 2010, saying that the programme can be 'remodelled to proportionate and common sense levels'. Existing requirements for Criminal Record Bureau checks remained in place and the Independent Safeguarding Authority continued to operate lists of barring decisions, pending a full review of the vetting & barring arrangements.

4.0 POLICY, LEGAL AND FINANCIAL IMPLICATIONS

- 4.1 There are no policy, legal or financial implications in noting and commenting on this report.
- 4.2 All agencies retain their separate statutory responsibilities in respect of safeguarding adults, whilst Halton Borough Council's Adult and Community Directorate has responsibility for coordination of the arrangements, in accordance with 'No Secrets' (DH 2000) national policy guidance and Local Authority Circular (2000) 7/Health Service Circular 2000/007.

5.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

5.1 **Children & Young People in Halton**

Safeguarding Adults Board membership includes:

- The Chair of the Local Safeguarding Children Board and
- Divisional Manager for the Children's Safeguarding Unit in the Children and Young People's Directorate.

Halton Safeguarding Children Board membership includes adult social care representatives.

Joint protocols exist between Council services for adults and children.

The HSAB chair, sub-group chairs and lead officers for related services meet regularly and will ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

5.2 **Employment, Learning & Skills in Halton**

None identified.

5.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill-health.

5.4 **A Safer Halton**

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for vulnerable adults.

5.5 Halton's Urban Renewal

None identified.

6.0 **RISK ANALYSIS**

6.1 Failure to address a range of Safeguarding Adults issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

7.0 **EQUALITY AND DIVERSITY ISSUES**

7.1 It is essential that the Council addresses equality issues, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans.