

REPORT FOR HEALTH AND ADULT SOCIAL SERVICES SELECT COMMITTEE

23RD NOVEMBER 2006.

NATIONAL AND LOCAL DEVELOPMENTS ON THE PROTECTION OF VULNERABLE ADULTS

PURPOSE OF REPORT

1. To update Health and Adult Social Services Select Committee on some local and national issues relating to Adult Protection

BACKGROUND

Local Issues

The Procedures

2. The Adult Protection Co-ordinator has been in post for three years. The Adult Protection Committee was set up in February 2004. The 'Safeguard and Protect' Policy and Procedures were published in late 2004.
3. Many staff in DACHS and other organisations have commented that the 'Safeguard and Protect' Policy and Procedures are not well-understood by front-line staff. Staff are sometimes unclear about what to do when they recognise signs of abuse. The responsibilities of different individuals, especially managers, are not clear within the existing procedures. It is also not clear from the existing Procedures how Managers should distinguish between more and less serious cases. Compliance with the Procedures is variable, partly because of pressure of work and conflicting priorities. Timescales for investigations are not always followed, particularly where a Police investigation is being undertaken.
4. The Procedures have now been re-written and the final draft will be ready for printing by the end of October, with a formal launch planned for early January.
5. The new Procedures make explicit the responsibilities of managers in relation to:
 - Arrangements for screening referrals

- Decision-making pre- and post- investigation
 - Timescales for commencing investigations
 - Recording of decisions
6. There is now more clarity about when to hold a strategy meeting or an Adult Protection Conference, and about who should attend and who should chair – in particular, the criteria for an independent chair have been clarified. These criteria and a standard format for Conference agendas and minutes are included in the new Procedures.

Data

7. The SWIFT Adult Protection module was implemented in October 2005 and data collection is slowly improving. A monthly report is now being produced on referrals, but we are not yet confident that all referrals are being captured and the data probably understates the amount of work, which is being done on adult protection.

Training

8. There has been some progress with training. About 60% of the managers in DACHS have been trained, and courses are being arranged for the remainder. A more advanced course for practitioners undertaking investigations is being run this autumn.
9. Several staff have completed a 'train-the-trainers' course, and will roll out the training to 800 front-line staff during 2006-07. We do need to recruit more trainers from Health and the Police as well as DACHS.

Audit

10. An audit of a cross-section of Learning Disability cases against compliance with the existing Procedures has been undertaken by the Co-ordinator.

National Issues

11. There are a number of national developments, which will have an impact on Adult Protection policy and practice in Dudley.

The White Paper – Our Health, Our Care, Our Say

12. The White Paper contains few direct references to Safeguarding Adults, but will entail significant changes in the way Social Care services are delivered, giving more control to the client.

Safeguarding Adults – National Framework of Standards

13. This document published by ADSS in October 2005 comprises eleven sets of good practice standards, which can be used as an audit tool.

An audit of the Adult Protection system in Dudley is going to be carried out against some of these standards, including promotion, public information, partnership and service user involvement

POVA

14. The Department of Health has funded a new publication produced by the Social Care Institute for Excellence, providing a good practice guide for making referrals to the Protection of Vulnerable Adults List. This will help to give employers better information about when and who to refer to the PoVA List. It will lead to better referrals which, importantly, will increase the protection of vulnerable people by removing those who are clearly unsuitable to work in regulated social care.
15. Where an employer needs to recruit a new member of staff quickly they can request a POVA First check. This enables employers to check prospective employees against the POVA list without having to wait for the full Disclosure. POVA First checks take about a week. The POVA First check will either, confirm the applicant is NOT on the list and can start work, or advise the employer to await the full Disclosure. The Government proposes to charge for POVA First checks.

Commission for Social Care Inspection (CSCI)

16. CSCI need to be engaged with adult protection so that they can consider information about breaches of regulations and standards that emerge from the allegation or investigation and consider the need to take enforcement action to secure the safety and well being of the people who use services. Sometimes the level of risk to people who use services may mean that CSCI has to take regulatory action in parallel with the investigation being undertaken by the police or social services.
17. CSCI is developing a new national safeguarding adults protocol with the ADSS, ACPO and the Healthcare Commission.

Cornwall Investigation

18. A report on the CSCI/Health Care Commission investigation into the care of people with a learning disability in Cornwall was published in July 2006.

The Report concluded as follows:

Partnership

19. Relationships between the Council and the PCT were characterised by years of wrangling and stagnation, which had prevented transfer of services to the Council. The Council had little involvement with services provided by the Trust. Commissioning and performance management by the PCT, the Council and the SHA were inadequate.

Where people lived

20. People with a learning disability had no choice about where they lived and who they lived with. Families were not involved in their care plans. Some residents did not have a tenancy agreement. The financial arrangements were not clear – some tenants paid too much.
21. People were 'looked after' rather than encouraged to be independent e.g. go to college; make new friends.
22. Most of the supported houses were owned by a single organisation. CSCI thought most of these houses should have been registered as care homes

Staff

23. The report comments on lack of leadership and concerns about management style. Most support workers were unqualified. They worked long hours and were burnt out. There was no supervision or appraisal. Poorly performing staff were moved into these units and other staff were moved following concerns rather than disciplined. Staff rarely visited other organisations so had no experience of better services elsewhere.

Abuse

24. The Assessment and Treatment Centres in the Cornwall NHS trust were described in the report as 'holding compounds'. Living conditions in the hospital were poor.
25. Many people had been abused for years. The quality of care was sometimes neglectful. Some patients had no personal belongings and enjoyed no purposeful activities.
26. There were examples of extreme violence between residents and restraint and medication were used too much.

Complaints

27. Complaints were not taken seriously. The Trust failed to address many of the 40 referrals made by the investigation team. Adult protection systems failed; the Police were not involved. Senior managers in the NHS and the Council Trust failed to see that services were bad.

28. The Council had not carried out assessments on any of the people using the Trust's LD Service.
29. Families were not told the details of what had happened or the result of the investigation.
30. Most people did not have access to advocacy services; most staff did not know about these services
31. This report is very important. The Government is going to audit services in other parts of the country to make sure that the problems in Cornwall are not happening in other places.
32. The Act will be implemented in April 2007. A Steering Group has been set up which includes representation from the PCT. Briefings have taken place for DACHS managers during September. A basic guide to the Act has been produced for DACHS staff – a copy is attached at Appendix A. Staff training will take place between November and March.
33. The Act also includes three further key provisions to protect vulnerable people
 - a. Independent Mental Capacity Advocate (IMCA). An IMCA is someone appointed to support a person who lacks capacity but has no one to speak for them. The IMCA makes representations about the person's wishes, feelings, beliefs and values and can challenge the decision-maker on behalf of the person lacking capacity if necessary.
 - b. Advance decisions to refuse treatment. Statutory rules with clear safeguards confirm that people may make a decision in advance to refuse treatment if they should lose capacity in the future.
 - c. The Act introduces a new criminal offence of ill treatment or neglect of a person who lacks capacity.

FINANCE

34. The Department of Health is providing a sum of £42,000 to enable Dudley to set up the IMCA Service.

LAW

35. The main legislation governing this project is contained in sections 21, 26 and 29 of the National Assistance Act 1948.

EQUALITY

36. The new Safeguard and Protect Policy and Procedures are consistent with the Equal Opportunities policy of the Council.

PROPOSALS

37. Select Committee is asked to consider and comment on this report.

A handwritten signature in black ink that reads "Linda Sanders". The signature is written in a cursive style with a large initial 'L'.

Linda Sanders
Director – Adult, Community and Housing Services