

**Minutes of the Health and Adult Social Care Scrutiny Board**

**18<sup>th</sup> November, 2019 at 5.30pm  
at Sandwell Council House, Oldbury**

**Present:** Councillor E M Giles (Chair);  
Councillor Piper (Vice-Chair);  
Councillors Hartwell, Kauser, Phillips and Tranter.

**Apologies:** Councillors Carmichael, Costigan, Hackett, Jarvis  
and R Jones.

**In Attendance:** Lisa McNally, Director of Public Health;  
Deb Ward, Safeguarding Adults Manager;  
Michelle Carolan, Chief Officer for Quality CCG;  
Karen Emms, Service Manager (Social Work and  
Reablement);  
John Taylor, Chair, Healthwatch Sandwell;  
Dave Bradshaw, Healthwatch Sandwell.

20/19 **Minutes**

**Resolved** that the minutes of the meeting held on 7<sup>th</sup> October 2019 be approved as a correct record.

21/19 **Sandwell Safeguarding Adults Board Annual Report**

The Board received the Sandwell Safeguarding Adults (SSAB) Annual Report and a presentation from the SSAB Manager. The requirement to provide an annual report was a statutory duty and the presentation highlighted the main messages.

The following comments and responses to questions from the Board were noted: -

- the Care Act defines a person in need of safeguarding as an adult with care and support need;
- work was ongoing with partners around the understanding of safeguarding thresholds. The Board was concerned that having

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75% of people feeling safe indicated that 25% did not feel safe. The Council was working positively with them to make a difference to the 25%, looking at safeguarding in different ways to review and update policy and practices, undertake training and identify lead people;

- there had been increased awareness of abuse in Sandwell and this had led to an increase in numbers of reported abuse. The Board requested figures be forwarded to Members for information;
- the Chief Officer for Quality CCG thanked the SSAB Manager for the support given in relation to safeguarding adults. She advised that work was being done to ask relevant questions earlier, to respond earlier, to have earlier intervention and not let matters reach a critical stage. She advised that a designated person would be attending GP surgeries, liaising with relevant services, supporting them in safeguarding matters and creating lots of safe spaces and a support network;
- themes and priorities had been agreed and each of the four Statutory Boards had agreed to lead on an identified work stream within the Prevention of Violence and Exploitation (POVE) umbrella;
- three sub-groups worked to help people to better live their lives:
  - Quality and Excellence
  - Protection
  - Prevention
- it was confirmed that there was provision for male victims of domestic violence (DV) in Sandwell, there was a voluntary sector victims programme, that supported male victims. The Board requested it be advised who commissioned the service;
- the Board was advised that the highest incidents of adult abuse related to neglect and acts of omission, mainly relating to incidents in their own home. The highest level of incidents occurred against young males, violence against women was an issue later on. The Board was advised that most referrals were made by members of the community;
- The Board noted that physical abuse was the main form of abuse against young males and that there were many types of abuse physical, financial, neglect, modern day slavery, etc. The Board requested further information about the types and frequency of abuse in Sandwell;
- it was confirmed that Care Quality Commissioner (CQC) regulated and inspected care homes;
- the Board was advised that the Protection Sub Group (PSG) reviewed policies and procedures locally and regionally, the

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SSAB Board Manager and PSG Lead attended the West Midlands Editorial Group to develop and review key policies and the West Midlands policies and procedures were also informed by ADASS group; the ADASS group in turn informed national direction and practice. In addition, there was also learning from SAR action plans in Sandwell to inform practice and policy development.

The Board noted the following comments in response to further questions:

- the referrals made by members of the community came via the Council. Members highlighted the need for people to report their concerns;
- the focus of the safeguarding campaign was to tell people what a concern looked like and what to do about it, raising awareness about safeguarding and training opportunities;
- information would be available in public places, libraries and Public Health would aid the campaign to help get messages out about safeguarding through a number of mechanisms;
- Healthwatch raised a concern that there was not much evidence or information in the Annual report about what had been achieved to respond to the public voice. The SSAB Manager advised that the Annual report was retrospective and that next year it would present what action had been taken and the consequences;
- the Board highlighted that front-line staff and carers were often the greatest asset to observe and to raise the concerns and the service users voice;
- the Director of Public Health highlighted that advice for young males and the way this was provided was potentially a gap in provision. This was something the Council would be interested in looking into with the SSAB Manager to consider awareness of provision for males in domestic violence, including same gender relationships;
- the Board welcomed the increase in safeguarding referrals and thanked the SSAB Manager for her hard work;
- the Board noted that the greatest vulnerability of adults was abuse in their own homes, neglect, and vulnerable young men who may be exposed to abuse and isolation. Members requested a report to highlight the types of abuse and more detail on financial abuse statistics in Sandwell;

The Chair thanked the SSAB Manager and Director of Public Health

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for the Annual report and Chief Officer for Quality CCG and officers for their responses to questions. She summarised the requests for further information.

### Resolved:

(1) to request the Sandwell Safeguarding Adults Board Manager and Director of Public Health to provide further information to Health and Adult Social Care Scrutiny Board relating to the following requests and enquiries:

- Provide statistics and trend data for the number of domestic abuse reported in Sandwell, is this an increasing trend?
- Provide information relating to male victims of domestic abuse, including who commissions the service and who provides the service in the third sector, what is the victims programme?
- Confirm what are the types of abuse (physical, financial etc) and what percentage of abuse is financial abuse?
- Make a recommendation for safeguarding awareness training as part of the campaign to raise awareness. For Members to learn to recognise and understand more about referrals, how to recognise a concern and what to do about it.
- Make a request for information to clarify how Healthwatch and Voluntary sector are working on services for male victims of abuse.
- Make a request for information about the Community Care Partnership and how the CCG was working with adult safety.

22/19

### **Deprivation of Liberty Safeguards (DOLS) mental capacity**

The Board received a report and presentation from the Service Manager, Social Work and Reablement, to illustrate the changes in the law and how this related to the operating model and practice in Sandwell.

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The Board noted that the Mental Capacity Law was changing and that the current scheme Deprivation of Liberty Safeguards (DoLS) would cease. The new scheme called Liberty Protection Safeguards (LPS) received royal assent on 17<sup>th</sup> May 2019 and had an implementation date of 1<sup>st</sup> October 2020. The Board noted that the Council would still consider 'Best Interest' but one of the biggest changes was that the Council would no longer need to take to court and the responsible body would be able to make decisions.

The Board noted that the Government had changed the age range for deprivation of Liberty from aged 18 to enabling care or treatment of a person, to age 16+, and that there would have to be work carried out with Children's Services to ensure pathways for 16-18 year olds.

The restrictions placed would affect all settings, including home, and it would include all people regardless of where they were residing at the current time. The level of restraint covered a wide range, some individuals would have around the clock restraint, such as belts and straps, others may require a restraint or restriction when moving by transport, including how they were secured for transportation. The Board noted that there would have to be an assessment of how they were restrained.

From October 2020 the new responsible bodies would be the Hospital Manager, the Local Authority and the CCG. The relevant body providing the case would need to be heard by the responsible officer in the organisation they were being restrained by, as well as any person in their own home. The Board was advised that the code of practice would be published in Springtime 2020, which should provide further clarity on who should be making the decision. There would be three key assessments:

- Capacity Assessment to determine if they lack capacity
- Medical Assessment if a person had a mental disorder
- Necessary and Proportionate Assessment to be necessary to prevent harm to the person or likelihood and seriousness of such harm

The Board was advised that when people were defined as not having capacity their wishes and feelings would be considered from previous records made by social workers and other appropriate records. They were advised that social workers talked with people about moving forward and their history could be considered in the assessments.

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To carry out LPS the responsible person must be able to demonstrate that they had consulted and included the person, any named person, carers or anyone interested in the person's welfare, any deputy or attorney, the IMCA or appropriate person and the responsible person must, where the person needs advocacy, include them and whether family or friend wants to act as an authorised person.

The Board noted that the pre-authorisation checks needed to happen and that there was a need to think about pre-authorisation process and whether to add to existing roles or to develop a new role. The existing Approved Mental Capacity Professional (AMCP) must meet the person in complex cases, when a person is objecting to a deprivation of liberty. The Local Authority must approve all AMCPs for all the responsible bodies within the area and there were options to consider about how to do that, such as outsource and develop a framework, or to develop the Councils operating structure. The Local Authority had to ensure that it had enough AMCPs to deal with capacity required.

The Board noted that would have to be a process to consider objections to deprivation of liberty, the AMCP role would be crucial to take the person through the process. Currently in Sandwell there were between 900 – 1000 people in deprivation of liberty, less than 10% of these were in residential care, probably in the region of 3-4%.

The Board noted the risk was that the age range was broadening out and that the LA was not sure how many more would need LPS. The Board was advised that this would be monitored and reviewed after one year.

The Board noted that this was quite a responsibility to place on Care Homes. The House of Lords decision had been that the responsible body should decide how Care Homes should be involved in the pathway, but there was further work for the Council to do around this, there were a lot of questions and the code of practice had not yet been published.

The Board noted that with regard to rights to information the legislation was clear, and the Council was working through the elements, the duty to provide care and support plan, to be clear why, how it had to happen and to review the care and support plan every

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twelve months for the first two years. After that the support plan would be reviewed every three years.

The Board noted that there was a right to challenge and that CQC and Ofsted would monitor performance.

The Board noted the next steps once the code of practice was received as follows:

- training and workforce strategy – aim to get the right member of staff;
- revised impact assessment - revisit the options paper
- transition arrangements – from the Adult Social Care (ASC) perspective, 1200 people already had deprivation of liberty, all would need to go through the new LPS process and be on the new register. The impact of the addition of the 16 – 18 age group was not currently known, but all would need to go through the LPS process and need to be added to the new register.

The Board noted the importance of getting the right operating model and practice in place.

The Board noted the following comments in response to further questions:

- the greatest risks to the Council would be reputational. Financial risks and getting the options paper right. The operating model and framework was essential and there were some ideas for frameworks being looked at that the team would take through assessment process;
- there was a need to speak to Childrens Social Services as well as Health Organisations about the changes to LPS;
- the Code of Practice would be released in Spring 2020;
- officers were involved in workshops to give some early advice and gather feedback;
- the timescales were to get the Code of Practice in Spring 2020, agree operating model and go live in October 2020. The Government had given a twelve-month period to make the required changes.
- The risk rating for the transition was a low compliant rating, there was a need to do the options rating.

The Board welcomed the early involvement of scrutiny and was advised that an update and the options paper with potential operating models could be presented to scrutiny at the March meeting.

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### Recommendations

- (1) Requested a report to the Health and Adult Social Care Scrutiny Board in March 2020 to provide an update and to outline the options for operating models and code of practice to the March meeting.

(Meeting ended at 6.53 pm)

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