

Portsmouth Safeguarding Adults Board Annual Report 2015 - 2016





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Statement from the Chair



Thank you for your interest in safeguarding adults in Portsmouth. As independent Chair of the Portsmouth Safeguarding Adults board, I am pleased to be introducing this Annual Report covering the first year of operation under The Care Act 2014. It is also my first year as Chair and I am very grateful to all partners for their help and ongoing support. The report shows what the Board aimed to achieve on behalf of the residents of Portsmouth during 2015 - 2016. We have reviewed how the Board worked and established a new structure to ensure that we can meet the challenges and new duties

under the Care Act 2014. The partnership has developed and strengthened over this year and although there is still much to do, this Annual Report reflects what we have been able to achieve.

Our overarching focus for next year is to ensure adults are safeguarded in a way that supports them in making choices and having control about how they want to live. In consultation with its wider partners, service users, carers and Healthwatch we have agreed the following priority areas:

- Knowing our Population - to know what information and data is currently collected by all partner agencies and understand what it is telling us and act on it
- Safeguarding Adult Reviews (SARs) - ensure that learning from SARs and other processes are tangibly embedded in local practice
- Workforce - develop an Adult Safeguarding Learning and Development Strategy and ensure a range of training and development is available across agencies
- Governance - ensure we have robust processes that allow for partnership working including adults with care and support needs and their carers.

Keeping adults safe in Portsmouth involves us all working together in very challenging times. This year has seen unprecedented pressure on partners in terms of resources and capacity and I would like to thank all partners and those who have been involved in the work of the Board, for their time and effort, which has made such a big difference. I look forward to continuing to chair the partnership next year.

A handwritten signature in black ink, appearing to read 'R.S. Templeton'.

Robert Templeton, PSAB Independent Chair

What is safeguarding adults?

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.” Care Act (2014)

Who are we?



The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

- Adult social care
- Health
- Emergency services
- Prison and probation services
- Housing
- Community organisations.

The board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- offering constructive challenge
- holding member agencies to account
- acting as a spokesperson for the PSAB.

How are we funded?

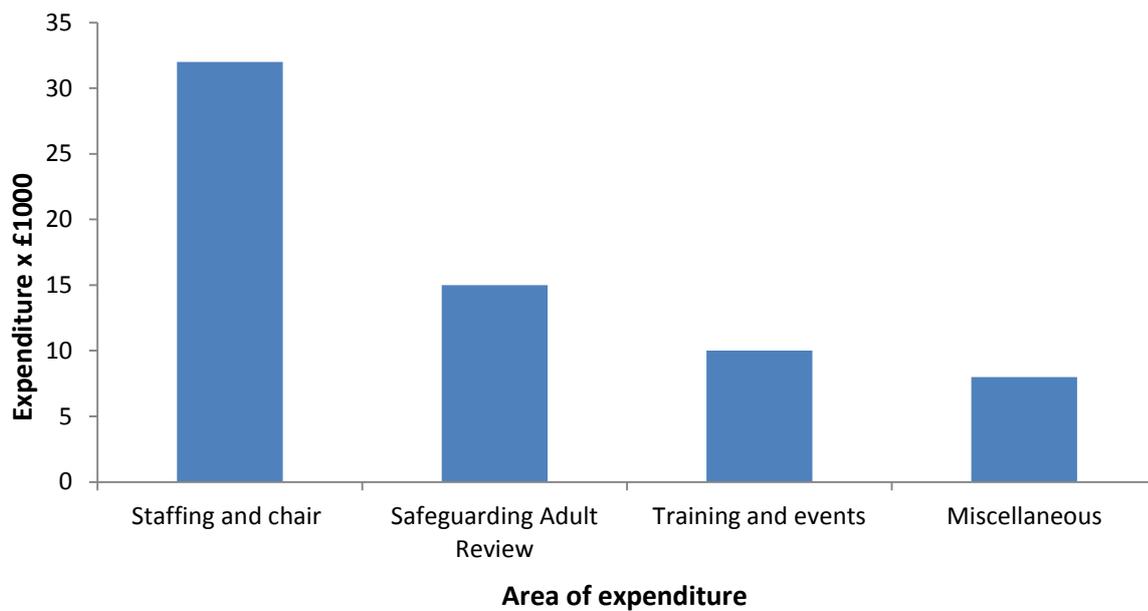
2015-2016



- Portsmouth Clinical Commissioning Group £26k
- Hampshire Constabulary £11k
- Portsmouth City Council £28k

Total: £65,000

PSAB Allocated Expenditure 2015 - 2016



Our Vision

“

Our Vision is...

Portsmouth is a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business

”

The Care Act 2014 sets out a clear legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect. Safeguarding Adults Boards are a legal requirement and work to the Department of Health six principles of safeguarding:

Empowerment

- Presumption of person led decisions and informed consent.

Protection

- Support and representation for those in greatest need.

Prevention

- It is better to take action before harm occurs.

Proportionality

- Proportionate and least intrusive response appropriate to the risk presented.

Partnership

- Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability

- Accountability and transparency in delivering safeguarding.

All of the work of the PSAB contributes to making the vision a reality.

What is Abuse and Neglect?

The Department of Health gives the following as examples of abuse and neglect. However, as abuse and neglect can take many forms, local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case.

Physical

- including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

Sexual

- including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

Psychological

- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

Exploitation

- either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain;

Financial or material

- including theft, fraud, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Neglect and Acts of Omission

- including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;

Discriminatory

- including discrimination on grounds of race, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment; and

Institutional (or organisational)

- including neglect and poor care practice within an institution or specific care setting like a hospital or care home, for example. This may range from isolated incidents to continuing ill-treatment.

Abuse or neglect may be deliberate, or the result of negligence or ignorance.

Developments in 2015-2016



How have we responded?

Under Section 42 of the Care Act, a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect

- that an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or experience of, abuse or neglect.

This year saw the transition from Adult Social Care safeguarding to a Multi- Agency Safeguarding Hub (MASH). Hampshire Constabulary and Portsmouth City Council have created the Adult MASH with a team of social workers and police officers working together who have direct links with colleagues in areas such as health, trading standards, community safety and children's safeguarding. The Adult MASH is responsible for overseeing all the safeguarding referrals made within Portsmouth and works with local partner agencies to safeguard adults at risk across the city.

Safeguarding Activity in Portsmouth

A **concern** is a 'worry' regarding a person's safety and an **enquiry** is what needs to be looked at to confirm a person is safe.

Safeguarding can take many different forms depending on the nature of the concern. Below are examples of how the MASH team responded to two different enquiries during this year (NB. names and some details have been changed to protect anonymity):

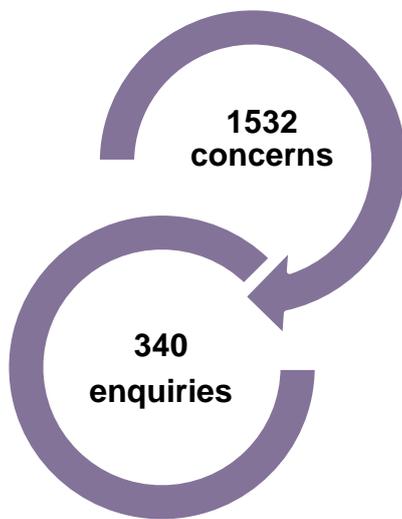
Example 1: Financial Abuse

Peter was a man who had a brain injury, was dependent on alcohol and was street homeless. A safeguarding concern was raised as he was regularly having his money stolen. He was found unconscious in the street. After receiving appropriate medical attention, the social worker arranged for an appointeeship which meant his money was looked after by the council and he could collect smaller amounts on a more regular basis. The safeguarding process initiated the process of support for his issues with alcohol and Peter is now living in supported accommodation.

Example 2: Institutional Harm

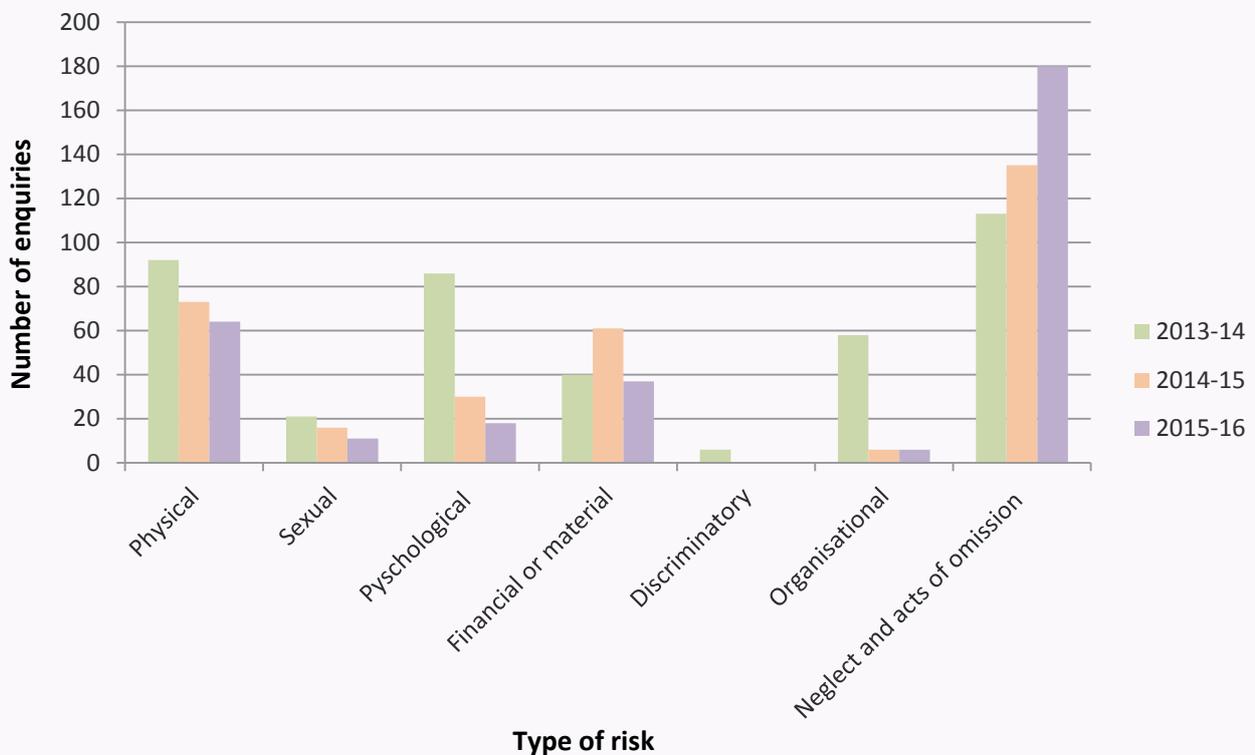
A residential care home did not comply with fire safety standards, allowing smoking in bedrooms without appropriate safeguards in place. The call bell system did not work and a resident with mobility issues was placed at the top of the home without any means of calling for assistance. The home also had staffing issues with the manager being absent often. The safeguarding team worked in partnership with Hampshire Fire and Rescue Service, Care Quality Commission and the home to produce an action plan, prioritising the highest areas of risk. The safeguarding team social worker initially made visits twice a week to ensure progress was being made. The home made the required improvements and the safeguarding enquiry was closed.

Safeguarding Activity in Portsmouth

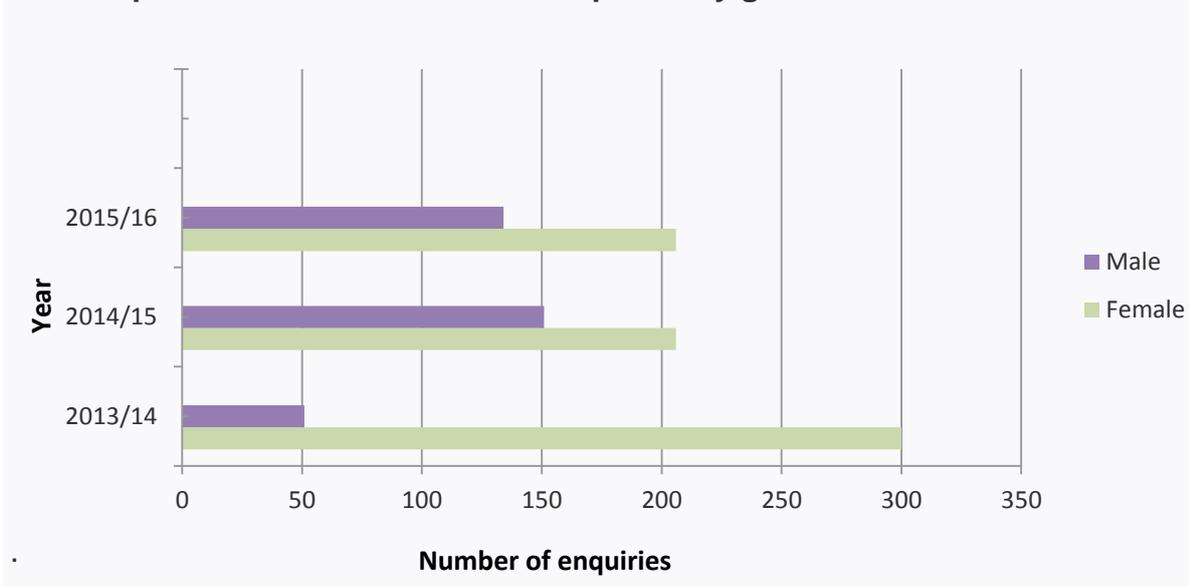


There were safeguarding concerns received for 1532 individuals during 2015-2016. Of these 340 were deemed to require further input and were taken forward as enquiries. This represented a decrease of 17 enquiries from the previous year.

The Graph below shows counts of enquiries by type and source of risk:



The Graph below shows counts of enquiries by gender:



How does this compare to the national picture?

The breakdown by gender for 2015 - 2016 in Portsmouth strongly reflects the national picture from the Safeguarding Adults Collection data collection which showed the breakdown as 60% women, 40% male.

The distribution of enquiries by type of risk is identical to that of the national picture with neglect and omission being the largest category and discriminatory being the smallest.

Deprivation of Liberty Safeguards (DoLS)

Sometimes, when an individual needs care, the care they receive may involve restricting their independence and freedom. If they are receiving care in a care home or a hospital they may not be able to leave as they choose, may have their routine decided for them or may not be able to choose the type of care or treatment they receive. This can only be done in the best interest of the individual. For example, a person with severe dementia may not be free to leave the care setting unaccompanied or in the middle of the night.

The Mental Capacity Act 2005 provides the legal framework applying restrictions to a person's liberty when it is considered to be in the best interest of that individual. The Deprivation of Liberty Safeguards are an amendment to the Act and sets out how the restrictions need to be assessed and authorised. The safeguards apply if a person is unable to make decisions for themselves (is deemed to lack mental capacity) and are a set of checks to ensure the deprivation of their liberty is in their best interest and is carried out in the least restrictive way. The checks are carried out by

experienced staff who have had specialist training and are separate from the staff providing the care.

A Supreme Court Judgement in 2014 resulted in an amendment to the definition of Deprivation of Liberty. A person was now considered to be deprived of their liberty, if they were subject to continuous supervision and control, and not free to leave, regardless of whether they were objecting or not, which had previously been the case. This resulted in a huge increase in DoLS referrals. In 2013/14 there were 102 referrals but in 2015/16, 1460 DoLS assessments were carried out and of these 482 were urgent (i.e. needed to occur within seven days). Portsmouth City Council responded to this by training more specialists (Best Interest Assessors) to carry out DoLS assessments and currently have 24 in total.

What difference does it make?

The following are two examples of when the use of DoLS have safeguarded and improved the wellbeing of the individual.

1. AA was a woman aged 47 with a brain injury following a suicide attempt. The DoLS assessment was carried out in a residential home and facilitated conditions being applied which required the provider to improve her living environment. The assessment also identified that AA would benefit from equipment to aid her communication. This input led directly to an improvement in the assessment of her capacity and enabled her to demonstrate capacity, and ultimately to communicate in a way that allowed her to articulate her wishes and feelings.
2. BB was a man in a nursing home. His assessment confirmed lack of capacity and discovered that BB was unable to leave his room due to mobility issues. Family members had been promised BB would move to a ground floor room but this had never happened. DoLS were put in place with conditions to facilitate the move. BB is now in a ground floor room with access to communal areas of the home. This has improved the quality of his life by increasing his independence and reducing his social isolation.



Key Achievements during 2015-2016

PSAB Activity

The PSAB met quarterly during the period and there was excellent multi-agency representation.

In partnership with the Portsmouth Safeguarding Childrens Board the PSAB held a safeguarding week in June 2015 with a series of events to raise awareness of safeguarding within the city.

PSAB worked with the other Local Safeguarding Adults Boards (Hampshire, Southampton and the Isle of Wight) to produce a multi-agency Risk Management Framework designed to guide staff on how to manage cases relating to adults where there is a high level of risk, in order to prevent an escalation of crisis.

Key achievements from PSAB Partners

South Central Ambulance Service (SCAS) has improved their safeguarding referral form and now, in most cases, an electronic form is sent by 4G from the crew securely from the scene of the incident. SCAS also now have a safeguarding manager in post with the responsibility of the day to day running of the safeguarding team.

Hampshire Fire and Rescue Service (HFRS) has continued its commitment in developing, promoting and delivering health and wellbeing interventions for individuals with needs of care and support across our local communities. HFRS's work with vulnerable groups encourages improving confidence, reducing the risk of harm, and increasing engagement in community activities. As a part of HFRS's Prevention and Early Intervention activities during this year the service prepared for the launch of the Safe and Well initiative in April 2016. This updated home fire safety visit not only aims to reduce fire risk in the home by fitting and checking smoke alarms, but also takes into account the occupier or occupier's behaviours and the social and physical environment in which they live.

Hampshire Constabulary has engaged with a range of partner agencies and local communities to bring the 'PREVENT' plan to life designed to protect local communities against radicalisation. The police are currently engaging with minority communities and the voluntary and community sector around female genital

mutilation (FGM) and have worked with partner organisations to develop a joint plan to manage this area of harm.

Hampshire Constabulary has been working towards an improved Domestic Abuse risk assessment which has enabled a more focused and effective management of the most serious domestic abuse cases.

Portsmouth Hospitals NHS Trust held its third Annual Adult Safeguarding Awareness Week in June 2015 to coincide with the PSAB / Portsmouth Safeguarding Children's Board event. Activities included teaching / education sessions; 'Trolley Dashes' taking key safeguarding messages to the clinical areas; distribution of resources; Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards quizzes; nursing competency sign-off.

In 2015/16 there has been a 4% reduction in the proportion of concerns that relate to Trust provided care and less than a third of safeguarding allegations relating to hospital provided care were partly or wholly substantiated.

The Trust arranged and hosted an event to allow local multi-agency partners to meet and contribute to the Law Society proposals on reforming the Deprivation of Liberty legislation.

Portsmouth Clinical Commissioning Group created and recruited to the post of 'The Head of Safeguarding and Patient Safety incorporating the Designated Nurse (Adult and Children) which commenced in February 2016. An Associate Designated Nurse Safeguarding Adults has been recruited from February 2016. Safeguarding Policy has been reviewed and updated. Portsmouth CCG Safeguarding Week took place in June 2015.

Workforce development

During 2015-2016 the PSAB had a sub-group which worked in partnership with the Safeguarding Adults Boards of neighbouring Local Authorities to ensure staff working with adults with support and care needs were appropriately trained to prevent, recognise and respond to safeguarding issues.



Some examples of how PSAB partners have contributed to having a workforce appropriately trained in safeguarding:

Online safeguarding refresher training for GPs

Solent NHS Trust has embedded training around Domestic Abuse and now has a dedicated Lead for Domestic Abuse policy and guidance.

All Hampshire Fire and Rescue Service frontline staff undertook an annual programme of safeguarding training to ensure they maintain an awareness of the key indicators of abuse and a clear understanding of how to report such concerns.

All staff from the Hampshire and Isle of Wight Community Rehabilitation Company received training on the Safeguarding Adult Multi-Agency Policy, Guidance and Toolkit which was launched in May 2015.

Portsmouth NHS Hospitals Trust has increased staff awareness and understanding of safeguards designed to protect adults who lack capacity to make decisions about where they are accommodated, resulting in three-fold increase in the number of applications for Deprivation of Liberty Safeguards Authorisations.

Safeguarding Level 1 e-learning is now mandatory across NHS England for all staff

South Central Ambulance Service staff had face to face safeguarding adults training including the Mental Capacity Act.

Portsmouth Clinical Commissioning Group have provided Mental Capacity Act training to their staff and staff in care homes

Portsmouth City Council have trained 6 Best Interest Assessors for the Deprivation of Liberty Safeguarding Team

Making Safeguarding Personal

Making Safeguarding Personal is about developing a working environment that focuses on the personalised outcomes wanted by people with care and support needs who may have been subjected to abuse or neglect.

Safeguarding enquiries can be conducted by either the Local Authority or by a delegated third party organisation.

During 2015/16, less than half of people involved in safeguarding enquiries were asked about their desired outcomes. As a Board, we recognise that this is an area which could be improved upon. However, of those that were asked, the vast majority of desired outcomes were achieved.

Opportunities going forward:

- A new form has been introduced during 2016 to ensure that individuals involved in safeguarding have an opportunity to provide feedback on the experience and contribute to the cycle of improvement.
- The PSAB will explore opportunities for co-production and involvement from people with care and support needs and their carers throughout its work.



How have PSAB partners captured the voice of people with care and support needs and their carers?



Healthwatch Portsmouth, part of Learning Links, has a statutory function to obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

Hampshire and the Isle of Wight Community Rehabilitation Company / National Probation Service Portsmouth VOICE is a Service User Consultation Group run by a senior Probation Officer. This group is attended by any Service Users who are interested in giving their views to assist in the development and improvement of services from the CRC.

Feedback from Portsmouth VOICE resulted in the development of a peer mentor support group called Open Door. This peer mentor support group meets weekly and provides mutual aid and support to all members.

Safer Portsmouth Partnership A representative from the group contributed to the process and met with the relative of an individual who was murdered.

South Central Ambulance Service All services users' comments influence the development of safeguarding policy and procedures. SCAS has focused on consent through training and policy development in the last year. The voice of service users is fed into the safeguarding department via the Patient Experience team

Portsmouth Hospitals NHS Trust has introduced an internal system to monitor patient awareness / consent to safeguarding referral. This will be embedded and monitored further in 2016/17.

NHS England captures the voice of patients / families through a triangulation process with Complaints and Patient Safety.

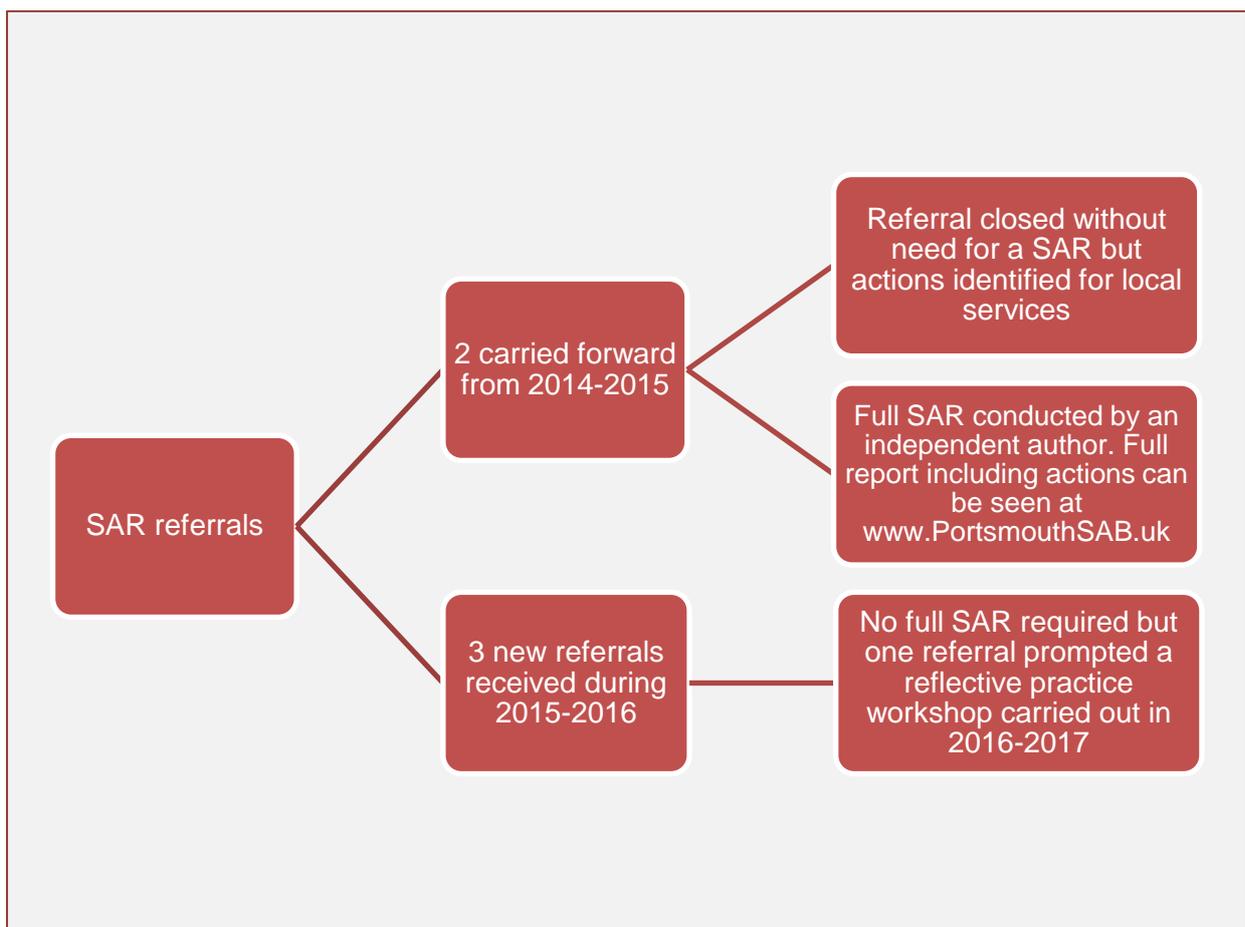
Safeguarding Adult Reviews (SARs)

The Care Act 2014 states that a safeguarding adult review (SAR) must take place when:

"There is reasonable cause for concern about how the Safeguarding Adult Board, members of it or others worked together to safeguard the adult, and death or serious harm arose from actual or suspected abuse"

The PSAB has a SAR subgroup which met regularly throughout 2015-2016. The group is a multi-agency group with members who have a specialist role or experience in safeguarding adults.

Summary of SAR activity during 2015-2016:



How have the findings of the SAR made a difference?

Some of the key learning points:

- All agencies, including all health services, will take individual responsibility for raising appropriate safeguarding adults alerts, even if this leads to multiple referrals for the same incident.
- If an individual is moving to a new supported living or residential service, there is a plan for them to prepare for the new environment. A contingency plan is also agreed, so if the person decides it is not suitable for them within a period of time from the beginning of the placement, an alternative can be arranged.
- Any individual who is deemed to pose a risk to themselves or others will have a formal multi-agency risk assessment and risk management plan in place, which is shared with the adult or their appropriate representative, if they lack capacity. This will be reviewed on a regular basis by the agencies involved with the adult or their appropriate representative.
- Where placements in a residential or supported living setting are at risk of breaking down as the individual's needs or risks appear to be unable to be met by the placement, an urgent multi-agency review is called to agree a plan, which is appropriate and proportionate to the assessed risks.

The SAR sub-group ensures that the learning points are implemented to improve practice.

If you would like a copy of the PSAB Strategic Plan for 2016 - 2017 or

If you are an adult with care and support needs or a carer and would like to hear about or be involved in the future work of the Portsmouth Safeguarding Adults Board please email

psab@portsmouthcc.gov.uk

or write to Portsmouth Safeguarding Adults Board Manager, Portsmouth City Council, Core 5 Floor 5 Civic Offices, Guildhall Square, Portsmouth, PO1 2AL

If you are concerned about an adult at risk:

Phone the Adult Safeguarding Team on 023 9268 0810 or email PortsmouthAdultMASH@portsmouthcc.gov.uk