

## Hampshire Safeguarding Adults Board

### [Safeguarding Policy and Practice Update December 2016](#)

**This bulletin provides a summary of recent national policy news, publications, consultations and articles relating specifically to adult safeguarding. A brief summary and link to the original webpage document is provided for each item.**

**Wellbeing and Prevention**

[Combating loneliness - a guide for local authorities](#)

**Published by: Local Government Association and Age UK**

This guide highlights that loneliness is a serious problem, with far reaching implications, not just for individuals, but also for wider communities. There is strong evidence that loneliness can increase the pressure on a wide range of council and health services. It can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. There are practical steps agencies can take to address this issue which are outlined in this guide. Whilst the guide focusses on older people its recommendations will also be beneficial to other age groups.

**Publication date: January 2016**

**Modern Slavery**

[Victims of modern slavery - frontline staff guidance \(Home Office, 2016\)](#)

**Published by: Home Office**

This guidance is designed to help staff identify and help potential victims of modern slavery (including human trafficking) in England and Wales. It reflects relevant provisions of the Modern Slavery Act 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. If staff suspect a person is a potential victim of modern slavery due to human trafficking in any part of the UK (or slavery, servitude, or forced or compulsory labour in cases identified in England or Wales) they must consider a referral into the national referral mechanism (NRM). Under the NRM, a trained specialist in a designated competent authority will investigate the matter further.

**Publication date: March 2016**

**Safeguarding Practice**

[ADASS Guidance on Inter-Authority Safeguarding Arrangements](#)

**Published by: Association of Directors of Adult Social Services**

The ADASS guidance on inter-authority safeguarding adults enquiry and protection arrangements first published in 2004 has been reviewed and updated to reflect new safeguarding duties under the Care Act (2014) and the accompanying Care and Support Statutory Guidance (2016). This includes, as fundamental, the person-centred, outcome-focused approach enshrined in Making Safeguarding Personal and the six national adult safeguarding principles. This is good practice guidance and is not intended as a substitute for locally agreed multi-agency safeguarding adults policy and procedures which, together with the Care Act and statutory guidance take precedence. In addition, there are a number of other national guidance sources for local authorities and NHS bodies in existence which are referred to in this document.

**Publication date: June 2016**

<b>Allegations Management</b>	<a href="#"><u>4LSAB Allegations Management Guidance (June 2016)</u></a>
<b>Published by: Hampshire Safeguarding Adults Board</b>	
<p>The Care Act 2014 requires the local authority, its relevant partners and those providing universal care and support services to have clear policies reflecting those from the local Safeguarding Adults Board for dealing with allegations against people in positions of trust i.e. anyone working in either a paid or unpaid capacity, with adults with care and support needs. These policies should clearly distinguish between an allegation, a concern about the quality of care or practice or a complaint. The refreshed statutory guidance removes the requirement for a DASM but this is now replaced by a new section on managing allegations against people in positions of trust. The Allegations Management Framework has been developed as a 4LSAB overarching framework setting standards around the management of allegations against people in a position of trust, supported by clear reporting requirements and arrangements across the whole system. As an overarching Framework, individual organisations will need to develop their own business process detailing how they will implement this framework internally. This document replaces the 4LSAB DASM framework published in May 2015.</p>	
<b>Publication date: June 2016</b>	

<b>Covert Medication</b>	<a href="#"><u>Court guidance on covert medication and DOLS</u></a>
<b>Published by: Hempson Solicitors</b>	
<p>In its recent judgment in AG (By her litigation friend the Official Solicitor) v (1) BMBC and (2) SNH [2016] EWCOP 37, the Court of Protection provided guidance as to the procedural steps to be followed when providing covert medication to patients subject to DOLS authorisations in order to protect unlawful interference with Article 5 and 8 rights. A 92 year old patient with dementia was resident in a care home. She was subject to a year long DOLS standard authorisation with no conditions and no provision for review. Her care plan included the administration of medication covertly. Her best interests assessor and relevant person’s representative (“RPR”) were not aware of this information at the time when the authorisation was granted. During the standard authorisation, she was changed onto a new covert medication regime. This decision was not discussed with the local authority, the RPR or any relevant family member. It was undisputed that it was in the patient’s best interests to receive all of the relevant medication covertly. District Judge Bellamy held that covert medication is an interference with an individual’s right to a private life (Article 8). It is also likely to contribute to someone being deprived of their liberty under Article 5. The decision to covertly medicate should therefore always be subject to close scrutiny, particularly if that medication will affect P’s behaviour, mental health or act as a sedative. It is essential that any covert medication is done in the least restrictive way possible and that safeguards are in place, for example, regular reviews of the decision to covertly medicate and whether it remains the least restrictive option in that particular patient’s case.</p>	
<b>Publication date: July 2016</b>	

<b>Learning disability</b>	<b><u>Southampton, Hampshire, IOW and Portsmouth Transforming Care Partnership Plan</u></b>
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**Published by: West Hampshire CCG**

The draft plan for the Transforming Care Partnership (TCP) has been developed with the NHS England and the CCG's and local authorities from Southampton, Hampshire, Isle of Wight and Portsmouth. Timescales for this first draft plan has prevented the SHIP TCP from consulting with the individual Learning Disability Partnership Boards properly in time for submission, however it is intended to work with the local LDPBs, Advocacy and other established task/working groups with whom local areas have strong and established links. Underpinning the TCP plan is the ethos of co-production and truly working in partnership with people with lived experience in reviewing and shaping the plans. This plan supports the principles as described in 'Building the Right Support' and supports the new service model. The SHIP TCP wants to prevent the 'revolving door syndrome' trying to fit people into a traditional solution that does not meet the person's needs that results in regular placement breakdown and more restrictive regimes being put in place. This plan aims to build on the person's unique strengths and abilities, not seeing them as a problem and get it right for the person first time. Complex people and those in crisis are often managed through reactive strategies rather having proactive strategies agreed and in place in the event of requiring intensive support, avoiding a hospital admission. This plan focuses on Children, Young People and Adults with a Learning Disability and/or autism and includes:

- Young people in transition to adults
- Individuals at risk of admission to hospital
- Patients already in specialist learning disability hospitals
- People requiring adapted behaviour treatment programmes
- Those who are currently living in long 'unsettled' accommodation
- People wanting to have a Personal budget (Blended from Health, Social Care and Education)

The SHIP TCP Plan identifies key areas of work required to meet the needs of Children, Young People and Adults with a learning disability and/or autism, the future model will focus on:

- Early intervention and prevention to avoid people being admitted to hospital
- Supporting good physical and mental health and having 'learning disability friendly GP practices'
- Reducing the number of inpatients in specialist learning disability units
- Reducing the Length of Stay for people requiring assessment, diagnosis and treatment
- Training and development for support staff
- Increasing the offer and uptake of personal budgets
- Increasing the number of personal assistants available in the TCP region
- Working with providers in the use of Positive Behavioural Support
- Robust care planning with relapse prevention strategies agreed
- Pre-agreed funding either for directly funded or via personal budgets to help keep people well
- Establishing a TCP community forensic rehabilitation service
- A joint regional approach to housing development to provide a portfolio of housing options

**Publication date: August 2016**

<b>Criminal justice</b>	<a href="#"><u>CPS - Violence Against Women and Girls Report 2016</u></a>
<b>Published by: Crown Prosecution Service</b>	
<p>The CPS has published its ninth annual Violence Against Women and Girls (VAWG) report. The report shows that in the year 2015-2016:</p> <ul style="list-style-type: none"> <li>• Domestic abuse, rape and sexual offences accounted for 18.6% of the CPS's overall workload - an increase over the past six years from just under 9%</li> <li>• Police referred nearly 117,000 people for domestic abuse - a year-on-year fall of 4% - but prosecutions reached a high of 100,930, with conviction rates up slightly to 74.5%</li> <li>• The number of prosecutions for rape was the highest ever recorded (4,643) and almost 58% (2,689) of those prosecuted were convicted of rape or an alternative or lesser offence</li> <li>• Child sexual abuse convictions increased by almost 17% to 4,643</li> <li>• The number of prosecutions for other sexual offences increased by nearly 23% to 11,995 - with 9,351 people being convicted</li> <li>• Nearly 70% (9,077) of stalking and harassment prosecutions were related to domestic abuse - an increase of about 10%</li> <li>• There were five prosecutions for controlling or coercive behaviour since a new law came into force in December 2015 - with the CPS saying defendants monitored phone messages and emails and used GPS tracking</li> </ul> <p><b>Publication date: September 2016</b></p>	

<b>Commissioning</b>	<a href="#"><u>Commissioning for better health outcomes</u></a>
<b>Published by: Local Government Association</b>	
<p>This guide has been developed with commissioners from councils and partner organisations. It builds on existing learning and resources and shares new and innovative practice developed by those working to improve public health. The guide includes eight case study examples which were chosen to illustrate positive approaches to commissioning being taken across the country to address a wide range of public health challenges.</p> <p><b>Publication date: September 2016</b></p>	

<b>Residential care</b>	<a href="#"><u>Enhanced health in care homes framework</u></a>
<b>Published by: NHS England</b>	
<p>Across England, six vanguards are working to improve the quality of life, healthcare and planning for people living in care homes. One in seven people aged 85 or over is living permanently in a care home. The evidence suggests that many of these people are not having their needs properly assessed and addressed. As a result, they often experience unnecessary, unplanned and avoidable admissions to hospital, and sub-optimal medication. Within these six vanguard areas, care homes are working closely with the NHS, local authorities, the voluntary sector, carers and families to optimise the health of their residents. The enhanced health in care homes (EHCH) care model is an adjunct to the other new care models that are delivering whole population healthcare. It will become a core element of the multispecialty community provider (MCP) and primary and acute care system (PACS) models.</p> <p><b>Publication date: September 2016</b></p>	

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<b>Publication date: September 2016</b>	

<b>Older people and mental health</b>	<a href="#"><u>Hidden in plain sight – the unmet mental health needs of older people</u></a>
<b>Published by: Age UK</b>	
<p>This report highlights that older people experience substantial gaps in their access to mental health services. This is despite the fact that up to a quarter of older people in the community, are estimated to have symptoms of depression that may require intervention. Historically older people have not been able to expect the same level of support. Older people with common mental health conditions are much less likely to be receiving talking therapies compared to younger age groups. At the same time, people over 75 were six times more likely to be on tranquilisers or similar drug therapies. On average, older people are waiting slightly longer for mental health treatment, in particular old age psychiatry where waiting times have increased over the past five years from an average of 22 days in 2011/12 to 26 days in 2015/16. Many older people live with both physical and mental health conditions, yet almost 40% of mental health trusts do not have a specific policy or strategy for supporting comorbidities (i.e. the presence of more than one long-term condition). Often, physical and mental health needs are inter-related and failing to address them together can severely undermine an older person's ability to recover from an illness or deterioration in their health. Figures for older people detained in police stations and hospitals under the Mental Health Act suggest that mental health crisis care is not always adequately dealing with their needs. In light of these findings, Age UK makes a number of recommendations to build on progress already made and ensure that older people's mental health gains not only parity of esteem with physical health concerns but parity with other age groups as well.</p>	
<b>Publication date: October 2016</b>	

<b>FGM</b>	<a href="#"><u>Pan Hampshire FGM Guidance and Reporting Framework</u></a>
<b>Published by: Hampshire Safeguarding Boards</b>	
<p>The local safeguarding boards have published multi-agency FGM guidance and reporting framework developed in response to the new mandatory reporting duty for social workers introduced on 31 October 2015. Registered social care and health professionals and teachers in England and Wales now have to report to the police if they know a girl aged under18 has undergone FGM, either if they have visually confirmed it or it has been verbally disclosed by an affected girl. The Home Office has published guidance which clarifies that for the purposes of the duty, the relevant age is the girl’s age at the time of the disclosure or identification of FGM – it does not apply where a woman aged 18 or over discloses she had FGM when she was under18. In cases of non compliance, social care and health professionals may be referred to fitness to practise proceedings. Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.</p>	
<b>Publication date: October 2016</b>	

<b>Health and Social Care</b>	<a href="#"><u>The state of health care and adult social care in England 2015 - 2016</u></a>
<b>Published by: Care Quality Commission</b>	
<p>The 2015/16 <i>State of Care</i> report shows that, despite increasingly challenging circumstances, much good care is being delivered and encouraging levels of improvement are taking place. However, the sustainability of this position is in doubt. The report highlights evidence of deterioration in quality of services and that the fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on service users and on the performance of secondary care. The combination of a growing and ageing population, people with more long-term conditions and a challenging economic climate means greater demand on services and more problems for people in accessing care. This is translating to increased A&amp;E attendances, emergency admissions and delays to people leaving hospital, which in turn is affecting the ability of a growing number of trusts to meet their performance and financial targets.</p>	
<p>The link above will also give access to the additional reports forming part CQC’s 2015/16 State of Care suite of reports covering:</p>	
<ul style="list-style-type: none"> <li>• Adult social care</li> <li>• Acute hospital, community health and ambulance services</li> <li>• Mental health</li> <li>• Primary care services</li> <li>• Equality in health and social care</li> <li>• Deprivation of Liberty Safeguards</li> </ul>	
<b>Publication date: October 2016</b>	

<b>Hate crime</b>	<a href="#"><u>Hate Crime 2015 - 2016</u></a>
<b>Published by: Home Office</b>	
<p>The Home Office has published national hate crime figures for 2015-2016 showing an 19% increase on the previous year. 62,518 hate crimes were recorded by the police of these, 79% were motivated by race hate, 12% by sexual orientation, 7% by religion, 6% by disability and 1% were transgender hate crimes.</p>	
<b>Publication date: October 2016</b>	

<b>Deprivation of Liberty Safeguards</b>	<a href="#"><u>Policing and Crime Bill</u></a>
<b>Published by: HM Government</b>	
<p>The government has announced that as part of the amendment to Policing and Crime Bill Coroners will no longer be required to hold an inquest for anyone who dies while subject to the Deprivation of Liberty Safeguards. The amendment means that a person who dies while subject to a DOLS order will no longer be considered to have died in state detention. In doing so it will remove an automatic requirement for coroners to hold an inquest. The bill is currently going through the House of Lords.</p>	
<b>Publication date: November 2016</b>	

<b>Child mental health</b>	<a href="#"><u>Mental Health Toolkit for Schools</u></a>
<b>Published by: National Centre for Children and Families</b>	
<p>This tool kit is a practical step by step guide for senior leadership teams and those with particular responsibilities for Special Educational Needs and Disabilities, inclusion, Personal Social Health and Economic education, welfare or pastoral support and mental health support. It will also be of interest to partners from the health, voluntary and community service sector who are supporting schools and colleges to improve mental health outcomes for children, young people and their families.</p>	
<b>Publication date: November 2016</b>	

<b>Dementia</b>	<a href="#"><u>Toolkit on facilitating discussion with people with dementia and carers</u></a>
<b>Published by: Department of Health</b>	
<p>These documents provide useful information and guidance for dementia groups and networks about facilitating discussions with people with dementia and carers</p>	
<b>Publication date: November 2016</b>	

<b>Community Engagement</b>	<a href="#"><u>Engaging and Empowering Communities: A shared commitment and call to action</u></a>
<b>Published by: Think Local Act Personal</b>	
<p>Think Local, Act Personal is a national partnership transforming health and care through personalisation and community-based support. This document outlines the case for working collaboratively to create strong and empowered communities and argues that this needs to be central to the transformation of the health and care sector.</p>	
<b>Publication date: November 2016</b>	

**Bulletin Compiled by Sue Lee, Hampshire Safeguarding Adults Board Manager**

**December 2016**