

Hampshire Safeguarding Adults Board

Policy and Practice Update December 2015

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.

Learning Disability	<u>Transforming Care Programme Statistics</u>
Published by: Health and Social Care Information Centre	
<p>The HSCIC has published the Learning Disability Services Monthly Statistics relating to the government's Transforming Care programme to improve support and end the use of unnecessary hospital care for people with learning disabilities or autism and additional mental health problems. The figures published in the report show that the number of people within this group who are in hospital has been unchanged for 6 months.</p>	
Publication date: 18th September 2015	

Disability Hate Crime	<u>Article: Disability Hate Crime</u>
Published by: BBC News	
<p>In this article, the former director of public prosecutions Lord Ken MacDonald has said that the police and Crown Prosecution Service are overlooking the severity of disability hate crime. He suggests that police are failing to recognise that abuse of disabled people constitutes hate crime and that this could prevent perpetrators from receiving increased sentences. As the outgoing director of public prosecutions in 2008, he described disability hate crime as a "scar on the conscience" of the criminal justice system. The Association of Chief Police Officers said it was working to improve the reporting of such offences. However, reviews by Her Majesty's Inspectorate of Constabulary show that police often feel uncomfortable asking an individual about their disability, and that not enough officers are trained to deal with people with learning disabilities. The CPS has acknowledged it must do more to ensure sentences are increased if a crime is triggered by a person's disability. Prosecutions for disability hate crime have trebled since 2007.</p>	
Publication date: 24th September 2015	

DOLS	<u>DOLS Annual Report 2014-15</u>
Published by: Health and Social Care Information Centre	
<p>Data published in the HSCIC's DOLS Annual Report 2014/15 shows that 56,391 (41%) of the 137,540 DOLS applications made had not been signed off within statutory timescales. Whilst Councils are required by law to complete DOLS applications within either seven days or 21 days of referral, the data shows that among the DOLS applications that had been signed off, only 56% were completed within the 21-day time limit. These figures demonstrate the significant pressure placed on local authority Supervisory Bodies as a result of the Cheshire West Supreme Court Ruling in March 2014. The Ruling effectively lowered the threshold for a deprivation of liberty for people who lacked the capacity to consent to their care arrangements. Currently, the Law Commission is reviewing the DOLS and the wider legal framework for which the proposals extend DOLS to settings outside of care homes and hospitals. If accepted by government they could see legislation to reform deprivation of liberty law introduced in the 2017-18 session of Parliament.</p>	
Publication date: 29th September 2015	

DOLS	New DOLS Forms (ADASS)
Published by: Association of Directors of Adult Social Services (ADASS)	
<p>The ADASS DOLS project group have reviewed DOLS documentation and have developed a set of new forms which are now available to download using the link above. The forms from have been reduced from 32 to 13. Some forms such as 'No Deprivation' and 'Notify the Coroner of a Death' have been added which didn't previously exist.</p>	
Publication date: September 2015	

Mental Health	Mental ill health and hospital use
Published by: Nuffield Trust and Health Foundation	
<p>A study published by the Nuffield Trust and Health Foundation has found that people in England who have had mental health problems are five times as likely to be admitted to hospital as an emergency compared to those who have not. The study shows that most admissions were for physical ailments and that overall, just 20% of admissions were directly linked to mental health. The report suggests that the NHS was too often treating mental health conditions in isolation and that mental health patients were more likely to be admitted as an emergency for what are usually routine problems like hip replacements. The study looked at more than 100 million hospital records between 2009-10 and 2013-14 for people with mental health problems and those without. In the final year, for every 1,000 people with mental health problems there were 628 emergency admissions, compared with 129 among those without - five times the rate. Visits to A&E units were also three times higher, with more than 1,300 attendances for every 1,000 patients with mental health problems. The report suggests that many of these admissions could have been prevented with better care.</p>	
Publication date: 14th October 2015	

Adult Social Care	State of Care report for 2014-15
Published by: Care Quality Commission	
<p>CQC has published its State of Care Report 2014/15 which highlights that 1 in 10 adult social care services is falling short on standards of 'safety' despite most providing good or outstanding care. The report cites a number of causes which are driving the inadequate safety ratings including providers' inability to learn from mistakes, a lack of adequately skilled staff and ineffective risk management systems. Safety is one of five key lines of enquiry introduced in October 2014 under the CQC's new inspection approach in which services are rated on each of the five areas and also given an overall rating. In the 2014/15 State of Care Report, 'safety' was cited as the greatest concern in the sector, with a third of adult care services also rated 'requires improvement' in this specific area. However, services were generally performing well in the other four areas, with 85% receiving a 'good' or 'outstanding' rating for caring, 68% for responsiveness, 63% for effectiveness and 61% for leadership. Overall, of services rated up to 31 May 2015, 1% was outstanding, 59% good, 33% requires improvement and 7% inadequate.</p>	
Publication date: 14th October 2015	

Safeguarding Adult Reviews	<u>Serious Case Reviews</u>
Published by: Suffolk and Norfolk Safeguarding Adults Boards	
<p>Two joint reviews carried out by the Suffolk and Norfolk Safeguarding Adults Boards into the deaths of ‘Amy’ and James’ have highlighted failings in the way health, social services and care providers monitor the physical health needs of people with a learning difficulty. The reviews also highlighted that agencies showed a lack of understanding about use of the Mental Capacity Act when making critical decisions about physical healthcare, diet and behaviour. In one of the cases, the review highlighted a lack of multi-disciplinary working to manage needs compounded by the lack of a designated care co-ordinator to take the lead and to ensure professionals and agencies shared information with one another. The reviews recommended that the SAB seeks assurances from commissioners and providers that all adults with learning disabilities have a named care coordinator and get their health and social care needs jointly reviewed at least annually. It was also recommended that improvements were made to services’ standards of record keeping and communication with people’s families and representatives.</p>	
Publication date: October 2015	

Data Monitoring	<u>HSCIC Safeguarding Adults Annual Report 2014-15</u>
Published by: Health and Social care Information Centre	
<p>This report provides the key findings from the Safeguarding Adults Return (SAR) data collection for the period 1 April 2014 to 31 March 2015. It provides information about adults at risk for whom safeguarding referrals were opened during the reporting period, and case details for safeguarding referrals which concluded during the reporting period. The SAR data collection only includes cases of alleged abuse where a council safeguarding service has been notified and has entered details onto their system. It does not include cases where partner agencies have dealt with the allegation and not shared the information with the council. It is likely that there are cases of abuse that have not been reported to councils. The data collection only covers abuse perpetrated by others; it does not include self-harm or self-neglect. The report highlights that safeguarding referrals were opened for 103,900 individuals during the 2014-15 reporting year, a small reduction from the 104,050 in 2013-14. Sixty per cent of the individuals were female and 63 per cent were aged 65 or over. Just over half (52 per cent) of the individuals required physical or mental health support. For referrals which concluded during the 2014-15 reporting year, there were 128,060 allegations by type of risk (122,140 allegations in 2013-14). Of these, the most common type was neglect and acts of omission, which accounted for 32 per cent of allegations (up from 30 per cent last year), followed by physical abuse with 27 per cent (remained the same as 2013-14). The source of risk was most commonly someone known to the adult at risk but not in a social care capacity, accounting for 50 per cent of referrals (the same as in 2013-14). Social Care support was the source of risk in 36 per cent of referrals (the same as in 2013-14) and for the remaining 14 per cent the source was someone unknown to the individual. The location of risk was most frequently the home of the adult at risk (43 per cent of allegations) or in a care home (36 per cent of risks). There were a total of 65 serious case reviews (SCRs) compared to 60 in 2013-14. A serious case review takes place when an adult or adults have died or suffered serious harm. The 65 SCRs involved a total of 190 adults at risk, of which 30 per cent suffered serious harm and died and 70 per cent suffered serious harm but survived.</p>	
Publication date: 28th October 2015	

Female Genital Mutilation	<u>Mandatory Reporting of Female Genital Mutilation</u>
Published by: Home Office	
<p>From 31 October 2015, a new mandatory duty on social workers to tell the police about cases of female genital mutilation among girls came into force. Registered social care and healthcare professionals and teachers in England and Wales will have to report to the police if they know a girl aged under 18 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 under 18. Also, the duty does not apply in cases where professionals only suspect a girl is at risk of undergoing FGM. The duty only applies to cases directly disclosed by the victim; if a parent, guardian, sibling or other individual discloses that a girl under 18 has had FGM, the duty does not apply and a report to the police is not mandatory. However, any such disclosure should be “handled in line with wider safeguarding responsibilities – in England, this is likely to include referral to children’s social services”. Cases of failure to comply with the duty will be dealt with “in accordance with the existing performance procedures in place for each profession”, meaning 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>	
Publication date: 31st October 2015	

Care Act 2014	<u>Department of Health</u>
Published by: Department of Health	
<p>The Department of Health has announced that it will be removing the DASM role from the Care Act 2014 Statutory Guidance following a review of the guidance which took place over the summer which highlighted that the DASM function was duplicating existing functions in local authorities. The change will come through a revision to the statutory guidance, due to be published by December 2016.</p>	
Publication date: 3rd November 2015	

Older People	<u>NICE guidelines on older people with social care needs and multiple long-term conditions</u>
Published by: National Institute for Health and Care Excellence (NICE)	
<p>This guidance recommends that older people with multiple long-term conditions and social care needs should have named care coordinators to ensure that services join up around them and their needs are met promptly. The guidelines have outlined the care coordinator’s role which would include playing a lead role in the assessment process; liaising with all health and social care services working with the person, including those delivered by the voluntary and community sectors; identifying unmet needs and discussing with the person how these could be met; ensuring the person has continuity of care, including, wherever possible, receiving personal care from people known to them and ensuring effective response to the person’s needs in times of crisis. It named social workers as among the groups of professionals who could take on the role, along with nurses and community and voluntary sector staff.</p>	
Publication date: 5th November 2015	

Learning Disability	<u>Government response to the No voice unheard, no right ignored green paper</u>
Published by: Department of Health	
<p>The government has announced the introduction of a new scheme to provide people with learning disabilities, autism or mental health conditions who are at risk of hospital admission with a named social worker to challenge decisions about their care. The scheme will be piloted and rolled out nationally if it is successful. It is part of the government's response to the consultation on the '<u>No voice unheard, no right ignored</u>' green paper which set out proposals to strengthen the rights of people with learning disabilities, autism or mental health conditions and their families. The government's response also includes a commitment to provide new guidance for health and social care commissioners and to change Mental Health Act regulations so professionals must record why a person can't be treated in the community.</p>	
Publication date: 10th November 2015	

Modern Slavery	<u>Walk Free</u>
Published by: Walk Free	
<p>A study carried out by the Walk Free anti-slavery campaign group has found that nearly 36 million people worldwide (or 0.5% of the world's population) live as slaves. The group's Global Slavery Index says India has the most slaves overall and Mauritania has the highest percentage. The report defines slaves as people subject to forced labour, debt bondage, trafficking, sexual exploitation for money and forced or servile marriage. It uses slavery in a modern sense of the term, rather than as a reference to the broadly outlawed traditional practice where people were held in bondage and treated as another person's property. Walk Free says it found evidence of slavery in all 167 countries it surveyed. The report says Africa and Asia face the biggest challenges in eradicating slavery, while the practice is least prevalent in Europe. The report calls for much wider international cooperation on slavery. It wants governments to increase penalties for trafficking and to put pressure on businesses to clamp down on the use of slaves in their supply chains.</p>	
Published by: 17th November 2015	

Hospital Discharge	<u>Guidance: Transition from hospital to community or care homes</u>
Published by: National Institute of Clinical Excellence	
<p>This document provides guidance on the transition between inpatient hospital settings and community or care homes for adults with social care needs. It aims to improve people's experience of admission to, and discharge from, hospital by better coordination of health and social care services.</p>	
Published by: 1st December 2015	

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