



To: Health and Social Care Scrutiny Board (5)

Date: 02 November 2022

Subject: Adult Social Care and Keeping People Safe

1 Purpose of the Note

- 1.1 Keeping people safe is a fundamental element of the work of Adult Social Care and we recognise this as one of our key commitments in our Adult Social Care Offer. We want to ensure the safety and wellbeing of our most vulnerable people, helping people stay safe from harm and abuse, working alongside other organisations when we need to, and supporting people to make their own choices. This is central to everything we do, and it needs to be recognised that this is a challenging area as we are often involved in people's lives at a time of change, crisis, profound trauma, abuse.
- 1.2 This report is written to provide Health and Social Care Scrutiny Board (5) with information on the range of approaches and mechanisms in place to keep people safe and to provide the opportunity for scrutiny of our approaches for both assurance and contributions to how we might improve.

2 Recommendations

- 2.1 Scrutiny Board 5 is recommended to:

Review and comment on the work of Adult Social Care, to understand the approaches and mechanisms that are in place in line with our commitment to keep people safe and make suggestions and comments as to how this could be improved for consideration by the Cabinet Member for Adult Services.

3 Information/Background

- 3.1 When referring to keeping people safe we often use the term 'safeguarding'. This means protecting people's health, wellbeing and human rights and enabling people to live free from harm, abuse, and neglect. This is fundamental to high-quality health and social care.
- 3.2 In Adult Social Care we help to keep people safe and safeguard people in many ways by:
 - Ensuring we have processes and pathways in place for managing safeguarding concerns (alerts) and enquiries (investigations)

- Working with partners such as health agencies, police, fire services and other agencies and stakeholders
 - Ensuring we have monitoring and oversight arrangements for individual cases
 - Working with commissioned services and providers and acting if we find services do not have suitable arrangements to keep people safe
- 3.3 Adult safeguarding duties are not ‘whole population’ duties in that we are not required to keep every adult in Coventry free from abuse or harm. The extent to which safeguarding duties apply are described under the Care Act 2014 and apply to an adult, aged 18 or over, who, **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 the experience of abuse or neglect.** Section 42 of the Care Act gives Local Authorities the primary duty to make, or cause to be made, whatever enquiries are necessary to enable the Local Authority to decide whether any action should be taken in the adult’s case, and if so, what and by whom.

4 Summary and Key Issues

- 4.1 This report contains a significant amount of information and detail regarding the measures in place in Coventry City Council in order to protect adults with care and support needs from abuse. These measures cover our processes, our work with partners, the role of the Adult Safeguarding Board, training and support for staff, management of risk and working with providers of social care services. The report demonstrates the extent of the work and in the detailed content does identify the following key issues:
- 4.2 In summary terms the following key issues are identified:
- 4.3 Increased activity
- 4.4 As identified in the Adult Social Care Annual Report the levels of safeguarding activity, which include concerns received as well as requests for DoLS assessments have increased alongside an increased referral rate into Mental Health Services for formal assessment.
- 4.5 Safeguarding referrals are prioritised within Adult Social Care. This has an impact on other activity such as requests for assessment or review, where non-urgent requests and non-urgent activity such as annual reviews will have longer wait times before they are dealt with. A risk management approach is in place which enables this prioritisation.
- 4.6 Workforce impact
- 4.7 The increased demand from higher number of safeguarding concerns also impacts on the workforce who are dealing with complex situations and with people experiencing abuse, trauma and crisis.
- 4.8 Staff training and supervision helps with the mitigation of this, and we are increasingly undertaking programmes to support staff well-being including our well-being week commencing 28 November 2022.
- 4.9 Removing and mitigating risks
- 4.10 A significant amount of safeguarding work is intertwined with the Mental Capacity Act 2005 and it isn’t always possible to remove all risks and ensure complete safety for someone with capacity who may chose to remain in an unsafe or risky situation due to a range of factors. In many situations, the nature of safeguarding work is

complex and multi-faceted, and we work with people over periods of time to reduce and mitigate risks wherever possible.

- 4.11 An example of this is our work with the partners and informal carers of people with care and support needs who have dementia and when distressed the person displays physical and verbal aggression towards the informal carer. The carer themselves may respond with aggressive acts and be reluctant to accept care and support into the home. In cases such as this our work involves balancing needs of both the person and their carers, seeking support from mental health services, establishing coping strategies, contingency plans, and support of carer services.

4.12 Perception of others

- 4.13 Our ability to keep people safe is dependent on several factors including the individual's right to self-determination and our ability to intervene using available powers and duties. For example, if the requirements of the Mental Health Act are not satisfied neighbours and others can feel their concerns for an individual are being dismissed and disregarded. The nature of the work undertaken means we are not always in a position to share the rationale in decision making with others and perceived and actual risk may continue. This can result in escalation and complaints into the service due to a perception that we have not acted.

5 Adult Safeguarding processes and pathways

- 5.1 Local Authorities have statutory responsibility for safeguarding. In partnership with health, we have a duty to promote wellbeing within local communities. Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect. The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect.
- 5.2 A detailed Multi-agency Policy and Procedure for the protection of adults with care and support needs is available in the West Midlands and this is complimented by local practice guidance. <https://www.coventry.gov.uk/downloads/file/31335/west-midlands-adult-safeguarding-policy-and-procedures>
- 5.3 A Safeguarding Adults Coordinator is in post to provide leadership and support to practitioners and managers undertaking safeguarding practice in Coventry. The Safeguarding Adults Coordinator will also lead on Position of Trust enquires, this being a similar role to that of the Local Authority Designated Officer (LADO) in children's services where the LADO works to address, advise, and manage allegations and concerns against staff, carers, and volunteers by addressing matters of safety and wellbeing of children and young people.
- 5.4 In undertaking safeguarding work, we focus on 'Making Safeguarding Personal' (MSP). MSP is based on what we now know about what makes safeguarding effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety. A Making Safeguarding Personal toolkit for Frontline Staff, Supervisors and Managers is in place to support the different stages of the safeguarding process, which includes tools and explanations of how to use them https://www.coventry.gov.uk/downloads/file/27394/making_safeguarding_personal_toolkit.
- 5.5 Safeguarding activity and performance is subject to monitoring and data collection which includes levels of concerns being reported, enquiries being undertaken,

outcomes of enquiries and duration of safeguarding episodes. Safeguarding activity and performance data is reported in the Annual Report (Local Account) for Adult Social Care (Health and Care Scrutiny Board (5) 14 September 2022). This data identified that in 2021/22 we received 5,858 safeguarding concerns (38% increase from the previous year), rate of concerns that led to an enquiry was 15% (up from 11% the previous year), 899 safeguarding enquiries (82% increase from previous year). Activity levels are now higher than pre COVID-19 and the main types of abuse are Neglect, Financial and Physical. Safeguarding activity and performance is also reported to the Coventry Safeguarding Adults Board (CSAB), which a multi-agency forum, independently chaired which holds organisations to account.

- 5.6 An increase in numbers of concerns received can be perceived as much as an indicator of improved awareness of safeguarding and how to report concerns as an indicator of a growing level of suspected abuse. Regardless of what lies behind the increase increasing level of concerns places additional pressure on Adult Social Care as decision making in relation to safeguarding concerns and immediate safety concerns needs to be made within 2 days, and in many circumstances a same day response is required. As all safeguarding referrals have to be taken with utmost seriousness these are prioritised which has an impact on other activity such as requests for assessment or review.
- 5.7 The Deprivation of Liberty Safeguards (DOLs) is also an area of safeguarding activity where the council is experiencing increased demand. Through DoLS the City Council can provide protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether they should be accommodated in the relevant care home or hospital to receive care or treatment. Care homes and hospitals must make requests to their Local Authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. DoLS activity and performance data is reported in the Annual Report (Local Account) for Adult Social Care. In 2021/22 we saw a 14% increase in the number of applications, from 2,237 in 2020/21 to 2,544 in 2021/22 and an increase in applications completed from 1,889 in 2020/21 to 2,075 in 2021/22. Comparator information will be published at the end of 2022 however we know last year, Coventry saw a higher proportion of applications compared to other regions that Coventry share similarities with. And a higher proportion of assessments than our comparators were completed.
- 5.8 For those individuals within their own homes the DoLS are applied differently with the Council making formal application to the Court of Protection.
- 5.9 Liberty Protection Safeguards (LPS) are due to replace DoLS for which the service is actively preparing for. A consultation regarding changes to the MCA Code of Practice and implementation of LPS has closed but no date for implementation has been set by central government.
- 5.10 Many of the ways in which we protect adults with care and support needs from abuse is connected with the Mental Capacity Act 2005. The principle in which people can make an unwise decision as part of Act, presents a challenge to those working within safeguarding legislation. The professional's wish to protect someone and keep them safe can, at times, be in conflict with someone's wishes to make an unwise decision. Thus, it isn't always possible to remove all risks and ensure complete safety for someone, especially for those who have capacity and wish to remain in an unsafe or risky situation. A similar situation can arise though the protection elements within the Mental Health Act particularly where thresholds for formal detention are not established.

- 5.11 In the context of adult safeguarding work, it is not always possible to eliminate all risks and in some cases an adult safeguarding plan is required. This captures the agreed set of actions and strategies that are designed to support and manage ongoing risk of abuse or neglect for an adult with care and support needs. The Local Authority will take responsibility for organising and coordinating the formulation of the adult safeguarding plan. Care Act statutory guidance does not specify who or which agency should be responsible for monitoring and reviewing adult safeguarding plans. However, for all adult safeguarding plans, a lead professional should be identified who will monitor and review the plan. In most cases this will be the allocated worker from the Local Authority.
- 5.12 The safeguarding process is supported by a range of information leaflets and posters about safeguarding adults and the process, including easy read https://www.coventry.gov.uk/downloads/download/4244/safeguarding_adults_information_leaflets_and_posters.
- 5.13 All staff working for Coventry City Council are expected to receive basic mandatory training with respect to awareness that abuse can take place and duty to report. More detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures and specialist training for those undertaking safeguarding enquiries, is available to practitioners and managers involved in safeguarding work. Alongside this training is provided in relation to the application of the law in adult safeguarding, professional curiosity and working with people who self-neglect. A safeguarding practice forum chaired by the Safeguarding Adult's coordinator is in place to engage staff and focus on best practice in safeguarding work.
- 5.14 Alongside the provision of training work is undertaken to understand and where required improve the standard of our safeguarding work. Sample audits are and safeguarding practice is also subject to quality assurance activity including observation and case file reviews.
- 5.15 People's experience of safeguarding can be difficult to capture as people can be reluctant or unable to feedback on their experience. The 2021/22 survey of people with care and support needs in comparison to 2019/20 survey, identified an improvement in one indicator; services make people feel safe and a decline in the indicator of general feeling of safety. People are encouraged to provide feedback using a 'My Safeguarding Experience' process <https://www.coventry.gov.uk/safeguarding-adults-1/safeguarding-experience>. As part of Making Safeguarding personal, we ask people whether they feel their outcomes have been achieved. 97% of people reported fully achieved or partially achieved their outcomes in 2021/22 compared to 94% in the previous year.
- 5.16 The local authority will also respond to organisational failure and abuse, sometimes called 'Large Scale Investigations'. Large Scale Investigations take place where it is recognised that in a critical few cases where the service quality and safety issues are so great and pose a high risk to all users of that service that consideration of the duty of enquiry applying to all or groups of individuals may apply. However, such circumstances are rare.

6 Working with partners

- 6.1 The Care Act 2014 requires every Local Authority to establish a Safeguarding Adults Board (SAB) for its area. The SAB operates at a strategic level, helping and protecting adults in its area from abuse and neglect through co-ordinating and reviewing a multi-agency approach across all member organisations.

- 6.2 There are three core duties of the Board, publish an annual strategic/business plan, publish an annual report and conduct Safeguarding Adult Reviews (SAR) for any cases that meet the criteria. The Board has 3 primary subgroups Safeguarding Adults Review, Quality Assurance and Performance and Policy and Workforce Development.
- 6.3 The work of the Quality Assurance and Performance subgroup includes an annual audit plan with multiagency audits undertaken in relation to application of Care Act, mental capacity and working with people who self-neglect.
https://www.coventry.gov.uk/downloads/download/4631/safeguarding_adults_-_multi-agency_audits
- 6.4 The work of the Policy and Workforce Development group includes the maintenance and review of Board policies, a training quality assurance scheme and multi-agency learning events. Each year the Board holds a series of three multi-agency learning events on hot topics, identified by practitioners and related to Board priorities. Each event is led by subject matter experts. It is an opportunity for practitioners from all agencies to come together to learn about complex safeguarding issues and to improve their practice as a result. These events are increasingly well attended with over 200 people attending a virtual event in June 2022 regarding self-neglect and hoarding.
- 6.5 The purpose of the Safeguarding Adult Review (SAR) sub-group is to ensure that the Board undertakes safeguarding adult reviews when appropriate, that agreed processes are followed and that lessons are learned. Executive summaries from SARs where appropriate are published on the Board webpages. Recommendations from SARs are subject to action planning. The Board has produced a SAR toolkit to provide guidance in the process for a Safeguarding Adult Review. Two SARs are currently in progress in Coventry.
- 6.6 The Local Authority contributes to both MAPPA (Multi-Agency Public Protection Arrangements) and Multi-Agency Risk Assessment Conferences (MARAC). The purpose of the multi-agency public protection arrangements (MAPPA) framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authorities in respect of MAPPA are the Police, Prison and Probation Services who have a duty to ensure that MAPPA is established in each of their geographic areas and to undertake the risk assessment and management of all identified MAPPA offenders. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.
- 6.7 Adult Social Care supports the Prevent statutory duty and chairing arrangements for Prevent Panels. Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is part of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism and violent extremism.
- 6.8 The duty to safeguard is not just enshrined in the Care Act 2014 and its functions but also the Mental Health Act 1983 (as amended by the Mental Health Act 2007). Duties under the Act can vary and include not just the individual, but risks posed to others by the actions and behaviours of those experiencing mental ill health. The Local Authority has a key function to ensure there is access to an Approved Mental Health Professional (AMHP) 24/7 and 365 days a year. Whilst mental health support to the Care Act is a delegated duty to Coventry and Warwickshire

Partnership NHS Trust (CWPT) under the formal arrangements in place (S75 agreement), the functions in relation to the Mental Health Act are not delegated.

- 6.9 This means that requests for detention are managed, processed and assessments conducted by the Mental Health Social Work Teams. Guardianship (Section 7 of the Mental Health Act) remains a discreet and important function delivered, ensuring arrangements are in place to support adults in need of a framework of support to prevent harm or readmission to hospital. Use of this is demonstrated by our work with an individual who had mental health problems which led to several admissions into hospital since 1989 under the Mental Health Act 1983. The person experienced a yearlong compulsory stay in a mental health hospital (under a section of the MHA 1983) and had appealed her stay under a section of the Act several times. Adult Social Care made use of a Guardianship Order enabling her to become more independent and less reliant on services by finding a specialist supported accommodation setting. The person has subsequently had the longest period out of hospital since she first came into contact with mental health services.

7 Monitoring and oversight for individual cases and management of risk

- 7.1 Those dealing with adults under the Care Act, Mental Capacity Act or Mental Health Act have the difficult task of understanding risk, assessing the level of risk for the individual and constructing a plan to manage this which works for the person concerned and is understood by those around them and reflects the least restrictive practices. This demands a sound grasp of the legal basis for their work, policies and procedures, the agency role and function, alongside professional judgement. It is work that also requires a high level of interpersonal skills and emotional intelligence in order to engage with individuals and achieve their support in taking the steps required to prevent abuse occurring.
- 7.2 Risk assessment is a significant component of many assessments and requires engagement and discussion with those impacted and often other agencies. All referrals to Adult Social Care are risk assessed and prioritised according to the situation and level of risk and this is recorded on our case management recording system with highest risk cases being prioritised for a same day response. This is also reflected in the arrangements in place with Coventry and Warwickshire Partnership NHS Trust (CWPT) where risk assessments form a key component of the triage and assessment process.
- 7.3 Escalation processes are in place to monitor level of risks and response times to ensure cases are appropriately risk assessed and allocated accordingly. Cases that are awaiting allocating to a worker are risk assessed and reviewed weekly by managers. For the AMHP activity twice daily handover meetings are in place to support the handover between shifts to ensure safe transfer of care.
- 7.4 Practitioners are supported in work with risk via training and in the form of guidance. This includes guidance concerning 'Positive risk taking'. Positive risk taking is an essential aspect of a strengths-based approach that aims to assist people to identify their desired outcomes and work to achieve these outcomes by utilising their own strengths and assets and those of people close to them and within their local communities. The main principle behind positive risk taking is that people have the right to live their lives to the full, in the way that they want as long as that does not stop others from doing the same. Risk is present in all aspects of our lives; we take risks every day with the intention of achieving positive gains.
- 7.5 Supervision is a key support mechanism for all front-line practitioners. Supervision is an opportunity to have protected time with a manager to talk through the impact

the work has a practitioner personally, as well as exploring decision making and ensuring this is values-based and person-centred. It is essential for practitioners' wellbeing and professional development, and most importantly, helps to achieve the best outcomes for the people we work for. The practice quality assurance framework includes a supervision audit which focuses on the nature, extent and quality of supervision carried out by any supervisor within the City Council's Adult Social Care Supervision Guidance. It ensures staff are guided and supported properly in relation to workload, casework and their personal professional development needs. In our Organisational Health Check survey undertaken in 2022, 92% of staff completely or to a greater extent satisfied with the support received from line managers/supervisors where they have complex cases.

- 7.6 Practitioners are supported when working with risk via the opportunity to attend a Risk Enablement Panel chaired by the Adults Principal Social Worker. Risk Enablement Panels are designed to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Panel will provide a clear process for discussion, and shared decision making to support both staff and individuals in considering potential consequences of any decisions. The Panel may provide advice and recommendations, but ultimate decision-making responsibility will continue to rest with the practitioner and their manager.
- 7.7 For AMHP's the process varies in that risk is shared across the system with medical staff with the AMHP carrying individual accountability for the decision in respect of detention. These decisions can be formally challenged by the person through a Tribunal process.
- 7.8 Practitioners have access to legal advice and a Legal Planning meeting. The remit of the Legal Planning meeting is broad covering the legal basis of duties under the three primary Acts (Care Act, Mental Capacity Act and Mental Health Act). This meeting provides a process for discussion, formal legal advice, and managerial consideration of whether an application to the Court of Protection is required. The process is designed to be supportive of practitioners to enable frank discussion to take place and consider alternative options for the person. As an application to the Court of Protection should be the last resort. The process will consider the following types of possible court applications i.e., disputes regarding mental capacity, determination of best interests and seeking authorisation of a 'community based' deprivation of liberty for anyone aged 16 or over and seeking the appointment of a Court appointed Deputy – personal welfare or property and financial affairs.
- 7.9 In addition, the Legal Planning meeting will consider the discharge of the nearest relative under the Mental Health Act to enable appropriate decision making in respect of an individual who is considered mentally unwell as well as situations where Guardianship and Deprivation of Liberty Safeguards (DoLS) may apply.
- 7.10 A process of investigation into a serious incident can be undertaken using an Individual Management Review (IMR), where the situation does not require a Safeguarding Adult Review. An IMR is a process which produces a report detailing, analysing, and reflecting on the actions, decisions, missed opportunities and areas of good practice within the individual organisation. The aim of IMR's should be to look openly and critically at individual and organisational practice and at the context within which people were working. The purpose of the IMR is to see whether the case indicates that changes could or should be made and, if so, to identify how those changes will be brought about.
- 7.11 This is an approach shared with CWPT for the delegated work undertaken as part of the Section 75 agreement.

8 Working with providers of Adult Social Care

- 8.1 The Council's Adult Social Care Service remains committed to ensuring best value in its commissioning and procurement and requires on-going assurance that the quality standards for care and support outlined in its service specifications and contracts continue to be met. This includes requirements for individual outcomes to be delivered by providers working with service users and their representatives with dignity and respect being central to the quality of services (Health and Social Care Scrutiny Board (5) 6 July 2022).
- 8.2 The work to monitor and oversee the quality and safety of these services is led by the City Council as contractor. This is undertaken collaboratively by our Adult Commissioning Team, working with nurses employed through Coventry and Warwickshire Clinical Commissioning Group (CWCCG) who provide clinical input to the Quality Assurance function. We also work closely with colleagues at the Care Quality Commission (CQC).
- 8.3 The service applies a risk-based approach to quality assurance and a refreshed approach based on 4 levels of risk is now in place, from a lower level of risk for providers with concerns which are defined and / or single or time limited in cause (level 1) to persistent serious concerns where the provider is at risk of urgent closure or failure.
- 8.4 Oversight of level 3 and 4 provision is through the Provider Escalation Panel (PEP). This is a multi-agency panel led by the service on behalf of City Council that considers service provision which is causing the most serious quality concerns and ensures support and/or recommends contractual intervention. Level 2 provision is held at Quality Peer Support Group (QPSG) level. This group comprises a Quality Assurance Officer, contracts and commissioning officers and quality assurance nurses. Its remit is to oversee moderate level concerns putting in the necessary support and challenge. Level 1 concerns are those that are managed by individual contract officers and clinical nurses with oversight from their line managers. These processes support the management of safeguarding enquiries where concerns exist regarding provider quality.

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