Hounslow

SAFEGUARDING ADULTS Board

Annual Report 2022-23

Important Contact Details

If you need to report a safeguarding adults concern, you should call:

- Adult Social Care First Contact: 0208 583 3100
- Out of Hours – Emergency Duty Social Worker: 020 8583 2222

If you need to report a crime:

- In an emergency, dial 999
- Non-emergency police number: 101

If you would like advice in relation to safeguarding adults concerns, please call:

- Safeguarding Adults Service
  - 020 8583 4515
  - safeguardingadults@hounslow.gov.uk

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

- DoLS team
  - 020 8583 4950
  - dols@hounslow.gov.uk

You can also visit:

https://www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk

Contents:

1. Introduction

This annual report of the Hounslow Safeguarding Adults Board covers the period 1st April 2022 to 31st March 2023. The Board regularly met during the year and sought assurance from all partner agencies that adults in Hounslow were being safeguarded. This annual report reflects agency emphasis during the year on dealing with priority issues and it is to the credit of all safeguarding agencies in Hounslow that developmental activity continued despite many pressures.

The network of Board sub-groups continued to drive the adult safeguarding agenda for Hounslow during the year. Service delivery pressures were exacerbated by workload issues around recruitment. The muti-agency case audits conducted by members of the Quality Assurance sub-group were effectively paused for part of the year due to the commissioning of an external multi agency safeguarding adults audit. Individual agencies continued to maintain key elements of their internal safeguarding training by maximising the use of on-line events.

The role of the board is to ensure that Hounslow has robust multi-agency policies, procedures and practice which promote the safeguarding of vulnerable adults. This is achieved through a blend of support and challenge with agencies prepared to be open and transparent with regard to their performance. During the year the Board was subject to an externally facilitated challenge event with individual board members having the opportunity to feedback on how they considered the board to be achieving its key outcomes. The feedback was positive about the way the safeguarding partnership contributes to the standard of multi-agency working necessary to safeguard adults. Members continued to be generally satisfied with the operation of the board and its subgroups including agenda planning and with the degree of transparency and challenge evidenced in meetings. There were still concerns voiced on the understanding of some member organisations with regard to their duties under the Mental Capacity Act. The external audit of approximately 50 safeguarding cases with multi-agency involvement, which has been commissioned by the Board, should highlight any issues of practise to be addressed. A further area which members of the Board wanted to see better developed was engagement with service users who had lived experience of the safeguarding process. The local authority commissioners have been working with the local Healthwatch to set up and support a user group who will feed first-hand experience of the safeguarding process into the Board.

Engagement with people who have experienced the safeguarding process is essential in helping agencies to make further improvements and so enabling vulnerable people to feel safe. The Board has an on-line form to gather feedback. Personal contact from adult services managers is being made with people at the end of a safeguarding event to check out their experience of the process, as well as recording on the Council's electronic case management system whether their desired outcomes have been met. However, not all sevice users will feel comfortable in giving critical feedback in this way. The new support group to be facilitated by Healthwatch will provide the independent element that is currently missing .

Through the Adult Safeguarding Board, the multi-agency partnership is working well to maximise the safety of vulnerable adults in Hounslow.

Steven Forbes
Chair, Hounslow Safeguarding Adults Board

2. Who we are

Hounslow Safeguarding Adults Board is a group of local organisations who come together to prevent and intervene when local residents with care and support needs are at risk or subject to abuse (adults at risk). They include:

- London Borough of Hounslow
- Metropolitan Police Service
- London Fire Brigade
- Northwest London Integrated Care Board
- Chelsea and Westminster Hospital NHS Foundation Trust
- Hounslow and Richmond Community Healthcare
- West London NHS Trust
- Probation Service
- Her Majesty's Prison and Young Offenders Institute Feltham
- Hounslow Carers Partnership Board
- Healthwatch Hounslow
- London Community Rehabilitation Company
- Hounslow Community Network

The law[1] says that each Local Authority Area must have a board and that people working in the partner agencies must share information (in most cases with the consent from the adult at risk), to protect local residents. The board must publish an Annual Report, Strategy and Business Plan. It must also publish a summary of Safeguarding Adults Reviews[2] where it thinks an adult at risk died as a result of abuse, or has experienced significant abuse, to ensure that learning is shared to prevent similar situations in the future.

The board has a range of sub-groups to carry out its work.

- **Quality Assurance Sub-Group** – Ensures services are delivered to an agreed standard.

- **Safeguarding Adults Review Sub-Group** – Assesses requests for reviews and monitors progress on action points.

- **Safeguarding Adults Managers Group -** Provides advice and guidance on complex cases and thematic safeguarding concerns.

The board must present a copy of its annual report to the Police Borough Commander (or equivalent), Chair of the local Healthwatch, Chair of the local Health and Wellbeing Board and Council Chief Executive.

[1] Care Act 2014 section 43 and Care Act 2014 section 45
[2] Care Act 2014 section 44

2.1 Who is an adult at risk?

An adult at risk of abuse[3] is someone who lives or uses services within the council and:

a) has needs for care and support (whether or not the authority is meeting any of those needs),

b) is experiencing, or is at risk of, abuse or neglect, and

c) As a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.

The description of financial abuse has also been strengthened to include having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused.

This means that we will need to be able to assist more people to live a full life free from exploitation at times that they are vulnerable and unable to protect themselves.

3. What we have achieved in 2022-23

3.1 Governance within the Safeguarding Adults Board

The sub-groups have undertaken the following work.

3.1.1 Quality Assurance Sub-Group

The **Quality Assurance Group** ensures all agencies involved in safeguarding referrals are discharging their adult safeguarding duties towards Hounslow residents appropriately, using the multi-agency audit form, developed by this group.

The group commissioned a safeguarding adults external audit. This audit is focussing on adult safeguarding activity from a selected group of board partner organisations. The purpose of the audit is to analyse safeguarding practice by all key partners and to measure the impact of practice in improving outcomes for our residents.

Training continues to be a standing agenda item for this group, with a focus on providing assurance to the board that partners have effective training structures in place.

[3] Care Act 2014 section 42

The group also looks at the actions and recommendations which come from Safeguarding Adults Reviews; ensuring that they are properly allocated, monitored and implemented.

Provider concern matters and key provider updates are shared, giving the oppoutunity for key stakeholders to be informed about quality issues, outcome of CQC inspections and good news stories.

3.1.2 Safeguarding Adults Review Group

The **Safeguarding Adults Review** (SAR) Group is led by the Council, Police and North west London Integrated Care Board (ICB) as the partners named as the core board members in the Care Act 2014. Senior Joint Commissioning Manager, West London NHS Trust, Hounslow & Richmond Community Health and West Middlesex hospital are also members.

The SAR Group consider whether or not serious harm experienced by an adult, at risk of abuse or neglect, could have been prevented. Learning is identified to enable partners to improve their services and prevent abuse and neglect in the future.

In 2022–23, the SAR Group screened two new referrals. One of these cases was identified as requiring a local review. The review focussed on, risk management, neglect and multi-agency working. One SAR case was concluded in this financial year and an additional five SAR cases are in process.

The Safeguarding Adults Review policy can be found here.

3.2 Key safeguarding board partners

LB Hounslow Adult Social Care

Adult social care | London Borough of Hounslow

Adult Social Care services in Hounslow ensure that Hounslow residents with care and support needs are provided with the right services, information, and support to live healthy independent lives.

North West London Integrated Care Board

Integrated Care Board (ICB) :: NHS North West London (nwlondonicb.nhs.uk)

The Integrated Care Board in North West London (NW London) is the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in NW London.

Chelsea and Westminster Hospital NHS Foundation Trust

Homepage — Chelsea and Westminster Hospital NHS Foundation Trust (chelwest.nhs.uk)

Chelsea and Westminster Hospital NHS Foundation Trust is one of the top ranked and top performing hospital trusts in the UK, who employ more than 6,000 staff over two main hospital sites, Chelsea and Westminster Hospital and West Middlesex University Hospital, and across 12 community-based clinics within North West London.

Joint Commissioning Team, London Borough Hounslow

Metropolitan Police Service

Home | Metropolitan Police

The Metropolitan Police Service work closely with local authorities, community leaders and residents to decide policing priorities for the area. This helps to find useful, long-term solutions to local problems, while maintaining a wider focus on reducing crime across London.

West London NHS Trust

Home :: West London NHS Trust

West london NHS Trust provide mental health and community services for adults across the London boroughs of Ealing, Hammersmith and Fulham and Hounslow – in the community, in hospital, specialist clinics and forensic (secure) units.

Hounslow and Richmond Community Healthcare (HRCH)

Home :: Hounslow & Richmond Community Healthcare (hrch.nhs.uk)

Hounslow Richmond Community Health provides community health services for around 523,000 people registered with GPs in the London boroughs of Hounslow and Richmond, but also serves a wider population across south west London for a range of more specialist services.

London Borough of Hounslow Community Safety

Community safety | London Borough of Hounslow

London Fire Brigade

Hounslow | London Fire Brigade (london-fire.gov.uk)

In 2022 London Fire Brigade (LFB) worked with Londoners to create the draft Community Risk Management Plan called 'Your London Fire Brigade', published on 1st January 2023. It describes how the LFB will better engage, protect, learn from, and represent London's communities over the coming years.

London Ambulance Service

Home - London Ambulance Service NHS Trust.

3.3 Improved engagement with the people to whom we offer a service

3.3.1 Engaging residents using services

People who have used safeguarding services and/or their carers are asked to fill in a user feedback form about their experience. In 2022-23 there were ten feedback forms completed. The majority of the feedback was positive. For more information please see section 4 of this report.

3.3.2 Supporting Family Carers

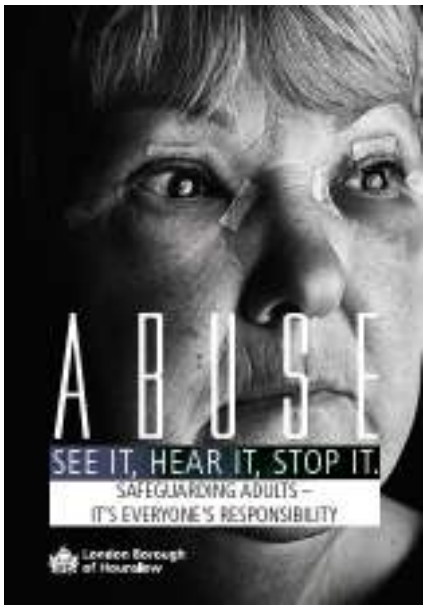
A representative of the Carers' Partnership Board sits on the board.

3.4 Letting people know what safeguarding is

A key part of the board's prevention work is to try and empower people to protect themselves from abuse and neglect by ensuring they are informed about their rights, know how to keep safe, and can recognise abuse of themselves or another.

Our performance indicators have shown that we are receiving a low number of referrals from black and minority ethnic (BAME) communities relative to population. Therefore, one of the key priorities of the board is to increase awareness of safeguarding amongst these communities.

The ‘Abuse’ leaflet from our previous campaign is available to download from CarePlace (Safeguarding adults from abuse, neglect and domestic violence) and the LBH website. Two pages of A guide to Adult Social Care in Hounslow are designated to identifying what counts as abuse, exploitation and neglect together with signposting sources of support including the online reporting tool. A link to the online form is also included in the permanent footer of every ASC GovDelivery eBulletin sent out including ‘Information for carers’ and ‘Happy and Healthy in Hounslow 60+’.



The adult safeguarding website has information for residents and professionals. You can use it to make a safeguarding referral, find information about the Safeguarding Adults Board, download the safeguarding leaflet, or read safeguarding policies and procedures. The site can be found at:

www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk

3.4.1 Voluntary and Community Sector engagement

The board continues to try to work with the VCS and there are two seats on the board for representatives of the Hounslow Community Network.

3.5 Modern Slavery

Adult Social Care continues to fund a part time advocate role within the Community Safety Team to work specifically with adult victims of modern slavery. Building upon the challenges identifying and responding to issue relating to Modern Slavery, the borough has a Safer Communities Strategy for 2021-2024, which includes Modern slavery. The strategy intends to address and improve on the way victims of modern slavery are identified and supported.

In February 2022, the Advocate collaborated with Barnardos, Kalayaan, Unseen, The Human Trafficking Foundation, SFIDA and the Metropolitan Police Modern Slavery Team to highlight the issue by creating a series of webinars on human trafficking, domestic servitude, labour exploitation, criminal exploitation, child exploitation & sexual exploitation.

This was offered to staff across the Council as well as frontline services in the local community such as GPs, hospitals, sexual health clinics, and food banks. Council staff attended from a variety of internal departments, such as, Adult

Social Care, Children Social Care, Resident Services, and the homelessness department. On average, 40 attendees accessed each of the sessions.

Recently, the advocate received a referral from the Council's Enforcement Team. This referral detailed concerns detailing health and safety and premise license breaches at an identified venue. There were also concerns about workers potentially living and working in very poor conditions. It was agreed that a multi-agency approach would be best suited to gather further information and there were various professionals' meetings to discuss visiting the premises.

The advocate eventually attended the premises unannounced alongside the Metropolitan Police Modern Slavery Team, and the council Health and Safety and Enforcement Teams. Several people were at the venue and the advocate was able to speak to them to introduce the service and offer support. Although no one identified themselves as victims of Modern Slavery or accepted any kind of support. General advice about housing and safety was provided and accepted, this information ensured that the people were aware of where they could seek assistance if they wanted this in the future. The outcome of the visit was a positive experience overall. The advocate was able to engage directly with potential victims and provide them with information they may not have had before. The visit was also enabled to the advocate to build on partnerships with internal and external partners.

Since 2022, the Advocate has received 11 referrals. Referrals have been from Adult Social Care, Hestia and the Asylum Seeker Team within the Council. Of the 11 cases, 2 have self-referred. The type of Modern Slavery has varied across these cases – 5 have been identified as labour exploitation cases, 1 has been identified as a case of domestic servitude, 2 cases of sexual exploitation, 2 human trafficking cases and the remaining victim has so far been referred as potential victim of Modern Slavery, this is a new referral and therefore this case is yet to be explored. The majority of these cases have been responded to initially by the police, immigration, or by third-party organisations sub-contracted by the Home Office, to support the welfare of victims already referred to the National Referral Mechanism.

One case that came to the advocate's attention this year involved a female victim of domestic servitude. The concerns were raised after the female attended a local church and disclosed that she had been brought to the U.K. by a Diplomat from Uganda. The Diplomat had promised her employment in her private household as a domestic worker and although this was true, she was forced to work unreasonable hours with little pay and was locked in the property, without money or food, whilst the Diplomat went on holiday abroad. The female was also asked to have a baby on behalf of the Diplomat; upon refusal, she was threatened with deportation and threats that she would come to harm. The female was eventually able to escape, however she was re-exploited twice more and found herself in situations of domestic servitude, before she contacted a church who forwarded her concerns on to a Council Member, who then forwarded the case to the

advocate. The advocate attended the Police Station to offer emotional and practical support to the female whilst she worked with police to enter the NRM process. The advocate successfully found the victim safe accommodation outside of London where she stayed for a significant amount of time and received ongoing support.

4. How do we know what we are doing is working?

4.1 What do adults at risk think?

Resident engagement is a challenge across many Local Authorities and Hounslow is no different. We have sought numerous ways to do this. We still seek to get resident feedback following Safeguarding Enquiries, requesting that a questionnaire is completed either with the Social Worker or independently. This has had a mixed response. We are working with Hounslow Healthwatch who are setting up a group, 'safeguarding adults forum', for residents with lived experience of safeguarding processes, who can feed in both to our Hounslow Safeguarding Adults Board and also to the London Safeguarding Board.

4.1.1 Compliments and complaints

Residents who have been through the safeguarding process and/or their carers are asked to fill in a feedback form at the end of the safeguarding process. This form is available to fill in online at the Hounslow website and is also available in hard copy and easy read format. Anonymised responses are monitored by the Quality Assurance Sub-Group and will be used to improve services where applicable.

The form was launched in February 2017. Ten responses to the questionnaire were received between 01st April 2022 and 31st March 2023. The results are shown below. Although the responses are generally positive, we will continue to develop our engagement and explore other methods to understand and improve the experiences of our service users.

4.1.2 Community Social Work

Did you feel listened to during conversations and meetings with people about helping you feel safe?		**Did you get the right information during the concern? (This could be spoken or written).**		**Were you able to understand the information given to you during the concern?**		**How happy are you with the service you received?**		**How happy are you with the way people dealt with the concern throughout?**		**Do you feel that you are safer now as a result of the help from people dealing with the concern?**	
I was **always** listened to	6 (60%)	I got **a lot** of information	4 (40%)	I was able to understand **all** of the information	7 (70%)	I am **very** happy with the end result	5 (50%)	I am **very** happy with how people dealt with the concern	6 (60%)	I feel **a lot** safer now	5 (50%)
I was listened to **quite a bit**	1 (10%)	I got **quite a lot** of information	3 (30%)	I was able to understand **most** of the information	0 (0%)	I am **quite** happy with the end result	2 (20%)	I am **quite** happy with how people dealt with the concern	1 (10%)	I feel **quite a bit** safer now	2 (20%)
I was **not** listened to **very much**	1 (10%)	I did **not get very much** information	0 (0%)	I was **not able** to understand **much** of the information	0 (0%)	I am **not very** happy with the end result	0 (0%)	I am **not very** happy with how people dealt with the concern	0 (0%)	I feel **not much** safer now	1 (10%)
I was **not** listened to **at all**	2 (20%)	I did **not get any** information	3 (30%)	I was **not able** to understand **any** of the information	-	I am **not at all** happy with the end result	3 (30%)	I am **not at all** happy with how people dealt with the concern	3 (30%)	I feel **not at all** safer now	2 (20%)
				I did **not get any** information	3 (30%)						
Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)

Adult Social Care has successfully implemented the core assessment function outlined in the Care Act 2014. There has been a refocusing of activity in the last year to ensure we also seek to prevent and delay need. This has involved presenting clear information about the services that residents can access independently. The main vehicle for presenting this information is CarePlace, a web based directory.

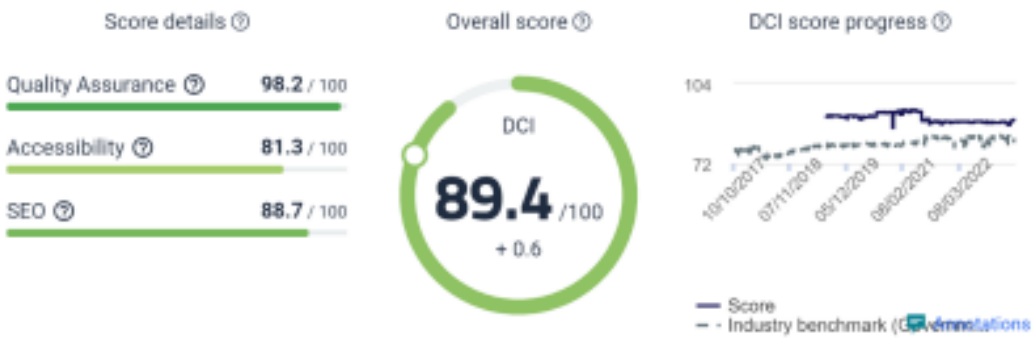
CarePlace online ASC directory

CarePlace is an online Adult Social Care advice and information directory run by Hounslow Council in partnership with 5 other London Boroughs. Established to help deliver the resident information requirements of The Care Act 2014, it covers

care and support services, work, money, health & wellbeing, carer support, housing, leisure, and safeguarding.

Our main Key Performance Indicator for the directory is the SiteImprove Digital Certainty Index (DCI) score calculated by SiteImprove. SiteImprove is a tool that measures site quality (how often updated, readability, broken links, and misspellings), accessibility and search engine optimisation (SEO).

We ended 2022/23 with a DCI score of 89.4%, just below our target of 90%. The Government benchmark figure for the year was 80.9%.



During the previous year we had the challenge of updating pages to reflect the reduced or adapted services offered during the pandemic. This year, we had the challenge of checking and amending information, as services returned to 'normal.' We removed the alert notices, brought pages back to life and checked opening hours, etc. As one emergency ended, another began with the cost of living crisis. We have added services set up to assist residents who are struggling financially, new food banks, debt advice organisations and a Cost of Living Information Sheet that we update regularly.

We have used the directory's pages, news section and homepage banner to promote various campaigns and awareness days including Warm Spaces, Pride, Carers Week and Learning Disability Week.

GovDelivery email bulletins and subscribers

Information for Carers ended the year with 1901 subscribers. The publication is updated regularly and is now five years old.

Gazebo Pop-up ASC info shop appearances

While many of the big outdoor community events have not returned after the pandemic, the pop-up shop attended **25** events including a regular monthly booking at West Middlesex Hospital and in support of the ComSol Cost of Living Marketplace Roadshows. Todd the Therapy Dog came out with us to several events!

Print publications

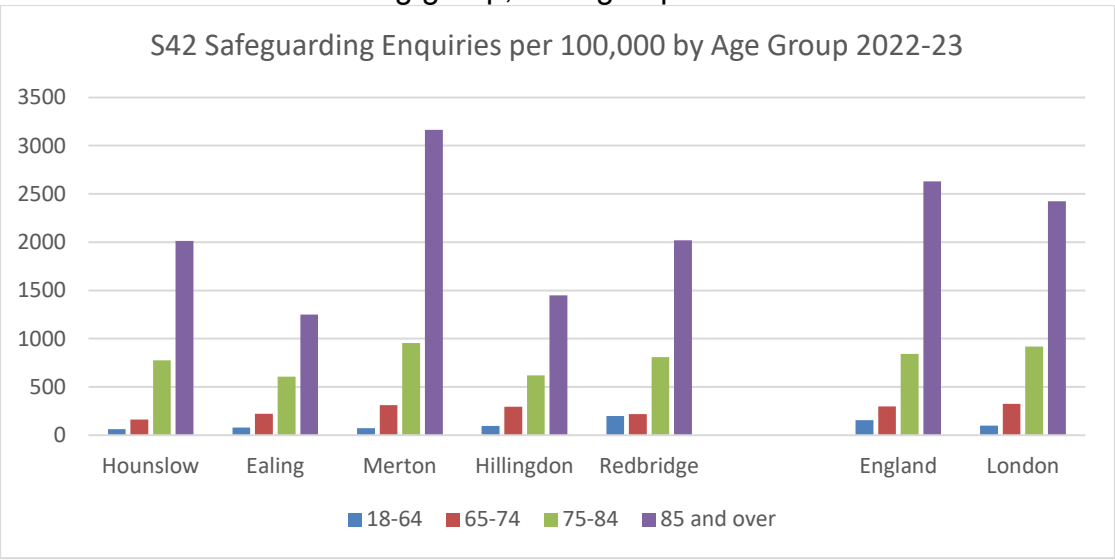
A Guide to Adult Social Care was updated to remove information specific to the Covid emergency period. A section on Lasting Power of Attorney was added along with advice for residents with No Recourse to Public Funds (NRPF).

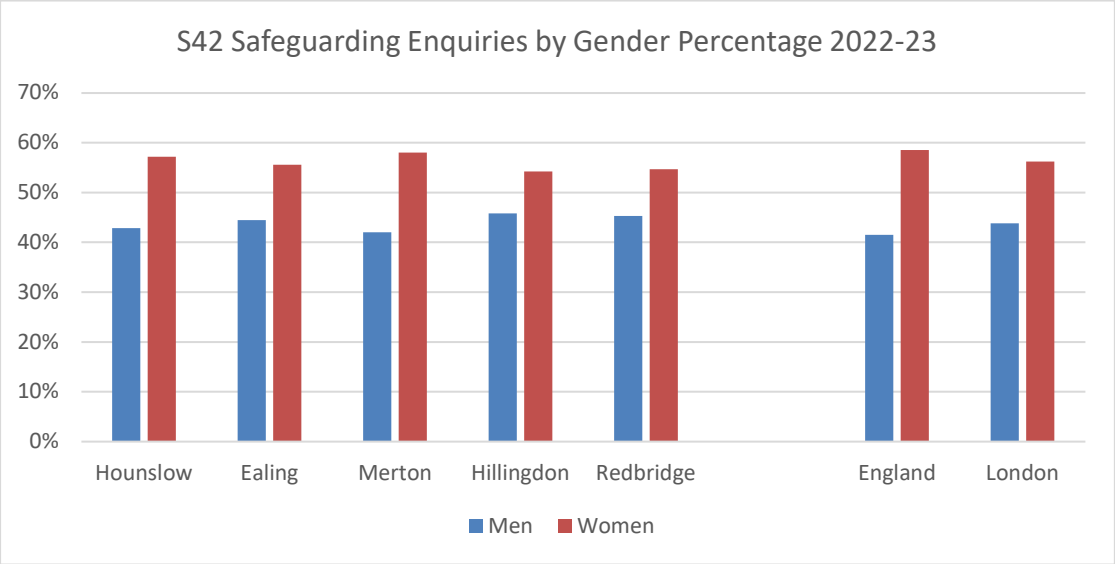
5. What the statistics tell us about safeguarding in Hounslow

The following information is taken from the Safeguarding Adults Collection (SAC) which is published on NHS Digital. The way in which data is defined is different from the day to day reality of people experiencing and responding to adult safeguarding concerns. This report uses the Safeguarding Adults Collection so that a consistent account is portrayed.

The graph below compares the number of safeguarding enquiries made (a concern which progressed to an enquiry) in 2022-23 broken down by age group.

It shows that Hounslow compares well with London and is comparable with other councils in the benchmarking group, in all groups.

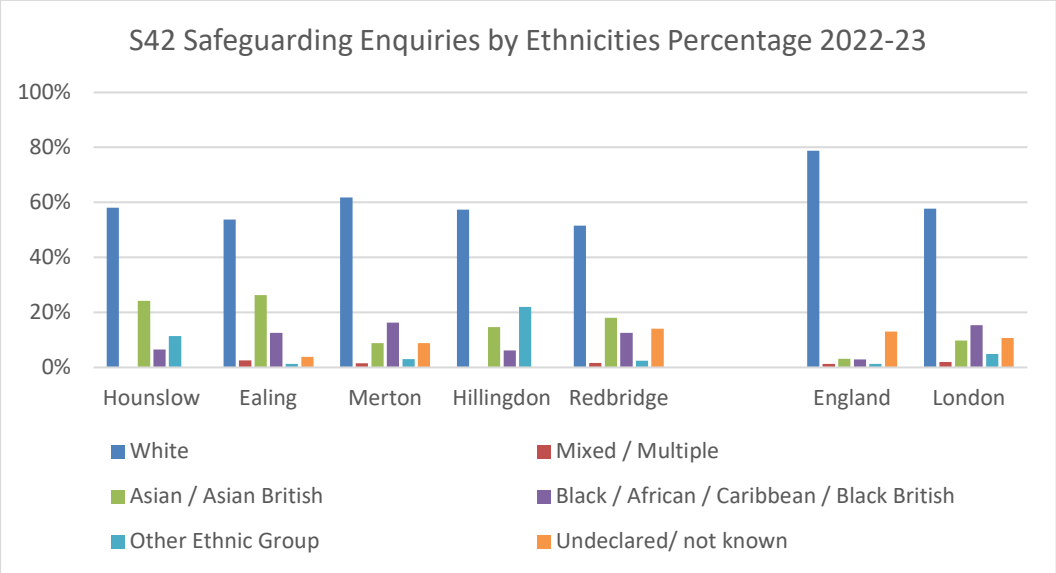




The above chart shows percentage of safeguarding enquiries for each gender to provide useful comparison.

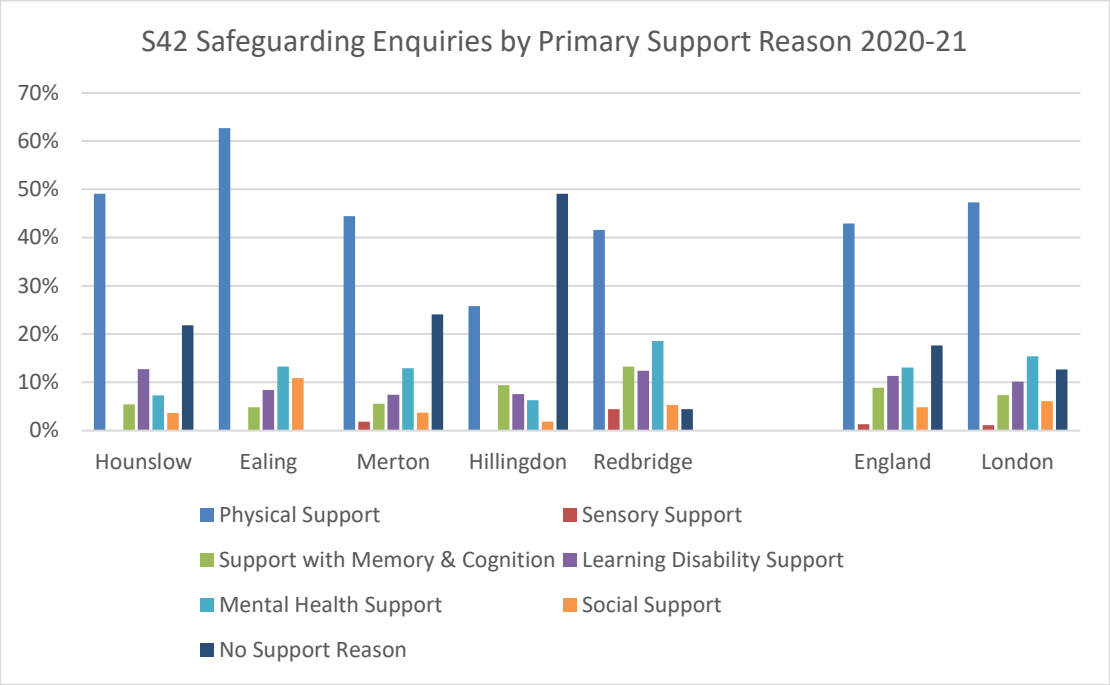
The referral rate comparing the numbers of men and women referred, suggests engagement with men in Hounslow has decreased slightly from 2021-22 when it was at 47% and engagement with women in Hounslow has increased from 53% in 2021-22.

The overall pattern of engagement with residents is similar to other London and local comparator boroughs. Comparative data looking at groups with other protected characteristics is not available.



The above chart shows percentage of safeguarding enquiries for ethnicity groups to provide comparison.

The graph shows that we are struggling to engage with Asian/ Asian British and other ethnic groups, but this is a common concern with other Boroughs also. More work will need to be done to raise awareness of hidden demand in these communities.



The above chart shows percentage of safeguarding enquiries by Primary Support Reason to provide useful comparison.

A total of 684 concerns were raised in 2022-23. This is a significant decrease from 2021-22 (771). 590 concerns progressed to an enquiry. Of these 88 were repeat referrals as compared with 104 in the previous year. Identifying repeat referrals highlights patterns which can be used to improve the response to individual adults at risk. The number of concerns that resulted in enquiries being made has decreased: 592 enquiries were made in 2021-22 as compared with 668 in 2020-21.

The key points arising from this return are:

The consent of the adults at risk to open safeguarding enquiries is always sought, and in the majority of cases the adults at risk were found to have capacity. Not all adults at risk want safeguarding enquiries to proceed, especially where friends or family were involved in the abuse. Where residents ask us not to investigate, and have mental capacity to do so, we will respect that decision except in exceptional circumstances for example where others may also be at risk (public interest), or where the person is at high risk of serious harm or death (vital interest).

The Care Act 2014 (Section 42) says that adult safeguarding should be available to people who have care and support needs, who are at risk of, or are enduring abuse and neglect and are unable to protect themselves because of the those needs. To some extent the information above reflects the group of people that

are described in the data presented above. The publicity campaign and community development work described above are designed to try and reach more people within Hounslow.

5.1 Audit

5.1.1 Internal Audit

The Safeguarding Adults Team is tasked with completing an audit of 10 completed safeguarding episodes each month.

There was evidence of a clear rational for decision making, the application of the Mental Capacity Act and evidence-based practice.

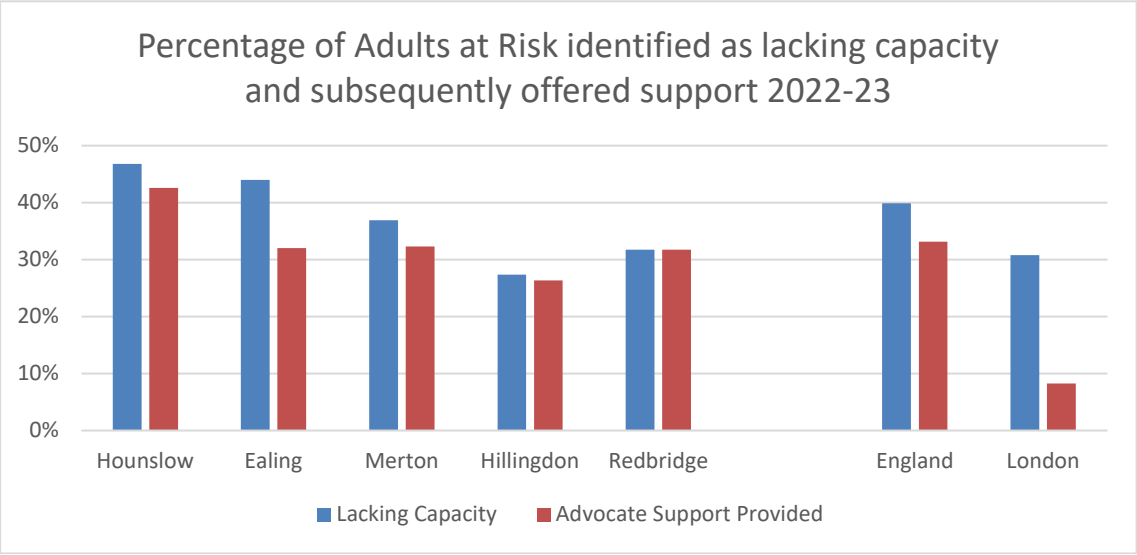
Audit results are fed back to Safeguarding Adult Manager and teams with mandated actions which are then followed up within professional supervision. Training needs & learning from audits shared with wider Safeguarding Adult Manager group by the Principle Social Worker. Training and development initiatives are developed to address identified training needs.

5.1.2 External Audit

A multi agency safeguarding adults audit has been comissioned. 50 cases with multi agency involvement will be audited with a focus on analysing safeguarding practices by partner organisations.

5.2 Independent Mental Capacity Advocates (IMCAs)

Hounslow identifies above average (47% against a London average of 31%) number of adults at risk lacking capacity and a higher rate of those people received support provided by an advocate, family or friend (43% against a London average of 8%).



Independent Mental Capacity Advocates (IMCAs) can support people who lack capacity to make specific decisions were there are no other suitable, unpaid independent people who can[4] :

- Support and represent the person;
- Consult with others;
- Ascertain the person's wishes, feelings, preferences and values;
- Ensure all possible courses of action are considered; and
- Check the framework of the Mental Capacity Act is followed.

The person making the decision must contact the local advocacy provider when they are considering changes in accommodation or serious medical treatment. They may also ask for an IMCA to become involved when a care review takes place.

Whether or not there is someone to support an adult at risk, a decision maker may also ask for an IMCA to become involved where an adult safeguarding issue is being considered.

Why are they referred?

An IMCA will only see a person who lacks capacity to make the decision about which they are being consulted. The impairment/disability of IMCA clients are listed below. Please note that the list includes non-mental capacity related disabilities and conditions. This is because clients may have more than one impairment/disability.

5.3 Deprivation of Liberty Safeguards (DoLS)

It is difficult to define a Deprivation of Liberty[5]: In practical terms it allows a hospital or care home to restrict someone's (the Relevant Person) freedom of movement where they lack capacity, and it is thought be in their best interests. The Supreme Court said that the "acid test"[6] is if a person:

- Has a lack of capacity to make the relevant decision;
- Is unable to leave the place in which they are accommodated; and
- is under continuous supervision and control.

This is both clearer than previous case law and includes far more people than it would have in the past. As a result, the council has seen a significant increase in referrals.

Substantial progress has been made in managing the administration of requests received from Managing Bodies (nursing and residential homes). Potential deprivations are considered and referred at the point that placements are

[4] Mental Capacity Act 2005 Code of Practice Issued by the Lord Chancellor on 23 April 2007 in accordance with sections 42 and 43 of the Act
[5] http://www.scie.org.uk/publications/ataglance/ataglance43.asp
[6] P (by his litigation friend the Official Solicitor) (Appellant) *v* Cheshire West and Chester Council and another (Respondents) P and Q (by their litigation friend, the Official Solicitor) (Appellants) *v* Surrey County Council (Respondent). March 2014

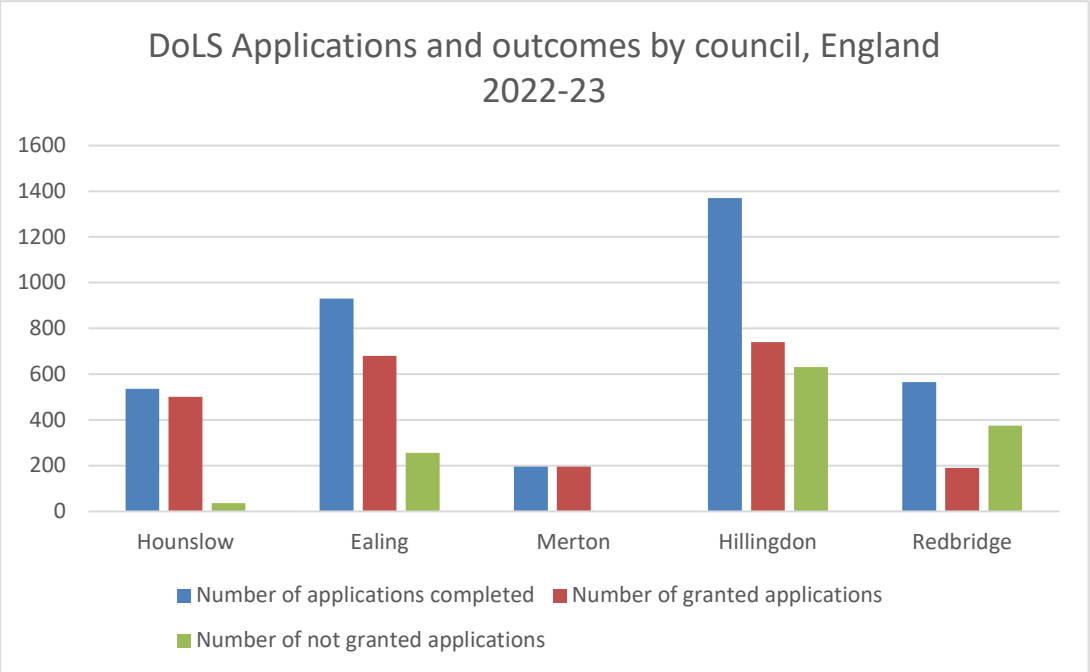
considered. A process of contacting Managing Bodies to proactively ask whether they have identified residents who should be referred is in place. We now have a better understanding of the people who should be subject to an authorisation.

A combination of improved practice amongst provider organisations and increased rigour in the inspection process led by the Care Quality Commission has resulted in a sustained increase in the number of authorisations requested. The council (the Supervisory Body) has increased the number of signatories available, streamlined the authorisation process and invested in additional administrative support. While this has significantly reduced delays in authorising completed assessments, we continue to experience significant pressure in this area.

Number of Authorisations - Requested/Granted

	2019/20	2020/21	2021/22	2022/23
Deprivation of Liberty authorisations Requested	614	596	450	535
Deprivation of Liberty authorisations granted	463	430	420	500

NHS Digital - DoLS Applications and outcome by council, England



The Deprivation of Liberty Safeguards (DOLS) extended the IMCA role to act as a key safeguard to people who may be subject to this legislation.

There are three distinct IMCA roles in the Deprivation of Liberty Safeguards. These are referred to by the Sections in the amended Mental Capacity Act where they are described.

- Section 39A IMCA's: Supporting and representing people who are being assessed as to whether they are being or need to be deprived of their liberty.
- Section 39C IMCA's: Covering gaps in the appointments of relevant person's representatives for people who are subject to an authorisation.
- Section 39D IMCA's: Providing support to a person or their unpaid relevant person's representative in relation to their rights where a deprivation of liberty has been authorised.

These roles have distinct powers and responsibilities. Collectively in the report they are referred to as the DOLS IMCA roles[7].

5.3.1 Deprivation of Liberty in Community settings

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 and form part of the Mental Capacity Act 2005. DoLS are designed to legally authorise restrictive care situations for people who lack capacity to consent to them, and who meet all the criteria – which include being resident in a care home or a hospital. A landmark ruling by the Supreme Court in March 2014 effectively set a new and much lower threshold for deprivation of liberty in all settings, and also made it clear that applications should be made to the Court of Protection to authorise the care of people who may be being deprived of their liberty in settings other than care homes or hospitals – including supported living projects, living with family members and receiving care in their own homes. The responsible organisation for making these applications is the agency providing or commissioning that person's care needs. In the majority of cases this will be either a local authority or NHS body.

There is currently a substantial backlog of cases throughout England and Wales waiting to be dealt with by the court, so we are expecting significant delays before the court can make its rulings.

[7] The Sixth Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2012/2013

6. Safeguarding Stories

HSAB has adopted regular use of 7-minute briefings for SAR cases and other safeguarding case examples, which can inform multi-agency safeguarding practice.

The stories below are real and provided by our multi agency partners. We have changed any details that might identify the people concerned.

COVID Case Summary Karl

Karl was 92 and living with dementia and other health issues including pressure ulcers. He had moved to a Nursing Home (NH) from hospital on a Discharge to Assess (D2A) pathway.
He was informally supported and advocated for, by his adult children who lived locally.
NH staff were advised by health services about pressure ulcer care.

Karl was not always compliant with his care, sometimes chose to stay in bed, and would not always eat or drink well.

A Safeguarding concern was raised by the GP surgery because:

1. One of Karl's pressure areas was extremely severe and infected.
2. He was dehydrated when admitted to hospital with signs of sepsis.
3. He alleged that a member of staff at his NH had hit him.
4. No Deprivation of Liberty (DoLS) authorization was requested by his NH (although there was evidence, he lacked capacity to consent to his admission)
5. NH staff were not working in partnership with healthcare.

He was discharged directly to a hospice for end-of-life care. His family were distressed by the neglect they alleged by the NH.

Challenges

- COVID -19 restriction on visiting meant Karl's family did not see him in person.
- Family had a previous poor experience of their mother's care.
- Karl was not consistently compliant with the treatment and care needed to heal his wound.
- His wounds were acquired prior to his admission to the NH.

- NH had clinical responsibility for Karl's care (including his healthcare) HOWEVER…
- NH did not seek advice / report concerns promptly.
- NH did not record forensic evidence (ongoing record of his wounds, any evidence of him being hit by a member of staff)
- NH staff did not work willingly with healthcare services and tried to discourage their visits.
- NH staff were not honest about that day's events.

- GP Surgery sent a final year student with the Practice Nurse to assess the wound.
- This non-essential visitor became a diversion from Karl's clinical needs.
- Communication was heated between NH staff and Practice Nurse (in front of Karl)
- Lack of forensic evidence made it challenging for the Safeguarding Enquiry Officer.
-

Learning

1. Interprofessional working MUST be prioritised to meet urgent / complex needs.
2. Duty of Candour means being honest about what has (or hasn't) happened, even if that means Safeguarding for Neglect.
3. Most forensic evidence was lost with time passed.
4. The 'voice of the adult at risk' must be heard – if it is not, advocacy or investigation is needed. Karl alleged staff hit him – the internal enquiry was not reported or shared.
5. Karl's was apparently being deprived of his liberty (as he lacked capacity to consent to his stay in the NH), yet DoLS authorisation was not sought.

Outcomes

- Safeguarding eventually resulted in a better understanding of Karl's needs and what went wrong.
- Unfortunately, Karl was approaching the end of his life, following the infection he contracted.
- A comprehensive action plan was put in place for the NH and the local authority to work together to improve for the benefit of other residents.

7. What we plan to do in the coming year

includes a session on the importance of forensic evidence and our responsibilities.

The board has made substantial progress during 2022-23. The priorities for the coming year are set out in the board strategy and three-year business plan.

The key priorities for the coming year are:

- Assuring that the Mental Capacity Act and the Liberty Protection Safeguards Amendment Act is clearly understood and applied into practice.
- Identify and address key areas of concern where the lack of think family is leaving adults at risk.
- Ensure there is a good understanding of financial abuse across partner agencies and the public.
- Develop a multi-agency strategy for safeguarding engagement, to ensure the voice of the service user is heard.
- Develop a multi-agency strategy for effective provider engagement.
- Disseminate learning from SARs across all board agencies and feedback to sources.

8. Useful Contacts

Questions about the report

If you have any questions about this report, please contact Mun Thong Phung, Director, Adult Social Care and Health

Tel: 020 8583 3009
Email: Mun-Thong.Phung@hounslow.gov.uk

Safeguarding Training

If you would like to access safeguarding training for organisations in Hounslow, please contact the Learning and Development Team.

Tel: 020 8583 3098
Email: angela.mcevilly@hounslow.gov.uk

Safeguarding Referrals

To raise any safeguarding concerns, you should call:

- Adult Social Care First Contact: 0208 583 3100
- Out of Hours – Emergency Duty Social Worker: 0208 583 2222

If you need to report a crime:

- In an emergency, dial 999
- Non-emergency police number: 101

If you would like advice in relation to safeguarding adults' concerns, please call

- Safeguarding Adults Service (SAS)
  - 020 8548 4515
  - safeguardingadults@hounslow.gov.uk

If you would like advice in relation to Deprivation of Liberty Safeguards (DoLS), please call:

- DoLS team
  - 020 8548 4950
  - dols@hounslow.gov.uk

You can also visit www.hounslow.gov.uk/safeguardingadults

APPENDIX 1

Safeguarding Adult Review Briefing – "X"

Rationale for Safeguarding Adults Review (SAR) 1

The Hounslow Safeguarding Adults Board (HSAB) regularly carries out SARs. They are extensive pieces of work, that look in detail at cases when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern that partner agencies could have worked more effectively to protect them. They are intended to ensure that we learn from cases. This is a single agency review, focused on the practice of the Local Authority but with an interest in learning that can be beneficial to the wider multi-agency system.This Safeguarding Adults Review involves a woman, Adult X who lives with physical disability with experience of mobility problems. Adult X does not have any cognitive impairment and is well-educated. Adult X uses a wheelchair and communication technology. At the time of the review period Adult X was in a relationship with, Adult Z who was believed to have a level of learning difficulties. Adult X was also supported by her mother, Adult Y.

What happened? 2

Adult X's ex-partner, Adult Z was arrested and subsequently, convicted of sexual offences against children resulting in a custodial sentence of over 25 years. A Safeguarding Children Practice Review of intergenerational child sexual abuse involving a number of children and adults was carried out by another London Borough. In the course of this review concerns were raised about Adult X's own experience and allegations of abuse and exploitation. The Safeguarding Adults Review is concerned about whether there were any opportunities for agencies in Hounslow to act to protect Adult X from abuse and exploitation.

Conclusion 7

Adult X was not known to local services at the time of her abuse, she was purchasing her care privately and concerns raised by family appeared to fall beneath safeguarding threshold for a person without cognitive impairment. This review has primarily focused upon the role of adult social services and the main area of learning is in ensuring individuals who privately purchase their care are offered the same information and awareness of safeguarding services as those whose care is organised or funded through the Local Authority.

Terms of Reference 3

The Terms of reference reflect the areas of learning that the Board have identified:

1. Were any opportunities missed, by any of the multiple agencies at any point?
2. Did the practice by the different agencies meet the expected level of standards?
3. Was the communication between the multiple agencies involved in this case, of a sufficient level?
4. Where appropriate interventions offered?

Other areas of learning 6

Adult X and Adult Z met at a service for adults with learning disabilities, and other disabilities managed by a community interest company. The London Borough of Hounslow London Borough of Hounslow have done some work on supporting community and voluntary services. The Borough has proposed new post of a Safeguarding Social Worker with a particular role in supporting the voluntary sector and community groups. The aim is to *"strengthen [community and voluntary sector groups] understanding of safeguarding, their safeguarding processes and policies, provide some training, generally just strengthen the voluntary and informal services."*

Finding 2 5

Formalising the use of intermediaries

Adult X was well supported by family who were present with her throughout later safeguarding processes. Adult X had been able to talk openly about her experiences with Adult Y present, which was taken as implicit consent to share information; this evolved into a practice of using Adult Y as an intermediary during the safeguarding enquiry without having formalised this role. In most cases, such as Adult X, consent may be expected and the actions are administrative, however it is an important concept in law that individuals should be in control of their personal data and how it is managed.

Finding 1 4

Access to safeguarding and domestic abuse services

Adult Y was concerned about the vulnerability of Adult X in her relationship with Adult Z but appeared to have limited knowledge about how to raise her concerns and who to approach for safeguarding and domestic abuse support.

Recommendation
When individuals receive an assessment of need, they should be provided with written information on safeguarding, domestic abuse, and safe recruitment.

For more information on SARs go to https://www.hounslow.gov.uk/info/20130/safeguarding_adults_at_risk **and select Safeguarding Adults Board**

APPENDIX 2

EXTRACT FROM THE SAFEGUARDING ADULTS COLLECTION 2022/23

Please note Table SG1f collects counts of cases, not counts of individuals

Table SG1f	
Counts of Safeguarding Activity	**Count**
Total Number of Safeguarding Concerns	685
Total Number of Section 42 Safeguarding Enquiries	359
Total Number of Other Safeguarding Enquiries	25

The NHS Digital definition of Other Safeguarding Enquiries is as follows:

Those enquiries where an adult does not meet all of the Section 42 criteria, but the council considers it necessary and proportionate to have a safeguarding enquiry.

Whilst each council has the authority to decide what Safeguarding activity, they undertake for adults who do not meet the Section 42 criteria, some examples could include safeguarding to promote an individual's well-being as related to the areas in Section 1 of the Care Act, or for carers who do not qualify for Section 42.

In practice the total number of section 42 (Care Act 2014) and other safeguarding enquiries are treated in the same way. This report combines both figures as concerns progressed to enquiries. We are therefore reporting 362 concerns progressed to an enquiry.

Table SG1a	Age Band						
Counts of Individuals by Age Band	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Not Known**	**Total**
Individuals Involved In Safeguarding Concerns	245	76	131	111	18	0	**581**
Individuals Involved In Section 42 Safeguarding Enquiries	119	32	82	69	13	0	**315**
Individuals Involved In Other Safeguarding Enquiries	7	4	5	6	3	0	**25**

Table SG1b	Gender			
Counts of Individuals by Gender	**Male**	**Female**	**Not Known**	**Total**
Individuals Involved In Safeguarding Concerns	254	327	0	**581**
Individuals Involved In Section 42 Safeguarding Enquiries	136	179	0	**315**
Individuals Involved In Other Safeguarding Enquiries	11	14	0	**25**

Table SG1c	Ethnicity							
Counts of Individuals by Ethnicity	**White**	**Mixed / Multiple**	**Asian / Asian British**	**Black / African / Caribbean / Black British**	**Other Ethnic Group**	**Refused**	**Undeclared / Not Known**	**Total**
Individuals Involved In Safeguarding Concerns	320	8	126	36	64	0	27	**581**
Individuals Involved In Section 42 Safeguarding Enquiries	178	4	74	19	37	0	3	**315**
Individuals Involved In Other Safeguarding Enquiries	19	1	2	1	1	0	1	**25**

Table SG1d	Primary Support Reason								
Counts of Individuals by Primary Support Reasons	**Physical Support**	**Sensory Support**	**Support with Memory & Cognition**	**Learning Disability Support**	**Mental Health Support**	**Social Support**	**No Support Reason**	**Not Known**	**Total**
Individuals Involved In Safeguarding Concerns	243	6	13	70	78	35	0	136	**610**
Individuals Involved In Section 42 Safeguarding Enquiries	157	3	5	40	23	19	0	59	**291**
Individuals Involved In Other Safeguarding Enquiries	13	0	1	5	1	2	0	3	**21**

Section 2: Case Detail Tables

All information recorded in these tables should be about the cases that concluded during the reporting year
Multiples entries per enquiry are permitted in all of these tables.
Some type of risk categories overlap with each other, please record all types of abuse that apply to each enquiry.

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Counts of Enquiries by Type and Source of Risk	Source of Risk			Source of Risk				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Physical Abuse	28	33	31	2	7	4	**92**	**10**
Sexual Abuse	5	7	8	0	1	1	**20**	**2**
Psychological Abuse	19	37	30	3	7	4	**86**	**10**
Financial or Material Abuse	14	33	21	0	5	6	**68**	**9**
Discriminatory Abuse	0	1	2	0	1	0	**3**	**0**
Organisational Abuse	14	3	7	3	0	2	**24**	**7**
Neglect and Acts of Omission	61	42	39	6	3	5	**142**	**14**
Domestic Abuse		26			3		**26**	**2**
Sexual Exploitation	0	0	0	0	0	0	**0**	**0**
Modern Slavery	0	0	0	0	0	0	**0**	**0**
Self-Neglect		28			4		**28**	**4**

Table SG2e	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Risk Outcomes: Where a risk was identified, what was the outcome / expected outcome when the case was concluded?	Source of Risk			Source of Risk				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Risk Remained	1	3	1	0	0	1	**5**	**1**
Risk Reduced	49	42	31	5	4	9	**122**	**18**
Risk Removed	20	22	18	0	2	3	**66**	**6**

Section 3: Mental Capacity Tables

Table SG3a							
Mental Capacity Table for Concluded Section 42 Safeguarding Enquiries	Age Group						
For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?	18-64	65-74	75-84	85-94	95+	Not Known	Total
Yes, they lacked capacity	33	18	25	25	7	0	**108**
No, they did not lack capacity	53	17	28	25	1	0	**124**
Don't know	0	0	0	0	0	0	**0**
Not recorded	0	0	0	0	0	0	**0**
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend?	32	16	22	22	7	0	**99**