Hounslow

SAFEGUARDING ADULTS Board

Annual Report 2023-24

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

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Appendix 1 – 'Mr A' SAR summary

1. Introduction

This annual report of the Hounslow Safeguarding Adults Board covers the period 1st April 2023 to 31st March 2024. 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. Last year 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. The external audit of approximately 50 safeguarding cases with multi-agency involvement, which was been commissioned by the Board, highlighted issues of practise to be addressed as well as positive achievements of the board and its partners.

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.

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
- 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.

- **High Risk Panel** - Supports colleagues addressing risks resulting from hoarding, self-neglect, significant fire risk and complex homelessness.

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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 2023-24

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

Key findings from the audit for all agencies included:

- A stronger focus on interagency work; engagement and information sharing

[3] Care Act 2014 section 42

- A focus on ensuring timeframes for S42 enquiries and safeguarding referrals are met
- Greater promotion of benefits and successes on multiagency interventions
- Extract any significant learning from the high proportion of safeguarding referrals of residents over 75 years old
- More effective monitoring of paid carers in the borough
- Inter borough/ trust work to be sttengthened
- Making Safeguarding Personal (MSP) to be reinforced

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.

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 2023–24, the SAR Group concluded one SAR Review in this financial year and an additional three SAR cases are in process.

The Safeguarding Adults Review policy can be found here.

3.1.4 High Risk Panel

The **High Risk Panel** (HRP) meets every month and offers support to colleagues who need multi-agency advice after following risk management processes within their own organisations. The panel looks at situations where hoarding, self-neglect, fire risk or complex homelessness have caused concern. The panel is chaired by the London Fire Brigade Station Commander and includes senior members of staff from Adult Social Care, Housing Services, West Middlesex Hospital, West London NHS Trust, London Fire Brigade and North West London Integrated Care Board. Police colleagues also attend for relevant cases.

The panel considered twenty five cases in 2023-24. Examples of recent actions taken have included:

- The panel engaged with a number of housing associations to support residents. Action was also taken on additional hoarding issues.

- Where there was clear evidence of financial abuse against a resident with alcohol and substance misuse issues, the panel worked to ensure the resident's finances were secured and referrals were made to support services.

- The Council have successfully worked closely with some residents with serious hoarding issues, to help clear their properties and manage their risks.

- Referrals have been made to the council's housing enforcement team to see whether any enforcement action can be taken where there are concerns that hoarding is not being managed and may be impacting or creating risk for neighbours.

Hoarding continues to be a feature of a number of referrals. The council has reviewed the resources used to complete clearances of hoarded properties. This usually creates space for further hoarding leading to further clearance work. The council is in the process of recruiting a hoarding support worker. This role will provide support to people who live in hoarded properties and those who have recently had their properties cleared. The hoarding support worker will help to gain social support to control their hoarding and make changes to their behaviour.

The following are examples of outcomes of cases where the decision was made to close:

- The resident moved to residential/ nursing accommodation when they were unable to manage their own care.

- The risks identified against the resident have been reduced or managed significantly, including removal of hoarded items or providing support services.

- A referral was made to The Complex Care Forum as it was identified that the resident's care and support needs could now be safely managed by the Adult Social Care or health services.

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.

Hounslow and Richmond Community Healthcare NHS Trust

NHS England » Hounslow and Richmond Community Healthcare NHS Trust

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 7,000 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.

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.

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 continues to better engage, protect, learn from, and represent London's communities.

London Ambulance Service

Home - London Ambulance Service NHS Trust.

Hounslow and Richmond Community Healthcare (HRCH)

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

2023-24 has seen the continued impact of system pressures across health and social care plus increased economic pressures on adults at risk and their family carers.
The HRCH Safeguarding Adults Safeguarding Lead has been an active member of the SAB's QA subgroup and SAR Subgroup. The HRCH Safeguarding team provide ongoing targeted support to busy staff balancing risks with rights in the community.

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 2023-24 there were ten feedback forms completed. The majority of the feedback was positive. For more information please see section 4 of this report.

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

3.5 Modern Day Slavery

Modern Day Slavery (MDS) is a broad and hidden crime and can be difficult to detect.

The Council often relies on Hounslow professionals and members of the community to identify potential signs, and report concerns of vulnerable MDS victims as well as businesses within the borough suspected of operating illegally.

The Council strives to assist in the fight to end MDS by employing the part time Modern-day Slavery Advocate to support victims referred and by delivering training and awareness within the Borough. This training aims to upskill professionals and build confidence to report.

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.

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. Hounslow Healthwatch are working with Hounslow residents with lived experience of safeguarding processes, to 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.

Ten responses to the questionnaire were received between 01st April 2023 and 31st March 2024. 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.

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	7 (70%)	I got **a lot** of information	4 (40%)	I was able to understand **all** of the information	5 (50%)	I am **very** happy with the end result	3 (33%)	I am **very** happy with how people dealt with the concern	5 (50%)	I feel **a lot** safer now	5 (56%)
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	2 (20%)	I am **quite** happy with the end result	4 (44%)	I am **quite** happy with how people dealt with the concern	3 (30%)	I feel **quite a bit** safer now	2 (22%)
I was **not** listened to **very much**	1 (10%)	I did **not get very much** information	2 (20%)	I was **not able** to understand **much** of the information	1 (10%)	I am **not very** happy with the end result	0 (0%)	I am **not very** happy with how people dealt with the concern	1 (10%)	I feel **not much** safer now	0 (0%)
I was **not** listened to **at all**	1 (10%)	I did **not get any** information	1 (10%)	I was **not able** to understand **any** of the information	0 (0%)	I am **not at all** happy with the end result	2 (22%)	I am **not at all** happy with how people dealt with the concern	1 (10%)	I feel **not at all** safer now	1 (11%)
				I did **not get any** information	2 (20%)						
Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	0 (0%)	Not answered	1 (11%)

4.1.2 Community Social Work

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).

GovDelivery email bulletins and subscribers

The Information for Carers publication is updated regularly and is now six years old.

Gazebo Pop-up ASC info shop appearances

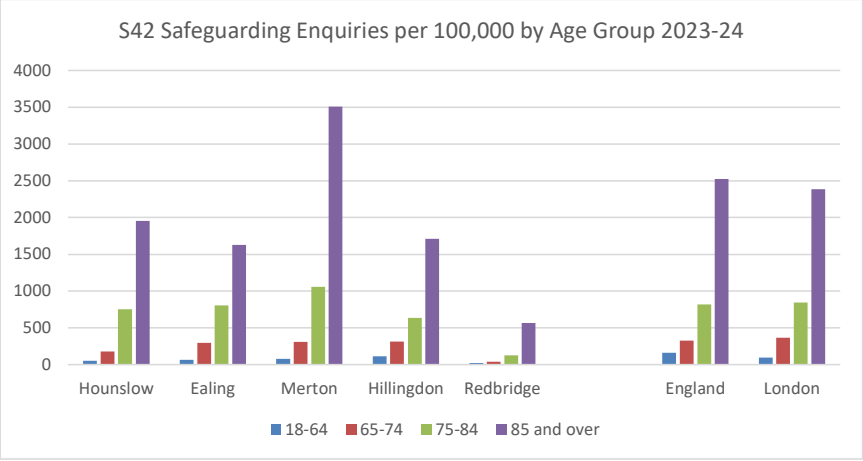
Community events include the pop-up shop, a regular monthly booking at West Middlesex Hospital and in support of the ComSol Cost of Living Marketplace Roadshows.

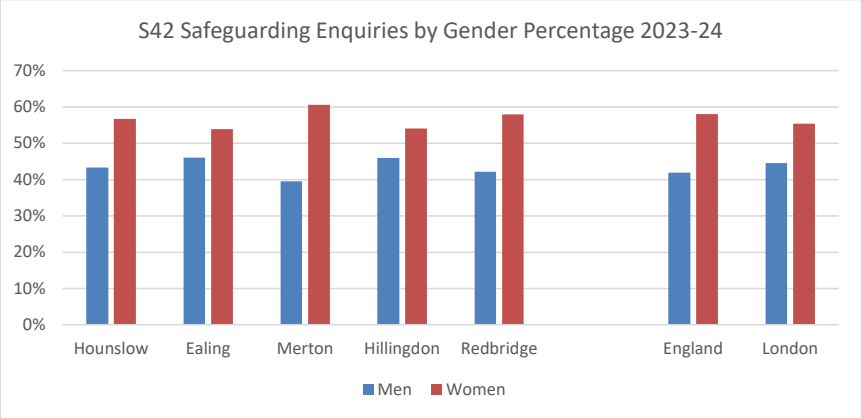
5. What the statistics tell us about safeguarding in Hounslow

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 2023-24 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.

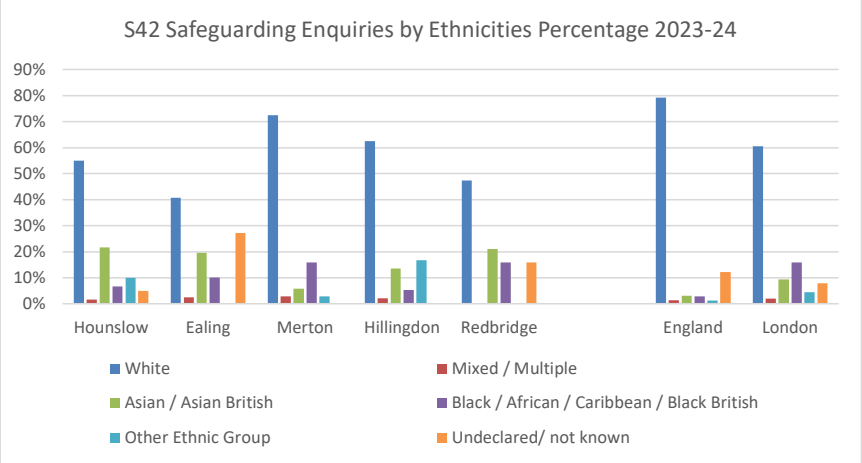




The above chart shows percentage of safeguarding enquiries for each gender to provide useful comparison.

The referral rate comparing the numbers of men and women referred, suggests engagement with men in Hounslow has decreased slightly from 2022-23 when it was at 47% and engagement with women in Hounslow has remained the same at 57%.

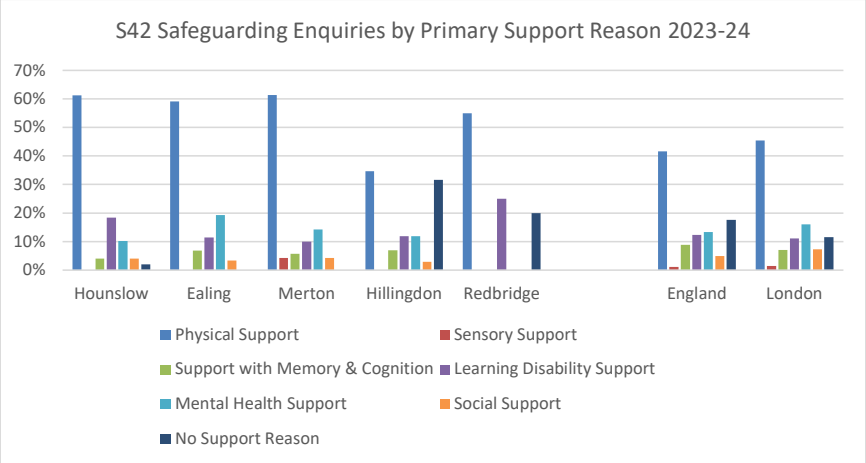
The overall pattern of engagement with residents is similar to other London and local comparator boroughs. Comparative data looking at groups with other protected characteristics is not available.



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 670 concerns were raised in 2023-24. This is a decrease from 202-23 (693). 590 concerns progressed to an enquiry. Of these 80 were repeat referrals as compared with 88 in the previous year. Identifying repeat referrals highlights patterns which can be used to improve the response to individual adults at risk.

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 was completed. 50 cases with multi agency involvement were audited with a focus on analysing safeguarding practices by partner organisations.

The audit specifically focused on the following areas:

- Appropriate consideration and use of the Mental Capacity Act 2005
- The appropriate use of advocacy/ representation when an adult at risk lacks capacity
- Making Safeguarding Personal and its relationship with the Mental Capacity Act 2005
- Multi-agency practice, specifically focussing on how organisations work together to manage safeguarding cases

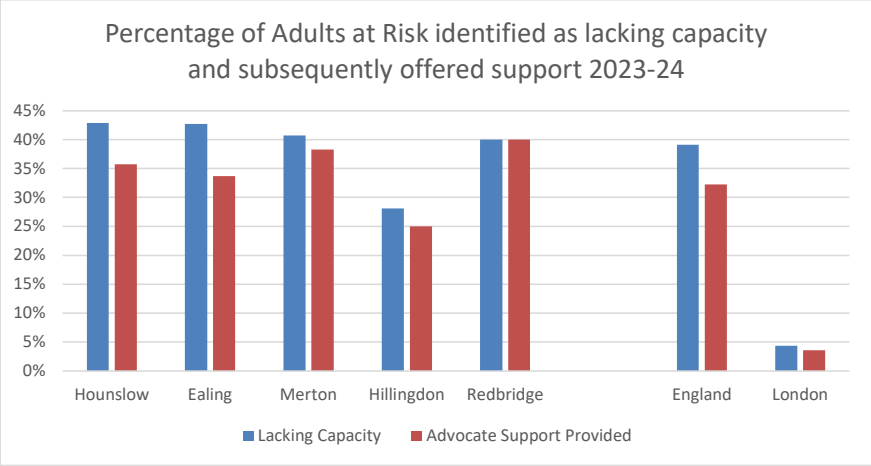
Partners of the board are working towards recommendations contained in the final report.

Areas of strengths identified included:

- Clear evidence of multiagency working
- Evidence that the Mental Capacity Act is embedded in safeguarding practice
- Clear evidence of the adult's views or their representatives' views being taken into account and plans being co-produced
- Demonstration of good communication with the adult and /or their advocate/ representative and many professionals
- There were many positive benefits for the adult at risk when safeguarding interventions drew on the specialisms that exist across the different services

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.

[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

5.3 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 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.

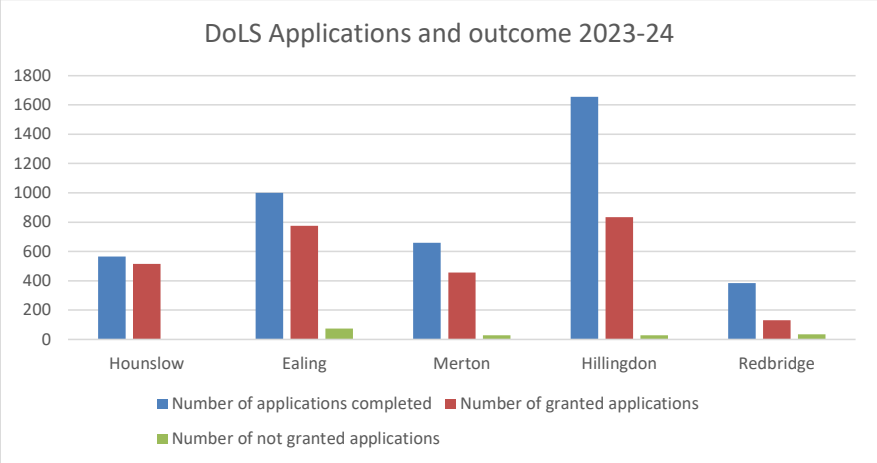
A combination of improved practice amongst provider organisations and increased rigour in the inspection process led by the Care Quality Commission has resulted in a sustained increase in the number of authorisations requested. The council (the Supervisory Body) has increased the number of signatories 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

	2020/21	2021/22	2022/23	2023/24
Deprivation of Liberty authorisations Requested	596	450	535	559
Deprivation of Liberty authorisations granted	430	420	500	511

NHS Digital - DoLS Applications and outcome by council, England

[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



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

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

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.

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

7-minute summary Annie

Annie is in her 70's and lives alone in a council flat. She has few family members, and none near London, but has a local friend and a helpful neighbour.
Annie lives with severe osteoarthritis, anxiety and depression, diabetes, lymphoedema and dental issues. She had not had much input from health during the pandemic and had been on several waiting lists.

When a Wheelchair service clinician Zane, contacted her by telephone, her essential hip replacement surgery had just been cancelled for the fourth time and she angrily declined his services and expressed a plan to kill herself using medication she had at home.

Zane asked for advice from Adult Safeguarding and made a referral to mental health services, who spoke to her, then discharged her to her GP.

Her GP made several referrals, including to DNs. By this time, Annie was developing pressure damage.

Annie was initially refusing to let any professionals in to her flat. DN managed to engage her on the phone, when she admitted she was embarrassed about her living situation, and worried that she will be evicted if this is reported.

Challenges

- Annie's mental health challenges made her moods very changeable and made her very suspicious of professionals and their recommendations
- She lacked insight into her needs and had unrealistic ideas of her own abilities
- Annie was in constant severe pain and barely able to move yet refused all opioids
- When in pain or scared, Annie could be verbally abusive or racist to staff
- HRCH staff cannot collude with abuse - white staff are expected to be allies to colleagues
- HOWEVER, clinicians needed to work together to at least assess the unknown risks before setting more appropriate boundaries

- Only access to Annie was via a neighbour who held a key
- Her flat was extremely cluttered, filthy and smelly
- Annie would frequently refuse booked visits after previously agreeing
- Annie had cats but was not able to care for them or manage litter trays

Learning

- The pandemic has increased the severity of 'hidden harm' such as this
- A couple of consistent staff (from health and social care) are better able to work with someone like Annie than a large pool of clinicians

Outcomes 

- Our wheelchair clinician raised awareness and alerted HRCH Safeguarding
- HRCH DNs used persistent compassion and professional curiosity to get access to Annie and build trust
- Our clinicians went over and above their remit (with management oversight) to address the health impacts of a truly shocking living environment
- Health and social care worked together to assess and mitigate risks
- Progress was made at Annie's pace and encouragement given
- Equipment was ordered and installed
- Annie's skin eventually healed (with better equipment, nutrition, hydration and hygiene)
- Safeguarding was prevented and Annie retained the personal choice and autonomy that was so important to her
- Annie finally accepted a package of care, which is working, although she still sometimes refuses or challenges carers
- DNs gradually developed boundaries with Annie re their role
- Annie is living with dignity and has not recently expressed a wish to die.

7. What we plan to do in the coming year

The board has made substantial progress during 2023-24. 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 – Mr. A

Rationale for Safeguarding Adults Review (SAR) 1

The Hounslow Safeguarding Adults Board (HSAB) have a duty to commission 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.

In this case the Board proactively considered cases where patients died prematurely during the COVID pandemic from March 2020 – September 2020. From this exercise, the Board identified Mr. A case as a concern. On consideration of the circumstances of the case the Board agreed that it met the criteria to commission a Safeguarding Adults Review.

What happened? 2

Mr. A was black man from Angola. He had no family in the UK. English was not his first language. He had a diagnosis of peripheral vascular disease, diabetes. hypertension and he had heart issues. To stay well he needed to comply with medication, eat well, and exercise. He was deemed to be non-compliant leading to self-neglect and resulting in several amputations on his feet. Following a below leg amputation, despite increased disability, he was discharged home without an OT home assessment. Going home was a temporary measure while alternative accommodation was sourced. He became more ill attending hospital 3 times in 4 days, the final time, he wanted to be left at home to die. He became dependent and did not return to independence as he wished so that he moved to sheltered housing but not until 1st September 2020. 2 weeks later he was admitted to hospital. He died on 2nd October.

Themes/issues 7

Multiagency working

Robust assessments/risk assessments and wholistic person centred care planning

Understand/apply Principle 1 and 2 of the MCA, check understanding, use interpreters/advocacy, and verify information

Remove barriers to seamless care

Finding 1

Care and treatment was superficial 3

Mr. A refused to be assessed by the OT. They said he had capacity to refuse. Professionals have responsibility to continue to work with people who refuse care and treatment.
They and physio said he was at baseline without considering his home circumstances in view of his increased disability.
He was discharge without onward health care referrals, therefore despite risks there was no health oversight when COVID lockdown commenced.
3 attendances to hospital in 4 days in May – hospital addressed presenting symptoms without reference to overall health conditions.
English was not his first language; an interpreter was not engaged even when he was taking risks with his health
He was unbefriended; he was not accessed support/advocacy when he objected to being discharged home.
There was no checking if the information he gave was correct or confabulated indicating cognitive concerns, so that some important and incorrect information was taken as truth, and impacted treatment.

Finding 2

Care was piecemeal 4

Care Act Assessment was thorough but the actions to work with health to improve his health conditions and independence were not addressed.
Accommodation needs were allowed to drift despite risks
Assessments/care reviews/carers assessments were not completed in line with change in need and carer stress.
Hospital focused on discharge only and not needs, accommodation and risks.
There was an over reliance of carer to provide care for social care and community health needs.

Finding 3

Care was uncoordinated 5

Hospital, Community Health Services and Adult Social Care worked separately and not together where Mr. A had complex health conditions, was non-complicit with care and treatment, and at high risk of deterioration and even death.

Finding 4 6

Mr. A wanted his health needs to improve so that he could be independent.

Agencies should have worked individually and together to enable him to meet these goals. By the time the D2A

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