



Meeting **SAFEGUARDING VULNERABLE ADULTS
SELECT COMMITTEE**

Date Monday, 2nd June 2008 commencing at 10.30 am

membership

Persons absent are marked with 'A'

COUNCILLORS

Chris Winterton (Chair)
A Joe Lonergan MBE (Vice-Chair)

	Reg Adair		Pat Lally
	Albert Haynes	A	Sue Saddington
A	Paul Henshaw	A	Jason Zadrozny
	Helen Holt		

MINUTES

The Minutes of the meeting held on 21st April 2008, having been previously circulated, were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Paul Henshaw and Joe Lonergan MBE.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

PRESENTATION FROM AMANDA SULLIVAN

Amanda Sullivan, Director of Nursing and Integrated Governance for Nottinghamshire County Teaching Primary Care Trust gave a presentation to the Select Committee on the Trust's responsibilities. With regard to commissioning she explained that the Trust aims to promote the health and wellbeing of the local population. They assess local health needs and procure high quality, safe services to meet local need. This meant that they had to take account of safeguarding in the services they bought. The Trust monitored and performance managed commissioned and contracted services. She added that responsibilities extended to independent contractors – GPs,

pharmacists, optometrists and dentists. On the provider side she reported that Nottinghamshire Community Health had been established since 1st April 2008. This provided high quality community services (community nursing, therapies, health visiting, school nursing and prison health care).

She outlined the reporting structure both internally and externally in respect of safeguarding adults. She indicated that the PCT Board was responsible for both the providers and commissioners and outlined its safeguarding responsibilities. With regard to commissioning it was to ensure that safeguarding was embedded into commissioned and contracted services. On the provider side it was to ensure that safeguarding was embedded into community services. She indicated that the contracting and quality teams were now working much closer together in the Trust and safeguarding was included in contracts with the acute Trusts. She gave a practical example of how a confused elderly, insulin dependent diabetic patient refusing insulin was tackled before the Mental Capacity Act and since.

In response to questions from Members, Amanda Sullivan explained that the Government was keen for the Primary Care Trust to concentrate on becoming world class commissioners and encouraged Trusts to separate the provider and commissioning functions. There were now new governance arrangements in line with this separation.

Val Asher, Consultant Nurse, explained that the Mental Capacity Act tool was part of the half-day training that was provided. She indicated that the framework could separate out apparent disabilities from mental capacity. She added that the code stated that communication could be through the blink of an eye.

PRESENTATION FROM DETECTIVE CHIEF INSPECTOR BOB ROSS

Detective Chief Inspector Bob Ross gave a presentation to the Select Committee on the police response to safeguarding vulnerable adults. He indicated that he represented the police on the Safeguarding Board. He explained that the responsibility for the policy lead on safeguarding vulnerable adults was part of the public protection unit which was force-wide and included other areas such as child abuse, domestic violence and missing persons. He indicated that the police made an early assessment of the amount of police involvement needed in a case. Action would be taken by front-line PCs/beat managers/detectives if necessary depending on the suitability. He reported that there had been 92 police interviews with suspects in 2006/07 compared with 1,018 allegations of abuse. He indicated that having the separate Safeguarding Boards for the City and County mirrored the arrangements for child protection. He added that the policy and procedures covered both areas and there was therefore consistency. There were however, resource implications in having two Boards – representation on the Board and Sub-Committees. He reported that there was to be an introductory awareness raising package which included safeguarding lasting two hours which would be ‘rolled-out’ in the autumn for all police officers and would include the Mental Capacity Act. With regard to new recruits this would be introduced into their training.

Bob Ross stated that under the Mental Capacity Act 2005 a person was guilty of an offence if he/she ill treats or wilfully neglects someone who lacks or who he/she believes to lack capacity. He indicated that he had been unable to find any referrals on this in Nottinghamshire but that the West Midlands Police had received some. A new system had been launched from 1st April 2008 for intermediaries. Police would identify the need for an intermediary at an early stage to assist in communication. This would be a professional person, for example a speech therapist rather than a friend. He indicated that Richard Crompton, the Assistant Chief Constable in Lincolnshire was the national ACPO lead in this area and they had been linking in with them to gain details of good practice. The public protection arrangements within Nottinghamshire police were being reviewed. It seemed that some forces had specialist officers. The findings from the Nottinghamshire review would shortly be available. One outcome would be for the need for better data collecting as information was not kept on vulnerable adults at the moment.

Following questions from Councillors, Bob Ross stated that the lack of referrals was possibly because it was taking time for awareness levels to be raised. He added that the guidance was out but that training was lagging behind as it was felt better to wait until September to start this after the holidays. He stated that the training was about raising awareness so that the police could be more pro-active. He indicated that there was a need for an early assessment of the role of the police in a particular case which would sometimes not be clear and then there was a need to have a strategy meeting with other agencies to reach agreement. It may be that it was not possible to prosecute in a particular case but that it could still contribute to safeguarding.

Councillor Winterton thought that it was important that if the public rang the police about safeguarding issues, data could be collected at the control room. Training would be needed for all call operators. He asked whether there was a database of people in custody with mental health issues and whether there was training for custody staff.

Linda Metcalfe from the Adult Social Care and Health Department stated that training was offered to custody sergeants. She referred to the 136 Forum meetings between police and social services staff.

MENTAL HEALTH CAPACITY ACT 2005 AND SAFEGUARDING VULNERABLE ADULTS

Linda Metcalfe, Service Manager Mental Health in the Adult Social Care and Health Department gave a presentation to the Select Committee. She gave details of the Mental Capacity Act 2005 which provided a statutory framework to empower and protect people who cannot make decisions for themselves. This set up a clear structure for assessment of capacity and clarified who can make decisions/actions for others, and how. It enabled people to plan ahead for when they lost capacity. The Act was implemented from October 2007 apart from the deprivation of liberty which was April 2009. She explained the five statutory principles of the Act. There was a presumption of capacity; to support individuals to make their own decisions i.e. maximise capacity. She stressed that people were able to make unwise decisions.

Linda Metcalfe outlined specific aspects of the Mental Capacity Act which related to safeguarding. New criminal offences were established. There was now an independent Mental Capacity Advocate for people who did not have friends or family. The office of the public guardian oversaw the running of the Act. In addition there were guidelines on restraint.

The deprivation of liberty elements of the Act were to be implemented in April 2009. The safeguards provided legal authority to detain the individual subject to certain strict criteria in care homes/hospitals. These prevented arbitrary decisions that deprived vulnerable people of their liberty by having six assessments. The focus should be on preventing deprivation. She gave details of how the Act was being implemented in Nottinghamshire.

Councillor Winterton referred to the difficulties of diagnosis where a person's capacity fluctuated. Amanda Sullivan explained that when big decisions were made they were discussed by a multi-disciplinary team. They were experts in risk assessment and there would be a lot of consultation with the individual. They always tried to comply with people's wish to stay in their own home with support.

Detective Chief Inspector Bob Ross indicated that the police often had an issue as to whether someone was capable of giving a statement. He added that they were not the experts on this and relied on health and adult social care for advice. He added that it was about maximising evidence from elsewhere.

In response to a question from Councillor Adair, Linda Metcalfe stated that they had provided training for about half the homes. An incremental approach was being followed and other homes would be targeted. This would be included as part of the contracts and would be part of the contracts and would be part of the quality audit. The Commission for Social Care Inspections would also be including this in their inspections.

WORK PROGRAMME

A copy of the terms of reference of the Nottinghamshire Safeguarding Adults Board was circulated. It was felt that arrangements should be made for the Select Committee to hear from:-

- GPs
- front-line workers
- a service user

Members felt there was a need to make sure that people were receiving appropriate advice. There was a need to scope the problem so that the right resources could be applied.

The meeting closed at 12.05 pm.