

Meeting of the Health and Adult Social Care Scrutiny Committee

Monday, 15th November, 2021 at 6.00pm

In Committee Room 2 at the Council House, Priory Road, Dudley

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. [To confirm and sign the minutes of the meeting held on 20th October, 2021 as a correct record.](#)
5. Public Forum
6. [Local and National COVID-19 Developments – Verbal Update](#)
7. [Health and Wellbeing Board Update \(Pages 1 – 3\)](#)
8. [Annual Adult Safeguarding Report and Deprivation of Liberty Standards \(LPS\) \(Pages 4 – 30\)](#)
9. [Black Country and West Birmingham Community Diagnostic Hubs \(Presentation\)](#)
10. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).





Chief Executive

Dated: 4th November, 2021

Distribution:

Councillor M Rogers (Chair)

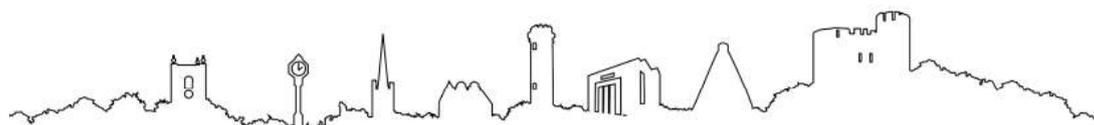
Councillor C Neale (Vice-Chair)

Councillors R Ahmed, P Atkins, T Crumpton, P Drake, A Hopwood, L Johnson, P Lee, P Lowe, K Razzaq, S Waltho, M Westwood

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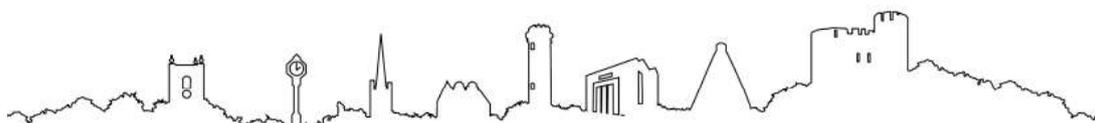
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Minutes of the Health and Adult Social Care Scrutiny Committee

**Wednesday 20th October, 2021 at 6.00 pm
in the Council Chamber, Council House, Priory Road, Dudley**

Present:

Councillor M Rogers (Chair)
Councillor C Neale (Vice-Chair)
Councillors R Ahmed, R Collins, T Crumpton, P Drake, A Goddard, P Lee, P Lowe, N Neale, K Razzaq, D Stanley and E Taylor.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), S Lonsdale - Head of Adult Safeguarding and Mental Health and H Mills (Democratic Services Officer).

Also in attendance:

Councillor P Harley – Leader of the Council
Councillor N Barlow – Cabinet Member for Adult Social Care
Councillor S Keasey
Councillor L Taylor-Childs

Together with 8 members of the public.

20 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors P Atkins, A Hopwood, L Johnson, S Waltho and M Westwood.

21 **Appointment of Substitute Members**

It was reported that Councillors R Collins, A Goddard, N Neale, D Stanley and E Taylor had been appointed as substitute Members for Councillors A Hopwood, L Johnson, P Atkins, M Westwood and S Waltho, respectively, for this meeting of the Committee only.

22 **Declarations of Interests**

Councillor A Goddard declared a non-pecuniary interest in view of her employment with Dudley Group NHS Foundation Trust.

Councillor P Lowe declared a non-pecuniary interest in view of his mother being diagnosed with dementia.

Councillor N Neale declared a non-pecuniary interest in view of her employment with Dudley Group NHS Foundation Trust.

23 **Minutes**

Resolved

That the minutes of the meeting held on 9th September, 2021, be approved as a correct record and signed.

24 **Public Forum**

No issues were raised under this agenda item.

25 **Call-in of the Cabinet Decision – Mental Health in the Community**

A report of the Monitoring Officer was submitted to respond to the call-in of the Cabinet decision concerning Mental Health in the Community. The decision had been called-in at the request of five Members of the Health and Adult Social Care Scrutiny Committee in accordance with the Scrutiny Committee Procedure Rules, as set out in the Council's Constitution.

A copy of the Cabinet minute and report relating to this item was circulated, together with the procedure to be followed at the meeting, as outlined by the Chair. Responses to written questions submitted were circulated by email to Members prior to the meeting and a printed copy, together with photographs displaying the dilapidated condition of Woodside Day Centre were available at the meeting.

The Chair invited the Leader of the Council to make representations concerning the decision and in doing so the Leader commented that he considered the call-in to be premature and would be more appropriate following the consultation process whereby an in-depth report would be presented to the Cabinet. It was emphasised that the proposals were not for the service to cease, though to be provided in a different manner, as Woodside Day Centre was an old building that was no longer fit for purpose.

The Chair invited the Cabinet Member for Health and Adult Social Care to make representations and he confirmed that he had no further comments to add at this stage in the process.

The Director of Adult Social care was then invited to make his representations. In doing so it was appreciated that this was a sensitive topic and the service was of great value to residents that used the provision. The call-in would provide an opportunity for questions to be asked and responses to be provided. It was emphasised that there were challenges to be faced as a result of the pandemic and that there was no desire to create undue distress. A change in service delivery would be a difficult process and the opportunity to answer questions was welcomed.

Responses to the written questions submitted had been circulated prior to the meeting. There were no points of clarity on the responses, therefore the Chair invited questions from Members of the Committee to the Leader, Cabinet Member for Health and Adult Social Care and the Director of Adult Social Care.

A Member commented that they had met with service users of Woodside Day Centre, some of which had attended the facility for 15 years or more and questioned why no investment had been placed into Woodside Day Centre. It was stated that approximately 215 residents from across the Borough accessed the services at Woodside Day Centre, with a physical unit being their preferred support network instead of a telephone call, virtual engagement or one-off activity programme. It was considered important that users of the service had continuity and weekly engagement with people that supported and understood their needs. The Member expressed concern of reports of service users being told to 'pull themselves together' and to meet in a public café, however this was not considered an appropriate means of care or environment for vulnerable people. Service users in attendance at the meeting were commended as it was recognised that this was an environment completely out of their comfort zone, and it was questioned as to why service users had not been consulted prior to this process. Woodside Day Centre was regarded as a safe environment and as mental health was at an all-time high, it was commented that the Local Authority should be considering expansion of the service rather than closing a popular, respected and long-established provision.

In response, the Director of Adult Social Care confirmed that there had been some investment into the maintenance of the building, with works being undertaken on the heating system. A log of all maintenance works was available onsite, however, Woodside Day Centre would no longer be considered fit for purpose as there were construction issues with the floor, roof and electrics throughout, and the building was in need of a major renovation. The need for access to space was recognised and provisions would be made available at alternative sites, four days a week, with qualified staff with mental health expertise on hand.

The Director of Adult Social Care advised that the consultation began on 20th October, 2021 and service users and staff at Woodside Day Centre were all encouraged to take part. Feedback from the consultation would be reported to the Cabinet and promoted in various areas including social media. The questions forming part of the consultation were live and would be made available to the Committee. The Director of Adult Social Care confirmed that he had been open and transparent with the Cabinet Member for Health and Adult Social Care, the Shadow Cabinet Member for Health and Adult Social Care and the Scrutiny Committee, with regard to the proposals, in that there was a genuine risk that the service could not continue to operate in the same way.

It was recognised that support had not been provided in the same manner during the Covid-19 lockdown, however every effort had been made to ensure that vulnerable people had been contacted and supported throughout. Lockdown had been a difficult period for everyone, and an increasing number of people were requesting mental health support as a result of the pandemic.

In referring to the reports submitted to Cabinet on 23rd September and the Health and Adult Social Care Scrutiny Committee on 9th September, a Member expressed concern in that the content of the reports were misleading as there had been no mention to the potential closure of Woodside Day Centre. It was questioned if prior information had been shared with the Chair of the Health and Adult Social Care Scrutiny Committee.

Whilst the Member agreed that the timing of the call-in may have been premature, it was imperative that the process was monitored and scrutinised moving forward with focus on service provision, rather than the physical building structure. It was established that moving forward the proposed service would not be the same as that currently provided, as it would be delivered in a different manner. It was evident from the photos presented that the building had not been maintained, and that the reports previously submitted were not clear regarding the specific aims and omitted vital information. It was regarded that Dudley was on the verge of a mental health crisis and a joint letter from the Cabinet Member and Shadow Cabinet Member for Health and Adult Social Care had been sent to the Minister of State expressing the Local Authority's concerns and outlining the need for additional funding.

The Member commented that he was not aware of any similar models in operation in the West Midlands, nationally or internationally, to that proposed for Dudley, and believed that to implement such a proposal would require significant additional financial investment. Concerns were expressed in relation to the detriment that would be caused to residents should an existing service close prior to having a fully operational provision in place and that lessons had not been learned from the implementation of previous initiatives without additional investment.

It was requested that the proposed model be monitored by the Cabinet and through Scrutiny and that no changes to the service be made before the proposed systems were up and running elsewhere and that no decision be made by the Cabinet until after the consultation and further scrutiny from this Committee.

In responding to a question, the Chair confirmed that the report presented to the Health and Adult Social Care Scrutiny Committee on 9th September had been received in a positive way and the benefits of the new service delivery model were welcomed. It was acknowledged that the lack of investment and maintenance of Woodside Day Centre had been the responsibility of both political parties, however moving forward there was a need for a restructure of the mental health service to meet the needs and demands of residents of the Borough.

The Director of Adult Social Care confirmed that the Chair of the Health and Adult Social Care Scrutiny Committee had received the same level of information as the Scrutiny Committee and that both reports sought a broad consensus on a shift to Community based mental health support. A further in-depth report had been programmed for submission to the Cabinet at the end of the consultation process. The proposed service model name 'Infusion' had not been positively received and would likely change in consultation with service users. Members were welcome to undertake a site visit to Woodside Day Centre prior to the next meeting of the Cabinet and the Director of Adult Social Care would make the appropriate arrangements for Members.

Whilst it was recognised that pump-priming was used to build and develop new service models, it was reiterated that there would be no additional investment to the service and changes would be incorporated within the existing envelope. It was confirmed that the subsequent report to Cabinet would include details concerning the existing and proposed structure of the service, the new service model, equality impact assessments, full responses received through the consultation and budgetary implications.

The Head of Adult Safeguarding and Mental Health concurred there are significant pressure on mental health services, though it was not limited to Dudley and was a national issue. It was reported that guidance from the Government White Paper and National Services Framework for Mental Health was that prevention and intervention was at the forefront of the health agenda and the suggested model was based on prevention and building community cohesion. The vision was to build a strength-based service that meets the needs of hard-to-reach residents.

It was reported that access to Woodside required the attendee to have a care co-ordinator or to be referred by a professional body, which limited access to the provision. The service model proposed would offer wider inclusion and an opportunity to deliver support on a wider basis which would ensure people that currently used the service were appropriately catered for, as well as expand to those harder to reach.

A Member commented that only a small percentage of mental health cases were self-referred and questioned how prevention would be defined should people not actively present themselves.

The Head of Adult Safeguarding and Mental Health stated that the vision would be to work in partnership with 3rd sector organisations to look at the proposals and establish how they would work. It was emphasised that professional referrals would continue to be accepted, however the proposed model would make it easier to access and offer more flexibility to allow for any person with concerns of their own mental health to undertake a self-referral.

The Director of Adult Social Care commented that the proposed new model would provide a menu of choice, would encourage services to operate differently to reach those struggling and reduce barriers. It was highlighted that not all clients wished to attend centre-based services and preferred something more discreet and private, and it was important to cater to demand for different groups and different experiences.

A Member referred to the overall purpose of scrutiny and the commendable work that had been undertaken by the Health and Adult Social Care Scrutiny Committee during the preceding 18-month period. The Committee relied on clarity and information from Officers to undertake its role and disappointment was expressed in that information available to them had not been explicit with regard to the closure of Woodside Day Centre. It was envisaged that Officers would have been aware of the forthcoming changes to the service, with concept of the closure, at the time of setting the Scrutiny Committee Annual Scrutiny Programme and questioned why this had not be factored into the Committee's programme, and the importance of being open and transparent to Members and users of the Service was emphasised.

It was recognised that Dudley was facing a huge problem, which the closure of Woodside Day Centre could exacerbate. It was considered vital that emerging thoughts from the consultation were shared with Members of the Health and Adult Social Care Scrutiny Committee so that further scrutiny, involving the users of the service, could be undertaken. Reference was made to the Cabinet minutes in that it was acknowledged that further work was to be undertaken, particularly on the proposed re-provision of services at Queens Cross, therefore a more in-depth report, outlining the strategy, how the service would operate and the benefits to users was anticipated.

It was queried further how people would be sign posted to services, as not all people felt safe coming forward with identified issues. Although support could be provided through community associations and the voluntary sector, they would be unable to manage with the expanding numbers without extra provisions and it was queried how the additional COVID monies that had been allocated to the Local Authority had been used to support the vulnerable.

A Member also referred to the capacity at Queens Cross and queried what form of day service would be provided, as provisions at Woodside Day Centre would be different to those provided at a physically disabled provision. It was suggested that a site visit to both Woodside Day Centre and Queens Cross be undertaken.



The Director of Adult Social Care reiterated that the former reports sought a broad consensus on a shift to community based mental health support and that no decision on the closure had been made. A further in-depth report would be submitted to Cabinet following the consultation. It was commented that there was a need for flexibility within the service to meet with demand as the current service was unsustainable. The impact of the pandemic had changed the nature of demand for services on all levels and it was accepted that further scrutiny was required and the establishment of a consultative group or working group moving forward would be supported.

It was indicated that the subsequent report to Cabinet would include the proposed new model, structure and feedback from the consultation. A breakdown of how COVID monies and outturn had been used would be provided in due course, however it was reported that these funds had been used for infection control and to support nursing home capacities. It was stressed that to continue to meet with existing packages, regardless of any further growth, would require significant investment. The capacity at Queens Cross and the type of support provided was outlined in the responses to written questions. The Director of Adult Social Care would make arrangements for Members to visit both Queens Cross and Woodside Day Centre.

The Chair supported further meetings and/or working groups to be held in this regard. It was also considered important for site visits to both provisions to be undertaken for comparison purposes, particularly given the dilapidated condition of the provision at Woodside Day Centre.

Members commented positively on the services and provisions available at Queens Cross. The photos of Woodside Day Centre clearly identified that the building was depleted and not a suitable environment for residents.

In commenting, the Co-opted Member was mindful of timescales surrounding the consultation process, however suggested that the approach to the process be explored as the proposed change in model would not solely impact upon people that used Woodside Day Centre, but had wider implications. It was considered that the consultation period was short and asked if the closing date could be extended to connect with a wider audience and to work collaboratively with the voluntary sector.

The Director of Adult Social Care welcomed the comments and agreed that broader conversations were required and contributions and collaborations with Dudley Healthwatch were appreciated. The consultation was planned to close on 21st November to ensure feedback could be provided to the Cabinet in December, though the consultation could remain open thereafter and continue to the point when a decision was required.

Members concurred that an extension to the consultation should be considered by the Cabinet, as this was an important and life changing issue which should not be rushed. It was stated that political issues should be put aside, and a cross-party approach should be adopted. The need for additional Scrutiny Committees or the establishment of a working party was reiterated, as well as the fact that emphasis was on the service provided and not the physical building and that nothing should be taken away until alternative provisions were fully available.

A Member commented that a review of the Adult Social Care system across the Borough was required and being mindful that users of Woodside Day Centre had had no provision since 2020, with the support and contact during that time inadequate, it was fundamental that their needs were addressed imminently.

The Director of Adult Social Care agreed there was a desire for service users to regroup, however a better way to sustain the service and cater for demand was required. The level of support provided during the lockdown had not accurately been reflected, as users had been contacted via telephone and/or social media. It was reported that from 172 users at Woodside Day Centre, 164 people had had their care plans reviewed during this period and the outstanding eight were in progress. Telephone support from staff at Woodside Day Centre was ongoing, as well as virtual groups taking place and some physical activities were also available.

In referring to the length of time that some service users had attended Woodside Day Centre, a Member questioned whether the provision had been meeting the needs of those people, as it was important for the service not to become stagnated and suggested that it was time for progression and to move forward. Though it was empathised that service users preferred the surroundings familiar to them, it was accentuated that there was no intention for the service to close, just provided in a different method, which would benefit residents of Dudley.

Whilst Members were of the view that there was a need for a wider and inclusive approach, concerns were reiterated on how this would be achieved with no additional funding and suggested further scrutiny be undertaken on the financial implications.

At this juncture the Chair invited service users to make representations. It was stated that a maximum of 5 to 6 calls had been received over the preceding 18 months since Woodside Day Centre had closed. The calls had been brief, with members of staff that were unfamiliar to them, which were considered meaningless. They had not received any notification, correspondence or consultation with regard to the proposed changes to the service. They had been encouraged to attend a public café with other service users, however they were unable to undertake any of their usual crafting activities in a public area. It was commented that the photos identifying the condition of the building were not a reflection of how the building was left back in March 2020 and no money had been invested in premises. Woodside Day Centre was a good service, which had helped to develop good friendship groups, produce lots of quality products and projects and gave users a sense of importance and pride.

The Chair commented on the good quality woodwork and gym facilities available at Woodside Day Centre, however expressed his concern in relation to the overall condition of the building, including the electrical and water issues that he had observed, which were a health and safety risk. A significant amount of money would be required to be spent on the building before anyone would be allowed access.

A service user stated that the woodwork unit had closed prior to lockdown due to staff shortages and it was their desire to be a community again, but health and safety prevented this. It was stressed that the Local Authority had been aware that there was no-one to run the woodwork service for some time but continued to appoint inappropriate staff at the provision that were not adequately equipped to help. It was commented that service users had predicted that the provision would not reopen and stressed that Woodside was more than just a day centre to users, it was their support network and community.

The Chair expressed his thanks and gratitude to service users for attending and for their contributions, all of which were encouraged to submit their thoughts as part of the consultation. It was emphasised that a decision to close Woodside Day Centre had not been made, and that this was the start of the consultation phase.

Members expressed their desire to undertake site visits to both Woodside Day Centre and Queens Cross and the Director of Adult Social Care undertook to make the appropriate arrangements.

Following all questions and contributions, the Chair asked for any final statements before the Committee proceeded to consider the matter.

Resolved

- 1.) That the Health and Adult Social Care Scrutiny Committee recommends the Cabinet to formally review the structure for adult mental health services in Dudley Council and the feedback from the consultation process at its December meeting.
- 2.) That the Committee further recommends that no changes to mental health services in Dudley are made until further discussion by the Cabinet in the December meeting and the Health and Adult Social Care Scrutiny Committee thereafter.

The meeting ended at 8.10 pm

CHAIR

**Meeting of the Health and Adult Social Care Scrutiny Committee –
15th November 2021**

Report of the Director of Public Health and Wellbeing

Health and Wellbeing Board update

Purpose

1. The purpose of the report is to update the Committee on the Health and Wellbeing Board (HWBB) and to outline the programme and timetable for the Health and Wellbeing Strategy review and refresh along with the JSNA (Joint Strategic Needs Assessment) refresh.

Recommendations

2. It is recommended that scrutiny note:
 - The update on the Health and Wellbeing Board and the direction of travel
 - Timescales for the review and refresh of the Health and Wellbeing Strategy
 - The re-establishment of the Executive Board of the HWBB
 - The establishment of the Living Safely With Covid Inequalities Steering Group

Background

Update on the HWBB

3. There have been a number of changes in terms of membership of the HWBB. The Chair (approved by the HWBB in June 2021) is Councillor Barlow. The membership has been extended to reflect the wider health and wellbeing system and to therefore enable a more effective approach to tackling health inequalities and the wider determinants of health and wellbeing.
4. The executive board of the HWBB (as agreed by the board) has been re-established with the remit to agree the agenda for the full HWBB, programme of development and to approve HWBB flash reports.

5. The BAME (Black and Minority Ethnic) HWBB subgroup has been renamed (with the agreement of the HWBB) MEEC (Minority Ethnic and Excluded Communities) COVID 19 subgroup.
6. MEEC subgroup is currently working on work programme priorities which will be fed back to the HWBB in December 2021.
7. The JSNA refresh will take an asset-based approach and will be completed by April 2022.
8. The Health and Wellbeing Strategy review and refresh will be informed by an asset-based approach/community-based narrative, JSNA refresh/inequalities as well as a review of current priorities and the board development.
9. Draft Health and Wellbeing Strategy and refresh to be completed by April 2022: current priorities are obesity, tackling poverty and loneliness and isolation.
10. A review of the approach for each of the three priorities will be undertaken in light of the learning from COVID and will inform the Health and Wellbeing Strategy refresh.
11. The first development session will focus on working with communities. Date to be confirmed in December.

Inequalities: Living Safely with Covid

12. Agreement of the HWBB to a system wide Living Safely with Covid inequalities steering group is established which will report directly to HWBB.
13. The approach to inequalities will be a life course 'bring back fairer' Marmot and Asset Based Community Development approach informed by community conversation and priorities: the latter (ABCD) work commissioned from IDEAs Alliance.
14. The inequalities agenda will also inform the Council's vision: Forging a Future's inequalities aspirations and programmes, as well as Integrated Care System/ Dudley Place Partnership inequalities and local priorities across townships, primary care networks as well as Dudley Borough.

Finance

15. The programme of work outlined in this report is supported by the Council's general fund budget and the Public Health Grant.

Law

16. Health and Wellbeing Board are a statutory committee of the local authority and have been in place since 2013.



Risk Management

17. There is no risk management issues arising from this report.

Equality Impact

18. All strategies and programmes will consider the impact of the proposals on people with different protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).

Human Resources/Organisational Development

19. There are no human resource issues arising from this report.

Commercial/Procurement

20. There are no commercial or procurement issues arising from this report.

Council Priorities

21. Key priorities are within the council vision: Forging a Future for All.
22. The impact of the HWBB and inequalities will be across the system including the wider determinants of health, health and wellbeing and across the care and health system.
23. Supports the Council Plan key priority stronger and safer communities by reducing social isolation and implements a system wide strategy to reduce the increasing prevalence of social isolation and loneliness. Empowers people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.



Karen Wright

Director of Public Health and Wellbeing

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List of Background Documents

Health and Wellbeing Board meeting and papers

http://cmis.dudley.gov.uk/cmis5/Committees/2015Onwards/tabid/131/ctl/ViewCMIS_CommitteeDetails/mid/616/id/484/Default.aspx



**Meeting of the Health and Adult Social Care Scrutiny Committee –
15th November 2021**

Report of the Director of Adult Social Care

**Annual Adult Safeguarding Report and Deprivation of Liberty Standards
(LPS)**

Purpose

1. This report is being provided to highlight the work completed relating to adult safeguarding and to demonstrate the preparation and work required in relation to the forthcoming Liberty Protection Safeguards

Recommendations

2. It is recommended:-
 - Scrutiny Consider and comment on Dudley Safeguarding Adults Board's Annual Report for 2020/21

Background

3. The Dudley Safeguarding People Partnership (DSPP) Priorities are:
 - Neglect across the life course
 - Preventing Harm across the life course
 - Exploitation across the life course
4. **Key Achievements during 2020/21 with a brief summary of each**
 - The Adult Multi Agency Safeguarding Hub (MASH) has experienced unprecedented demand with regards to the number of safeguarding concerns being received, at times during the past year this has increased by over 50%. Despite this significant increase the Team have applied a consistent approach to decisions relating to Section 42 enquiries, the conversion rate across the Directorate has dropped. This establishes the threshold documentation as being successful.

- The multi-agency partnership successfully responded to individuals who present with alcohol and or substance misuse and are either street homeless or in temporary accommodation. The safeguarding partnership ensured emergency accommodation was made available to vulnerable adults who experienced this type of social and environmental challenges. This action ensured that the potential super infection sites were managed effectively
- The local authority has utilised several strategies to proactively triage and provide assessments who require the legal provisions of the Deprivation of Liberty Safeguards, the numbers of older vulnerable adults without this type of assessment has remained very low.
- The local authority has introduced a process which supports providers who are experiencing safeguarding issues prior to decisions being made to move into a large-scale investigation as directed by the Care Act 2014, the support offered to organisations helps to minimise risk and provide support to organisations and the residents, carers and family members
- The organisation and its multi-agency partners have successfully managed an increased number of Safeguarding Adult Reviews (SARs). Following national guidance due to the impact of the Covid 19 pandemic, a decision has been made by the independent safeguarding chair, Professor Paul Kingston which has been supported by the safeguarding partnership to pause, and where possible, combine referral through thematic analysis. Learning from Safeguarding Adults Reviews has been identified and is beginning to be embedded into practice.
- The local authority has developed and embedded a dedicated Adults at Risk team. This team predominantly support vulnerable adults who often present in crisis to services but do not meet statutory intervention.

Preparation for Liberty Protection Safeguards (LPS)

5. Summary Background Deprivation of liberty safeguards and deprivation in the community is due to change to LPS by April 2022. Any new deprivations will be under LPS regulations and all DoLs will cease once they reach authorisation end date or if there are any changes. Therefore, both systems will run concurrently for up to 12 months. LPS covers 16+ so implication for Childrens services, new statutory responsibilities for CCG, Acute Hospitals and Mental Health Trusts and new transitions from one to other or to the Local Authority (LA). LPS is embedded in MCA and care planning so greater expectation for any assessments for care or placement provision to be MCA compliant, within agreed timescales with formal involvement of family or IMCA. May be delegated responsibilities to Care providers to complete reviews. Best Interest Assessor (BIA) role will go and there will be a new role of Approved Mental Capacity Professional (AMCP). The LA will have a duty to ensure there are enough AMCP available for the area and approve their practice and re approval, but they will not necessarily employ them. We are all still waiting for the Code of Practice to come out



for consultation. As well as the Code we have not seen the finalised Impact Assessment, the Regulations and training framework. We were told it will all be released at the same time. However, if the training framework, and impact assessment are not ready we have also been told the delivery of the Code will not be held back. The Code will come out for consultation for 12 weeks then laid in Parliament for 42 days and we have been told it should then be published 6 months before legislation implemented. (But this is not possible in current timescale). The Training framework seen to date indicates there will be levels of training needed from basic awareness for everyone to specific training for the Necessary and Proportionate assessors and the AMCP.

6. Preparation to date ADASS (Association of Directors of Adult Social Services) West Midlands have seconded Lorraine Currie from Shropshire from 1st September (DoLs Regional and National LA Lead) to offer support and guidance on the implementation of LPS. Single agencies have working groups to look at resources, practice, process, and risks.
7. The Learning and Development Manager chairs the project group for LA and will report back to Head of Service and Adult Social Care Leadership Team. 17 Agenda Item 5 Multi agency group which includes Dudley Acute Hospital, CCG, Mental Health Trust and LA representatives are meeting looking at the implications of LPS and sharing good practice and learning. Next meeting 24th September. Dudley, Sandwell, Wolverhampton, and Walsall LA have been invited to meet with Christine Harris Designated Nurse Adult Safeguarding, Black Country and West Birmingham CCG, to look at some common issues. Meeting 1st October. Information has been disseminated and discussed with the Successor Project, Adult Social Care LAS and Childrens LCS information management systems to look at planning necessary to ensure systems are fit for purpose for LPS and statutory data returns are built in.
8. The lead practitioner for the Mental Capacity Act has been asked to update the corporate risk register to reflect any possible risks. The information and guidance used to complete this task will be taken from the work being conducted with the regional lead from West Midlands ADASS. Additionally, information being provided from the local task and finish group and project groups with partners will also inform the local authority corporate and partnership positions.
9. The local authority is currently working to identify the number of staff who will require training in the area of statutory provision and the communication pathways required for engagement with stakeholders and citizens of Dudley. The demand for LPS assessment cannot be accurately identified at this juncture as there will be a transitional period from DoLs to LPS. Additionally, mechanisms for identification of individuals will only be confirmed on receipt of the Code of Practice. As yet, this has not been made available. The lack of a code of practice is also negatively impacting on our and our partners ability to train staff accordingly. This issue is being monitored closely through the established sub-groups at a local and regional level.
10. Regional DoLS Leads Group meets bimonthly and has invited new LPS managers (appointed in some LA) to attend meetings so that any planning or learning can be shared regionally which will also assist with bench marking. Christine Conway attends



and feeds back to all interested parties including the Safeguarding Board Manager and DSPP Learning and Development Consultant. LPS fact sheets are available on the Department of Health and Social Care publication pages. Conclusion, LPS will be a major change which has implications for Adult and Childrens services and although the finer detail is not known it is imperative planning is undertaken as there are significant risks. Recommendations, decisions or actions required:-

- To consider the above and suggest any specific actions.
- Representatives from the partners, including Childrens Services to be identified to ensure they are included in the planning and information dissemination.
- To seek assurance from statutory partners that LPS is recorded on their corporate risk register
- To ensure that provider services which will be subject to the local authority as the managing authority are aware of the legal changes
- To develop a multiagency training strategy which support and informs the workforce to meet the legal requirements of this significant change

11. Safeguarding executive and board provide a scrutiny function of the safeguarding arrangements in Dudley MBC, the Independent Chair and the Director of Adult Social Care seek assurances where required. Additionally, the arrangements benefit from internal audit, and where required, external peer review

Finance

12. The Local Authority has provided financial resources to ensure it meets its statutory duties.
13. The Board is financially supported by the Local Authority, West Midlands Police and Dudley CCG.

Law

14. The service will be informed and will adhere to the requirements of the following legislation
 - 1) The human Rights Act 1998
 - 2) The Mental Health Act 2007
 - 3) The Mental Capacity Act 2005
 - 4) The Care Act 2014This is not an exhaustive list

Risk Management

15. A lack of appropriately trained staff would prevent us from meeting our statutory duties. If the local authority were unable to train or secure an appropriate number of Approved Mental Capacity Professional citizens would be at risk of being illegally detained with community nursing and residential setting, this would place the Local authority at risk of legal challenge as this may lead to citizen's Human Rights being breached.



Equality Impact

16. The West Midlands Safeguarding Procedures are implemented within Dudley and are consistent with the Equal Opportunities Policy of the Council.
17. The service will ensure that where appropriate a whole family approach will be utilized and referrals to required services made. Additionally, it is recognised that any citizen who is assessed as meeting the requirement of the two-stage test under the Capacity Act 2005 will potentially meet the protected characteristic as declared by the Equality Act and will be supported accordingly.

Human Resources/Organisational Development

18. There are no HR or organisational development implications in relation to the contents of this report

Commercial/Procurement

19. There are no commercial or procurement implications in relation to the contents of this report

Council Priorities

20. The service will seek to support individual to live their lives as safely as possible, informing individuals and applying least restrictive practice.
21. The new safeguarding arrangements in Dudley are consistent with building stronger, safer and more resilient communities in line with the Dudley Vision and to protect our residents' physical, and emotional health for the future.
22. The service will adhere to the declared position of the organisation
23. The service will ensure the Human Rights of the individual are considered and assured

M. Bowsher

Matt Bowsher Director of Adult Social Care

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Appendices

Annual Adult Safeguarding Report 2020/21





**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Adults Board
Annual Report 2020/21**

Reporting Period April 2020 – March 2021

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Message from the Independent Chair

I am pleased to present this report as Independent Chair of the Dudley Safeguarding Adults Board (DSAB). Last year, we discussed our work as we entered the first lockdown of Covid-19. The report covers the second and third lockdowns and highlights the excellent work of the people of Dudley in order to ensure that safeguarding our most vulnerable adults and adults at risk have not suffered despite the enormous challenges everyone faced. The sacrifices and losses that have touched each and every one of us must not go unnoticed.

Not only has the pandemic dictated how we operate both strategically and operationally, but we have encountered changes to legislation that has meant professionals have had to adapt quickly and effectively. The Covid-19 Prioritisation with Community Services Guidance, The COVID 2020 Act, Changes to the Care Act 2014 (known as the Care Act Easements) and the various Covid-19 related guidance, have all emphasised that safeguarding children and adults is as critical during the pandemic as at any other time. With this in mind, we are also working on the introduction to the new Liberty Protection Safeguards, now delayed until April 2022, but which will bring with it a major change to the current Deprivation of Liberty Safeguards process and one which will impact children and adults.

The global Covid-19 pandemic is unprecedented and the impact for individuals, families, communities and wider society is significant and will be long lasting. Due to the restrictions in place, many adults have become at increased risk of harm such as exploitation, domestic abuse and financial scamming. The most vulnerable in our society have been hidden from day to day services that would normally have provided a protective shield, and it is likely that the true impact of harm to these individuals will not be fully known for many more months. In addition we have seen a rise in the number of mental health referrals and domestic abuse. There is a new unmet need and a backlog of concern to work our way through as a Partnership.

As we focus on our 'recovery' and living with Covid 19, I would like to thank the dedicated people who work across all of the organisations in Dudley who are working to promote the welfare and safety of adults, particularly in these challenging times. I have seen first-hand the amazing and inspiring work carried out daily by our partners, key workers and voluntary organisations to keep people safe in the Borough.

We will continue to ensure that safeguarding adults remains a priority.

Finally, I would like to thank the chairs of the subgroups and to the Safeguarding Business Unit for their hard work and support during these unprecedented times.

Dr. Paul Kingston

Independent Chair, Dudley Safeguarding Adults Board

What is Dudley like?

A total of 252,769 adults aged 18 and over live in Dudley (Mid-Year population estimates 2020). This is 78.4% of the total population in the area. (source: ONS)

The number of people aged 75 and over is 32,182 (10.0%). This proportion is greater than the West Midlands region (8.8%) and England (8.6%) as a whole. Additionally, this cohort is a growing proportion of Dudley's population each year. (source: ONS)

Homelessness

Dudley has a good track record in preventing homelessness and rough sleeping. The service normally receives around 2,500 enquiries per year but during the 2020/21 period this increased to 2,700. This is a worrying increase because during the pandemic the Government put lots of interventions in place to suppress homelessness including bans on evictions (except in exceptional circumstances), the furlough scheme, uplifts to Local Housing Allowance and Universal Credit uplifts. There was also a drive to house all rough sleepers through the 'Everyone In' campaign. Dudley participated and offered accommodation to the small number of people who were sleeping rough and also continued to house a higher than normal number of single people who were at risk of being 'roofless' mainly owing to relationship breakdown or parents/friends no longer willing to accommodate. Since the onset of the pandemic the enquiries to the service have been dominated by single person households who have been at greater risk of imminent homelessness than other cohorts because they were living in insecure housing arrangements prior to the pandemic, for example, lodging with others, living with parents and were not tenants in their own right so they weren't protected by the eviction ban.

Looking forward, we anticipate there will be increased demand on services as house prices and most rental market prices have increased during the pandemic thus causing affordability issues for many households seeking to enter the housing market. The furlough scheme and the Universal Credit uplift has ended during the 2021/22 financial year and the courts are now beginning to process repossession claims again so homelessness could increase.

Further information about homelessness can be found at:

<https://www.dudley.gov.uk/residents/housing/housing-advice-information-and-support/plans-policies-strategies/>

Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2021 showed it affected 23,512 (16.9%) of households within the Borough. (source: Department for Business, Energy & Industrial Strategy). Recent increases in energy costs are likely to exacerbate Fuel Poverty.

Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 29.7 crimes per 1,000 people for 2019/20. It should be noted this measure will be influenced by other areas outside Dudley, but it is the same as the West Midlands region rate and above the figure for England (28.0 per 1,000). (source: PHE Public Outcomes Framework) Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse

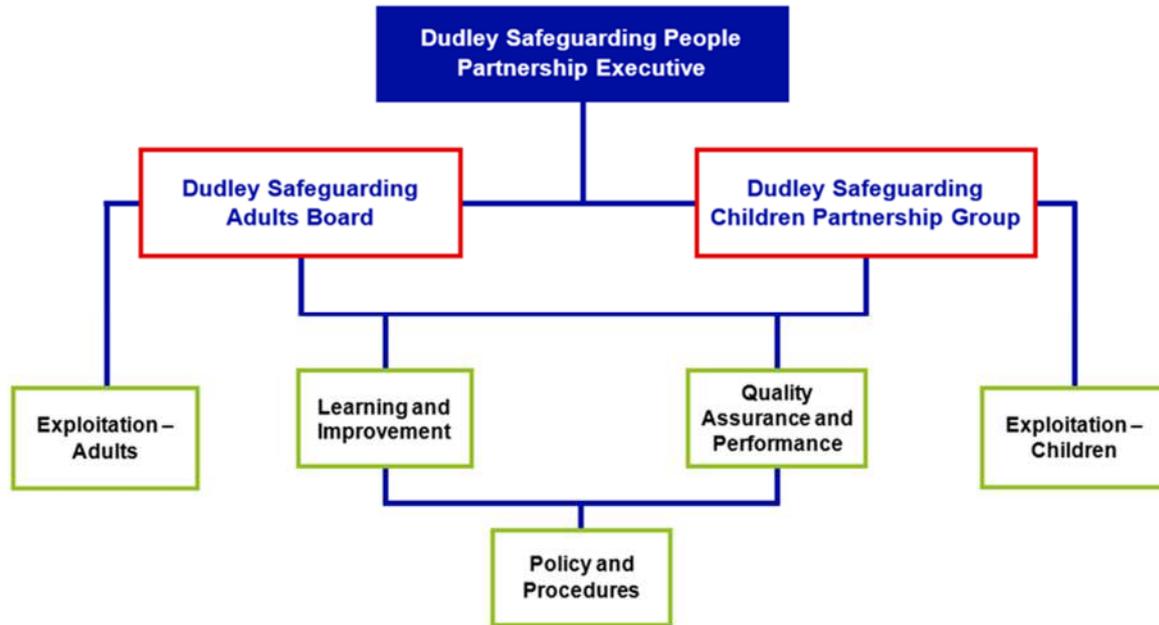
Life Expectancy, Health Conditions and Health Inequalities

Life expectancy within Dudley is 78.8 years for men and 82.2 years for women. This is similar to the wider region (men 78.5, women 82.5); however it is lower than England (men 79.4, women 83.1) (source: Life expectancy estimates 2018-20, ONS). Within Dudley, life expectancy is 9.3 years lower for men and 8.0 years lower for women in the most deprived areas of Dudley than in the least deprived areas. (source: PHE Public Outcomes Framework).

Dudley had a diagnosis rate of 2,386 for patients in the Borough with dementia. However, total prevalence including those yet to be diagnosed is modelled in excess of 4,000. (source: Dudley CCG Dementia Strategy 2017-2019).

The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. This is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000). (source: PHE Public Outcomes Framework). This is a growing concern and suicide awareness, and support will need to be a focus of both our learning and development and service offer going forwards.

Governance Arrangements



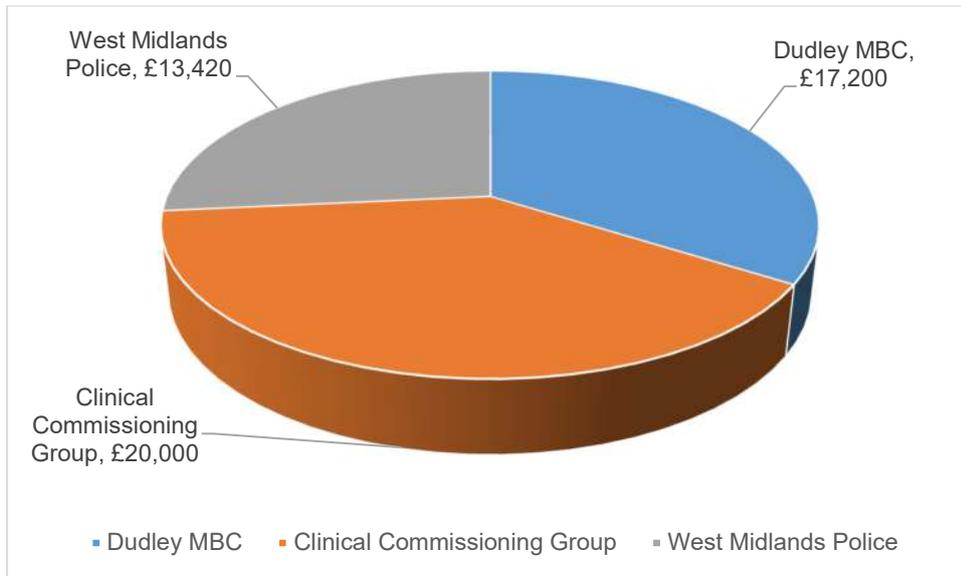
The primary purpose of the Partnership is to ensure that people in Dudley, who might be at risk, are protected. The Care Act 2014 underpins the strategic direction set by the Dudley Safeguarding Adult Board, along with Making Safeguarding Personal to embed a person-centred approach to safeguarding and the six principles of adult safeguarding. The Learning and Improvement sub-group and Quality Assurance sub-group ensure that learning from Safeguarding Adults Reviews (SARs) and multi-agency audits is implemented and embedded into practice. We have now amended this structure, introducing a dedicated workstream for our neglect priority as well as separating our quality assurance and performance sub-group, to allow for a focus on adults with the ability to cover life course themes where appropriate.

Overview 2020-21

The priorities of the DSPP remained the same as the previous year, during this reporting period. Despite the impact of Covid-19, safeguarding activities remained a priority and activity did not decrease. It was inevitable that some changes were made, for example, our multi-agency face-to-face training offer was converted to eLearning and all sub-group meetings and practice events were held virtually. The partners, despite the extraordinary challenges faced on the frontline, remained fully committed to Partnership working.

Funding Arrangements

The financial contribution for DSAB work in 2020-21 was £50,620. This was made up of contributions from Dudley MBC, Dudley Clinical Commissioning Group and West Midlands Police and was used to fund DSAB staff salaries and expenses, the 2020-21 training programme, Safeguarding Adult Reviews and other miscellaneous costs, e.g. publications and venue and hospitality costs. Wider partners provide staff and resources for meetings and training courses.



What our data is telling us

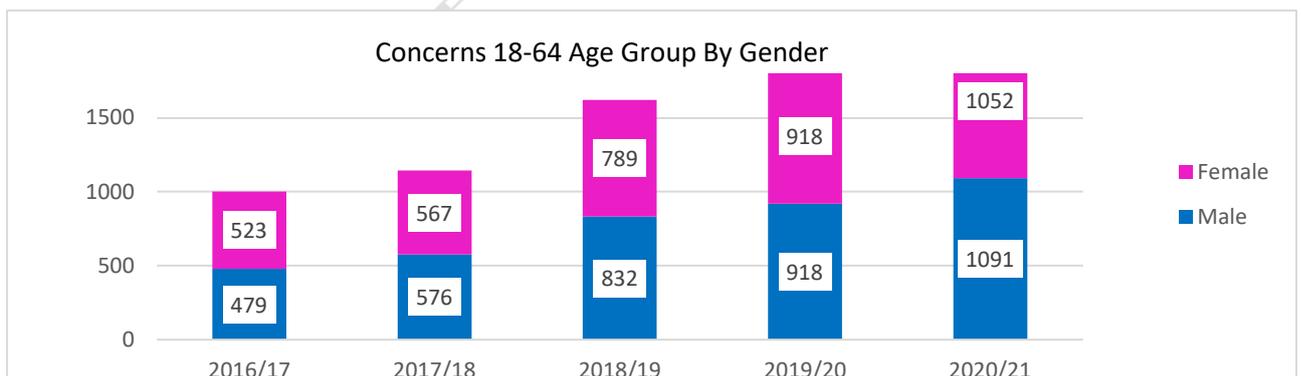
Safeguarding Concerns

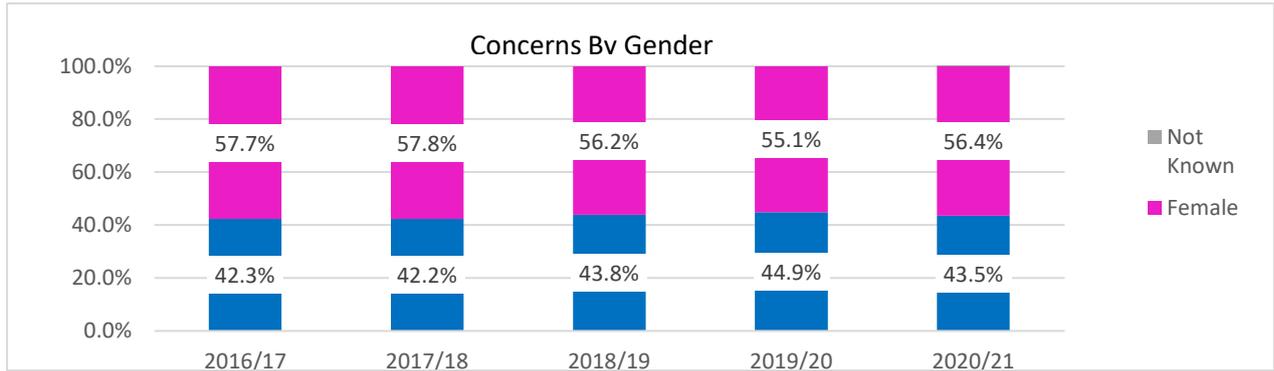
During 2020-21, 498 concerns were not recorded correctly or fully and therefore were excluded from the submission. This was due mainly to the implementation of a new recording system and a change in recording processes. These safeguarding concerns would still have been followed up through standard adult safeguarding processes. If these had been included, the number of enquiries for 20/21 would have been highest since 2014-15, highlighting the impact of Covid.

The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (40.5%) with males forming the highest proportion in this age group. However, overall, and consistently over the past 5 years, females continue to be the highest proportion of all concerns.

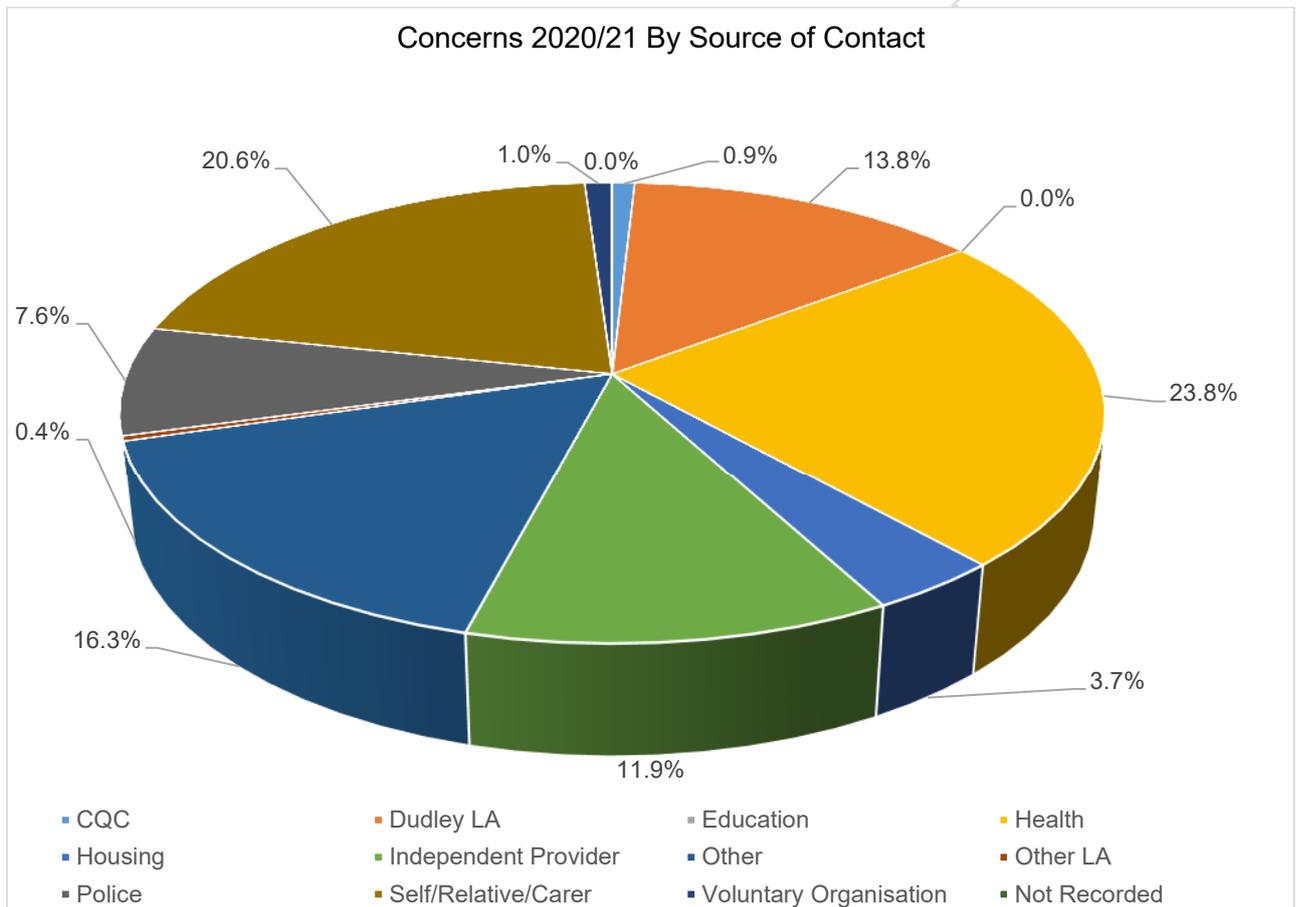
Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%

MASH is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and the MASH but also brings with it a higher number of inappropriate referrals. The lower percentage shows that MASH is being effective in ensuring our response is targeted and that signposting or assessments take place instead of safeguarding where appropriate.





Concerns by source

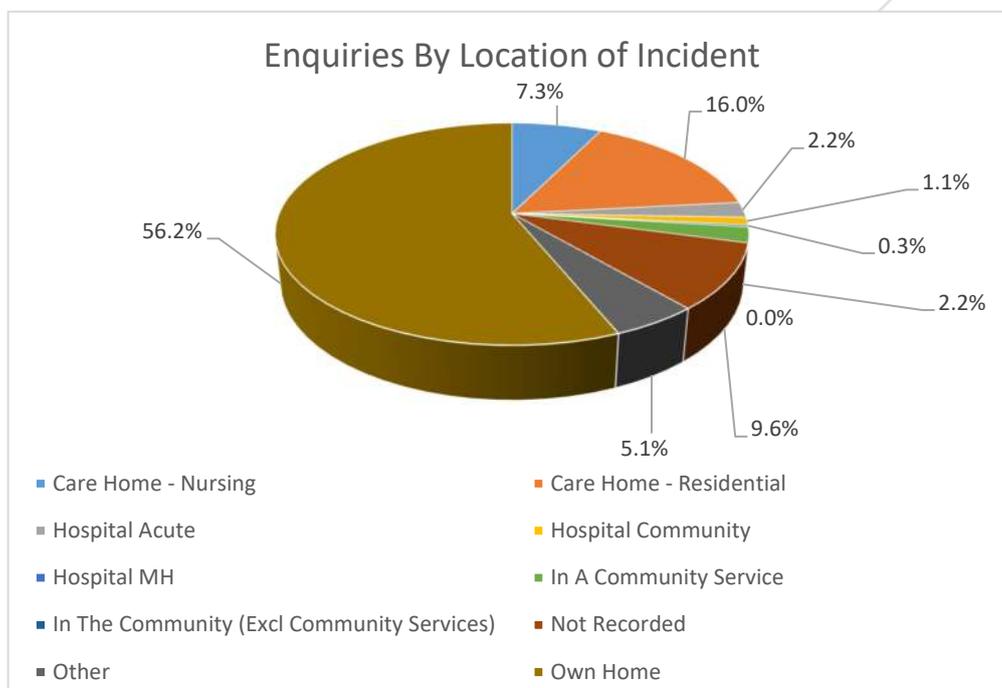


2020/21 Enquiries

The detail of the enquiry, e.g. abuse category, location of abuse etc, is not submitted in the SAC (Safeguarding Adults Collection) until the actual enquiry is completed. Therefore, the following is an analysis of 2020/21 enquiry data only.

Enquiry Type	Number	%
Section 42	300	87.5%
Other	43	12.5%
Total	343	100.0%

In line with concerns, females formed the highest proportion of enquiries at 55.4%. Males form the highest proportion within the younger 18-64 age group (55.9%) and in general, females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.



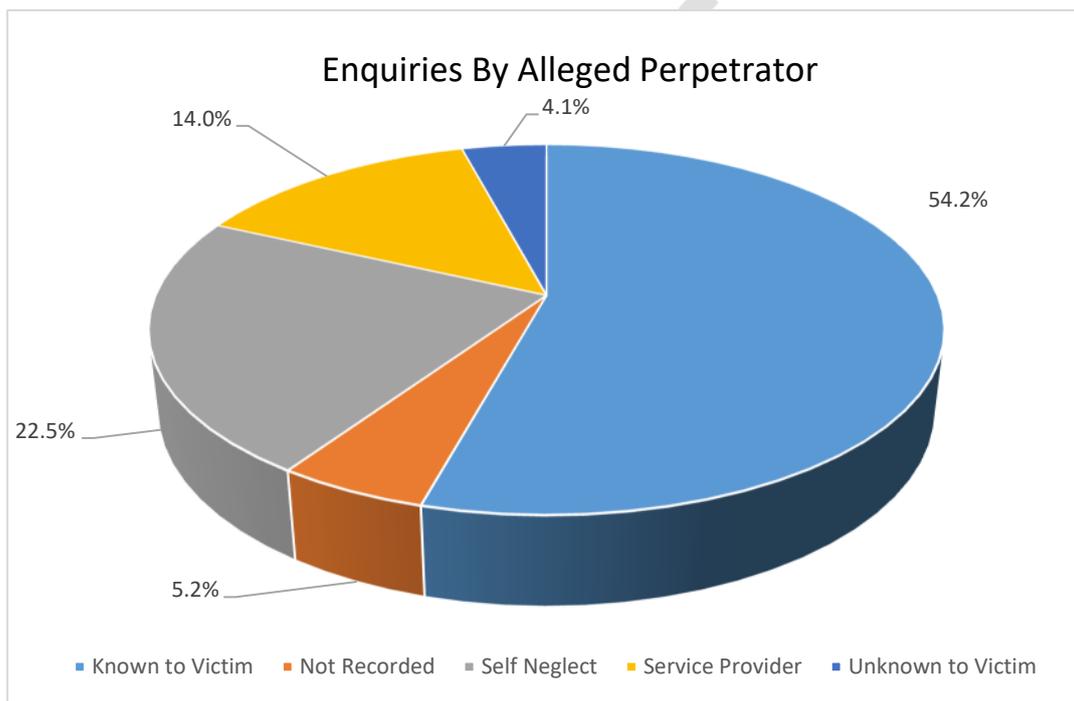
Abuse Category	Female	Male
Discrimination	3	2
Domestic	36	9
Emotional/Psychological Abuse	58	24
Financial/Material Abuse	29	31
Institutional Abuse	9	12
Modern Slavery	0	0
Neglect and Acts of Omission	82	70
Physical Abuse	49	21
Self-Neglect	51	56
Sexual - Sexual Exploitation	2	0
Sexual Abuse	5	3
Total	324	228

As in previous reporting the category of Neglect & Acts of Omission forms the highest proportion of all enquiries at 27.5%

As in previous reporting, the highest proportion of incidents occurred in the victims own home 56.2% with 61% of these recorded with an alleged perpetrator known to the victim. 58.5% of these incidents which occurred at the victims own home were for females.

34 episodes were recorded with no location.

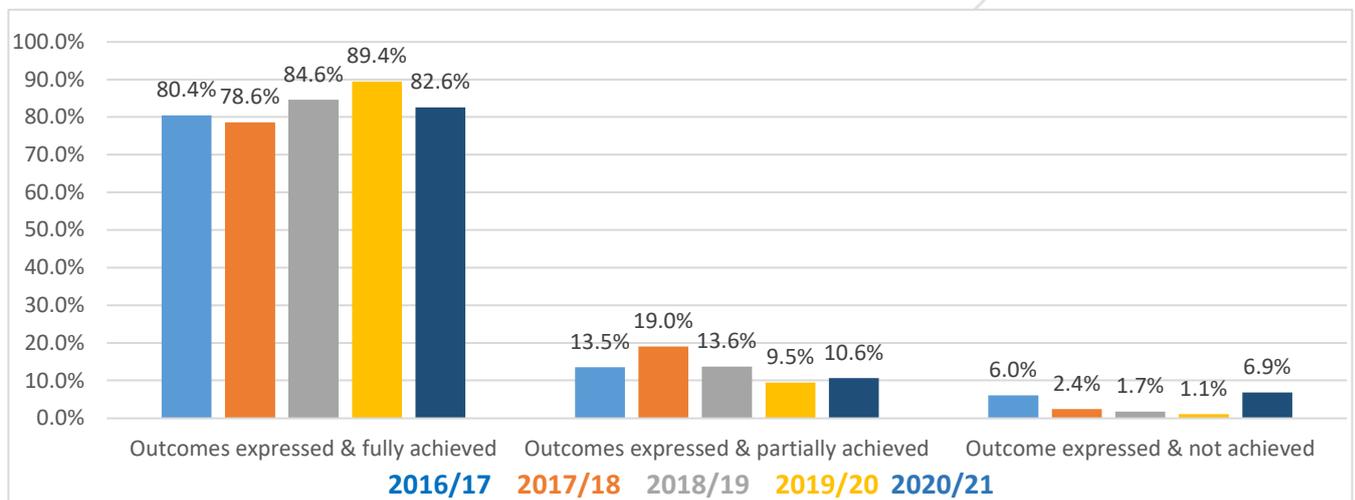
Overall, 54.2% of incidents were recorded with an alleged perpetrator known to the victim.



Concluded Enquiries

Year	Concerns	% Increase/Decrease From Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%

Dudley implemented a new recording system Liquidlogic's LAS in September 2020, some of the data proportion differences are due to migration from the legacy system to the new recording processes as the new system records safeguarding differently.



Partnership working for better outcomes for adults in Dudley

There is a continued strong working relationship between partners in Dudley and this has continued to grow and develop in strength. We have highlighted key areas of work that demonstrate how our priorities have continued to keep adults safe in Dudley.

- The local authority has introduced a process which supports providers who are experiencing safeguarding issues prior to decisions being made to move into a large scale investigation as directed by the Care Act 2014. The support offered to organisations helps to minimise risk and provide support to organisations, residents, carers and family members
- CCG Safeguarding Quality Review Meetings continued during 2020, which brought together health providers across Dudley to regularly share good practice and learning, and address issues as and when they arise. Through whole systems partnerships and services, assurances were given to ensure providers are able to discharge their statutory duties effectively.
- CCG Medicines Management Team have developed a training package for domiciliary care and due to the pandemic has adapted safeguarding training so that it can be delivered virtually as well as with the continuation to send out safeguarding briefing to primary care and small providers.
- The Healthy Ageing Team in partnership with Adult Social Care, has developed a social connected network led by communities and third sectors organisations. Two events were held, looking at the impact of Covid-19 on loneliness and isolation and mapping existing interventions and the network is in the process of developing a system wide plan to improve social connectedness.
- An evidence review of interventions to improve digital literacy of older people to inform the development of a digital literacy strategy was carried out and we are awaiting these results.
- A virtual version of Self-Management Programme was developed to support people living with long term conditions and are shielding due to Covid-19 to manage their disease better

Priorities 2020-21

The impact of the pandemic has not detracted from working on our agreed priorities; however the pandemic has influenced the way everyone prioritised their workload and the services offered. There is a strong working relationship between partners in Dudley and this has continued to grow and develop. Our focus is now on 'recovery' and more so, living with Covid. We need to understand that the challenges faced so far are not over but may present themselves in different ways, and this is likely to be our focus in next year's report. Our priorities for the forthcoming year remain the same, and we continue our focus on preventing harm across the life course, preventing exploitation across the life course and preventing neglect and self-neglect. In many ways, these priorities have become even more important as the impact of the pandemic may take years fully understand.

DSPP Priorities 2020 – 2022

**Neglect
across the life course**

**Preventing harm
across the life course**

**Exploitation
across the life course**

Neglect/Self-Neglect

- The Partnership successfully responded to individuals who presented with alcohol and or substance misuse and were either street homeless or in temporary accommodation. The safeguarding partnership ensured emergency accommodation was made available to vulnerable adults.
- The Dudley Group of Hospitals carried out a review of policies, particularly updating of the Did Not Attend procedures for adults who required support to be brought to appointments. This ensured that adults in need of support were not missed during the pandemic and received the help they needed.
- West Midlands Fire and Rescue Service' digital transformation has been embedded throughout the pandemic enabling the delivery of remote Safe and Well checks for the most vulnerable people within our communities.

Exploitation

- The Domestic and Sexual Assault and Abuse Strategic Group has played a crucial role in supporting and overseeing the transition to Dudley's new Domestic Abuse Local Partnership Board, in line with the new Domestic Abuse Act. This group is closely aligned to the DSPP, providing assurance to the Safeguarding Adults Board and ensuring safeguarding concerns are highlighted in a timely manner.
- Dudley Police and Dudley Council partners have created a new Exploitation Panel, which looks at all aspects of exploitation across the life course. We recognise that exploitation is not an issue that stops impacting young victims at the age of 18. As we grow our collective understanding, we can see that adults are also victims of exploitation. The panel has oversight of themes and commonalities linked to Dudley's most vulnerable victims and more will be reported on this in next year's report.
- Posters of how patients, carers and visitors can access support if they are concerned about abuse have been distributed throughout the Hospital Trust.
- The Multi-Agency Safeguarding Hub (MASH) continue to work very closely with trading standards to achieve good outcomes for people experience fraud or financial abuse.
- A pathway is in place for concerns around modern slavery and improved links are in place with the West Midlands Anti-Slavery Network. Work is ongoing to embed and improve the pathway, particularly in respect of resources available, and will be reported on in next year's report.
- There continues to be a strong relationship between Community Safety Partnership (Safe and Sound) and DSAB with the Head of Community Safety also leading on the exploitation workstream. Through the Community Safety Partnership (Safe and Sound), work continued to take place with partners to identify victims and concerns. A 'protocol' was developed in respect of new cases to be used to ensure that partners are being involved as appropriate and know what their response should be in respect of first responder organisations and non-first responder organisations.
- A briefing note was developed and shared with unregulated accommodation providers and Private Sector Housing to highlight the signs of modern slavery, how to report concerns and signpost them to the available training.

Preventing Harm

- The Adult MASH has experienced unprecedented demand with regards to the number of safeguarding concerns being received, at times during the past year this has increased by over 50%. However the conversion rate across the directorate decreased, suggesting that people are receiving the right level of support and their needs are being met despite the challenges of the pandemic.
- Increased reported numbers of domestic abuse disclosures, which had been reported to third sector organisations. IRIS project delivered leaflets with information on Domestic Abuse services to local pharmacies to place in medications bags.

- Working with the Police, Mental health triage tactical advisors have been created who can advise and support with tactical options when dealing with persons in crisis. This demonstrates commitment and increased capacity to supporting vulnerable persons, understanding vulnerability and making the correct assessment early at the initial point of contact to get them the best treatment.
- An Independent Domestic Violence Advocate (IDVA) commenced within Dudley Group of Hospitals NHS Trust ; a project in partnership between the Trust and Black Country Women's Aid. The presence of the IDVA in the emergency department has resulted in an increase in referrals from the Trust to Multi-Agency Risk Assessment Conference (MARAC).
- The Domestic Abuse 'Home' campaign developed during the first lockdown highlights support available to victims of domestic abuse.
- The Dudley Group of Hospitals carried out training for emergency department staff on the recognition and questioning around domestic abuse to help spot early signs of domestic abuse
- Public Health Dudley worked closely with partners and the NHS to support care homes to manage COVID effectively. This included developing pathways of cases and where and how to seek help, training staff on infection prevention and control and on the use of PPE. This intensive system wide support resulted in early identification and management of COVID outbreaks and reducing the impact of the disease of residents, staff and providers.
- From the start of the vaccination centre opening in early February 2021 to end of March 2021, the staff at the vaccination centre have identified and reported 11 safeguarding adult concerns, demonstrating positive safeguarding practice
- The Adult and Children and Young Persons Substance Misuse Services continued to provide a high level of provision in challenging conditions. Services adapted to support clients where appropriate via online, phone calls and WhatsApp.

How do we listen ?

Healthwatch

The most effective services are those which are influenced by the experiences of people who access them. In the last year, Healthwatch Dudley has supported the work of Dudley Safeguarding People Partnership, by giving local people opportunities to share their views and by working with partners to meaningfully involve communities in their service delivery and planning.

As health and care services swiftly responded to the outbreak of Covid-19 to keep people safe, Healthwatch Dudley found new ways of engaging with local people, to ensure their voices would continue to have influence. In place of face to face community activities, the team supported participants to share their views at online events.

Further work is needed to capture the lived experience of people who access our services, and we will update on this in our next annual report. During the Covid-19 pandemic, this was not progressed as fully as we would have liked however Dudley Neighbourhood Policing Unit re-established their Independent Advisory Group, Dudley: Have Your Say. The voice of adults has also been heard through Dudley: Have Your Say, on-line surveys, and participation in meetings including the Youth Police and Crime Commissioners.

Case Study 1

Jack (not his real name) is a 56-year-old man. He was referred to Adult MASH because of concerns relating to self-neglect. He was drinking very heavily and occasionally using illegal drugs. Jack had been referred to recovery services for his alcohol use but had not engaged with these. He met the threshold for a safeguarding enquiry under Section 42 of the Care Act. Jack was allocated to a social worker in the Adults at Risk Team. Jack understood that his current choices were harming him and could cause his death.

Jack's social worker ensured that he put Jack's wishes at the centre of his intervention. It was agreed to provide support to Jack with his medication, personal care and to attend medical appointments

Jack continues to drink, although at a reduced level. Jack's voice was heard in that the changes he was willing to make were less than perhaps the social worker would have thought as ideal. Nonetheless they were Jack's goals. The social worker therefore respected this, and using a strengths based and person-centred approach, Jack is in a better place. There remains a risk to his health, but this is reduced and better managed. This was a realistic and achievable outcome for Jack and can be considered a success based on Jack's terms and understanding.

Case study 2

Michael (not his real name) was first referred into the Safeguarding Adults At Risk Team (SAAR) due to concerns raised by his neighbour that Michael was being financially abused by his neighbours. Michael was living in very dirty conditions, there was visible dirt on the furniture and walls. Michael disclosed that two neighbours of his had been financially abusing him for the past 2 years. The perpetrators would come to his door and intimidate Michael into providing them with a 'loan' which of course they did not pay back. This left Michael with barely enough money to pay his bills or pay for food. Michael complained of being depressed and being lonely.

All the relevant agencies that could support Michael came together to create a plan of action to rectify the situation. With Michael's consent he was taken alcohol recovery. The Police, Integrated Plus, Housing, Anti-social Behaviour Team, and a local care provider came together for a meeting.

During alcohol detox, Michael was out of his property for 7 days. This allowed the Police and ASB team to act against the perpetrators of abuse without Michael facing any retaliation. Unfortunately, they were unable to completely negate the risk within 7 days, so Michael was placed in respite care home service to further protect him whilst SAAR worked with housing to find suitable accommodation for Michael. Michael has now been offered a place in an Extra Care Housing Scheme in an area he chose and is going to move there where all his care and support needs can be met. As there is 24/7 access to care the risk of financial abuse is also dramatically reduced.

Covid-19: A community response

In May, 46 people from local communities, health and care settings and voluntary organisations, zoomed in to a People's Network event to talk about how they had been accessing services and what the future of health and care in the Dudley borough might look like. In June, a report was published with recommendations that is helping to inform local NHS planning.

In April 2020, the team supported its host organisation Dudley CVS, to match 984 people who were shielding, with volunteers who delivered essential food and medication supplies and to give important information to keep them safe and well.

Vulnerable people were interviewed so their experiences could help shape what future support might look like should they need to shield again. The team heard how there had been a quick response from local organisations and from communities with support and how volunteer involvement had reduced anxiety, loneliness and isolation, which had been especially important for people who did not have friends or family close by. The Covid-19 Pandemic, a community response in Dudley borough, report was published in October 2020.

Learning from the LeDeR process

- There has been a training video developed to ensure clinical teams understand the importance of the use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders for people with a learning disability - the use of DNACPR was recognised in the annual LeDeR report.
- COVID rapid reviews of deaths in hospital were undertaken by the learning disability team to support the LeDer process in the community.
- Easy read COVID information and COVID passports were distributed by the learning disability team via email to care providers in Dudley.
- An annual audit of learning disability deaths in Dudley Group of Hospitals Trust using a template developed by the lead nurse.

Multi-Agency Training

The pandemic meant we had to change the way we offered multi-agency training. In early 2020 we purchased a new eLearning platform and our eLearning courses have been developed in house and are available for all partners to access.

Throughout 2020/21 there were 656 bookings across adults and life course eLearning courses, with nearly 1400 hours of learning completed in that time. The number of people who failed to pass the course was less than 1%

As part of National Safeguarding Adults Week 2020, DSPP also hosted an event on the impact of coercive control on Safeguarding Adults with need for Care and Support. This event was well attended by members of the West Midlands region.

Learning identified from Coercive Control event

- Older people are less likely to see themselves as victims
- What is coercive control and signs of it
- Good recording and multi-agency communication is vital to ensure the true picture is revealed.
- Need for professional curiosity
- Better understanding in relation to the legal framework

Learning Gain from event

- Pre event: **2.64** Post event: **3.62**
This shows a significant increase in knowledge following the event

"Domestic abuse can take many forms such as psychological, emotional, physical and sexual. - Over 2 million people across UK experience some form of domestic abuse each year. - People who are LGBT are much more likely to suffer domestic abuse in their life."

(Understanding Domestic Abuse)

*"1. How to identify if somebody has mental capacity or not
2. Rights of people with and without capacity
3. How I can help identify someone's capacity/help them appropriately."*

(Introduction to Mental Capacity Act)

"It brought to my attention the presence and the impact of modern slavery. The different forms of modern slavery. How those who are victims of modern slavery can be protected."

(Introduction to Modern Slavery)

Other key areas of development

12 Safer 7's (DSPP 7 minute briefings) have been published and shared.

The bi-monthly DSPP Newsletter (called Safer) has been reinstated and has been running since August 2020

During March and June 2020 DSPP produced 14 weekly briefings on safeguarding news and information during the first Covid-19 lockdown

DSPP have worked in partnership with Dudley Voices for Choices to design 4 animated videos for the learning-disabled community around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and related subjects. The short films were viewed across the UK and were shared widely by Learning Disability England, self-advocacy groups and local authorities across the UK. The videos have been used for training by Dudley Voices for Choices and others and the DNACPR video was used in local hospitals for awareness. In addition, because of the DNACPR film and conversations local CCG's sent a directive to all health professionals who were distributing/writing DNACPRs to clearly state that a Learning Disability is not a reason for a DNACPR and the reasons why. In total there were 55,000 impressions on the videos and in total the week Dudley Voices for Choices shared the films they were viewed and shared 688 times in seven days on Facebook.

Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) helps to prevent harm, neglect or exploitation across the life course.

DoLS supports all applicable adults over the age of 18. It ensures if individuals lack the mental capacity to consent and they are deprived of their liberty in a hospital or care home; they are assessed by two independent assessors and the Local Authority as Supervisory Body makes a determination as to whether the deprivation is in the person's best interests. The individual is also then granted legal rights to appeal, access to an Independent Mental Capacity Advocate if needed and the support of a named representative to ensure the care and placement continues to represent their best interest. The individual and their representative may also access the Court of Protection.

What we did:

- We continued to complete a high level of assessments despite Covid-19 restrictions
- Developed a regional audit tool to benchmark practice
- Continued to meet regional peers as support framework but also to learn from each other which supports the safeguarding of vulnerable adults in Dudley.
- Developed and delivered training for assessors but also for the wider social care arena to improve practice and compliance with the Mental Capacity Act

Impact of Covid-19 on DoLS assessments:

We were prevented from accessing the care homes and hospitals due to Covid-19 for large periods of time. We developed legally literate procedures to meet the Covid -19 guidance but also to ensure we could continue to safeguard the vulnerable adults of Dudley. We utilised the development of virtual assessments and ensured the individual, family and friends were part of all assessments. The DoLS Assessors were often the only people who had contact with the individuals, and they were thanked on many occasions by relatives for continuing to safeguard the individuals and enabling families to have an insight into the individual's life. Where necessary we assessed face to face using individual risk assessments for each event and PPE.

Safeguarding Adult Reviews

Under the 2014 Care Act, Safeguarding Adults Boards are responsible for Safeguarding Adults Reviews (SARs). The purpose of SARs in the statutory guidance is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

SARs had been placed on hold due to the competing demands across partner agencies as staff had been seconded to support areas of urgent need during the Covid pandemic. This was agreed by the Executive Group of the DSPP

In 2020/21 13 cases were referred to the Safeguarding Adult Review Panel for consideration and 2 progressed to a SAR, 2 were included in a thematic review on self-neglect and 1 was recommended as a local review. These had not been completed within the timescale of this Annual Report.

The number of referrals increased significantly during Covid. The learning and improvement sub-group looked at ways to get to the final report stage quicker, by using different methods, such as practitioner events to gather information and rapid reviews to embed learning quickly across agencies

The Care Act 2014 states that lessons learnt should be published in the Annual Report following the conclusion of the review. These lessons will be published in the 2021/22 Annual Report following the final sign off by the Dudley Safeguarding People Partnership.

Although these reviews are not yet published it is possible to say that themes of domestic abuse, self-neglect (linked with substance misuse) and the use of the Mental Capacity Act have been identified and will be explored in the reports. Immediate learning identified was also actioned by partners.

Embedding the Learning

The Learning and Improvement sub group monitor and review action plans of recommendations for partner agencies involved following a completed SAR. We collate the themes that arise from case reviews and include information relating to these themes in the practitioner workshops and multi-agency training offer

When a SAR is completed, a briefing (Safer7) is prepared highlighting the learning for safeguarding practice across all agencies in an easy to read format.

Summary

During 2021/22 the Dudley Safeguarding Adults Board will continue to embed agreed strategic priorities and the work of the subgroups, whilst engaging with and listening to adults at risk and with care and support needs. We aim to do this by including more people with lived experiences in our sub group work and ensuring that the voice of people who access services is heard throughout our multi-agency case file audit process. There will also be additional learning from Covid-19 which has impacted in so many ways. In 2022, we will come together as a Partnership to review our priorities to make sure that we focus on what is really important to the people of Dudley. We know our focus may change following Covid-19, but what does not change is our commitment across the Partnership to ensuring everyone who needs help, receives the right help. In addition,

In our next report, we hope to be able report more on the recovery and more so, how we are living with Covid, to be able to 'see' our colleagues and people who access our services more, where appropriate and safe to do so. The effects of Covid 19 cannot be underestimated, we have seen individuals present to psychiatric service for the first time in crisis, a significant amount of these individuals have not been known to services. There are concerns that certain safeguarding types have been hidden during the pandemic, specifically domestic violence and abuse. The partnership is committed to monitoring concerns and taking appropriate action through agreed strategies, for example a communication plan to raise and maintain awareness. Furthermore the impact of working in isolation on staff is not as yet known and again this will have to be monitored.

We will continue to learn from our safeguarding adult reviews, ensuring timely and appropriate dissemination of themes and trends and to use this information to underpin our training and influence our strategic direction. As a Partnership we will also support our colleagues when they move into Integrated Care Systems to ensure that safeguarding is embedded.

Finally, we could not conclude this annual report without recognising the significance of planning and supporting providers for the changes in the Mental Capacity (Amendment) Act 2019 and implementation of Liberty Protection Safeguards to ensure appropriate safeguards are in place for the most vulnerable in our Borough. We know that significant work is underway, and this presents one of the biggest changes to legislation for many years, which will be covered in more detail in our next Annual Report. A task and finish group has been dedicated to readying Dudley for the new legislation which becomes effective 1st April 2022.