

HEALTH, ADULT SOCIAL CARE, COMMUNITIES AND CITIZENSHIP SCRUTINY SUB-COMMITTEE

MINUTES of the Health, Adult Social Care, Communities and Citizenship Scrutiny Sub-Committee held on Wednesday 6 March 2013 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Mark Williams (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Denise Capstick
Councillor Norma Gibbes
Councillor Rebecca Lury
Councillor The Right Revd Emmanuel Oyewole

**OTHER MEMBERS
PRESENT:**

OFFICER AND Paul Willmette - Head of Quality and Transformation
PARTNER Julie Timbrell: Scrutiny Project manager
SUPPORT: Cha Power - Deputy Director, Mental Health Older Adults and
Dementia, South London and Maudsley NHS
Zoe Reed, Executive Director Strategy and Business
Development, South London and Maudsley NHS

1. APOLOGIES

- 1.1 Apologies for absence were received from Councillor Eliza Mann;
Councillor Jonathan Mitchell attended as a substitute.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

- 2.1 The chair reported that he had been contacted by a local resident,
Tom White, about Marina House. The chair invited Mr White to

speak and he explained that this item was considered by the health scrutiny committee some time ago. Mr White recalled that the committee had recommended that SLaM undertake a proper consultation and that there was an understating that GPs would have thorough training to do drug and alcohol referrals. He stated that it is a matter of public record that services would apply for £95,000 grant funding for the delivery of the Integrated Offender Management programme (IMO) at Marina House. However, Mr White reported, he understands that the probation service will not now be delivering services there. My White said he would like to know why not, and if Marina House did or did not receive the £95,000 grant.

- 2.2 Mr. White went on to express his disappointment that Mike Farrell, a world renowned drug treatment expert, has now left and is going to Australia. Mr White commented that the restructuring of drug and alcohol treatment was supposed to be about saving money, but he queried the actual costs, asked what Marina House is now being used for and where people now receive drug and alcohol treatment services.
- 2.3 The committee agreed to send a letter raising the above issues. A member said that it would be useful to know how many GPs have completed a level two qualification in substance misuse training, as this course is of much greater value than the level one training. She reported that a level one qualification only takes one day and is not very significant.

RESOLVED

A letter will be written to SLaM and NHS Southwark / Clinical Commissioning Group asking for:

- Information on services provided and patient flows at Marina House.
- Clarification on the grant of £95,000.
- Information on where patients are now being treated for substance misuse , who would have used Marina House.
- Details of how many GPs working in Southwark have a level one or level two qualification.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 There were no disclosures of interests or dispensations.

4. MINUTES

4.1 The minutes of the meeting held on 31 January 2013 were agreed.

5. PERSONALISATION, SAFEGUARDING AND THE ASSOCIATED RISKS - REPORT

5.1 The chair invited Paul Willmette, Head of Quality and Transformation, to present his report on 'Safeguarding Adults and Risk of Financial Abuse for people in receipt of Personal Budgets'.

5.2 The Head of Quality and Transformation explain that the report looks at the evidence of financial abuse for people who have taken Personal Budgets. He highlighted that 6.6% of people who do not receive a personal budget have had a safeguarding referral in respect of suspected financial abuse, whereas 3.8% of people receiving a personal budget have had a safeguarding referral for suspected financial abuse.

5.3 The officer explained that the majority of people in Southwark now a Personal Budgets in place: currently 72.6% or 2694 people. Of these 433 take the Personal Budget as self managed cash, and there has only been one financial abuse related safeguarding allegation; overall the risk is lowest for this category. A councilor queried this case and the officer explained that this was partly uncovered because of monitoring of the Personal Budget, which also uncovered wider financial abuse.

5.4 The officer was asked why the risk seems to be less for Personal Budgets. He responded that he was not entirely sure, and that it might be because of the additional monitoring. He cautioned that these are small numbers to draw inferences from. Members highlighted the need for more analysis.

5.5 A member asked about the process for reporting safeguarding concerns and commented that the process could be appear to be complex. The officer said that support is offered. The high level of safeguarding alerts was noted and officer agreed that that safeguarding alerts do seem high but he reported that there are inline with national figures and

that they are allegations.

- 5.6 A member speculated that one reason for the lower figures could be that people using Personal Budgets are those who are more capable of safeguarding themselves. He asked for assurance that officers are not going to surmise there is little risk. The officer responded that the service is not assuming this and agreed that the initial cohort may well be those people who are more able. He said that as more people join the personalisation process there may well be more people with complex needs living in vulnerable situations. He added that the service is planning for more people to take Personal Budgets up. A member asked how these are offered and the officer explained that this is not a one time offer; officers keep asking.
- 5.7 A member noted that council management of Personal Budgets seems safer than Third Party management. The officer said that there a higher number than we would like of perpetrators of financial abuse being part of the wider social care workforce and the council is looking into this.

6. ANNUAL ADULT SAFEGUARDING REPORT AND INTERVIEW WITH THE INDEPENDENT CHAIR

- 6.1 The chair invited Terry Hutt, Independent chair of the Vulnerable Adult Safeguarding Board, to present the report circulated with the papers. He said he would highlight the main themes in the report.
- 6.2 He first spoke about the national context. Social services will be affected by legislation going through parliament. He explained a significant change is that the Vulnerable Adults Safeguarding Board will, like the children's board, be a statutory function. This means there will be a requirement for people to attend the board. He added that this is not a problem in Southwark as the board already has good attendance.
- 6.3 The Independent Chair reported that there is an ongoing investment in the process of making a safeguarding referral. A senior manager group is focusing on the care in residential homes, particularly safeguarding concerns. One of the outcomes has been the initiative "my home life". The team has brought together residential nursing care practitioners to

look at safeguarding. He explained that the staff experience of safeguarding investigations is often very difficult so the council is looking at improving the process.

- 6.4 The Independent Chair reported that safeguarding alerts have been growing and if this trend continues then a significant amount of officer time will be spent on this activity. He said that the service want to consider the thresholds - Lambeth has twice the alerts. He speculated that this might be because their understanding safeguarding is different. He explained that the board will be spending about 9 months considering this issue. He explained that some safeguarding alerts are more about poor quality services, or sometimes a result of conflict between adults who might be vulnerable. However, he reported that if they decide that the increase in safeguarding alerts is due to increasing need then services then we will need to reconfigure services. He reported that they will be looked at learning disabilities, which is over represented for alerts, and explained that one reason could be the higher level of awareness created by the Winterbourne abuse scandal.
- 6.5 The Independent Chair reported that he has raised concerns about the lack of alerts for substance misuse adults. There was a query about alcohol misuse. He explained that alcohol misuse is not included in substance misuse. The official definition only includes illegal substances and alcohol abusers do not figure as a vulnerable group in terms of safeguarding. He commented that alcohol users can become homeless. A member asked if they would then be picked up and asked who would deal with alcoholic homeless people. Another member raised a concern about a member of the public who went to various settings - but everywhere they went they were told to come back sober. She asked where a chronic alcoholic would be able to get help.
- 6.6 A member commented on the recent stories that have surfaced in the media that women were encouraged to withdraw rape allegations by the Southwark Sapphire rape investigation unit based at Walworth Police Station. The Independent Chair responded that the next board meeting will consider this. He voiced his concerns and agreed that there is a need for follow up with the women to see they wish to pursue actions and generally be offered support.
- 6.7 Members voiced concerns about the ease of making

safeguarding complaints and suggested that all safeguarding publications are produced in 'easy to read' formats.

- 6.8 Questions were asked about the number of prosecutions of perpetrator and the success rate and the Independent Chair agree to provide follow up information.
- 6.9 A member asked why none of the Hospitals had made safeguarding alerts and noted that the Francis report had highlighted the importance of effective complaint, investigation, training and whistle blowing procedures.

RESOLVED

Report back to scrutiny into the analysis being undertaken by the Safeguarding team into the reasons for an increase in safeguarding alerts, including a detailed breakdown of the figures.

A recommendation that easy to read formats for all safeguarding publications is made available.

More information on what happens to perpetrators, and if there have been any prosecutions.

More detail on how people are protected from abuse that are a) substance misusers (and are defined as 'vulnerable') and, b) those that misuse alcohol (and are not counted as 'vulnerable').

A report into the safeguarding implications of the recent revelations that the Sapphire Unit encouraged women to withdraw rape allegations.

More information on safeguarding in hospitals; in particular why have there been no safeguarding alerts, who do patients, report alleged abuse to, and who investigates.

Details of safeguarding training provided.

The safeguarding whistle-blowing procedures of all partners.

7. MENTAL HEALTH OLDER ADULTS AND DEMENTIA - UPDATE

- 7.1 Cha Power, Deputy Director, Mental Health Older Adults and Dementia and Zoe Reed, Executive Director Strategy and Business Development, South London and Maudsley NHS

presented the report circulated with the agenda.

- 7.2 Members raised a number of questions regarding the length of treatment time, use of drugs and access to benefits information.
- 7.3 SlaM officers reported that the service is reviewing its operating times.

RESOLVED

The committee requested more information on:

- The length of treatment times that service users receive
- The outcome of a review into the times of service operation
- A statistical breakdown into the extent of drugs prescribing for service users

The committee also recommended that the contact details of the Rightfully Yours team are shared with service users by MHOAD service.

8. REVIEW : KING'S HEALTH PARTNER MERGER

- 8.1 The committee noted the report considering King's Health Partners' proposals for closer integration and merger, produced by The King's Fund.

9. WORK-PLAN

- 9.1 The work-plan was agreed.