



## Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 2019/20

**Report of:** Independent Chair Safeguarding Adults Partnership

**Subject:** Sheffield Adults Safeguarding Partnership (SASP) Scrutiny Committee Report 2019/2020

**Author of Report:** David Ashcroft Independent Chair

### Summary:

In 2018/2019 the Sheffield Adult Safeguarding Partnership produced its annual report as a video which was produced by the Customer Forum, a group who work with the Partnership. This was shared with the Scrutiny Committee but is being supplemented by this report. The Report is intended to be informative about the work of the Sheffield Adult Safeguarding Partnership and to recognise the role of Scrutiny in advising on the work of the Partnership and provide challenge and feedback.

**Type of item:** The report author should mark the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

### The Scrutiny Committee is being asked to:

- Receive the Scrutiny Report and note its contents and the priorities and achievements of the SAS Partnership
- Comment on and / or seek clarification on any issues raised
- Consider and recommend priority areas for next year's business plan and strategic plan
- Provide input to the strategic plan 2020-2023

**Background Papers:**

- Learning Brief – Person C

**Category of Report:** OPEN

This report provides an overview of safeguarding activity in Sheffield.

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**INTRODUCTION TO SAFEGUARDING IN SHEFFIELD**

This Report provides information on the safeguarding work undertaken in Sheffield and gives a sense of the positive difference this work makes to Adults who are most at risk of abuse and neglect.

Reporting to the Scrutiny Committee is one of the ways in which the Sheffield Adult Safeguarding Partnership informs the people of Sheffield about the work that we do and how we are accountable to them. The Sheffield Adult Safeguarding Partnership is keen to encourage and further develop links with the people of Sheffield to raise the profile of safeguarding and to listen to what people think about our work and what our priorities should be.

The Core statutory partners are the local authority, health and police, but the SASP is well developed and includes a wider spread of providers and services in the city. Relationships and joint work are well developed with the Sheffield Safeguarding Children Partnership, and both partnerships continue to be independently chaired by the same individual to promote cohesion and co-ordination in strategic direction.

Sheffield Adults Safeguarding Partnership is committed to improving the safety of all Adults in Sheffield.

The Annual Report for 2018/19 was produced by the Customer Forum as a video.

<https://www.youtube.com/watch?v=JNOpH4NaxZE>

### **The core functions of the Partnership are:**

- Coordinate what is done by each body represented on the Partnership for the purpose of safeguarding and promoting the welfare of Adults in the area
- To ensure the effectiveness of what is done by each such person or body for those purposes
- Developing local procedures and policies
- Communicating the need to safeguard and promote the welfare of Adults, raising awareness of how this can best be done and encouraging practitioners, agencies and the public to take the required action
- Participating in local planning of services for Adults in Sheffield
- Undertaking reviews of serious cases and advising the authority and partners on lessons to be learnt and to identify any concerns or patterns affecting the welfare and safety of Adults and ensuring the correct procedures are in place to provide a coordinated multi-agency response
- Monitoring and evaluating the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of Adults and advise them on ways to improve
- Assessing whether partners are fulfilling their statutory obligations by carrying out multi-agency audits
- Monitoring and evaluating the effectiveness of training
- Producing and publishing an Annual Report on the effectiveness of safeguarding in the local area

### **KEY PRINCIPLES FOR SAFEGUARDING ADULTS**

The following six principles, set out in statutory guidance and the Care Act, apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system. The principles should inform the ways in which professionals and other staff work with adults. The principles can also help Sheffield Adult Safeguarding Partnership and organisations more widely, by using them to examine and improve their local arrangements.

## Six key principles underpin all adult safeguarding work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

- **Prevention** – It is better to take action before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

- **Proportionality** – The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*

- **Protection** – Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

- **Accountability** – Accountability and transparency in delivering safeguarding.

## SHEFFIELD SAFEGUARDING ADULTS PARTNERSHIP BUSINESS PLAN 2019/20

The Partnership has set a number of priorities under 4 key areas.

### 1. Hear the voice of those who use our services and communicate with the communities of Sheffield.

- 1.1. Support and empower the Customer Forum to be a stronger voice and develop a participation strategy.
- 1.2. Ensure people's experiences of safeguarding inform us of future communications and improvements in relation to safeguarding practice.
- 1.3. Develop mechanisms for gaining views and ideas particularly from those who have experienced abuse and neglect.

### 2. Learn and improve the quality of our services.

- 2.1. Review the impact of the quality assurance framework to ensure that the framework is able to influence and improve practice.
- 2.2. Use the Sheffield Adult Review sub group to learn from practice across partners and nationally so that Sheffield's practice can improve.

2.3. Promote a nurturing and learning culture.

**3. Governance - implement the new board arrangements.**

- 3.1. Develop new governance arrangements for the Sheffield Adult Safeguarding Partnership.
- 3.2. Carry out a Value for Money Review including funding arrangements and resourcing structures.
- 3.3. Implement the new safeguarding procedures ensuring that they enshrine the principles of Making Safeguarding Personal and provide clarity on how we undertake safeguarding in Sheffield.
- 3.4. Develop the use of data so that it is used to improve practice and performance.

**4. Partnership - encourage cross sector participation, increasing awareness around safeguarding and reinforce locality work**

- 4.1. Promote the partnership across community networks, particularly in the voluntary sector.

**ACHIEVEMENTS AGAINST THE PRIORITIES**

- Support for the Customer Forum in their production of the **Annual Report** for 2018/19 and their work on priorities this year of social isolation, support for carers and public transport with all work co-produced.
- Completion of a joint **Children's and Adults Quality Assurance Audit and Challenge Sessions** with all partners with actions identified as a result.
- Use of learning from cases considered by the Safeguarding Adult Review sub group with **Learning Briefs** being shared across staff teams and on the Sheffield Adult Safeguarding Partnership website.
- **Case examples** are being used to inform practise within multi-agency meetings, briefings and training.
- The **Training Programme** offered by the partnership is well attended and receives good feedback. Participation on training courses by members of the customer forum bring lived experience to the course.
- Positive results from the 3 initiatives that were set up by the Partnership (see page 6)
  - **Safe in Sheffield Initiative**
  - **Adult Sexual Exploitation Service**
  - **Trading Standards Initiative Not Born Yesterday**
- A **health passport** has been developed with the Customer Forum for use by those with learning difficulties and is available on the Sheffield Adult Safeguarding Partnership website.
- A **Performance and Quality Sub Group** was formed in January which will seek assurance that the work taking place is keeping people safe.
- The **Mental Capacity Network** is carrying our actions to raise awareness and understanding around Mental Capacity as well as to prepare for the implementation of the Liberty Protection Safeguards.

- The **Safeguarding Licencing Manager** has undertaken a range of work including guidance for those holding events, work to develop a strategy around gambling, training and safeguarding for taxi drivers and licence premises and work to raise the issue of invisible disabilities at licenced premises and at the football clubs.
- Feedback from people using services is sought in a number of ways including the Sheffield Teaching Hospitals Friends and Family test as well as.
- Coordination of the multi-agency **Vulnerable Adults Panel** works to develop pathways between agencies and the person at risk to improve their wellbeing and eliminate pressures on emergency and crisis points.
- **Safeguarding Awareness Week** in July 2019 provided an opportunity to talk to members of the public about a range of safeguarding topics as well as training opportunities for professionals and a social media campaign that drove significant numbers of people to the Sheffield Adult Safeguarding Partnership website. Learning from this will help improve **Safeguarding Awareness Week 2020**.
- **Dignity Awards** scheme is co-produced with citizens from the Service Improvement Forums to acknowledge Adult Social Care staff whose actions make a difference and serve as an example to others.
- Agreement has been reached to work collaboratively with the **Voluntary Sector** on how safeguarding works from their perspective. Representatives of the voluntary sector attend many of the training sessions offered and guidance for the voluntary sector is due to be published.

## CURRENT CHALLENGES

1. The transition of young people both to adult services and to successful adulthood and the sufficiency of these services remains an issue, work is underway but there are significant numbers of people whose needs are not been met. This is a standing item on the SAB Executive meeting and will also be considered at the Joint Children's and Adults meeting in March.
2. The pressure on **Mental Health services** in the city impacts on safeguarding. We are working closely to address issues and this will be a priority going forward.
3. Many people don't meet the threshold to access services but are at risk (often through their own behaviours) but still require support. Initiatives such as the vulnerable adults panel work to support them but the numbers involved and complexity of issues often means there is a gap in the services available to them. This may require a re-think in what services need commissioning with the funding available in the city.
4. Additional resources have been allocated to the Safeguarding First Contact service but responsiveness does remain an issue.
5. There have been improvements in how **safeguarding concern cases** are identified and managed but issues with some aspects remain including
  - a common understanding of the Care Act across the Partnership,

- the responsiveness of services and
- how well the city has introduced the principles of Making Safeguarding Personal.

This is an ongoing area of work with briefings for staff within Sheffield City Council underway which can then be shared with the wider partnership. The new Performance and Quality Sub Group will work to understand the issues, how they can be further improved and in understanding how safe vulnerable adults are, and what the emerging issues are in Sheffield.

6. More work is required to ensure that the person's **voice** is heard within each case and then used to inform changes to how services are delivered. This is covered in the briefings being delivered, an improved quality assurance process and an engagement and involvement framework is being tested in the south and west of the city.
7. The current guidance on **Self Neglect** is in the process of being reviewed and the issue of hoarding incorporated.
8. The **Sheffield Adult Safeguarding Partnership website** is relatively new, more work is planned to provide an increased amount of useful resources to professionals, volunteers and the public. An area for the Customer Forum to promote its work is also under development.

## INITIATIVES UNDERTAKEN BY THE SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP

### 1. Safe in Sheffield

The Safe Places Scheme aims to support vulnerable people to feel safe when they are out and about in Sheffield via a recognisable logo on display and a card that vulnerable people are issued with. Safe Places members include John Lewis, Specsavers and Crystal Peaks Shopping Centre. There are approximately 50 registered venues acting as a Safe Place where staff have been trained. There is an interactive venue map and Sheffield has joined the Safe Places National Network which provides members with an App. Promotion of the project at the Safeguarding Awareness Week 2019 took place along with social media posts. Community groups and conferences have been visited to raise awareness, including visiting MIND. Community groups are putting Safe Places on their meeting agendas and some companies although not members of the scheme have also provided help to people when the card was produced. Future plans will include the roll out of co-produced training, the addition of new safe places on the waiting list and promotion of the project.

<https://www.sheffieldsafeplaces.co.uk/>

## 2. Adult Sexual Exploitation Service

Following a gap in provision for this group being identified, Sheffield Adult Safeguarding Partnership funded a detailed report that highlighted the need for a service and looked at the development of a training package. This work was nationally recognised as best practice. The training was about talking, challenging 'consent', and the use of language. The training covered awareness of sexual exploitation, who it affects and how to refer.

The Sheffield Adult Safeguarding Partnership has since funded Stage 2 of the project which was the delivery of training which the feedback showed has a 90% positive rating. Work was also undertaken to promote awareness of the service which resulted in 14 referrals in the 9 months the project ran for. The volume had been expected to be higher but it was acknowledged that this was a new service.

The service worked closely with the National Working Group (NWG) and Newcastle and Leeds who have similar projects. Positive feedback was gained from service users, parents and multi-agency teams on the impact of the service. However it does take time to gain the trust of service users. The Sheffield Adult Safeguarding Partnership has agreed to continue the funding of this service on a sustainable basis.

## 3. Trading Standards Initiative – “Not Born Yesterday”

The Sheffield's Adult Safeguarding Partnership has supported the Trading Standards project 'Tackling Financial Abuse from Scams and Rogue Trading' since 2016. The campaign 'Not Born Yesterday' aims to raise awareness of the harm caused by scams, doorstep crime and rogue trading and attempts to provide people with a sense of empowerment and to be not only labeled as victims.

The commitment continues to be to protect elderly and vulnerable Sheffield residents through a program of awareness raising, enforcement action and safeguarding those who become victims of financial abuse.

The team visit residents who have reported scams, deliver presentations to care providers, housing staff and community groups and this year have carried out 21 public events at a variety of venues. They respond to and carry out investigations into Doorstep Crime which have resulted in a number of prosecutions for fraud and consumer protection offences. Preventative work includes leafleting residents in the vicinity of a reported incident to ask them to contact the team if they have any information or may have been a victim themselves. A '**No Cold Calling**' door sticker is provided with each leaflet to encourage residents to make their own home a 'no cold calling zone'.

A victim Impact Survey has been carried out, with the service provided by the team scoring 8 or above out of 10 by 96% of responders.

## **SAFEGUARDING ADULT REVIEWS (SARS)**

A Safeguarding Adult Review is a multi-agency process that considers whether or not serious harm experienced by an adult or group of adults at risk of abuse or neglect, could have been predicted or prevented and uses that consideration to develop learning that enables the partnership to improve services and prevent abuse and neglect in the future.

The Safeguarding Adult Review Sub-Group of the Sheffield Adult Safeguarding Partnership is responsible for recommending the commissioning of Safeguarding Adult Reviews (SARs) in line with the Care Act 2014 Guidance (Chapter 14), managing the process and assuring the Sheffield Adult Safeguarding Partnership those recommendations and actions have been addressed by the partnership and individual agencies.

Referrals Received - 1 <sup>st</sup> April 2019 to Present	5
How many progressed into a SAR/Learning Lessons Review (LLR)	1 SAR 2 LLR 2 did not meet the criteria

The Safeguarding Adult Review subgroup is currently coordinating 2 Safeguarding Adult Reviews and 3 Learning Lessons Reviews, one of which is a joint review with Rotherham Adult Safeguarding Partnership.

A range of issues are being investigated as part of these reviews including neglect, cohesive control, domestic abuse, mental health issues, hoarding and self-neglect.

Recommendations for either individual agencies or for the partnership will be tracked via action plans. Learning briefs are produced following a review and shared with members of the partnership so that they can be distributed more widely with practitioners across the partnership. This includes those referrals that had not progressed into a full Sheffield Adult Review or learning lessons review, but where there was learning that could be shared. These will be made available on the Sheffield Adult Safeguarding Partnership website as appropriate. An example of a Learning Brief is attached at the end of this report.

Themes emerging from the Reviews so far include the need for professionals to be aware of and make referrals to other agencies such as South Yorkshire Fire Services, Safe and Well Scheme or Trading Standards Not Born Yesterday Scheme. Other issues identified include the importance of joint working and effective communication between professionals and the need for them to be familiar with issues such as coercive control and the application of Mental Capacity Act 2005.

## **CONSULTATION ON SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP STRATEGIC PLAN 2020-2023**

Sheffield Adult Safeguarding Partnership three year [Strategic Plan](#) is due for review. Consultation has started with members of the partnership before wider consultation with those at risk of harm. The plan needs to set the right priorities and be clear on what outcomes we want to achieve in order to keep people safe.

Initial areas for consideration as priorities include the responsiveness of services in the city, gaps in what services are provided or commissioned and the provision of mental health services in the city. Views from this Committee on what they believe are the key challenges the Safeguarding Partnership should focus on would be welcome.

### **PERFORMANCE DATA**

The following section details some of the key performance indicators that are used to monitor the effectiveness of safeguarding in the city in order to understand trends and changes.

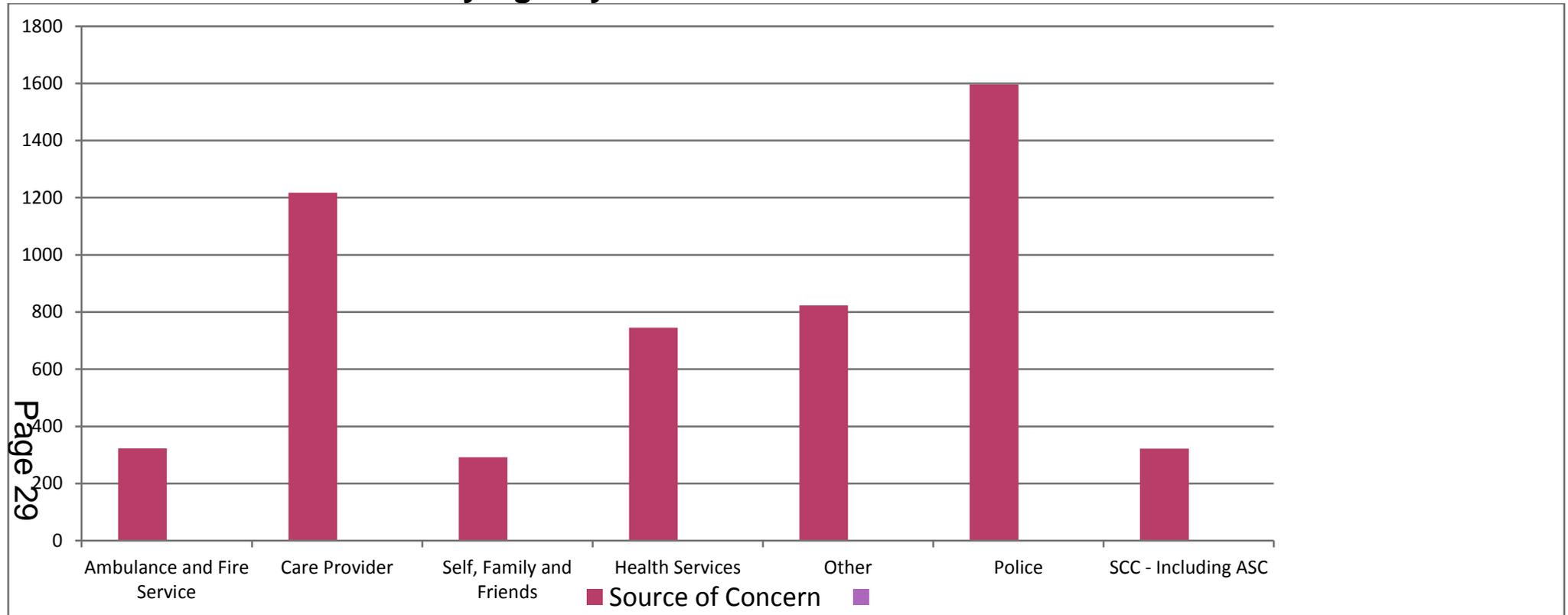
#### **Sheffield City Council January 2019 – December 2019**

- 5324 contacts made regarding concerns about someone's safety.
- 3478 cases proceeded to be considered within the safeguarding process as abuse or neglect was suspected (and therefore needs considering under the Care Act Section 42 Criteria)
- 2256 cases required a Safeguarding enquiry and some form of action taking.

Improvements to process and system to simplify how cases were dealt with and to ensure safeguarding is dealt with according to a person's individual needs have made it difficult to provide a consistent comparison from 2018. However staff in the First Contact Team have seen an increase in the number of contacts following sessions with staff within Providers and the Contract and Commissioning team to promote the safeguarding process. Work has also been carried out with health colleagues including with GP's.

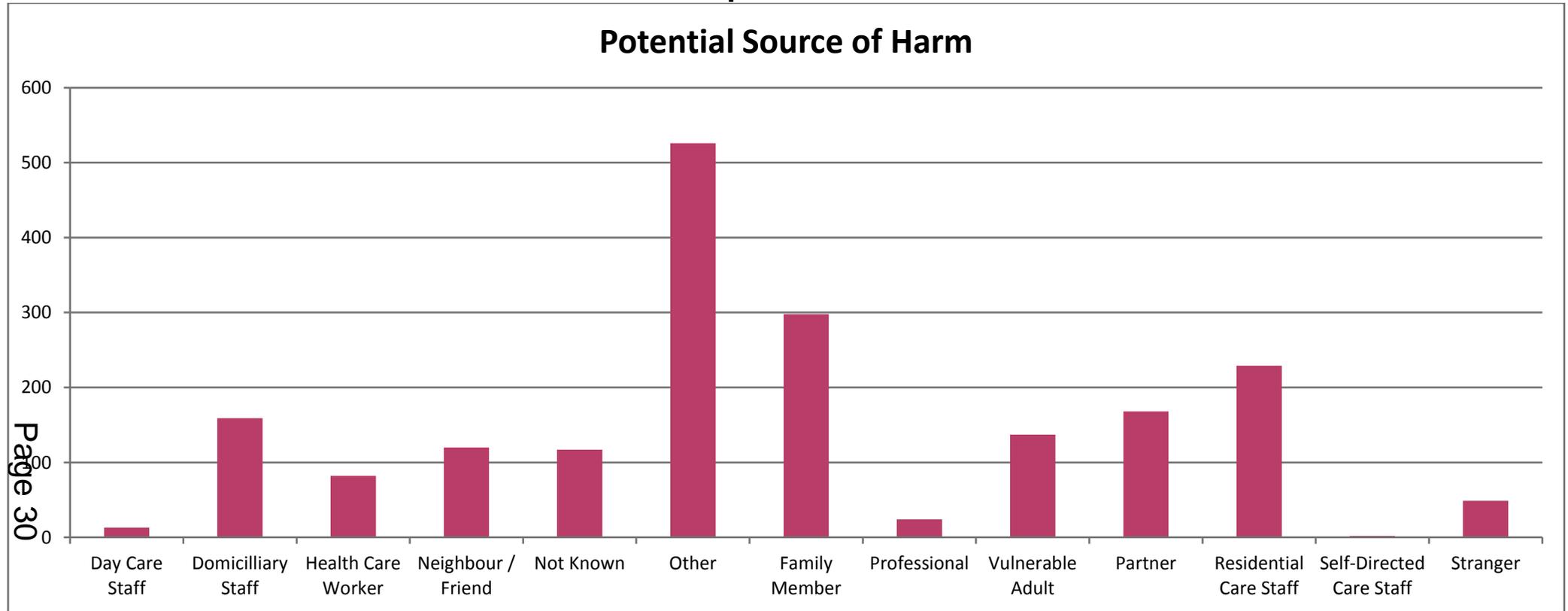
The SASP has recently recruited a Performance and Research officer to work on collating performance data on safeguarding across agencies. This post will work closely with the counterpart on the Children's Partnership to ensure that we have robust and comprehensive data for all safeguarding activity performance and impact, where it is possible to collect and present this.

**Table 1 Concerns Identified by Agency**



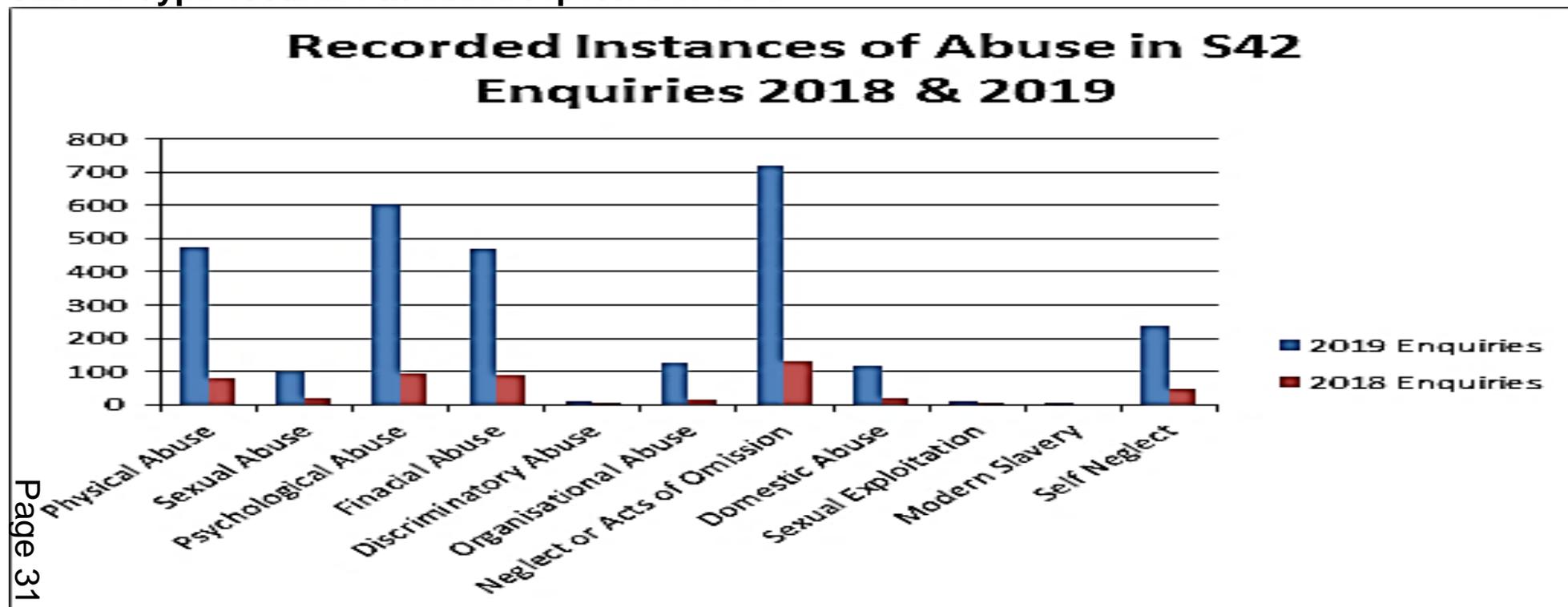
South Yorkshire Police report the highest number of concerns however this has started to reduce following a spike in August. Most other sources of concern have remained at similar levels throughout the year.

**Table 2 Potential Source of Harm from cases reported to SCC**



A significant number of cases have other recorded as the potential source of harm, a number of these cases are likely to be the person themselves given a number of cases identify self-neglect as the type of abuse. Work is also needed to understand if there is also a recording issue or that the available options are not thorough enough. Family members account for 15% of the source of risks while Residential care staff account for 12%. This has increased from 9% at the end of June. It is possible that this increase is due to the work that is ongoing with our commissioning and contracts team. Providers are being asked to consider the principles of Safeguarding in particular the importance of early intervention for the purposes of the prevention of a situation becoming more serious. Providers are more transparent and more likely to report less serious incidents when the local authority is working in a learning not a blaming culture in order to keep people safe.

**Table 3 Type of Abuse in cases reported to SCC**



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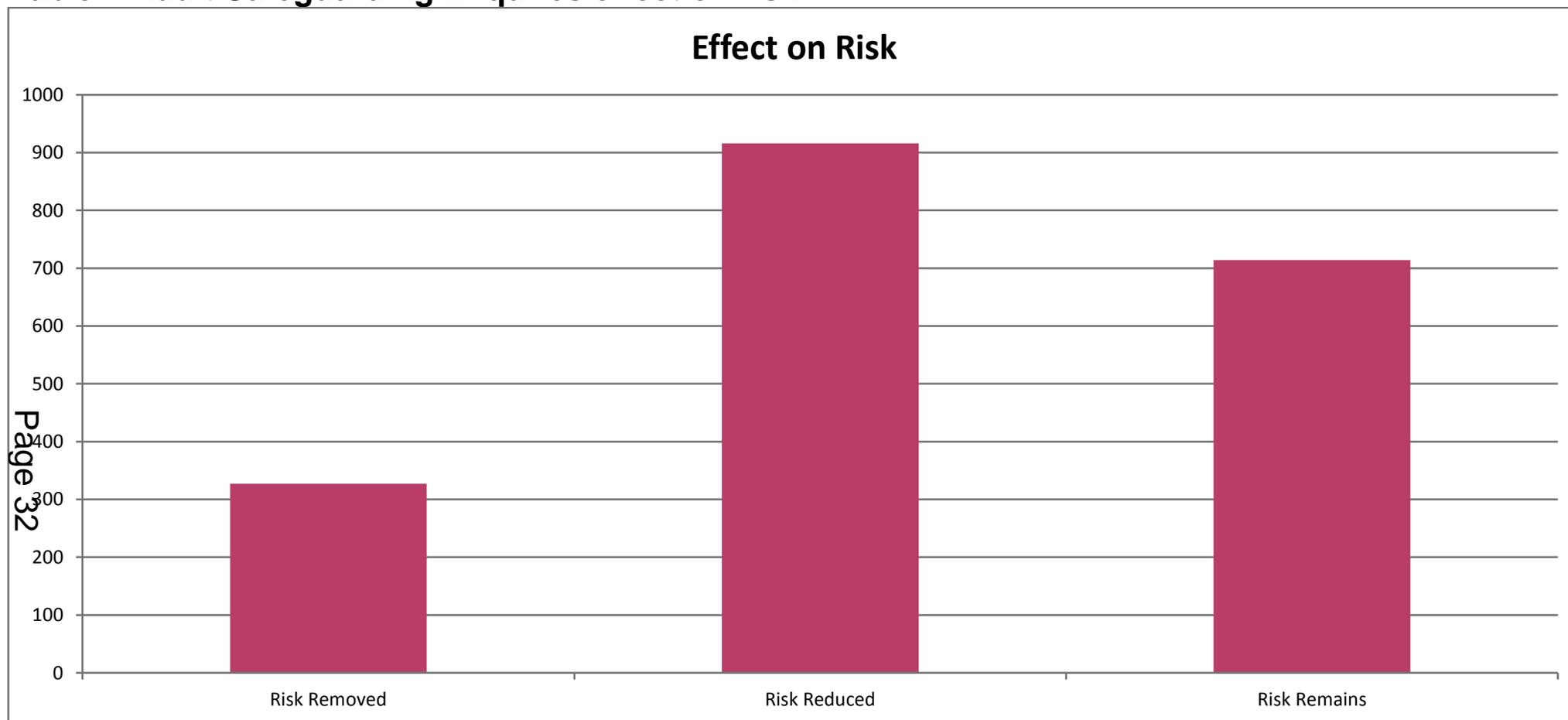
Neglect or Acts of Omission is the predominant type of abuse enquiries recorded during the 12 month period 2019 and makes up 25% of the cases. It is however clear that there has been a significant increase on all types of abuse recorded in 2019 compared to that of 2018.

It is believed that numbers are rising due to an increased knowledge in Sheffield of the purpose of safeguarding under the Care Act and the recognition that adults do not have to have experienced significant harm for abuse or neglect to occur. We have also improved how we are recording safeguarding concerns for example a number of incidents that would have been as deemed poor practice are now considered under the Care Act criteria to determine whether or not a Safeguarding response is relevant .

We would view the increased awareness, reporting and recording as positive. In Sheffield we are developing our understanding of how to consistently make judgements about Safeguarding, how best to respond to concerns of abuse and neglect and to consider the principles of safeguarding. This process is happening nationally and is not just limited to Sheffield with new guidance being introduced to support consistency across the country..

Nationally the most common type of risk that concluded in 2018/19 was also Neglect and Acts of Omission, which accounted for 31.4% of risks.

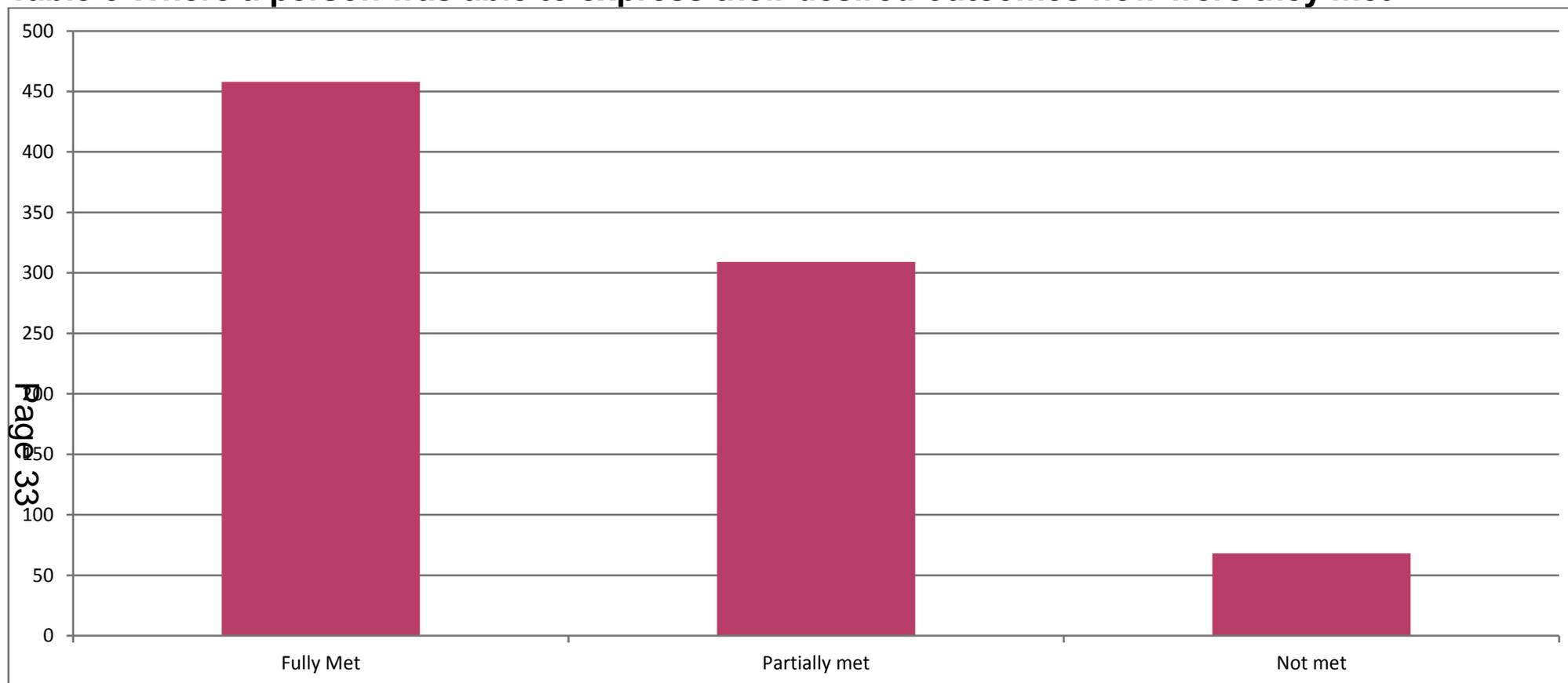
**Table 4 Adult Safeguarding Enquires effect on risk**



Over the last 12 months where action has been taken to reduce or remove identified risks they have been removed or reduced in 63% of Enquiries. Work has been undertaken to look at how risks are identified and then managed in safeguarding enquiries. In some cases we found that there was not always a clear record made of the presenting risks despite the fact that interventions were put into place to manage them. A training programme has been planned and will be delivered in the next 12 months. The intention is to improve practice and record keeping in the initial assessment of risk, to ensure that new information is continuously taken into account and new risks are identified (including the risks that

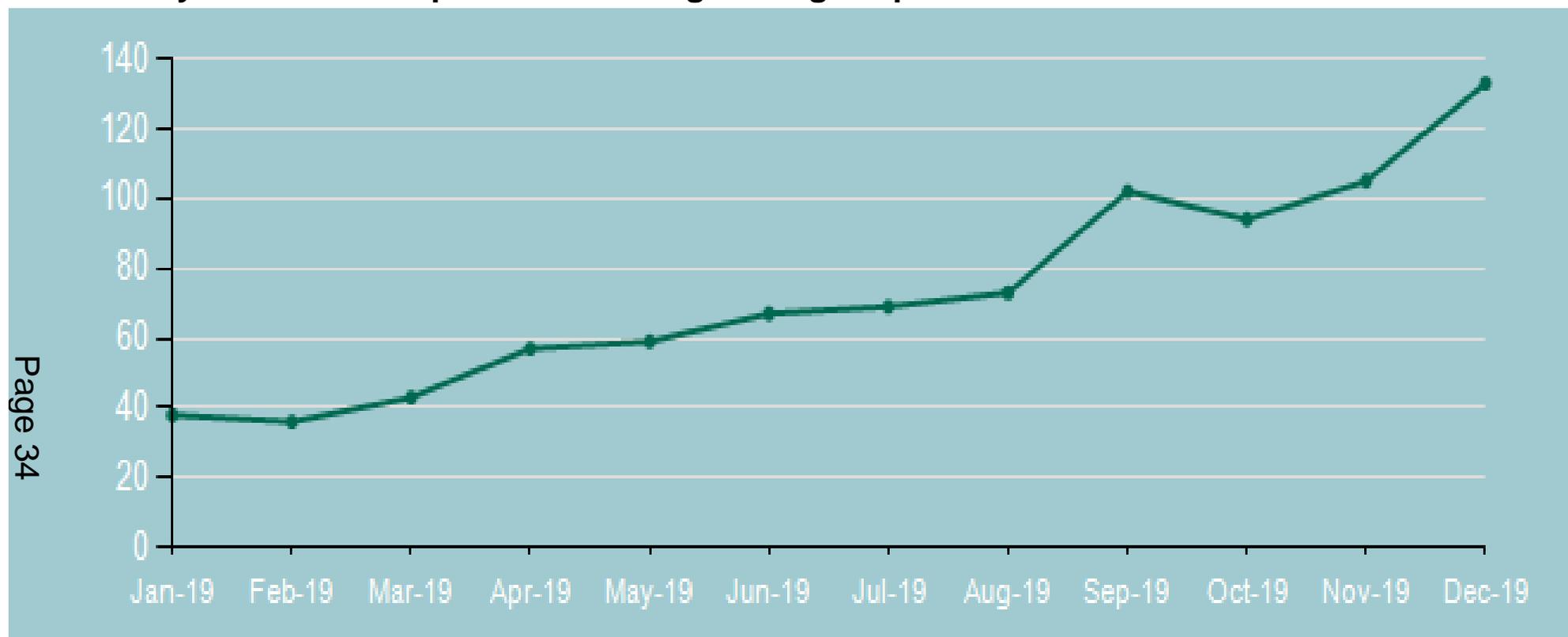
people choose to take) when formulating the Safeguarding plan. This should help us to reflect the circumstances and level of risk involved in order to measure risk outcomes at the end of Safeguarding enquiries.

**Table 5 Where a person was able to express their desired outcomes how were they met**



In those cases where we asked the person their outcomes and they were able to express them we predominantly are able to meet at least part of those outcomes with a significant proportion having their outcomes fully met.

**Table 6 Days taken to complete Adult Safeguarding Enquiries**

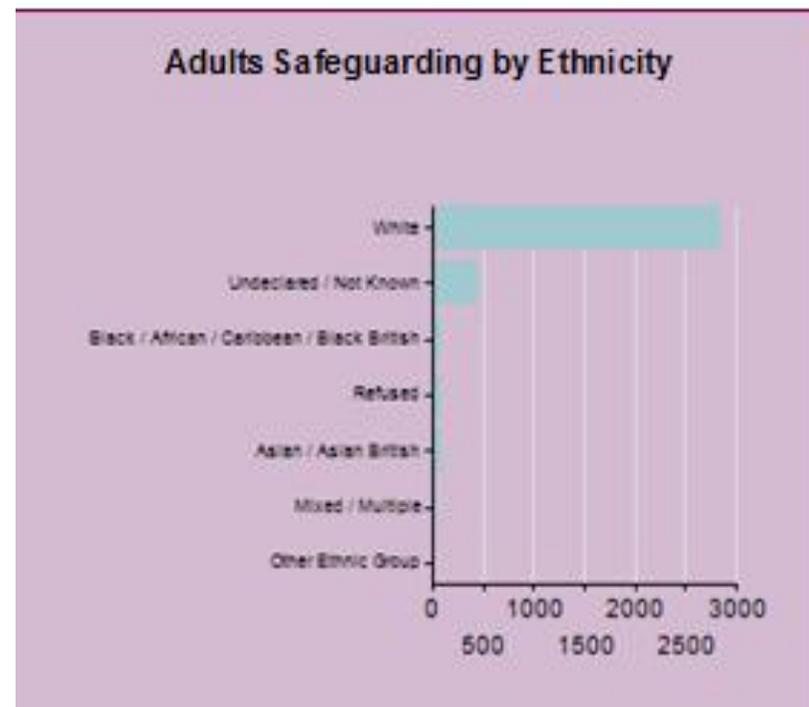
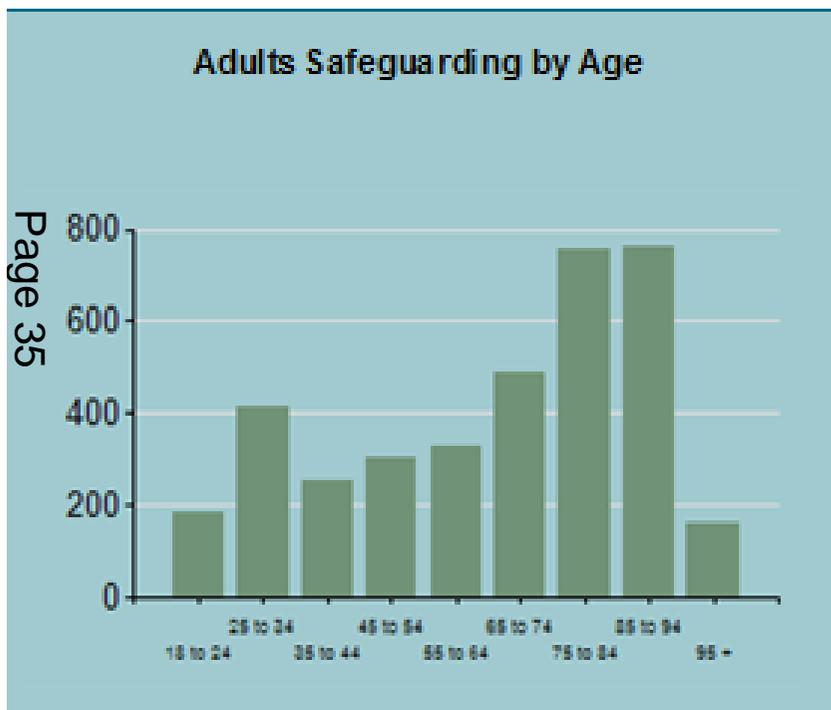


The total time to complete a Safeguarding Enquiries has been increasing over the year having risen from an average of 67 days in Jun 2019 to 133 days in December 2019. The majority of Enquiries are completed within 30 days but there are significant outliers which are contributing to the increasing average measure. Work has been undertaken to help us to understand why the days taken to complete enquiries have increased. A number of factors have been identified with 2 areas being the biggest contributors. In some episodes there were system errors and cases had been completed but not closed correctly on the system, this is being addressed. The most significant factor was that we were waiting for information from other professionals, partners or providers to inform the enquiry and therefore manage outcomes in order to close the case. We are working with our commissioning and contracting teams to manage time delays for providers and are escalating concerns where this is

appropriate. We will continue to monitor the significance of the situation with partners and support them where they are undertaking enquiries on behalf of the local authority.

### Table 7 Who is being supported by Safeguarding

Females represent 60% of the Adults Safeguarding by Gender, males 40%. The age of those involved in safeguarding is predominately over 65 and their ethnicity is white.

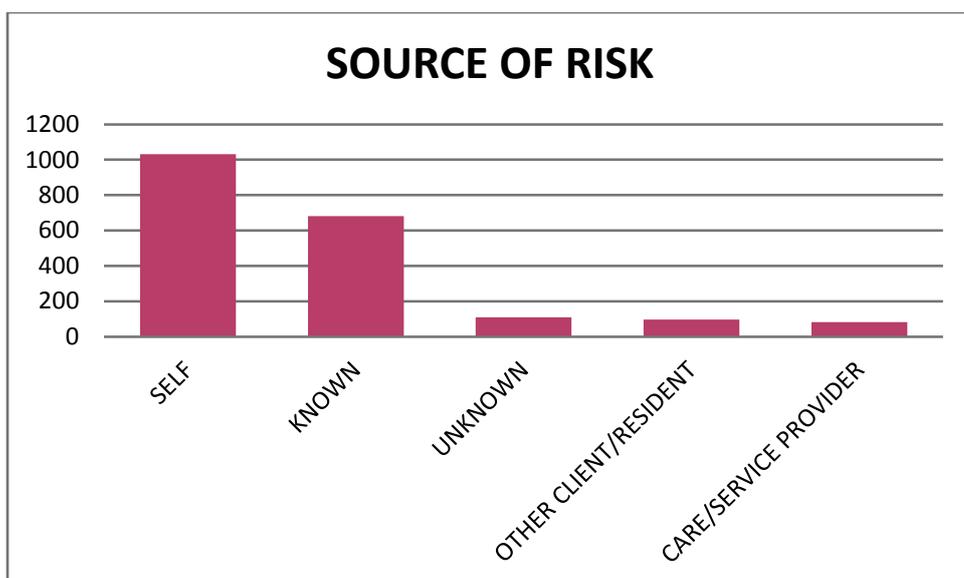
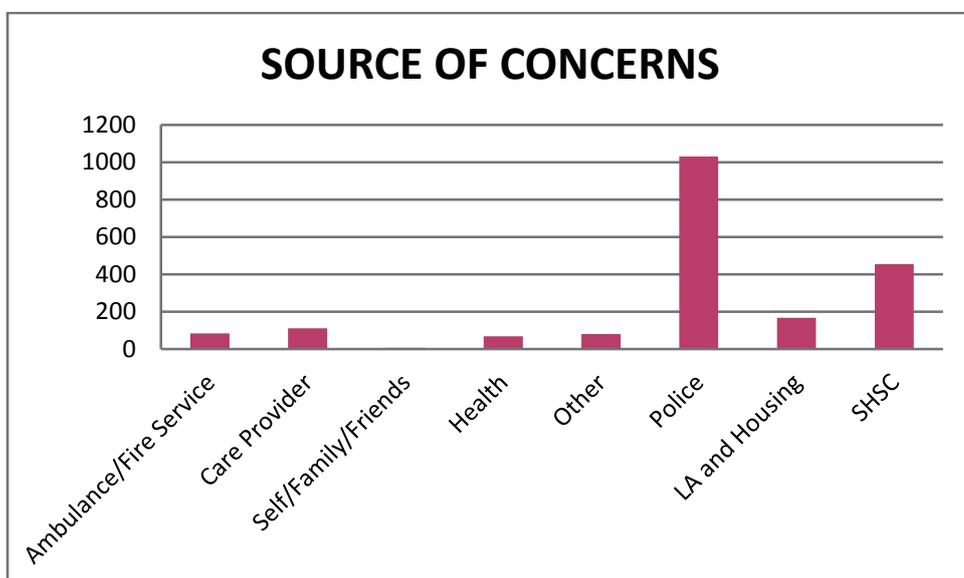


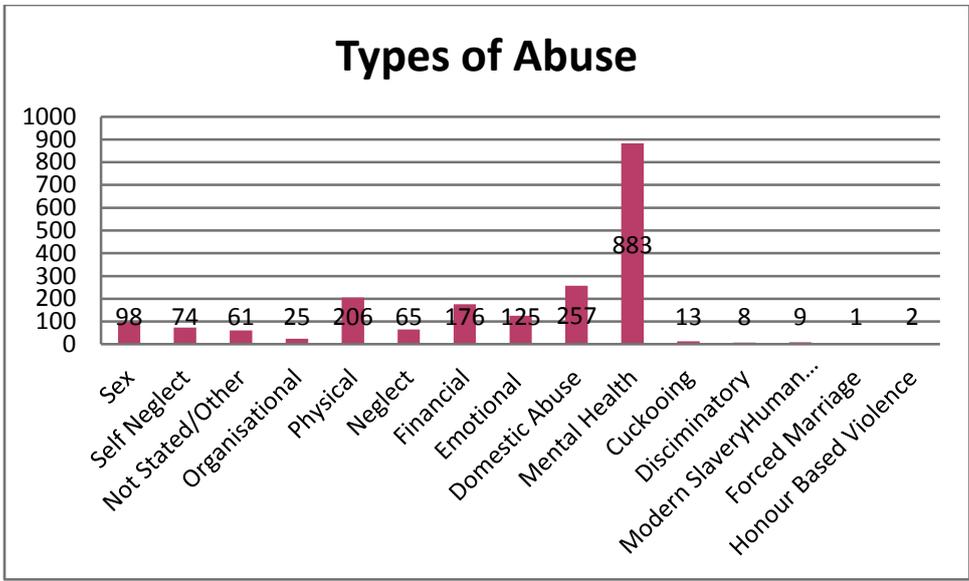
## SHEFFIELD HEALTH AND SOCIAL CARE FOUNDATION TRUST PERFORMANCE DATA 12 month period to the end of December 2019

There were 1549 notifications of concern (NoC) received by Sheffield Health and Social Care in the 12 month period ending December 2019 concerning an individual's health and wellbeing. A large majority of these were about a person's mental health rather than being because an individual was experiencing abuse or neglect.

For all concerns received an action was carried out and either the GP or the mental health team involved with the individual informed. Additional actions carried out in some cases were; to signpost to appropriate services or offer an assessment. Only a small proportion of these NoC's (4.9%) entered the Safeguarding process.

Alongside external NoC's Sheffield Health and Social Care also raised safeguarding concerns in 454 cases, of these 166 were sent to Sheffield City Council Adult Access for management, the remaining 288 were managed by Sheffield Health and Social Care.





**Who is being supported by Safeguarding**

57% were female and 43% male of the 288 entered into safeguarding and managed by SHSC. Their age range is predominantly 18-64 with only 2.4% being in the 65-74 age range. Their ethnicity is predominantly white.

## **Sheffield Adult Safeguarding Partnership Glossary**

### **Common Terms & Acronyms:**

**Safeguarding Adults** - the term used to describe all work to help adults with care and support needs stay safe. It replaces 'adult protection'.

**Safeguarding Contact** – is any contact that is made with the Local Authority by any person about an adult's safety.

**Safeguarding Concern** - A concern arises from any contact that is made with the Local Authority by any person that indicates a person is experiencing abuse or is at risk of abuse or neglect.

**Safeguarding Enquiry** - The process undertaken in accordance with the duty under **Section 42** of the Care Act 2014 to establish the facts of the case; ascertain the adult's views and wishes; assess the needs of the adult for protection, support and redress and how they might be met ; protect the adult from the abuse and neglect, in accordance with the wishes of the adult; make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and enable the adult to achieve resolution and recovery. The duty to make enquiry lies with the Local Authority but it can cause the enquiry to be made' by other agencies and consideration will be made on a case by case basis as to who the appropriate person or organisation would be to undertake the enquiry.

**Assessment / Enquiry / Investigation** - a process to gather evidence to determine whether abuse has taken place and/or whether there is ongoing risk of harm to the adult at risk.

**Abuse** includes physical, sexual, emotional, psychological, financial/material, neglect/acts of omission, discriminatory and organisational abuse, domestic abuse, modern slavery and self-neglect. Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

**Association of Directors of Adult Social Services (ADASS)** - the national leadership association for directors of Local Authority adult social care services.

**Adult with Care and Support Needs** - a person who is over 18 years old and who has needs for care and support – in relation to Safeguarding Enquiries it is not necessary for eligibility for the provision of services to have been established nor for the care and support needs to be being met at the time that the enquiry is started. (See safeguarding enquiry).

**Advocacy** - Taking actions to help people say what they want, secure their rights, represent their interests and obtain the services they need.

**Deprivation of Liberty Safeguards (DoLS)** - Provisions of the Mental Capacity Act 2005 amended by the Mental Health Act 2007 which permit a person who lacks mental capacity to be deprived of his or her liberty in a hospital or care home where this is in the person's best interests and has been authorised by the relevant Local Authority following a series of assessments or where an Urgent Authorisation has been issued to enable assessments to take place.

**Multi-Agency Risk Assessment Conference (MARAC)** - the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'-based violence.

**Mental Capacity Act 2005 (MCA)** - The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act was fully implemented in October 2007 and applies in England and Wales.

**Mental Health Act 2007 (MHA)** - amends the Mental Health Act 1983 (the 1983 Act), the Mental Capacity Act 2005 (MCA) and the Domestic Violence, Crime and Victims Act 2004. This includes changing the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder.

**Person in a Position of Trust (PiPoT)** someone in a Position of Trust who works with or cares for adults with care and support needs in a paid or voluntary capacity.

**Safeguarding Adult Review (SAR)** a review of the practice of agencies involved in a safeguarding matter. An Sheffield Adult Review is commissioned by the Safeguarding Adults Board (SAB) when a serious incident(s) of adult abuse takes place or is suspected. The aim is for agencies and individuals to learn lessons to improve the way they work.

**Serious Incident (SI)** - incident leading to a formal review process usually in Health settings.

**Wellbeing** - is a broad concept to which the following contribute: personal dignity; physical and mental health; protection from abuse and neglect; control over day to day life; participation in work, education or recreation; social and economic factors; domestic, family and personal life; suitable accommodation and making a contribution to society. The Care Act 2014 sees Wellbeing as a key concept in identifying the success of care and support outcomes.

**Sheffield Adult Safeguarding Partnership (SASP)** - the Safeguarding Adult Board.

**Sheffield Health and Social Care Foundation Trust - SHSCFT.**

**Prevent** – The National Counter Terrorism Strategy

**Health Workshops to Raise Awareness of Prevent - Health WRAP**

**Sheffield Clinical Commissioning Group - CCG.**

**Vulnerable Adults Risk Management Model - VARMM.**

# Sheffield Adults Safeguarding Partnership

## Learning Brief – February 2020

### Person C Learning Lessons Review

#### Background: What happened and why?

Person C is an elderly man whose wife passed away suddenly; he began spending time with a younger woman who was known to the police for a variety of criminal offences and was known to misuse drugs and alcohol. Person C began taking illegal drugs and drinking alcohol on a regular basis. The female was suspected of manipulating Person C, he was coerced into having strangers in his property who caused anti-social behaviour. Person C had often accused the female of physical abuse, but when the police were called he would deny these allegations. Vulnerable Adults Risk Management Model (VARMM) meetings were held in order to try and safeguard Person C as he was assessed as having the capacity to make decisions (although many deemed these unwise) around his financial affairs, care, residence and relationship with his female friend. She eventually left after she physically assaulted Person C and the police removed her from his property.

#### Key Issues Identified: What did we learn?

- There had been difficulties formulating a collaborative response from professionals and services. The use of the VARMM was an effective way to achieve multi agency working to support Person C.
- Previously individual services did not know enough about the concerns and risks due to a lack of information sharing and felt powerless to bring about positive changes.
- There were differing interpretations of the application of the Mental Capacity Act (2005) and its use
- Professionals required feedback following the raising of a safeguarding concern to the Local Authority.
- Daily communication via a professionals email group created a platform which enabled professional’s and services to respond quickly to Person C’s risks and need.
- Expertise and accountability was shared between services making them more effective at managing the complex risk and needs with challenging issues being addressed by the whole group quickly, reducing the delay in exploring new ideas and interventions.
- Risks and vulnerabilities were reduced through assertive and consistent responses from services.

#### Outcomes: What needs to happen?

Ensure you have sufficient understanding and practical application for your role of the [Mental Capacity Act 2005](#) and how this differs from people making unwise decisions. Seek guidance or training from your line manager.

Take time to familiarise yourself on the interpretation of [coercion and control](#), when action can be taken, including the interpretation of an intimate relationship. [Request training](#) or seek support and clarification from your line manager.

Recognise the importance of and work to improve joint working and effective communication between professionals from your own and other agencies.

Professionals to contact the First Contact Team if feedback is not received but is required in response to a safeguarding concern raised to the Local Authority.

#### Person C views of how effectively he thought professionals had been:

- I felt safer when professionals were coming around all the time.
- I was happy that the GP was checking on me, it was my friend that didn’t want me to go to the appointments.