

BRIGHTON & HOVE CITY COUNCIL

**SCRUTINY REVIEW PANEL - SHARING INFORMATION REGARDING VULNERABLE
ADULTS**

2.00pm 18 OCTOBER 2011

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Buckley (Chair)

Also in attendance: Councillor K Norman and Robins

Other Members present:

PART ONE

1. PROCEDURAL BUSINESS

Apologies from Andy Reynolds, ESFRS, co-opted member.

No substitutes are allowed on Scrutiny Panels.

There were no declarations of interest.

There was no declaration of Party Whip.

There was no reason to exclude the press and public

2. CHAIR'S COMMUNICATIONS

The Chair noted that there was an amendment to the published agenda – Nick Hibberd was no longer attending the meeting but Rachel Chasseaud was here.

The Chair welcomed all witnesses. Scrutiny Panels were set up to carry out short, sharply focused pieces of work into one particular area. This Panel had been set up to look at sharing information regarding vulnerable adults.

The suggestion for this Panel came originally from East Sussex Fire and Rescue Service and the Panel were glad to have Andy Reynolds, Director of Protection and Prevention as a member of this Panel. Andy would be sent the minutes of the meeting and would be attending future meetings.

This was the first public meeting of this Panel and the Panel would like to hear all views and experiences of sharing information regarding vulnerable adults.

The Chair asked the witnesses if they could introduce themselves and speak for around 5 minutes on their experience of this subject then the Panel would ask questions.

3. WITNESSES

The Chair asked those present if they felt there was a single definition of a 'vulnerable adult'?

Rachel Chasseaud, Head of Tenancy Services, noted that the question of what defined a 'vulnerable adult' was part of the core issue. The definitions had changed over the past few years and 'vulnerability' was temporal and contextual. The principles of the Mental Capacity Act meant that there was an issue about not being able to do one particular thing but having the decision-making ability to do another. There were many different definitions and it can be disempowering to label people. Guy Montague-Smith, Access Point and Daily Living Centre Operations, agreed that there were many different definitions.

DCI Neville Kemp and DS Laurence Cartwright, Sussex Police

DCI Neville Kemp was the crime manager for the B&H Division of Sussex Police and part of this was the anti-victimisation unit which was the point of contact for vulnerable adults. DS Laurence Cartwright ran the Anti-Victimisation Unit (AVU) and was the single point of contact for all referrals from Adult Social Care (ASC).

DCI Kemp told the Panel that a vulnerable adult was someone who was at risk of harm. The police use the definition provided in 1997 by the Lord Chancellor's Department which states that a vulnerable adult is someone who is 18 or over: "*who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or her self, or unable to protect him or her self against significant harm or exploitation*"

DCI Kemp reported no significant problems around information sharing although there were one or two examples where, during a large investigation, they had not been aware of vulnerabilities, although ASC had been aware. However, not having that information had not changed anything.

The AVU received around 10 to 15 alerts or referrals a week from ASC. ASC acted as a filter for all agencies and they received referrals from a range of organisations and some of these they will refer to the Police. Of these, around 6 or 7 resulted in an investigation into whether any criminal offence had occurred.

The Police referred a similar number of adults - around 10-15 - to ASC. This occurred when uniformed Officers believed there was a need to refer (eg a person living in very squalid surroundings). There was a threshold that Police Officers would use to refer, but this was subjective. They would then complete a form and fax it to ASC.

There were also vulnerable adults the Police were in contact with who were not referred or for whom there was not an alert. For example, members of the street community may fit the criteria but the Police were not submitting alerts or referrals on them. It was very difficult to determine when to refer, particularly when children are involved. Police Officers used a commonsense approach.

The AVU database had been around since 2006. It was a simple database on an Excel spreadsheet that can be searched by name and address. There were a large number of police systems that record the same information but the AVU was easier to use. It records specific referrals, eg when abuse was suspected. The database can only be accessed by authorised users (Police) who requested access from DS Cartwright. The system was called Sharepoint. Once someone had been granted access they always had access. The database was reviewed every three years but it isn't proactive.

Following a question on the use of faxes, DCI Kemp explained it was an issue around secure email. Progress was being made but it was slow – the use of secure email had only just been sorted out for children's services.

ASC was the main conduit for all referrals but in reality the Police received calls from other organisations as well. For example, a health authority may ring and ask for information about someone admitted to Millview Hospital and the Police would need to decide whether the information can be disclosed.

When a response unit was assigned the resourcing centre would make checks on available databases and if there was a concern then it would be flagged up.

There was no statutory framework for sharing information about adults. Grounds for disclosure were on a case by case basis.

A huge percentage of cases involved vulnerable adults and the Police were good at recording this. What was more difficult was to see how well information dissemination worked.

Historically, referrals weren't made for vulnerable adults but now there were a similar number to referrals of children.

**Guy Montague-Smith, Access Point and Daily Living Centre Operations Manager,
B&HCC**

Access Point received around 3,000 contacts a month on a wide range of subjects. They were a small team of 21 people, including a Senior Social Worker and a Senior Occupational Therapist. They applied the eligibility criteria (which was set nationally) to assess eligibility for social care. If they can't resolve a matter, it was referred to another team, such as the intervention team which included social workers. Access Point was a designated 'safe haven' so they do deal with mental health and substance misuse issues.

Access Point received referrals from the Police and the majority of these were pertinent and needed examining.

Access Point triaged new safeguarding work using the Sussex Multi-Agency policies. They did have access to the ECPA database which was the mental health care plan database. There was a spreadsheet for triaging safeguarding work that detailed person, date, agency, whether it was a safeguarding issue and what had happened.

The majority of records were put on Carefirst, the primary ASC electronic care record. It was password enabled. The main inputting was by social care professionals after face to face discussions or by Access Point for new referrals. IT protocols advised passwords were changed every 12 weeks. As a system it was satisfactory, it had grown organically over the years. It was a very secure system. One problem was that it was very difficult to ascertain whether a case was open to a team or not.

There was a large problem with the use of faxes. Given that many agencies use the central government secure email system, emails would be far more secure than faxes.

In response to a question, Mr Montague-Smith confirmed that it would be very useful to have a central point for information on vulnerable adults. There were many loose definitions around vulnerable adults and issues around people not wanting to be labelled or perceived as 'vulnerable'.

Following a question on areas where sharing could be enhanced, Mr Montague-Smith noted that inter-agency working had caused problems, particularly in relation to mental health. It had taken 8 months for him to get access to Sussex Partnership Trust's (SPT) database, mainly because of the application of the Caldicott principles. The approved mental health worker on his team had access, but until Mr Montague-Smith was allowed that same access, if that person was on leave, it could take a very long time to access information that could be quickly taken from the SPT database.

On the subject of a central system to facilitate intelligent sharing, Mr Montague-Smith noted that different organisations look at things in different ways so trying to tick all the boxes for all the users would be very hard and very cost prohibitive.

The fire service secondee had worked very well and this sort of partnership working is very helpful. If there was a wish list, top of the list would be more partnership working.

It was pointed out that there are 4,000 people on CareFirst and the potential number of vulnerable adults would be immense and very difficult to quantify. Rachel Chasseaud, Head of Tenancy Services, noted that there were a huge number of 'vulnerable' people on the housing lists and they were not categorised as vulnerable.

For high risk offenders there was a panel approach that worked very well. Likewise the MARAC (Multi-Agency Risk Assessment Conference) worked very well – MARAC was convened to look at 8 or 10 incidents where people were in very vulnerable situations.

Mr Montague-smith went on to say that when they get referrals from the Police, they did not know if consent had been given by the individual concerned and they needed to go back and check. If consent had not been given, people could become upset or annoyed when contacted. There was an issue over different organisations all talking to one person, but it had to be about the individual themselves.

Rachel Chasseaud, Head of Tenancy Services, B&HCC

Ms Chasseaud told the Panel that legal advice was that consent was crucial. In housing they were very strict protocols and they would not disclose information without consent. Only on very rare occasions would they disclose information and only then if to not do so would

endanger people. One of the biggest challenges was around referring people to get help from ASC and then that person declined help.

In housing, a person must sign a consent form even before they sign a tenancy agreement: the permission was to share information on a 'need to know' basis. People had the choice on which bits of their information was shared. OHMS was the database used by the whole of housing. All information throughout housing was put on OHMS (for example, requests for council housing, people who are homeless etc). OHMS had been used since 1996 so it was an old system coming towards the end of its life. There was no very good way of storing information about vulnerability. There was a checklist to record equalities information and about vulnerabilities – with permission. If a third party informed housing that someone was vulnerable, they still would go back to that person for consent.

There were around 12,500 tenants on OHMSA, 300 leaseholds and Housing Officers worked with around 800 households. There was a very high density of vulnerable people in housing in Brighton & Hove and there was high demand for all housing but especially social housing. Until recent years, a significant amount of the housing allocation in the city went to people who had presented through the homeless route. In many cases there was a duty to house homeless people.

Tenancies were visited every 3 years, partially to check the property but a big part was to make sure their right services were in place. Tenants were asked to sign a disclosure to allow, for example, the fire brigade to access the information.

This financial year a 'Vulnerable Adult' project was started in housing. It was looking at the existing systems. There was no central database to share. Access Point was brilliant as a first point of contact. The Vulnerable Adults project had carried out a gap - analysis and risk assessment. The gaps were generally around systems issues – once these gaps were identified then an action plan would be progressed. They were also looking at the partnership with Mears and how vulnerable people get the services they need during repairs. They were also looking at institutional neglect because the systems were falling down. The Vulnerable Adults Project Board were working closely with Michelle Jenkins in ASC.

There was an issue around Mears having a separate database so they had to ask their own questions around vulnerability. There was currently no system for sharing information between the housing team in the council and Mears. A meeting had been set up in November to discuss this issue and how to get the two systems to talk to each other. Mears staff were not currently trained to ask questions around vulnerability but they should be asking questions and prioritising repairs for vulnerable adults. Hopefully, following the meeting in November, a system for flagging vulnerabilities would be established.

Self neglect was a big issue: where people do not want help. A self neglect policy was being drafted by Adult Social Care to give guidance. Vulnerability was very subjective: people may wish to live that way.

Anti-social behaviour often involved a vulnerable adult as a victim or a perpetrator. There were victim and witness support systems to pick up low level issues around vulnerability. These people may not hit the ASC threshold for eligibility but it was about supporting people. In some cases, people were suspicious of the police but community groups may help – although there was the issue of data sharing.

Mr Montague-Smith noted that information sharing within the council was generally okay but the problems were with partners (for example, Ambulance service, police, Sussex Partnership). The main problem was with communication: the issue of handwritten faxes. One recommendation was to stop using faxes! There needed to be a chain of accountability and secure email is far better.

Brian Doughty, Head of Assessment, ASC, noted that there was no statutory framework regarding safeguarding vulnerable adults at all. The SPT were now using emails so things can be tracked which was crucial. Information sharing at the acute level (for example, high end domestic violence, hate crimes) was very good. It was at the next level down where there were concerns about vulnerability and there is clear guidance as to low and where information can be shared. The key statutory agencies in ASC and Health were sharing in a better way now. However, Mr Doughty noted that his service had limited access to the mental health database which sometimes caused problems.

There were not formal agreements with the Sussex Partnership Trust and so it was difficult to access information on mental health. This was one area that needed to be sorted out. There was a problem with ASC and Mental Health services not using the same database.

To identify the most vulnerable adults out of around 4,000 would be huge exercise. (It was done for the snow last year and they identified 200 of the most vulnerable but it was an immense manual effort)

Ms Chasseaud noted that there was one single assessment process for ASC and Health and Housing was part of that. For practical reasons Housing's involvement in the Single Assessment Process was limited to Sheltered Housing and Hospital Discharge cases and some referrals to and from aSCa and Health. They had looked at how IT systems worked some time ago but the cost of a single IT system was prohibitive. Health ASC and Housing needed one single IT system.

It was noted that CareFirst was designed not to share.

The idea of rotational secondments in all key partners who work with vulnerable adults was a good one. People can share experiences if not data. Information was shared with consent. There could be separate databases and joint working.

Ms Chasseaud told the Panel that there were monthly meetings between Housing and the Fire Service. One issue at the moment was mobility scooters parked in commonways. Tenants with mobility issues had individual care plans for evacuation and this was shared with ESFRS as needed. The risk assessment for each tenant and block had been refreshed and was carefully managed.

The Chair, Councillor Buckley, thanked everyone for all their time and noted it had been a most useful and informative session.

A member of the public contributed to the Panel's discussion around the use of emails and how secure this was, and about how the police accessed information on, for example, young people with autistic spectrum conditions.

4. ANY OTHER BUSINESS

The next Panel meeting was Monday 7 November in Hove Town Hall.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of