



**Tower Hamlets**  
Clinical Commissioning Group

# **Safeguarding Adults in General Practice**

**Presenters:**

**Dr Rima Vaid, GP and Safeguarding Adults GP Lead in Newham**

**Sarah Murphy, Joint Senior Strategic Safeguarding Lead for Adults  
in Tower Hamlets CCG and LA**

**14<sup>th</sup> Nov 2019**

# Housekeeping



# Learning Objectives

- Define the term Safeguarding Adults
- List the 6 principles of Adult Safeguarding
- List the key legislation and relevant sections to Safeguarding Adults
- Understand referral pathways and how to make a safeguarding referral to adult social care
- Making Safeguarding Personal Agenda and principles of risk enablement
- Understand the use of Mental Capacity and Best interests
- Define the core membership and functions of a Safeguarding Adult Board (SAB)
- Understand the purpose of a Safeguarding Adult Review (SAR) and how they are conducted
- List common emerging themes from SAR reviews
- Understand the role of partnership working including information sharing

# Aim of session

- To reflect on current knowledge and skills to recognise safeguarding concerns relating to adults.
- Share experiences to enhance our knowledge
- To understand and accept that ways of approaching concerns may differ from person to person



# What is safeguarding adults?

- Protecting a person's right to live in safety, free from abuse and neglect.

<https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

- An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and support.

# What else do we have to take into account?

According to CQC safeguarding means:

Protecting people's health, wellbeing and human rights; and enabling them to live free from harm abuse and neglect. It is fundamental to high-quality health and social care.

Regulation 13: Health and Social Care Act 2008 (Regulated Activity) - Safeguarding service users from abuse and improper treatment.

# What do we work to locally?

- London Multi Agency Safeguarding Adults Policy and Procedures
- LTH Safeguarding Adults Procedures
- Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework 2015
- Care and Support Statutory Guidance 2016

# Key Legislation Quiz

- Name all key legislation you can think of related to safeguarding adults?



# Key Legislation – Quiz Answers

- Care Act 2014
- Domestic Violence Bill – currently going through parliament
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguard 2007 (amendment to the MCA). Now preparing for Liberty Protection Safeguards
- Mental Health Act 1983
- Female Genital Mutilation Act 2003
- Equality Act 2010
- Unity Nations Convention on the Rights of Persons with Disabilities 2006
- Human Rights Act 1998 in particular
  - Article 2 –the right to life, Article 3 – the right to be free of torture and degrading treatment, Article 5 – the right to liberty, Article 8 – the right to a private and family life

# Care Act 2014

- Placed safeguarding adults on a clear statutory footing
  - Section 6 Duty to co-operate
  - Section 9 Assessment of needs of individual
  - Section 10 Assessment of needs of carer
  - Section 42 relates to the safeguarding enquiry process
- Establish Adult Safeguarding Boards
- Undertake Safeguarding Adults Reviews
- Additional categories of abuse added
- 6 clear principles of adult safeguarding
- Carers recognised as having care and support needs

# Safeguarding Duty

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- *AND*
- is experiencing, or at risk of, abuse or neglect;
- *AND*
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

# 6 Principles

- **1. Empowerment:**

Promoting independence and quality of life, and must maximise ability to control their lives.

- **2. Prevention:**

Taking action before harm occurs.

- **3. Proportionality:**

No more intrusive than is necessary to respond to the risks involved

# 6 Principles

- **4. Protection:**

Patients should receive the support they need to protect themselves from abuse and neglect. Greater the risk to the individual, the greater the support offered.

- **5. Partnership**

Works most effectively when individuals, professionals and communities work together to prevent, detect and respond to neglect and abuse

- **6. Transparency and Accountability**

Professional engagement should form part of ongoing assessment and clinical audit to identify areas for improvement in service delivery.

Care and treatment decisions must be based on a fair and objective assessment of individual needs, in partnership with service users, and not on assumptions about age or disability.

# Responding to harm or abuse

- **Making Safeguarding Personal**

The aim of safeguarding is to help people develop resilience and maintain independence, and attention must be given to all aspects of the individual's wellbeing, not just their safety.

- Lord Justice Munby: 'What good is making someone safer if it merely makes them miserable' [Local Authority X v MM & Anor \(No. 1\) \(2007\)](#),
- It is important to explore the individual's goals are and how they want to live.

# Adults with care and support needs with increased risk of abuse

- an older person who is particularly frail
- someone with mental health needs e.g. dementia or a personality disorder
- a person with a significant and impairing physical or sensory disability
- someone with a learning disability
- a person with a severe physical illness
- an unpaid carer who may be overburdened, under severe stress or isolated
- a homeless person
- someone who misuses substances or alcohol to the extent that it affects their ability to look after themselves
- someone living with a person who abuses substances or alcohol
- A person who has recently moved out of children's service eligibility

# Quick Quiz

- How many categories of adult abuse are there?
- Name as many of them as you can

**Safeguarding** Adults

“Everyone's  
responsibility”





# Transferable Risk



In addition to presenting physical and clinical factors, it is important to consider:

- are there any existing safeguarding concerns or any current agency involvement?
- might there be others at risk, such as children or other adults?
- what are the patient's home circumstances? Do they contribute to risk?
- what kinds of support does the patient have?



# Case studies

- Time for tea / coffee – 10 mins



# How to make a referral to adult social care?

- Telephone the Initial Assessment Team on tel: 020 7364 5005
- or email your safeguarding concern to:  
[Adult.care@towerhamlets.gov.uk](mailto:Adult.care@towerhamlets.gov.uk) – mark it **SAFEGUARDING**
- Concern form available via:  
[https://www.towerhamlets.gov.uk/lgnl/health\\_social\\_care/ASC/Adults Health and Wellbeing/Staying safe/Adults at risk of abuse or neglect.aspx](https://www.towerhamlets.gov.uk/lgnl/health_social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Adults_at_risk_of_abuse_or_neglect.aspx)

# Case study 1

## Feedback from the group

- Are you concerned?
- What are the immediate risks?
- What type of abuse is this?
- What action will you take?

# What are the possible issues?

- Needs more care and support?
- Early stages self-neglect? - described as a person's inability to provide for oneself the goods or services to meet basic needs (Day 2012)
- Possible early stages hoarding? - where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value
- Who is caring for who?

# Case study 2

Feedback from the group

- Are you concerned?
- What are the immediate risks?
- What type of abuse is this?
- What action will you take?

# Query Mate Crime?

- Mate crime is when someone says they are your friend, but they do things that take advantage of you, like ask you for money a lot. A real friend does not need to be bought, and someone who takes your money, asks you to pay for lots of things, or makes you feel uncomfortable is not a true friend.

<https://www.mencap.org.uk/advice-and-support/bullying/mate-and-hate-crime>



# Case study 3

## Feedback from the group

- Are you concerned?
- What are the immediate risks?
- What type of abuse is this?
- What action will you take?

# Domestic abuse and healthcare

- *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality'. This can encompass but is not limited to the following types of abuse:*

psychological, physical, sexual, financial, emotional

- Domestic abuse is a major public health problem with devastating health consequences and enormous costs to NHS.

# Domestic abuse support

The domestic abuse and hate crime team in Tower Hamlets work developing a community response to prevent domestic abuse and hate crime, protect and support victims and bring offenders to justice.

12 Domestic Homicide Reviews (DHRs) in Tower Hamlets

For further information:

[https://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_safety\\_crime\\_preve/domestic\\_violence/contacts.aspx](https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety_crime_preve/domestic_violence/contacts.aspx)



# Case study 4

## Feedback from the group

- Are you concerned?
- What are the immediate risks?
- What type of abuse is this?
- What action will you take?

# What is Prevent / Contest?

The 2011 *Prevent* strategy aims to protect those targeted by terrorist recruiters. It aims to do so by tackling:

- the influences of radicalisation and respond to the ideological challenge of terrorism, working through partnerships;
- safeguarding and supporting those most at risk of radicalisation by identifying them and offering support; and
- enabling those already engaged in terrorism to disengage and rehabilitate.

Prevent is enshrined in legislation as part of the Counter Terrorism and Security Act 2015

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

# Is it just about Islamist inspired Terrorism?

No

Islamist inspired terrorism is currently the highest risk to the UK but there are many forms of radicalisation that Prevent also aims to support people away from extremist activity such as:-

- Extreme Far right – e.g. neo-Nazi ideology
- Northern Ireland related terrorism
- Animal Rights
- Other international e.g. Kurdish (PKK)/ Sikh Extremism etc

# Relevance to General Practice?

Currently, GP Practices are not included in the statutory Prevent Duty, NHS Trusts and Foundation Trusts are. **However:-**

Staff roles within practices are included in the NHS Prevent Training and Competencies Framework 2017.

Preventing people, adults or children, from being drawn in to extremism is part of the safeguarding agenda – it is exploiting vulnerability

Understanding of radicalisation is within the required competencies of the Intercollegiate Document (2014) for safeguarding children and part of the equivalent document for safeguarding adults

CQC have included Prevent in their safeguarding KLOEs

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competences-healthcare-staff>  
<https://www.bing.com/search?q=nhs+england+prevent+competency+framework&src=IE-SearchBox&FORM=IESR3N>

# Is there a checklist?

No. Research on individuals who have engaged in terrorist activity demonstrates that there is no single socio-demographic profile or pathway that leads an individual to become involved in terrorism, making involvement in terrorist activity inherently difficult to predict.

Vulnerability to radicalisation depends on complex interactions between different risk factors. These can include:

- Involvement in criminality,
- Family influence
- Identity issues
- Bullying or racism
- Sense of grievance or injustice
- Learning disability or mental ill health – although caution is required not to assume terrorists are mentally unwell

<https://www.england.nhs.uk/publication/guidance-for-mental-health-services-in-exercising-duties-to-safeguard-people-from-the-risk-of-radicalisation/>

# What is Channel Panel?

- Channel is a multi-agency group which considers referrals and, once in Channel, arranges appropriate tailored support aimed to draw the person away from terrorism with consent from the person or their parent/carer .
- How? Depending on the person, it will usually involve an expert in the area of ideology involved to provide a 'counter-narrative' to what they have seen, heard, read.
- Who is on the panel? Local Authority (Chair), Children's Social Care, Adult Social Care, Education, CCG, Mental Health, Police and Probation

# PREVENT

- For more information regarding contacts and support in Tower Hamlets visit:

[https://www.towerhamlets.gov.uk/ignl/community\\_and\\_living/community\\_safety\\_crime\\_prevention/Prevent/local\\_prevent\\_strategy.aspx](https://www.towerhamlets.gov.uk/ignl/community_and_living/community_safety_crime_prevention/Prevent/local_prevent_strategy.aspx)

# Case study 5

## Feedback from the group

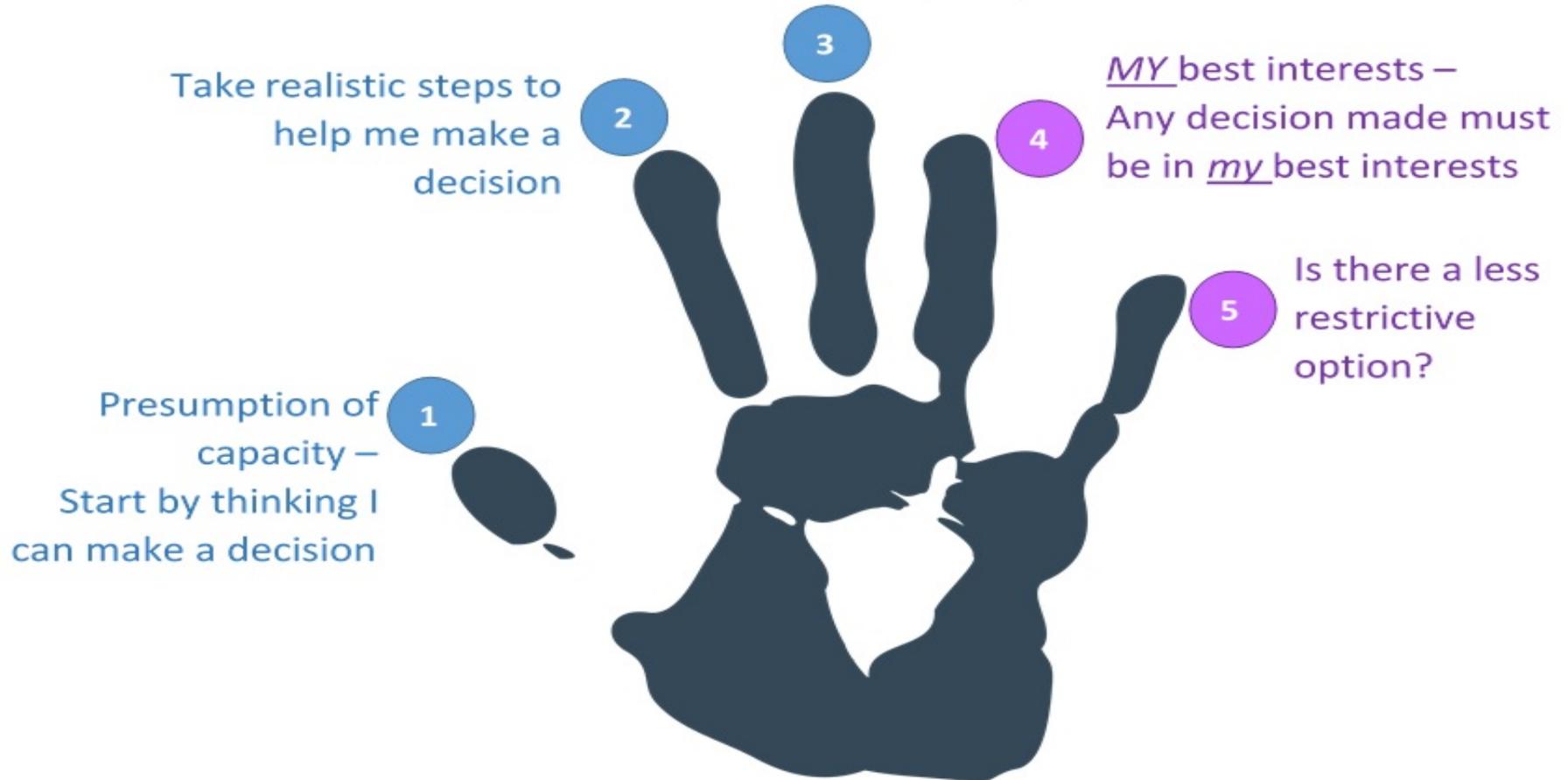
- Are you concerned?
- What are the immediate risks?
- What type of abuse is this?
- What action will you take?

# The Mental Capacity Act 2005

- Applies to those aged 16 years and over
- Protection of autonomy
- Shift from a status to a functional approach
- Protection for people who lack capacity
- Framework for decision making
- **It is law**

# Statutory Principles

Unwise decisions – just because I make an unwise decision, it doesn't mean I lack capacity



# What is Capacity?

Mental Capacity is the ability to make a decision e.g.

- Daily life decisions
- Serious or significant decisions
- Decisions that may have legal consequences.

These decisions must be viewed as

- Time specific
- Decision specific
- Consider – does the decision have to be made now, can it wait if likely to regain capacity? Is this the best time of day for the person? have you made all efforts to support the decision making before assessing capacity?

# Capacity Assessment

- A two stage test:
- Does the person (P) have an impairment or disturbance of the mind or brain?
- Does the impairment or disturbance affect their ability to make THIS decision at THIS time?
- Capacity assessment – *ensure this is done under conditions to support capacity*
- Can P understand the information? Yes/No – evidence
- Can P retain the information? Yes/No - evidence
- Can P use and weigh the information – Yes/No - evidence
- Can P communicate their decision? – Yes/No – evidence
- Document your assessment and do not set the bar higher than it is for other patients

# Supporting decisions

GP Toolkit: Supported decision making checklist

*A person may need support to make some decisions*



# Pitfalls and tips

- ✓ A person should be fully supported to make a decision before deciding to assess capacity
- ✓ A person must be made aware their capacity is being assessed
- ✓ The decision maker assesses capacity e.g. if it's a medical issue you may assess, if it is about a social care issue, social worker would assess – be clear on what the decision is before assessing.
- ✓ It is time and decision specific – its not a mini-mental state exam. Inability to make one decision does not permit anyone to assume a general 'lacks capacity' for everything
- ✓ Be careful about constantly assessing capacity – to assess capacity is highly intrusive and must be justified i.e. it is not about repeat testing until we get the right answer
- ✓ If a person refuses to engage, an assessment of capacity for a decision can be made using ancillary information
- ✓ Capacity should not equate to abandonment, support should be offered with reasonable adjustments to suit the persons wishes

# Best Interests

- The MCA sets out principles to make best interests decisions if the individual is assessed as lacking capacity to make a specific decision. This involves the person and those involved in their lives. It a benefits and burdens check on available options. The persons views, values and wishes should remain central to any decision made on their behalf, furthermore, best interests must not be based on:
  - A person's age or appearance
  - A condition they may have or an aspect of their behaviour which may lead to unjustified assumptions about what is in their best interests

# Best Interests Checklist

- **Not an exhaustive list but hopefully a helpful one!**
- ✓ Ensure focus remains on the decision to be made
- ✓ Consider a delay until the person regains capacity?
- ✓ Involve the person and those close to them
- ✓ Have all *available* options been considered and pros and cons explained?
- ✓ Not be motivated to bring about end of life
- ✓ Consider the individual's own past and present wishes and feelings
- ✓ Any advance statements made?
- ✓ Consider the beliefs and values of the individual- and
- ✓ Take into account views of interested parties including an Independent Mental Capacity Advocate (IMCA) where required
- ✓ Show it is the less restrictive alternative or intervention
- ✓ Lack of consensus requires referral to Court of Protection

# Best Interests

- Following Best Interests assessment where no consensus can be reached, the Court of Protection must be approached to resolve the issue
- <https://www.gov.uk/oneoff-decision-personal-welfare>



# IMCA

An independent mental capacity advocate (IMCA) must be instructed for people in the following circumstances:

The person is aged 16 or over

A decision needs to be made about either a long-term change in accommodation or serious medical treatment

The person lacks capacity to make that decision, and

There is no one independent of services, such as a family member or friend, who is “appropriate to consult”

Or

Safeguarding

Pohwer provide IMCA support in TH:

<https://www.pohwer.net/tower-hamlets>

# Powers of Attorney

- Powers of Attorney can be created by a capacitated individual to give another person legal authority to make decisions on their behalf
- Two types of Lasting Power of Attorney (LPA) –
  - ❖ Property and affairs
  - ❖ Personal welfare
- A **Deputy** is a person appointed by the Court of Protection to make specific decisions on behalf of a person who **lacks** capacity. It is similar to an LPA but awarded by court as the person has not got capacity to create an LPA and can be for either personal welfare or finance.
- Professionals must check any powers are **valid and applicable** by having sight of the registered document and recording this in the notes or scanning a copy. This can be obtained from the Office of Public Guardian

# MCA Resources

- NICE Guidance NG 108 October 2018:
- <https://www.nice.org.uk/guidance/ng108>
- Check a power of attorney
- <https://www.gov.uk/find-someones-attorney-or-deputy>
- BMA MCA Toolkit
- <https://www.bma.org.uk/advice/employment/ethics/mental-capacity/mental-capacity-toolkit>

# Safeguarding Adults Board (SAB)

- The purpose of a SAB is to oversee and coordinate the work of agencies in its local area and promote a culture of effective partnership working to safeguard adults.
- The Care Act 2014 put SABs on a statutory footing and they must consist of three statutory partners
- Local Authority
- Clinical Commissioning Group (CCG)
- Police
- **And also includes**
- NHS Trusts
- Fire Service
- Housing
- Probation Services
- Prison Service
- Voluntary sector providers of services
- Community Groups

# SAB Core duties

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an annual report detailing how effective their work has been
- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

# Safeguarding Adults Reviews (SARs)

- The SAB has a responsibility to commission a SAR in accordance with Section 44 of the Care Act 2014.
- The Care and Support Statutory Guidance (2018) states the SAB must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- ***The SAB must also arrange a SAR if an adult in its area has not died, but the SAPB knows or suspects that the adult has experienced serious abuse or neglect i.e. a near miss.***

# Methodology of SAR

- Methodology determines what information is collected and how
- Chronology of interaction with subject from each agency and either a short report or an Individual Management Review (IMR) . As a GP you may be asked for an IMR
- *IMR involves reviewing their own agency's involvement with the case, looking openly at individual and organisational practice to see if there is learning to improve services and practice and if following best practice/national guidance where this exists*

# Outcome of SAR

- An independently authored report which analyses events and shows clear findings and recommendations for agencies to take forward
- The Safeguarding Adults Board will seek assurance from agencies that the recommendations are being actioned and evidence improvements have been made to prevent any repeat incidents
- You will receive an action plan. All SARs are published on Tower Hamlets council website
- Learning is effective on smaller scale in your practice—  
Significant Event Analysis, Audit, supervision/reflection –  
CCG Safeguarding Professionals can support

# SARs in Tower Hamlets

- 8 now published on the LA website
- 6 in progress

## **Some key themes**

- Poor multi agency working
- Poor information sharing / silo working
- Poor hospital discharges
- Poor application of legislation e.g. MCA
- Social isolation
- Inaction around concerns perceived to be 'lifestyle choices'

# Themes from 27 London SARs

- Poor understanding and application of the Mental Capacity Act 2005 in to practice
- Information not being shared appropriately between agencies or disciplines
- Inadequate or absent risk assessments, or the failure to recognise escalating risks
- A lack of personalised care
- A failure to involve carers and recognise their needs
- A lack of understanding or curiosity about people's history and behaviours
- A failure to be persistent and flexible when working with people who are reluctant to engage with services, and to take the time to build trust

# Information Sharing

- same duty of confidentiality to ALL patients.
- competent adults have the right to determine how their information is used, although this right is not absolute: confidentiality may be overridden by legal authority or where there is a significant risk of harm to others, or to prevent or prosecute a serious crime.
- where an adult lacks capacity, relevant information can be disclosed where it is in their best interests.
- the principle of proportionality entails making balanced decisions about whether to share information without consent.

# Refusal to share information

-if a competent adult refuses consent to share information:

- carefully explain and document the reasons for this, including:
  - the likely benefits
  - the duty of confidentiality that the various agencies are subject to
  - the reasons for the refusal should also be sensitively explored
  - where appropriate, options that might prove more amenable to the patient offered.

# Advice, contact details

- Please note the Local Authority must be contacted for safeguarding adult referrals – Designated Professionals do not accept referrals and provide advice and support only.
- Contact details for Sarah Murphy  
[sarah.murphy@towerhamlets.gov.uk](mailto:sarah.murphy@towerhamlets.gov.uk)  
Tel: 07931 737467

**Please remember to complete your feedback forms via link**  
<https://qrgo.page.link/ujm93>

**We need your feedback!**



**SCAN ME!**

# Useful resources

- RCGP guidance on recording Domestic Abuse
- <https://www.rcgp.org.uk/clinical-and-research/safeguarding/domestic-abuse.aspx>
- **Tower Hamlets Violence Against Women and Girls (VAWG ) directory**
- [https://www.towerhamlets.gov.uk/Documents/Community-safety-and-emergencies/Domestic-violence/Domestic\\_Abuse\\_Service\\_Directory\\_Final\\_2018.pdf](https://www.towerhamlets.gov.uk/Documents/Community-safety-and-emergencies/Domestic-violence/Domestic_Abuse_Service_Directory_Final_2018.pdf)
- BMA Safeguarding Adults Toolkit
- <https://www.bma.org.uk/advice/employment/ethics/adult-safeguarding-ethics-toolkit>
- RCGP Adult Safeguarding Toolkit
- <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx>
- NHS Safeguarding App
- CQC- sample policies available on links above for you to discuss and amend at your practice