

Classification:

Public

Key Decision:

No

Gravesham Borough Council**Report to:** Crime and Disorder Scrutiny Committee**Date:** 17 March 2020**Reporting Officer:** Operations Manager, Community Safety Unit**Subject:** Gravesham Vulnerability Panel**Purpose and summary of report:**

To provide the Committee with an overview of the Gravesham Vulnerability Panel (GVP) partnership meeting and provide Case Studies

Recommendations

Members are asked to:

- a) Note and comment on the content of the report and offer recommendations as appropriate.

1. Background to the Gravesham Vulnerability Panel (GVP)

- 1.1 Local Authorities share a statutory responsibility with NHS England and Clinical Commissioning Groups for safeguarding and to promote the welfare of local people.
- 1.2 Locally a Gravesham Vulnerability Panel (GVP) has been established through the Community Safety Partnership (CSP). The Panel meets on a monthly basis and is chaired by Kent Police (usually the CSU Inspector or Sergeant) and is administered by the Community Safety Unit.
- 1.3 The Panel is a multi-agency group and comprises representatives from a very wide range of statutory and voluntary sector organisations. Organisations invited include; Kent Police Community Safety Unit Inspector, Sergeant, PCSOs, Modern Slavery & Human Trafficking, Probation Service, GBC- CSU, Housing ASB, Housing Officer, Housing Options, Environmental Protection, The Gr@nd, Kent Fire & Rescue Services, DWP, KCC Safeguarding adults and children, Public Protection Intel, Mental Health, Social Services, Learning Disability, Kent County Council Warden Service, NHS – Safeguarding, Darent Valley Hospital Safeguarding, Victim Support, Addaction, HO Immigration Service, CGL (Change Grow Live), Housing Associations (when referrals relate to tenants), Sanctuary, Gravesham Methodist Church Daytime Hub, Porchlight, North Kent Mind, G-Safe, Dementia Support Group, Look Ahead, House of Mercy (supported accommodation).
- 1.4 In cases where the usual processes have been followed regarding potentially vulnerable adults (reporting to Social Services) but concerns remain, a referral can be made to the Gravesham Vulnerability Panel.
- 1.5 The Terms of Reference for the Panel area attached as Appendix 2.

- 1.6 Referrals to the GVP are made by various agencies. Any officer or Member making the referral or their substitute is expected to attend the Panel meeting to report on the referral, to be available to provide further details if the Panel members have any questions and to explain their concerns. The Panel will then have an input from all relevant agencies that may already be aware of the individual concerned or who are able to provide support or assistance so that a tailored plan of action is put in place for that individual. A copy of the Referral Form is provided at Appendix 3.
- 1.7 Rough sleepers are initially heard under the Rough Sleeper Initiative meeting, however they can be referred on to the GVP when Safeguarding concerns arise.
- 1.8 Agency attendance numbers range from 15 to 30 depending on referrals/cases.
- 1.9 The number of referrals to the GVP made, per calendar year, in 2018 were 34, with 27 referrals 2019.
- 1.10 Appropriate Gravesham Borough Council staff have been provided with a briefing note on safeguarding and on referring to the Gravesham Vulnerability Panel.

2.0 Case Study 1 (anonymised)

- 2.1 *Referral details: Bob had been sleeping rough around the Gravesend area, opting to pay for accommodation only when receiving pay as they felt unsafe at night. Bob suffers from anxiety and stress and panic attacks which manifest themselves by their nervous behaviours and body language, such as twitches and uncontrollable spasms. Bob has struggled since losing their home at the same time as losing a parent. Bob works locally on a zero hour contract and has minimal hours. Bob has trouble walking far as he has problems with his feet and his anxiety increases when fearful and scared about the situation. Due to age Bob was too old for some homeless hostels and providers of HMO. We are given to understand that Bob may have incurred their parents' debts prior to their death.*

Meeting arranged with Housing Needs (lead agency) to create a Personal Housing Plan, review benefits, contact employer, engage with DWP and GP. Personal Housing Plan completed and Bob was put into temporary accommodation whilst case investigated. Sanctuary and Porchlight continue to provide support and meals.

Housing Options researched and accommodation found. Employer contacted and support services in place via GP. Benefit claims processed and backdated. Bob took the offer of accommodation and now working and in accommodation with no further safeguarding concerns. Time on GVP – 3 months.

2.2 Case Study 2

Referral details: Concerns for female client are increasing after a series of previous hospital admissions in relation to alcohol misuse and they have poor physical health due to this. Client continues to drink alcohol daily and is not engaging with services. Client is living with her mother who is worried that she may be using drugs. Mother reports that client is not eating and is feeling depressed. Client has been warned by Doctors of the consequences should they continue to drink. Vulnerable as not engaging with substance misuse services and not meeting basic needs. Physical health will continue to deteriorate if they do not stop drinking. Detox and rehab was discussed and agreed however they then disengaged and services are currently unable to re-engage her. Client is vulnerable and at risk from associates when not at her Mother's address. Has only 30% liver function.

Previously discussed under Making Every Adult Matter (MEAM) and file was closed when moved out of area and stopped drinking following detox. Health issues include self neglect and medicated for heart, kidney, and liver cirrhosis. There is a concern around her prostituting at a guest house; is also very unwell and refusing help. Concerns were raised of being abused by males when drunk and being unaware of abuse and also gives money away. When sleeping in a tent she was possibly exploited by males they surround themselves with for protection.

Agency engagement included a KCC Safeguarding Plan, gathering information on medication taken, hospital engagement checks made, all agencies to report sighting including Police and Safer Place Officers, Hospital in-care team engaging at home address, seen by psychiatrist to assess mental health, has been deemed vulnerable but not lacking capacity to make own decisions. She is being supported by a number of agencies including Police Vulnerable Intervention Officer, Change Grow Live (CGL), Sanctuary, Housing Needs. She has accepted some support and has been given 2 years to live if doesn't get a liver transplant.

Later she was evicted from temporary Housing due to allowing other persons to access the property. A safeguarding support plan was put in place. She has been using several places to stay including a parents' address, a tent and a guest house. Several concerns regarding bruising to arm and visit to A&E. Sporadic agreements to engage and continues to decline detox. Medical update provided by GP. Had been seen drinking from open 2 litre bottle of cider. Joint visits made by Adult Social Services and CGL. Police continue to provide information and advice. Further attendance to Darent Valley Hospital and safeguarding referral made due to injuries. Concerns still raised about drug and alcohol use. All agencies continue to engage and offer support.

Attended hospital with a chest infection and admitted to the respiratory ward, discharged with no address noted on discharge papers. Not engaging with Change Grow Live and has had no contact with Sanctuary or Porchlight. It was agreed to keep her case open whilst concerns remain around lifestyle choices. Was spending more time at parents home.

Despite all agencies constant engagement with this individual and due to the nature of illness they passed away later the following month. Time on GVP – 8 months.

2.3 Case Study 3

Referral details: Peter has been seen begging in the Town Centre and stated he had been cuckooed. Peter had been cuckooed previously so this may be the second occasion where he has been targeted. Concerns for health, substance use, tenancy breakdown, drug gangs and exploitation.

A joint tenant and both known to CGrow Live (drug treatment services) for taking heroin and cocaine. Has rent arrears and served Notice of Seeking Possession (NOSP). Benefits have ceased. A referral to Adult Social Services was made and is engaging with Services.

Professionals meeting held, peephole camera provided by Community Safety, panic alarm provided by Police, Benefit and Universal Credit decision being investigated. Peter is engaging well with CGL who are supporting by reducing drug use and managing prescriptions. He had been offered a direct let from Housing and accepted. New peephole camera provided at new premises. CGL moved collection of script location. Police to carry out ad-hoc visits at new location and warrant executed. No drugs at property

CASE CLOSED. Direct Let completed. Police and Housing visits continue. Peter is engaging well with treatment services. No further reports since house move. Time on GVP – 4 months.

Appendix 1: Implications

Appendix 2: GVP Terms of Reference

Appendix 3: GVP Referral Form

APPENDIX 1

IMPLICATIONS	
Legal	The Council has an obligation to work with partner agencies to address safeguarding vulnerable residents.
Finance and Value for Money	None.
Risk assessment	Failure to work effectively in partnership help support vulnerable residents will reduce public confidence in the Local Authority's ability to support individuals and communities and allow negative perceptions of the Borough to develop.
Data Protection Impact Assessment	<i>A data protection impact assessment (OPIA) should be carried out at the start of any major project involving the use of personal data or if you are making a significant change to an existing process.</i>
	a. Does the project/change being recommended through this paper involve the processing of <u>personal data</u> or <u>special category data</u> or <u>criminal offence data</u> ? No.
	b. If yes to question a., have you completed and attached a DPIA including Data Protection Officer advice? N/a
	c. If no to question b., please seek advice from your nominated DPIA assessor or the Information Governance Team at gdpr@medway.gov.uk
Equality Impact Assessment	a. Does the decision being made or recommended through this paper have potential to cause adverse impact or discriminate against different groups in the community? No.
	b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality? N/A
	<i>In submitting this report, the Chief Officer doing so is confirming that they have given due regard to the equality impacts of the decision being considered, as noted in the table above</i>
Corporate Business Plan	The Strategy makes a direct contribution to addressing a significant number of the commitments contained within the new Corporate Plan 2019-23 in supporting and safeguarding vulnerable residents.
Crime and Disorder	s.17 Crime and Disorder Act 1998
Digital/website website implications	None.
Safeguarding children and vulnerable adults	Community Safety Strategy Priority 4: Protecting Vulnerable People and Strengthening Communities reflected in the Strategy.
	Gravesham Borough Council Safeguarding Policy.