

**Classification:** Public

**Key Decision:** No

## **Gravesham Borough Council**

**Report to:** Crime and Disorder Scrutiny Committee

**Date:** 7 October 2021

**Reporting officer:** Community Safety Operations Manager

**Subject:** Gravesham Vulnerability Panel

### **Purpose and summary of report:**

To provide the Committee with an overview of the Gravesham Vulnerability Panel meeting and provide Case Studies.

### **Recommendations:**

1. Note and comment on the content of the report and offer recommendations as appropriate.

## **1. Background**

- 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 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; Mental Health, Social Services, Learning Disability, Kent County Council Warden Service, NHS – Safeguarding, Darent Valley Hospital Safeguarding, Victim Support, 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. These are a refresh to be consulted on at next Community Safety Partnership Meeting.
- 1.6 Referrals to the Gravesham Vulnerability Panel 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 Gravesham Vulnerability Panel 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 Gravesham Vulnerability Panel made in 2020/21 was 32 and to date from April 2021 it stands at 18.
- 1.10 All Gravesham Borough Council staff have been provided with a briefing note on safeguarding and on referring to the Gravesham Vulnerability Panel.

## **2. Case Studies (anonymised)**

### *Case Study 1*

- 2.1 *Background:* A vulnerable adult with escalating health and safety issues. Lives in private rented HMO, being harassed and sent a letter of eviction during covid restrictions. Informed can now stay having agreed an increase in rent charges; property is occupied by 8/9 males with shared facilities; has lots of extension leads with devices attached i.e. microwave, lamps, TV etc. in room, has recently tripped having hot water from kettle causing injury, smokes in room and has a small cat. Drunken males overheard discussing hiring prostitutes, another occupant seen getting something from a car that pulled up and seemed unhappy at being seen. Client felt unable to stay in room and went to stay with a friend. Cannot use kitchen downstairs as tenants use property and take food, plumbing is poor and door locks insecure. Has high physical-mobility pain and some mental health support needs for depression and anxiety; suffers learning difficulty and struggles with IT; uses cannabis for pain relief and does not want to engage with services for this; when drinking alcohol can become promiscuous and vulnerable; uses a mobility scooter. Is in receipt of full DWP benefits, has savings and income monthly. A risk from others due to substance use and poor home security measures. Re-engaged this week for support for cannabis use and has not engaged with appointments. Referred to Hospital for psychiatric assessment; referred for counselling with Insight and short term counselling via GP. Not open to KCC Mental Health Team.
- 2.2 *Time on Gravesham Vulnerability Panel:* 11 months

- 2.3 *Action/Intervention:* Has good support from family members. Homeless application on grounds of at risk due to feeling unsafe and threats received submitted for Housing Need. Referred to Change, Grow Live (CGL) and Look Ahead. Did not engage with CGL during initial talks around cannabis use; or respond to further calls to confirm if support was wanted. During initial conversation stated cannabis use was for pain control; Referral closed to CGL and referred to GP to discuss pain relief. Contact made with GP establishing health issues enabling a housing application banding review. Checks made on legality of using property for multiple occupancy private rental use. Environmental Health Officer visited the property. Property does not meet criteria for HMO and faulty window in bedroom has been repaired by landlord. Private Sector has visited the address and confirmed that this is an unlicensed HMO. Later the client resolved issues with Landlord but wanted to remain on Housing Register until a suitable property became available. Landlord served with an Emergency Prohibition Order due to the amount of repairs required.
- 2.4 Diagnosed with hearing impairment. Not responding to calls from Housing Option Team around her on-line bidding; auto-bidding to be set up for her. Look Ahead offered assistance with supported accommodation and assessment carried out. Live Well Kent agency is working with client. Open to CGL for cannabis use however later claims is using diazepam and suicidal. Occupational Therapist to provide home support. Hospital attendance due to overdose.
- 2.5 Care Needs assessment completed. Also referred to MIND for her to participate in activities. Engagement with Look Ahead going well and not buying street medication such as diazepam. Continues to smoke cannabis on a regular basis and wants to continue doing this. Continuing to take prescribed medication and engaging well with CGL. Alternatives sought for cannabis use as pain relief. Being supported twice weekly at home. Further hospital appointments confirmed for injuries.
- 2.6 Look Ahead lead agency and supporting client. Client continues to buy diazepam off the street to help with pain levels and reported feeling unsafe at home; the property is in poor condition. Receiving daily care via services. Several health issues and medication changes during support. Later client staying with parent as feeling suicidal. Additional concerns for health of landlord.
- 2.7 Alternative accommodation sought as affecting health. Mental Health Assessment, psychological assessment and financial assessments completed. Many support packages offered for financial help, home help, substance use, pain relief, counselling and mental health.
- 2.8 *Outcome:* Although the individual's issues have been addressed and resolved the case was kept open for a further month for safeguarding reasons. The client was successfully rehoused and able to take the pet. They are settling in well and managing day to day tasks and continue to engage with services. Many complexities in this case meant referrals and actions had to be duplicated with constant engagement to ensure the correct support was provided.

### Case Study 2

- 2.9 *Background:* Client was served a Notice of Seeking Possession. Client is under Community Mental Health Team and diagnosed with Schizophrenia. Has met with a solicitor that has agreed to represent them under Legal Aid. Client has stated they do not want help for drug and alcohol dependency and believes that street drugs are beneficial. Concerns that due to a diagnosis of Schizophrenia and a

drug and alcohol dependency that they may be being taken advantage of by others or groups looking to exploit them with potential drug dealing from the address. Often seen in public 'performing' at the request of people (singing and dancing) and make fun of them. Risk of Homelessness, self-neglect and exploitation.

- 2.10 *Time on Gravesham Vulnerability Panel:* 6 Months.
- 2.11 *Action/Intervention:* Referrer linking in to discuss Notice of Seeking Possession. Kent Adult Safeguarding Alert Form completed. Mental health Team Referral completed. Assessment completed and client has capacity to make decisions. Open to KCC Social Care Team and a care needs and capacity assessment conducted at property.
- 2.12 Community Behaviour Order served for begging. The gas supply has been disconnected with drug and alcohol issues reported. Client reporting burglary to property on several occasions.
- 2.13 Local residents are reporting disturbances at property including allowing youths into the block; verbal abuse to local shop staff and threat to PCSO also noted. Home visits made by Police and ASB Officer. All reported crimes investigated and CCTV checked in area.
- 2.14 Has engaged with Mental Health Team and attending home for depot injection. Housing assessment completed following several missed appointments.
- 2.15 *Outcome:* Due to having capacity to make decisions, all crimes investigated, support in place, client engaging in anti-social behaviour the Gravesham Vulnerability Panel case was closed. Further actions to be taken by the Housing provider and support via Mental Health Team where appropriate.

### *Case Study 3*

- 2.16 *Background:* Referral made after 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 consume alcohol. 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.
- 2.17 Health issues include self-neglect and medicated for heart, kidney, and liver cirrhosis. There is a concern around 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.
- 2.18 *Months on Gravesham Vulnerability Panel:* 8 months.
- 2.19 *Action/Intervention:* 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.

- 2.20 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.
- 2.21 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.
- 2.22 *Outcome:* Despite all agencies constant engagement with this individual and due to the nature of illness they passed away later the following month.

### **3. BACKGROUND PAPERS**

- 3.1 There are no background papers pertaining to this report.

Anyone wishing to inspect background papers should in the first place, be directed to Committee & Electoral Services who will make the necessary arrangements.

IMPLICATIONS	APPENDIX 1
Legal	No
Finance and Value for Money	None to Report
Risk Assessment	Not Applicable
Data Protection Impact Assessment	<p><i>A data protection impact assessment (DPIA) 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></p> <p>a. Does the project/change being recommended through this paper involve the processing of <a href="#">personal data</a> or <a href="#">special category data</a> or <a href="#">criminal offence data</a>? A definition of each type of data can be found on the Information Commissioner’s Office website via the above links.</p> <p>b. If yes to question a, have you completed and attached a DPIA including Data Protection Officer advice?</p> <p>c. If no to question b, please seek advice from your nominated DPIA assessor or the Information Governance Team at <a href="mailto:gdpr@medway.gov.uk">gdpr@medway.gov.uk</a>.</p>
Equality Impact Assessment	<p>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? If yes, please explain answer. No</p> <p>b. Does the decision being made or recommended through this paper make a positive contribution to promoting equality? If yes, please explain answer. No</p> <p><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></p>
Corporate Plan	The GVP 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.
Climate Change	None
Crime and Disorder	Crime and Disorder s.17 Crime and Disorder Act 1998
Digital and website implications	None
Safeguarding children and vulnerable adults	Community Safety Strategy Priority 4: Protecting Vulnerable People and Strengthening Communities reflected in the Strategy.

