

## Adult social care

### **Summary**

- Social care needs arise when someone is unable to undertake basic tasks to support themselves in their daily life. Needs can result from a disability, illness, increased frailty or a change in personal circumstances. As people age their need for social care support tends to increase.
- Hampshire has an ageing population and social care needs are projected to rise in both the short and longer term. Over the next 7 years (2012-2019) it is estimated that the number of people aged 65 and over living in Hampshire will increase by 13.7% (33,561) to reach 279,197, accounting for 26.7% of the adult population. Most significantly the number of these aged 85 and over will increase by 24.5% to 48,974.
- Most social care needs are met by the individual themselves and with support from their family, friends, or the wider community. Currently over 10% of the population provide unpaid care to family, friends and others across Hampshire, with 20% providing more than 50 hours of care a week. A significant proportion of this care being provided by older people, often in poor health.
- The ability of an ageing carer population to meet increasing and more complex social care needs of family and friends has already started to impact on the level of support Hampshire County Council Adult Services provides, with 25% of eligible services for clients over 65 being put in place to support carers finding it difficult to cope.
- The average package of care provided by Hampshire County Council Adult Services is increasing in size and intensity in order to meet these needs.
- The number of people with severe or complex learning disabilities who survive into adulthood and older age has and will continue to increase.
- The role of social care in the safeguarding vulnerable adults continues to grow.

### **Recommendations**

- Work with Health and Wellbeing Board partners to develop sustainable mechanisms for integrating care, commissioning and provision in order to meet the changing needs of our population.
- Work across Adults and Children's services and with Health and Wellbeing Board partners to ensure that there is a clear and consistent pathway for children transitioning into adulthood, which provides support maximising independent living, health, housing, education and employment.
- Work with the Health and Wellbeing Board partners to services are available that encourage people to live longer healthier lives and support people to plan for the future.
- Ensure that the support needs of carers become an integral aspect of all the interventions and services delivered across social care, health and partners.
- Work with partners to ensure overarching safeguarding becomes everyone's responsibility and ensuring the quality and safety in all the services commissioned and provided remains a top priority for social care, health and partners.

# Adult social care

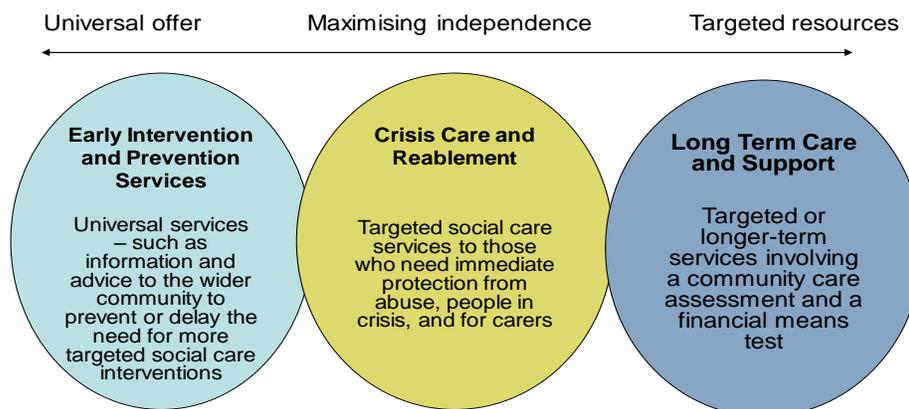
## 1. Introduction

Social care needs arise when someone is unable to undertake basic tasks to support themselves in their daily life. Needs are unique to each individual and can range from the ability to wash and dress to the ability to make decisions and to be aware of risks. Some social care needs are long term, for example where someone is born with a physical or learning disability or suffers an illness or accident that leaves them permanently disabled. Others are shorter term, when someone needs support while recovering from a period in hospital or overcoming a mental health problem.

Social care needs are primarily met within the community. People will find ways to meet most low level needs themselves and even those with greater needs will draw on the help of family and friends, make use of local support networks or gain help from specialist charities and 'not for profit' organisations in addition to seeking support from Hampshire County Council Adult Social Care.

Hampshire County Council Adult Services core offer for providing social care support is in three parts (figure 1).

**Figure 1: adult services core offer**



**Early intervention and prevention services** – is available to all adults and communities, and includes:

- Providing a wide range of universal services that are designed to support the whole community for example HantsDirect (contact centre) handles over 60,000 social care related calls a year, providing advice and information and signposting at first point of contact.

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- Under taking 43,000 community care assessment and reviews to anyone who requests it, regardless of the individual's financial means

**Crisis care and reablement** – support that is targeted but not means tested, and includes:

- Assessing and support planning with carers and families
- Up to 6 weeks reablement and support
  - The Welcome Home from Hospital Scheme supports 1,300 a year
  - The Community Response Service provides reablement and support to help people optimise their independence and supports 3,500 a year
  - Reablement beds for people identified as needing residential or nursing care on leaving hospital providing an opportunity to maximise recovery; ensuring no long term decisions are made from an impatient bed.
  - Telecare and other equipment. In 2012/13 over 500 clients benefited from telecare equipment to support them to live at home.

**Long-term care and support** – which is subject to eligibility criteria and is means tested

- In 2012/13 Adult Services supported people with substantial and critical social care needs in the following ways:
  - 12,000 people received domiciliary care at home
  - 4,700 people received residential care in a care home
  - 3,000 people received nursing care in a nursing home
  - 2,700 people received day care
  - 2,600 people received respite care
  - 1,800 people receive a direct payment to buy their own care services

## 2. Level of need in the population

### 2.1 The ageing population

Research evidence links increased social care needs with an ageing population and addressing this future demand is widely regarded as the biggest challenge facing social care.

For example, research based on the 2001 Living in Britain Survey found that 18% of men and 21% of women aged 65-70 were unable to manage at least one self-care activity on their own. For people aged 85 and over, the percentage increases steeply to over 51% of men and 74% of women. Activities included the ability to bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails or take medicines (table 1).

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**Table 1: The percentage of the older population (65+) unable to manage one self care activity on their own<sup>1</sup>**

Age Range	% males	% females
65-69	18%	21%
70-74	19%	30%
75-79	29%	39%
80-84	33%	53%
85+	51%	74%

An even higher percentage of elderly people (rising to 68% of men and 82% of women aged 85 and over) were found to be unable to manage at least one domestic task on their own<sup>2</sup>. Tasks included household shopping, washing and drying dishes, cleaning windows inside, jobs involving climbing, using a vacuum cleaner to clean floors, washing clothing by hand, opening screw tops, dealing with personal affairs, doing practical activities. A significant proportion of people aged 65 and over (rising to 35% of men and 50% of women aged 85 and over) were found to be unable to manage at least one mobility activity on their own<sup>3</sup>. 'Mobility activities' included going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. These needs will overlap as many people have more than one social care need as they age.

From 2012 to 2019 it is estimated that the number of people aged 65 and over living in the county of Hampshire will increase by 13.7% (33,561) and reach 279,197, accounting for 26.7% of the adult population. Most significantly the number of these aged 85 and over will increase by 24.5% to 48,974<sup>4</sup> (figure 2).

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<sup>1</sup> Prevalence needs reported in POPPI (Projecting Older People Population Information System) (Crown copyright 2010) based on figures taken from Living in Britain Survey (2001), table 35.

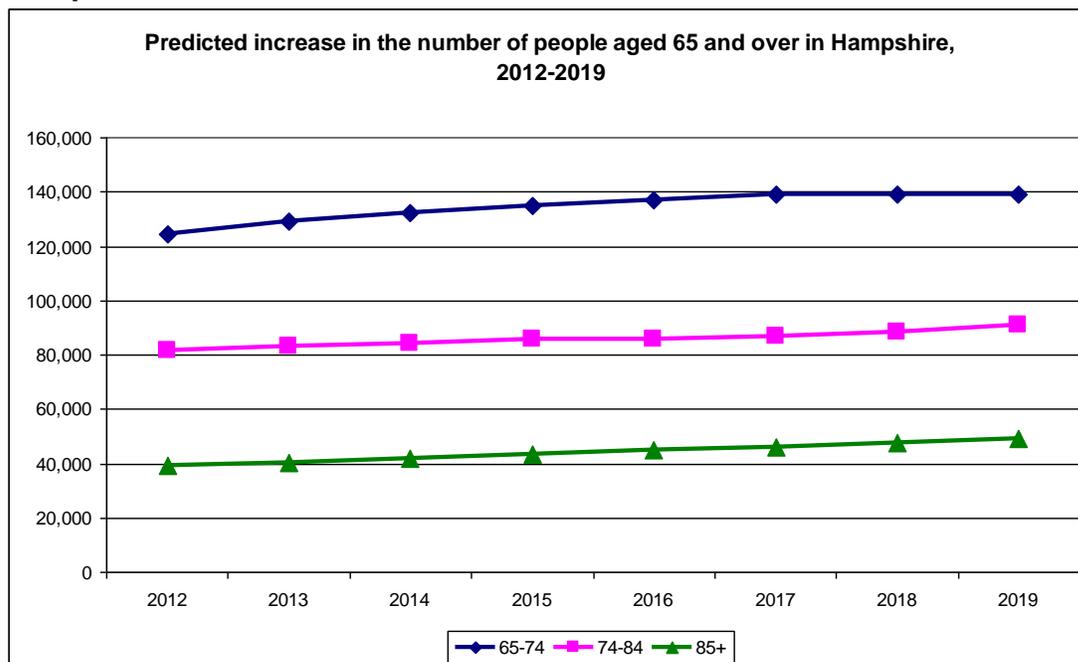
<sup>2</sup> Prevalence needs reported in POPPI (Projecting Older People Population Information System) (Crown copyright 2010) based on figures taken from Living in Britain Survey (2001), table 37.

<sup>3</sup> Prevalence needs reported in POPPI (Projecting Older People Population Information System) (Crown copyright 2010) based on figures taken from Living in Britain Survey (2001), table 29.

<sup>4</sup> Source: Hampshire County Environment Department's 2012 based Small Area Population Forecasts

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**Figure 2: Predicted increase in the number of people aged 65 and over in Hampshire, 2012-2019**



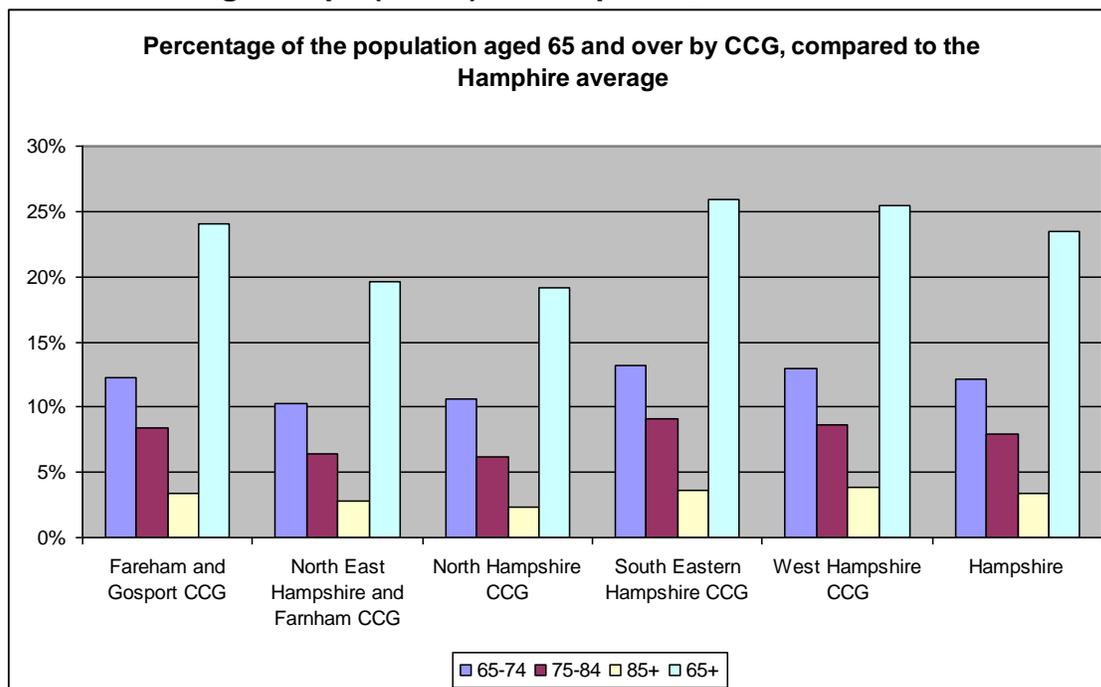
Whilst these predictions relate to Hampshire as a whole, the age profile of the resident population varies across the county. Out of the five Clinical Commissioning Groups (CCGs), South Eastern Hampshire has the highest proportion of their population aged over 65 at 26% and North Hampshire the lowest at 19%; compared to the Hampshire average of 23%. However, West Hampshire CCG has the highest proportion of people aged 85 and over at 3.9%, followed by South Eastern Hampshire with 3.6% against a county average of 3.4%. West Hampshire is the largest CCG with almost half of the total Hampshire population aged 85 and over within it: 16,404 out of the 35,766 Hampshire total (figure 3).

### 2.2 Older people

In April 2013 there were 9,929 people aged 65 and over with substantial or critical social care needs supported by Hampshire County Council Adult Services. In total these clients received 10,785 services in the form of a commissioned provision. Many clients are in receipt of more than one service at a time, such as a domiciliary and day care, to help them remain independent at home. Table 2 shows a breakdown of social care packages in Hampshire by Clinical Commissioning Group.

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**Figure 3: Over 65 resident population profile for the five Clinical Commissioning Groups (CCGs) in Hampshire, 2012**



**Table 2: Breakdown of the social care packages supporting clients meeting Adult Services eligibility criteria in April 2013, by CCG.**

CCG	SERVICE						Grand Total	Client Numbers
	Nursing Care	Residential Care	Dom Care	Day Care	Direct Payment	Other		
North Hampshire	208	250	862	95	41	49	<b>1,505</b>	1,396
North East Hampshire & Farnham	193	159	563	54	33	41	<b>1,043</b>	977
Fareham & Gosport	244	328	786	127	50	51	<b>1,586</b>	1,468
South Eastern Hampshire	233	388	829	106	70	188	<b>1,814</b>	1,605
West Hampshire	696	722	232 0	454	160	148	<b>4,500</b>	4,148
<b>Hampshire TOTAL</b>	<b>1,574</b>	<b>1,847</b>	<b>5,360</b>	<b>836</b>	<b>354</b>	<b>477</b>	<b>10,448</b>	<b>9,594</b>
Out of County*	146	179	5	4	1	2	337	335

\*A number of services support Hampshire residents who now live outside the county, primarily residential or nursing care placements

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The evidence shows that the need for social care increases with age, either as a result of increased frailty, a long term medical condition or a change in circumstances, with often all three being a contributing factor. To help understand the reasons for people requiring social care support, Hampshire County Council Adult Services has been collecting information on the high level reasons why clients require new or increasing levels of support to meet their changing social care needs since 2012.

### 2.2.1 Reduced Mobility

National research shows that the proportion of the over 65 population unable to manage at least one mobility activity on their own increases with age, rising from 9% of females aged 65-69 to 50% of females aged 85+. For males the rise is less but still significant increasing from 8% to 35% for the same age bands. When applied to the Hampshire population it equates over 46,500 people, the equivalent to 4.5% of the adult population and 19% of the over 65 population being unable to undertake one of the following activities: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed<sup>5</sup>. By 2020 it is predicted that the number of people with reduced mobility would have increased by 29% to over 60,000. Table 3 shows the estimated numbers of people over 65 unable to manage at least one mobility task, by Clinical Commissioning Group.

**Table 3: Number of people aged 65 and over unable to manage at least one mobility task by CCG (2012)**

Age range	Prevalence in the population		Number of people unable to manage at least one mobility task, by CCG				
	% males	% females	Fareham and Gosport	North East Hampshire & Farnham	North Hampshire	South Eastern Hampshire	West Hampshire
65-69	8	9	880	757	822	974	2,532
70-74	10	16	1,156	962	991	1,271	3,212
75-79	12	21	1,266	986	986	1,409	3,420
80-84	18	29	1,344	1,056	1,036	1,516	3,901
85+	35	50	2,366	2,021	1,734	2,591	7,399
	Total		7,011	5,782	5,568	7,761	20,465

Whilst a large proportion of the population are able to meet any social care needs that may result from having reduced mobility themselves, monitoring by Adult Services has established that reduced mobility is one of the main reasons for increasing the size and intensity of a social care package.

In 2012/13 Adult Services made almost 12,000 increases to long term packages of care to support the changing needs of clients aged 65 and over. Analysis of the reasons for these increases shows that 12.6% (1,485) were to support clients who had increasing social care needs as a result of reduced mobility. Where a

<sup>5</sup> Prevalence needs reported in POPPI (Projecting Older People Population Information System) (Crown copyright 2010) based on figures taken from Living in Britain Survey (2001), table 29.

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medical condition was identified as the reason for increasing care reduced mobility was identified as the main reasons 25% of the time. There is also a clear link between the age of the client and the frequency in packages being put in to support reduced mobility. For example, where reduced mobility was identified as a reason:

- 12% were associated with clients aged 65-74 years old;
- 35.8% for clients aged 75-84 years old; and
- 52.5% for clients aged 85 years and over.

### *2.2.2 Dementia*

Within Hampshire it is currently estimated that 18,323, or 7.5% of the over 65 population is living with dementia. By 2020 this number is predicted to increase by 31% to 24,042. Within the 85 and over population the increase is estimated to be almost 40%, with half the people with dementia being 85 or over (12,000)<sup>6</sup>. Table 4 shows the number of people predicted to have dementia in Hampshire, by Clinical Commissioning Group.

The link with dementia and the need for increased social care is well known and monitoring by Adult Services supports these finding. In 2012/13 1,750 long term packages of care were increased to support clients whose needs had increased as a result of dementia; representing 13% of all the increases and 29% of the increases associated with a medical condition (making it the most common reason for increasing care).

When the increases in packages are analysed by age, unlike mobility, there seems to be less of a direct link with the frequency packages are being increased to support dementia needs and age, once a client is aged 75. For example, where dementia was identified as the main reason for increasing care:

- 10% were associated with clients aged 65-74 years old;
- 44% for clients aged 75-84 years old; and
- 46% for clients aged 85 years and over.

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<sup>6</sup> Source – Prevalence needs reported in POPPI (Projecting Older People Population Information System) Crown copyright 2012) based on data from Dementia UK

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**Table 4: Number of people aged 65 and over predicted to have dementia, by CCG (2012)**

Age range	Prevalence in the		Number of people with dementia, by CCG				
	% males	% females	Fareham and Gosport	North East Hampshire & Farnham	North Hampshire	South Eastern Hampshire	West Hampshire
65-69	1.5	1	127	110	120	141	370
70-74	3.1	2.4	239	200	207	262	667
75-79	5.1	6.5	438	341	343	489	1188
80-84	10.2	13.3	663	519	509	746	1920
85-89	16.7	22.2	1,319	1,122	965	1,447	4,117
90+	27.9	30.7					
	Total		2,786	2,291	2,144	3,085	8,262

As this analysis only captures dementia when it is the primary reason for increasing care, it does not distinguish between clients who may have dementia but are receiving an increase in their service to support a mobility need, or clients with multiple conditions or support needs. As already identified, 52.5% of the increases to support mobility relate to clients aged over 85, meaning the need for social care is not limited to one need, or as a result of one condition, as there are more often than not a range of different factors leading to someone requiring social care support.

This range in needs has led to more complex social care needs requiring more intense package of care to support.

### *2.2.3 Increasing complexity of social care*

Since 2008/09 the number of older people requiring permanent nursing care during the year has increased by 10% (2012/13). Over the same period the need for permanent residential care increased by only 2.4%, although the number of people in a placement at anyone time has reduced by 4% over the last 2 years; suggesting the time people spend in residential care has reduced. In comparison the number of people receiving personal domiciliary care and support work has increased by 13% between 2008/09 and 2012/13. In addition to this increase in activity in order to meet the needs that are being identified by clients aged 65 and over presenting to Adult Services, more intensive and bigger packages of care are now required. For example:

- The percentage of clients requiring 22 or more visits a week (3 a day) has increased from 19.9% in April 2012 to 21.6% March 2013
- The percentage of clients whose needs could be met with a 15 minute visit has reduced from 23.6% in April 2012 to 20.4% March 2013.
- The percentage of clients requiring double up care (two carers) has increased from 10.3% in April 2012 to 11.7% March 2013.
- The percentage of clients whose needs could be met with 7 hours or less of domiciliary care a week has reduced from 63.3% in April 2012 to 61.1% in March 2013.

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These increases in the size of packages have all occurred within one financial year and during a period when the full impact of the demographic pressures outlined earlier are still yet to peak. This starkly demonstrates the potential demand that could be placed on Adult Services in the near future.

### 2.2.4 Carers

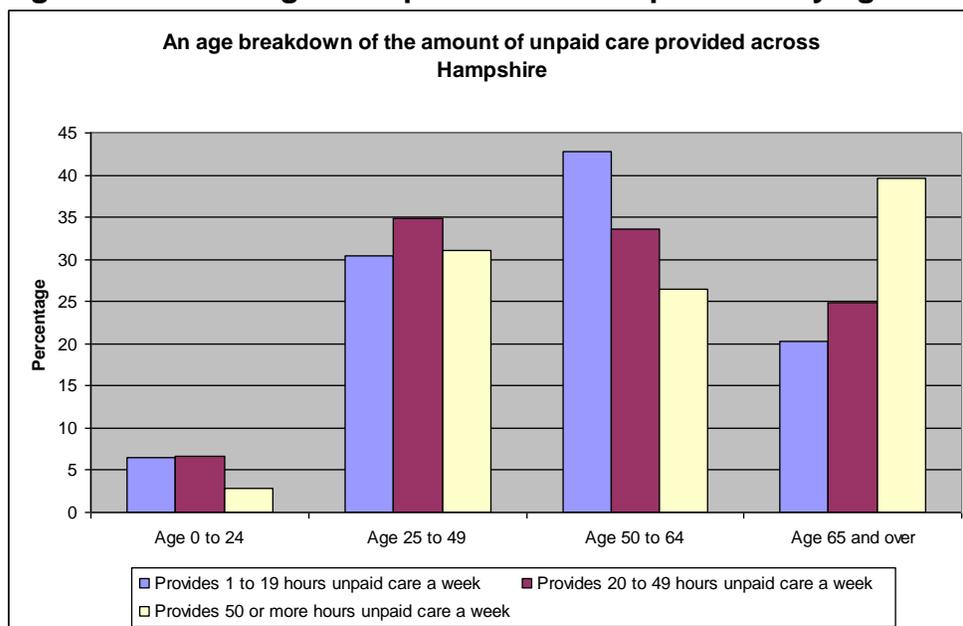
Self help and support from family and friends meet most social care needs, with formal services only becoming involved to support those who are most vulnerable and least able to meet their own needs or where there is evidence of abuse. Across Hampshire over 132,520<sup>7</sup> people provide unpaid care to family members or others because of long-term physical or mental ill health or disability, or problems related to old age. This represents almost an increase of 20,000 carers on the 2001 census and is the equivalent to 10.2% of the total population.

A breakdown of the hours provided a week is as follows:

Provides 1 to 19 hours unpaid care a week	69.4%
Provides 20 to 49 hours unpaid care a week	10.7%
Provides 50 or more hours unpaid care a week	19.9%

Overall almost 70% of unpaid carers provided up to 19 hours of care a week, with 20% providing 50 hours or more (at least 7 hours a day). When the age profile of the people providing unpaid care is analysed it shows that people aged over 65 provide almost 25% of all unpaid care and 40% of the 50 or more hours of care a week (figure 4).

**Figure 4: Percentage of unpaid care hours provided by age**

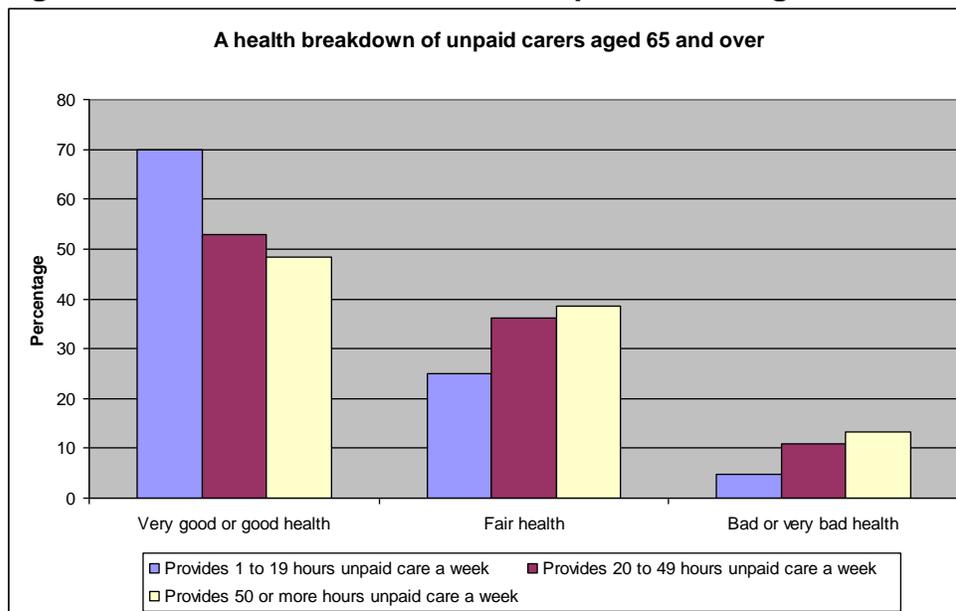


<sup>7</sup> Data from 2011 Census: Health and provision of unpaid care, local authorities in England and Wales, Table KS301EW

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When the age profile of unpaid carers is cross referenced with long-term health problems or disabilities that limits a person's day-to-day activities, it shows that 13% (1,375) of carers aged 65 or over providing 50 hours or more care self determine their health to be 'bad' or 'very bad'. In total 2,675 (8.2%) of older carers rate their health as being 'bad' or 'very bad'<sup>8</sup> (figure 5).

**Figure 5: Self determined health of unpaid carers aged 65 and over**



In 2012/13 a new national carers' survey was introduced requiring Adult Services departments to survey carers providing unpaid support to people who are clients of Adult Services receiving services for eligible needs. In total 362 carers responded in Hampshire. Findings from the Adult Services carers survey largely support the trends in the wider population, but further highlight the important role older people play in supporting family and friends. The key findings are outlined below:

- **Age** – 38% of the carers surveyed were over the age 75, with 9.2% being 85 or over. 67% of the people they care for are over 75 years old with 32% of all the cared for people being 85 or over.
- **Health Conditions** – When carers were asked to identify the type of conditions the person they care for have, the following top four were identified:
  - Dementia (52%)
  - A physical disability (50%)
  - Problems connected with ageing (47%)
  - Sight or hearing loss (37%)

<sup>8</sup> Data from 2011 Census: Health and provision of unpaid care, local authorities in England and Wales, Table KS301EW

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(Carers could select more than one condition and were not asked to prioritise)

- **Support carers provide** – 23% of people have been providing care for over 10 years with 7.5% having provided care for 20 years or more. 50% of people have been carers for between 3 to 10 years, with 58% of people saying they provide 100 or more hours of care a week.

Monitoring by Hampshire County Council Adult Services on the primary reasons for increasing care packages for all clients determines that 24% (3,320) of these increases are being put in to support carers who are finding it difficult to cope, either due to the increasing needs of the person they care for, or due to their own circumstances changing impacting on their ability to provide support. When services being put in to support carers are broken down by the age of the looked after person it shows that:

- 16.1% are to support carers looking after clients aged 18-64
- 12.6% are to support carers looking after clients aged 65-74
- 37.5% are to support carers looking after clients aged 75-84
- 33.8% are to support carers looking after clients aged 85+

During 2012/13 services costing an average £78,000 a week were being put in place to support carers finding it difficult to cope. Table 5 provides a breakdown of the type of services put in place as a result.

**Table 5: Services provided by Adult Services to support unpaid carers caring for clients with substantial or critical social care need.**

Services provided	Percentage
Nursing care (both short stay and permanent)	3.2%
Residential care (both short stay and permanent)	33.5%
Direct payment	4.9%
Domiciliary care	47.1%
Day care	11.3%

By cross referencing support for carers with medical reasons it is possible to determine the main medical conditions that can lead to carers requiring more support to help them cope.

Table 6 shows the 10 most frequently cited medical conditions associated with the looked after clients that lead to carers requiring increased support.

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**Table 6: ten most frequently cited medical conditions leading to carers needing increased support**

Medical conditions	Frequency
Dementia	40.1%
Reduced Mobility	22.4%
Stroke	6.4%
Parkinson Disease	5.1%
Sensory Impairment	4.9%
Depression	4.3%
Diabetes	3.9%
Coronary Heart Disease	2.8%
COPD	2.3%
Cancer	2.2%

Dementia and reduced mobility are by far the most common conditions that lead to carers requiring increased support from Adult Services.

Whilst it is hard to determine exactly the impact that an ageing population will have on the ability of informal carers to be able fully support the needs of a spouse, family member or friend in the future, the high levels of support currently being provided by people aged 65 and over does suggest that fewer needs may be met through informal care in the future. People's needs become more complex and the levels of support carers are able to provide reduces, as they become older and develop their own social care needs.

### 2.2.5 Older people living alone

The predicted increase in the percentage of older people living alone is another important factor that will impact on the amount of support people need and on how those needs will be met; potentially leading to an increased role for support from Adult Services. In total 37.7% (92,125) of the Hampshire population aged 65 and over are estimated to be living along<sup>9</sup> (table 7). By 2018 this number would have increased by 10,500 to 102,650. As would be expected there is a direct link with age - 25.2% of the 65-74 population live alone, which increases to 50% of people age 75 and over.

**Table 7: The number of people aged 65 and over estimated to be living alone by CCG**

Age range	Prevalence in the		Number of people aged 65 and over living alone, by CCG				
	% males	% females	Fareham and Gosport	North East Hampshire & Farnham	North Hampshire	South Eastern Hampshire	West Hampshire
65-74	20	30	4,829	4087	4,331	5,326	13,645
75+	34	61	9,115	7339	6,957	10,135	26,362
	Total		13,944	11,426	11,288	15,461	40,007

<sup>9</sup> Source – Prevalence needs reported in POPPI (Projecting Older People Population Information System) Crown copyright 2012) Figures are taken from the General Household Survey 2007, table 3.4 Percentage of men and women living alone by age and rates applied to the HCC Small Area Population Forecast 2012

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### 2.3 Younger Adults - determining the need for social care

While smaller numbers of adults under the age of 65 have a social care need, when these needs arise many will be for life. People who are born with, or early in life acquire a disability or long term illness (whether affecting their ability to learn and understand, their mobility, sight, hearing or communication) are particularly disadvantaged. Their social care needs can extend beyond those relating to self care and carrying out basic domestic tasks, with barriers to education, finding work and living independently. In some cases these people will require support to help prevent them harming themselves or others and to prevent them being exploited.

One particular group recognised as having long term social care needs are people who have a learning disability, which is usually identified at birth or in childhood. Research<sup>10</sup> estimates that between 2% and 3% of the population as a whole will have a learning disability, with this being moderate or severe in around a quarter of all cases. These estimates suggest that over 23,000 people in Hampshire will have a learning disability, with this being moderate or severe in just under 5,000 people. The actual numbers in Hampshire are likely to be less than estimated as the national research reflected an increased prevalence of learning disabilities in some BME communities and the relatively small BME population in Hampshire (see JSNA chapter on demography).

In April 2013 Hampshire County Council Adult Services supported 2,658 clients aged 18-64 with a substantial or critical learning disability with a package of care, which is an increase of 14.4% on the 2,324 supported over the same period in 2010. One of the age ranges that has experienced the biggest increase has been amongst the 18-25 year olds as over the same time period numbers have risen from 156 to 207; an increase of 32%<sup>11</sup>. More children with severe or complex learning disabilities are surviving into adulthood and assessment for and access to provision for their needs transitions from Children's to Adult Services.

A similar trend is also seen for people supported with a physical disability, with the number increasing by 11.6% to 611 over the same period. Table 8 shows the number of learning disability and physical disability clients in Hampshire, by Clinical Commissioning Group.

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<sup>10</sup> Prevalence needs reported in PANSI (Projecting Adult Needs and Service Information System) (Crown copyright 2010) and POPPI (Projecting Older People Population Information System) (Crown copyright 2010) based on prevalence rates in a report by Emerson, E. and Hatton, C. (2004) *Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England*, Institute for Health Research, Lancaster University.

<sup>11</sup> Sources: Adult Services Orders and assessment internal monitoring report

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**Table 8: The number of substantial and critical learning and physical disability support packages in people aged 18-64, by CCG**

Client Group	Number of LD and PD clients aged 18-64 by CCG						TOTAL
	Fareham and Gosport	North East Hampshire & Farnham	North Hampshire	South Eastern Hampshire	West Hampshire	Out of county	
Learning Disability	358	193	308	199	1036	564	2658
Physical Disability	217	174	259	130	671	209	1660
TOTAL	575	367	567	329	1707	773	4318

Research undertaken as part of the Adult Psychiatric Morbidity Survey 2007<sup>12</sup> highlighted the needs of adults who had characteristics on the Autism Spectrum Disorder, a lifelong developmental disability that affects the way a person communicates and relates to people around them. It is estimated that more than half a million people in the UK have autism. This is equivalent to about one in every hundred people or 1% of the population<sup>13</sup>. More men than women have autism (1.8% men compared to 0.2% women). It is estimated that almost 50% of adults with autism also have a learning disability.

The research found that adults with autism who met the criteria for Adult Services are more likely to be socially disadvantaged, less well educationally qualified, less able intellectually and possibly under-supported by services, presenting a case for better support to this group to help them achieve better outcomes. A proportion of people with autism spectrum disorders will also already be included in estimates of people with a learning disability.

This means that in Hampshire, an estimated 9,000 men and 1,000 women may be classified as having autism, assuming national estimates apply to Hampshire. Table 9 estimates the possible number of adults with autism by Clinical Commissioning Group.

<sup>12</sup> Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007, published by the Health and Social Care Information Centre in September 2009

<sup>13</sup> Brugha t, McManus S, Meltzer H, Smith J, Scott FJ, Purdon S, Harris J, Bankart J (2009) Autism Spectrum Disorders in adults living in households in England. *Report from the Adult Psychiatric Morbidity Survey 2007*. [www.ic.nhs.uk/asdpsychiatricmorbidity07](http://www.ic.nhs.uk/asdpsychiatricmorbidity07)

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**Table 9: Estimated number of adults with autism<sup>14</sup> and over by Clinical Commissioning Group (CCG) (numbers are rounded to nearest 10)**

CCG	Males with autism (1.8% population)	Females with autism (0.2% population)	Total number of people who have autism
North Hampshire	1,410	160	1,570
Fareham & Gosport	1,340	160	1,500
South Eastern Hampshire	1,430	170	1,600
North and East Hampshire & Farnham	1,140	130	1,270
West Hampshire	3,650	430	4,080
<b>Hampshire TOTAL</b>	<b>8,970</b>	<b>1,050</b>	<b>10,020</b>

The Hampshire Autism Strategy was launched in November 2012. The Strategy for Adults was developed by the Hampshire Autism Partnership Board (HAPB), a partnership between Hampshire County Council, NHS Hampshire, the voluntary sector, people with autism, parents, carers and professionals who work with people who have autism. The whole consultation and co-production process for the final strategy took two years and the agreed new approach will help adults with autism, their carers and families, to have the same opportunities to live a fulfilling and rewarding life as everyone else.<sup>15</sup>

### 2.4 Safeguarding

Safeguarding Adults is a responsibility placed on health and social care through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970. Through this guidance, statutory health and social care organisations are encouraged to work together to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

A vulnerable adult, as defined in the 'No Secrets' guidance is:

- A person aged 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 herself or unable to protect him or herself against significant harm or exploitation.

<sup>14</sup> Aged 19 years or above

<sup>15</sup> <http://www3.hants.gov.uk/autism-strategy.doc>

## Adult social care

Safeguarding risks can arise through neglect or abuse, which can be financial, psychological, physical or sexual. Any form of neglect or abuse will have a detrimental impact on the health and wellbeing of the person facing that abuse. In some cases this detrimental impact will extend to their families. Extreme cases of abuse can lead to death or suicide.

Adult Services has a responsibility for leading operational safeguarding and ensuring investigation/enquires are made in response to referrals, as well as the lead for the co-ordination of strategic safeguarding across statutory agencies within Hampshire, delivered through the Hampshire Safeguarding Adults Board (HSAB).

In its 2011/12 Accountability Statement the Hampshire Safeguarding Adults Board reported a rise in the total number of reported incidents of alleged abuse from 1,513 in 2009/10 to 2,145 in 2011/12. This increase evidenced the impact of continued investment, strong partnership working and awareness raising among the public and workforce. A full copy of the Accountability Statement is available at [Safeguarding Accountability Statement 2011-12](#)

### 3. Recommendations

- Work with Health and Wellbeing Board partners to develop sustainable mechanisms for integrating care, commissioning and provision in order to meet the changing needs of our population.
- Work across Adults and Children's services and with Health and Wellbeing Board partners to ensure that there is a clear and consistent pathway for children transitioning into adulthood, which provides support maximising independent living, health, housing, education and employment.
- Work with the Health and Wellbeing Board partners to services are available that encourage people to live longer healthier lives and support people to plan for the future.
- Ensure that the support needs of carers become an integral aspect of all the interventions and services delivered across social care, health and partners.
- Work with partners to ensure overarching safeguarding becomes everyone's responsibility and ensuring the quality and safety in all the services commissioned and provided remains a top priority for social care, health and partners.