

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	20 October 2016
Title:	Adult Safeguarding Update
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Report From:	Adults' Health and Care

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1. Executive summary

The purpose of this progress report is to provide HASC with information on the current provision and developments within adult safeguarding in Hampshire since the previous update report.

This paper seeks to:

- update on the County Council policy in relation to adult safeguarding;
- highlight key activity in relation to adult safeguarding including developments;
- outline any current pressures and risks in the area of adult safeguarding.

2. Contextual information

2.1 Legal framework

Although there are several pieces of legislation and associated work streams related to the area of adult safeguarding the introduction of the Care Act 2014 has been a very significant development. The Care Act 2014 places adult safeguarding on the same legal footing as child safeguarding across the statutory partnership.

Much of the last 15 months has focused on embedding and implementing the changes brought about by the Care Act 2014. The new safeguarding duties and responsibilities cover a wide range of activities and actions taken by a large number of individuals and organisations responsible for preventing, detecting, reporting and responding to the abuse of adults at risk.

- 2.2 Hampshire Safeguarding Adults Board (HSAB) continues to lead the policy development work required for the Care Act 2014 on behalf of all upper tier Hampshire and Isle of Wight local authorities. Central to this is ensuring that the overarching safeguarding procedures in place are in line with the statutory requirements. A revised policy, guidance and toolkit have been issued and adopted by all organisations and this is supported by a suite of Hampshire Adult Services internal guidance and the roll out of a comprehensive training strategy across the wider HIOW footprint.
- 2.3 Prevention is crucial to the vision of the Care Act 2014 and we have been refocusing our internal resources to ensure prevention and early intervention is given equal priority, alongside our formal safeguarding responses following allegations of abuse or neglect. This approach will continue within the department's Transformation to 2017 restructure. This will provide the opportunity to reshape some roles in the specialist Safeguarding, Quality and Governance Team to ensure an equal focus on prevention, early intervention and learning from experience within the overall function of the team.

3. Scope and Definitions

- 3.1 Adult safeguarding arrangements are concerned with those people who, due to their circumstances, are defined as adults at risk. An adult at risk is a person with needs of care and support (whether or not the local authority is meeting those needs) and:
- is experiencing or at risk of abuse, 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.
- 3.2 Emerging types of abuse are increasing. These include 'honour' based violence, human trafficking, modern day slavery, 'mate' crime and extremist activities.

4. Hampshire Safeguarding Adults' Board (HSAB)

- 4.1 Hampshire has an established Safeguarding Adult Board (HSAB), the membership of which includes all statutory and other multi-agency partners. With an established Independent Chair role supported by a Board Manager, the main focus of the work plan for this year has been the implementation of the Care Act 2014. A wide range of activities have been undertaken to ensure local arrangements are fit for purpose and are compatible with the new statutory requirements.
- 4.2 HSAB Business Plan is attached as Appendix 1 which was ratified at the Board meeting in September 2016.

5. Local Authority Responsibilities

- 5.1 In general terms, safeguarding adults is core business across all services for those adults who meet the definition of being at risk whether they are or are not receiving support / services directly provided or commissioned by the Council. The Council is required to ensure the entire workforce are adequately trained and supported to take the necessary steps to prevent abuse and to know how to deal with it when it does happen. The responsibilities of the Local Authority, outlined in clauses 42-45 of the Care Act 2014 are to essentially lead a multi agency local adult safeguarding system and to ensure co-operation between partner agencies.

Adult safeguarding is a statutory responsibility which cannot be delegated. The Local Authority role can be outlined as follows:

5.2 Co-ordination of the strategic agenda.

- 5.3 Whilst the Care Act 2014 brings new statutory responsibilities for the Police and the NHS the Local Authority retains the lead agency responsibility for the co-ordination of adult safeguarding.
- 5.4 The Local Authority leadership and co-ordination role is largely delivered through Adult Services with the HSAB Independent Chair accountable to the Chief Executive of the Local Authority with day to day accountability to the Director of Adult Services. The Head of Safeguarding and Governance in Adult Services is responsible for the line management of the HSAB Manager.

5.5 Lead agency responsibility for the management of allegations of abuse

- 5.6 This responsibility involves 'making enquiries' or 'causing enquiries to be made' by other agencies when the Local Authority believes that an adult with care and support needs may be at risk of abuse or neglect. This is a fundamental shift brought about by the Care Act 2014 and has resulted in a change in practice.
- 5.7 The first response is always to ensure the safety of the person(s) affected and to work with them to develop a protection plan, ensuring the person's wishes and outcomes drive the process. Making Safeguarding Personal is now a key feature of the approach by adult safeguarding to ensure that the views and wishes of the person affected are placed at the heart of any safeguarding process.
- 5.8 This lead responsibility for responding to allegations of abuse is delivered both through the work of the Multi Agency Safeguarding Hub (MASH) and the local area teams who work to the multi- agency policies and internal guidance in order to deliver a consistent response.

- 5.9 MASH is a highly pressured part of the service with a high volume of reports and alerts received from partner agencies. Audit work has identified that many of these alerts fall outside the remit of MASH and work is underway with the 3 other local authorities, and partner organisations, to ensure the best use of resources.

In addition to MASH, a specialist Safeguarding, Quality and Governance Team provide operational, focused support and safeguarding expertise to localities, including partner organisations where the nature / quality of referral and enquiry can be variable. These post holders form part of a team who lead on the core functions of adult safeguarding, quality and governance within the department. As referenced in 2.3 this team is developing so that roles are more adaptable across the continuum of quality and safeguarding.

6. Key developments

6.1. New initiatives

- 6.2. A key aim of the team is to integrate safeguarding and the prevention and intervention agenda into all aspects of the department's work. This will ensure that safeguarding, quality and governance is evident across the continuum of procurement of services through to delivery. Work streams include:

- Residential and Nursing Open Framework development
- Work with support brokerage to develop a protocol for off framework purchasing
- Developing a compliance and quality protocol for new and existing providers to join the framework
- Work with the contracts performance team to develop an annual review process for homes
- Care at Home new framework development
- Developing a compliance and quality protocol for new and existing providers to join the framework
- Extra Care new tender
- Development of safeguarding tender criteria, questions and measurement for the recent tender process

6.3 Modern day slavery, adult sexual exploitation and serious organised crime

- Modern Slavery guidance with a flow chart for Adult Services staff is currently being developed
- Adult sexual exploitation strategy and practice guidance is being drafted
- A short term pilot is being devised to test the draft adult sexual exploitation screening tool

- Training options for staff are being considered to improve understanding and response
- A draft Serious and Organised Crime (SOC) Partnership Plan has recently been created by partners working together with Police to effectively deal with serious organised crime

7. Management of Quality Concerns

- 7.1 The introduction of the Care Act 2014 has helpfully brought an increased focus on prevention, early intervention and the management of quality. There are a number of work streams ongoing to develop the approach to the management of quality across residential, nursing and domiciliary care:
- 7.2 Development of the Quality Outcomes Contract Monitoring (QOCM), the system used in the department to ensure that quality issues within residential and nursing homes and domiciliary agencies are known and dealt with before they escalate into safeguarding. This will inform the departmental risk log and introduce a county level oversight group. This different approach will allow for strategic oversight and early warning and intervention and support for providers.
- 7.3 As a preventative approach additional quality checks for new providers before they are given business or added to the AIS system is now in place. This aims to ensure that a baseline of information is known about a service before the department commissions packages of care.
- 7.4 Closer working with the social care regulator, the Care Quality Commission (CQC) and NHS colleagues to share information and agree consistent approaches to address poor quality care. The intention is to focus this approach to ensure that we have a robust approach to the management of quality in the sector to ensure we have pro-active embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach.
- 7.5 A policy framework has been developed in this regard including an enforcement policy, provider failure and short term closure policies. This work has included working with Emergency Planning colleagues to join up civil contingency responsibilities. In June of this year the department had cause to enact the provider failure policy following CQC obtaining an urgent cancellation of registration of a nursing home. This exercise involved moving all residents in one day and was an example of close partnership working across Adult Services, Children's Services and Emergency Planning alongside NHS and CQC colleagues.
- 7.6 Adult Services also now has an enhanced role in relation to market stability, which aims to ensure an affordable supply of good quality care home provision to all people within Hampshire, regardless of whether they are supported by HCC. Policies regarding market oversight are now a requirement.

- 7.7 A memorandum of understanding has been developed with NHS commissioner colleagues to ensure there is effective partnership working which seeks to reduce duplication in respect of quality in residential and nursing homes. A steering group has been developed jointly chaired by South East Hampshire and Fareham and Gosport CCGs Chief Quality Officer and Head of Safeguarding, Quality and Governance, Adult Services.
- 7.8 Building awareness of adult safeguarding across Hampshire in line with the corporate strategic objective 'Hampshire safer and more secure for all', a project was developed in January 2015 known as 'Engaging Hampshire Communities'.
- 7.9 The project successfully launched in March this year. The aim of the project was to ensure that the profile of adult safeguarding is raised so that people living and working within communities in Hampshire can be aware of people within their neighbourhoods, know what to look for and know how to report abuse when it is suspected.

The project is co-sponsored by the HSAB and Hampshire County Council and is aimed at providing practical advice and guidance for a wide range of people, businesses and communities in the form of a smart phone app, published information and training materials.

- 7.10 The products are now available and have been developed for target audiences in Hampshire including District and Borough Councils, churches and faith organisations, community and ambulance transport providers, housing providers, voluntary sector and charity organisations (providers), community groups, leisure facilities and libraries and shops/commercial high street facilities/customer facing businesses.

8. PREVENT

The national PREVENT strategy is part of CONTEST, the Government's counter terrorism strategy, aimed at working across all sectors and organisations to stop people becoming radicalised.

- 8.1 In July 2015, the Counter Terrorism and Security Act 2015 came into effect. This legislation creates a statutory duty to have due regard to the need to prevent people being drawn into terrorism. This duty applies to all public bodies (local authorities, police, NHS, schools, further and higher education providers, probation, prisons and youth offending services). The duty also applies to private providers supplying public functions for example, in the education sector. Previously, the lead for PREVENT lay with the police, however, local authorities now have the lead as PREVENT interventions are focused in the 'pre criminal space'.
- 8.2 Hampshire has a well established PREVENT Board which has been refreshed to establish a strategic forum in response to the new statutory

duties. The role of the Board, currently chaired by the Head of Safeguarding, Quality and Governance for Adult Services, is to provide a consistent and co-ordinated response across Hampshire and the Isle of Wight to the ideological challenge of terrorism and the threat posed by those who promote it through oversight of PREVENT activities across the area and ensuring PREVENT is addressed as appropriate in strategic plans and strategies.

- 8.3 The Board has agreed a PREVENT Strategy and Action Plan which is monitored by the Board members.
- 8.4 There was a Home Office grant of £10,000 offered to all local authorities and District and Borough Councils which was taken up by Hampshire County Council and there is now a new opportunity to bid for funding for up to £100,000 which will be considered by the Board.
- 8.5 Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:
 - a. identifying individuals at risk;
 - b. assessing the nature and extent of that risk; and
 - c. developing the most appropriate support plan following the agreed processes used in the event of individual concerns
- 8.6 Locally, Channel Panels are led by an Adult Services Service Manager in addition to their usual workload with the support of Children's Services colleagues. The volume of referrals is steady and the Police are providing monitoring data to the Board to monitor this growth in activity. Adult Services will soon gather and hold certain data, which previously they were asked not to do.
- 8.7 Additional work is undertaken by the Channel Panel Chair in the gathering and co-ordination of information pre-Channel Panel and there are specific requirements around decision making. The Channel Panel Chair will also coordinate the development of a delivery model alongside the Hampshire and Isle of Wight Strategic Prevent Board which provides support to communities in line with the Local Authority's new responsibilities in this area.
- 8.8 Designated Adult Safeguarding Manager (DASM)
The Care Act 2014 introduced a new role, the Designated Adult Safeguarding Manager (DASM) but this role is no longer statutory following the Care Act 2014 revised guidance published in March 2016. The specific role and responsibilities of the DASM were to have oversight of the management of allegations made or concerns raised about employees, volunteers or students working in organisations.

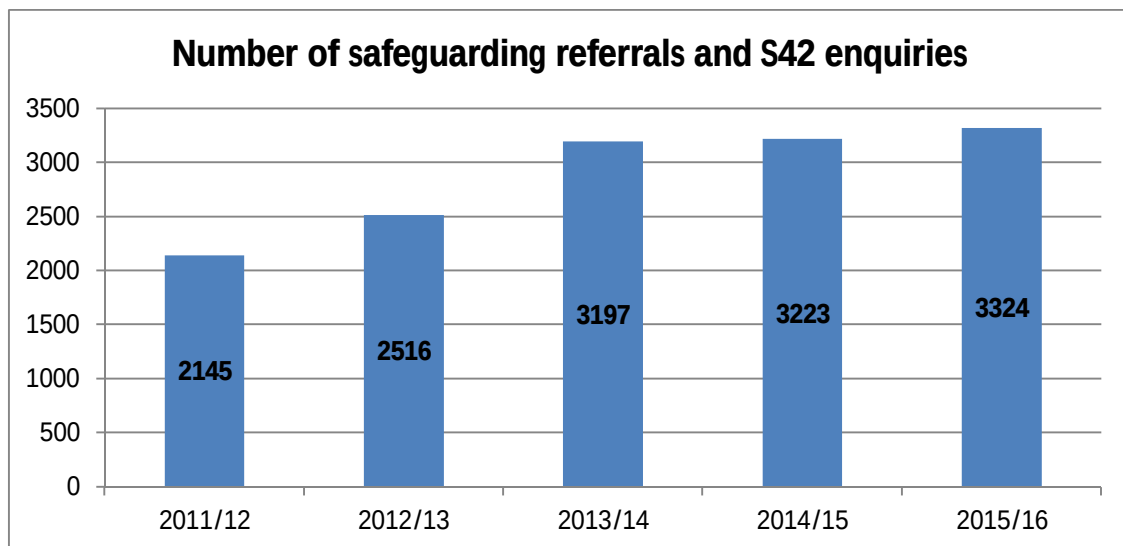
8.9 Locally, it has been agreed that the DASM network already established will remain and that the forum will continue to ensure individual organisations who are accountable for responding to allegations regarding their staff are following best practice and have appropriate human resources policies in place to manage allegations. The DASM role has now been rebranded as the Safeguarding Allegations Management Advisor (SAMA), and there is multi-agency work underway to agree a business process to support this role.

9. Performance

9.1 Adult Services is the lead agency responsible for recording all the safeguarding information on behalf of the multi-agency partnership and the Hampshire Adults Safeguarding Board.

9.2 Over the last few years Adult Services have continued to make improvements to the capture and reporting of safeguarding information, as a result of these changes it may not always be possible to directly compare activity between years. The Care Act 2014 has also redefined how safeguarding is defined and recorded. One of the biggest of these changes being in terminology as safeguarding cases previously referred to as 'safeguarding referrals' are now known as a 'S42 enquiries'. All safeguarding referrals are recorded onto our main client record system (AIS) by the receiving team. An overview of annual referral numbers is shown in Figure 1.

9.3 Figure 1 – number of safeguarding referrals



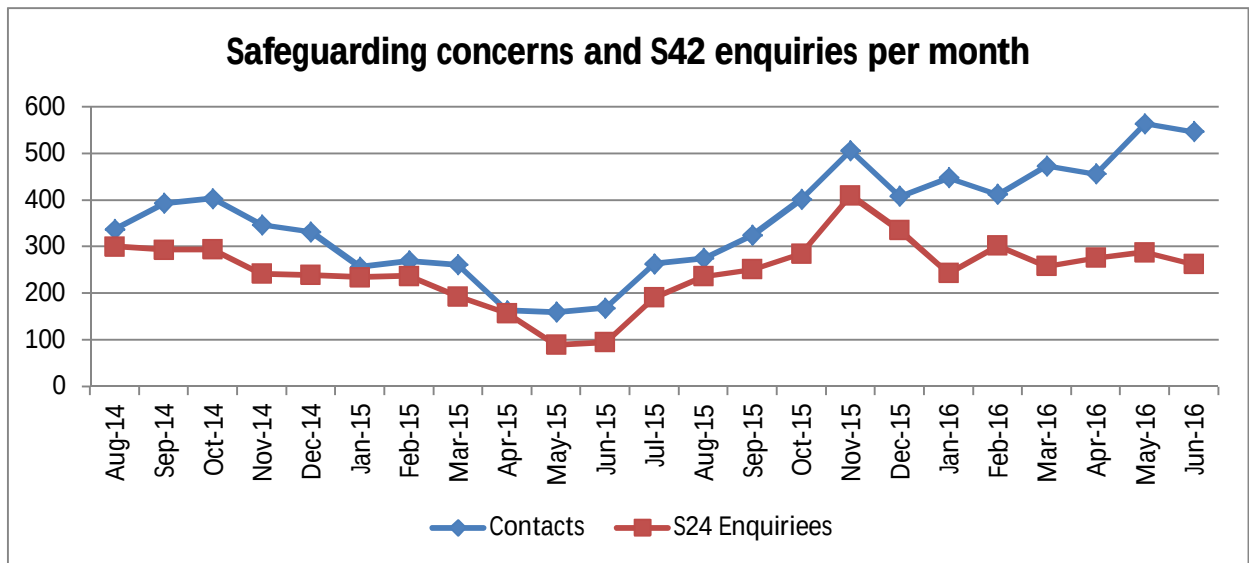
9.4 Over the last 5 years the number of safeguarding referrals and S42 enquiries made to Adult Services have increased year on year, although this increase has reduced over the last three years (see Figure1). Overall there

were 3,324 S42 enquiries in 2015/16, 101 (3%) more than the 3,223 safeguarding referrals in 2014/15. As an individual can be the subject of more than one S42 enquiry when the number of individual involved in safeguarding are compared it shows that these 3,324 S42 enquiries involved 2,847 individuals, which is only a 1% increase on the 2,810 people that went through the safeguarding process in 2014/15.

9.5 The increase in incidents is due in part to the continued engagement and awareness- raising amongst professionals that was undertaken in preparation for the introduction of the Care Act 2014, ensuring all incidents concerning an individual are reported. This may help to explain why S42 enquiries increased by 3% and the individuals they concerned increased only by 1%.

9.6 Monthly monitoring for 2016/17 shows that the number of safeguarding concerns being raised with Adult Services has continued to increase during the first quarter of 2016/17. With an average 522 being reported each month, which is 80 more than in Q4 (440 a month). See figure 2.

9.7 Figure 2 - number of safeguarding concerns and S42 enquiries reported from August 2014 to June 2016



9.8 The nature of concerns reported to Adult Services are often on a continuum of poor quality care through to extremely serious abuse carried out with the intention of preying on someone because they are vulnerable where police investigation is required. Information gathering is often required before a decision can be reached to establish if abuse or neglect has taken place.

9.9 The vast majority of safeguarding concerns are now directed to the MASH where staff review them in relation to the action required, consider multi-agency information sharing and proportionality. This enables the services

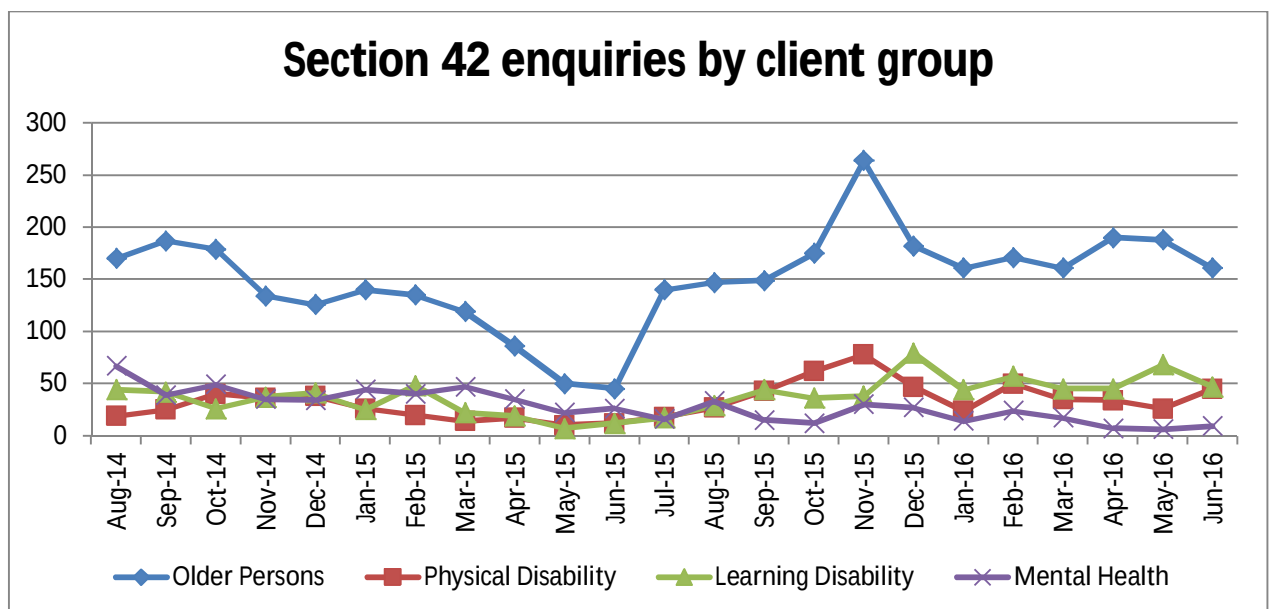
to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.

9.10 MASH screen all safeguarding concerns that they receive. They advise agencies on appropriate action and only forward information to community teams where either follow on action is required by them, or the information needs to be shared to assist the local team to build a picture about a service/individual in their area. Despite the increase in concerns coming through the service the number of new S42 enquiries being opened by community teams has remained fairly constant over Q1 in 2016/17 at around 275 a month. This demonstrates that the role of MASH is having a positive impact on the workload in the community teams who would otherwise be undertaking the screening function. The MASH service is being redesigned to build in capacity to offer an enhanced service, which will include responding to contacts which fall under the prevention and quality agendas.

9.11 In Q4 2015/16 the percentage of concerns that converted into an enquiry was 62%, during Q1 2016/17 it dropped further to 53%; as a comparison during Q2-Q3 2015/16 the percentage was 79%.

9.12 Figure 3 shows the number of referrals by client type, which demonstrates how new S42 enquiries are remaining stable across all client groups.

9.13 Figure 3 - Number of S42 enquiries by client type:

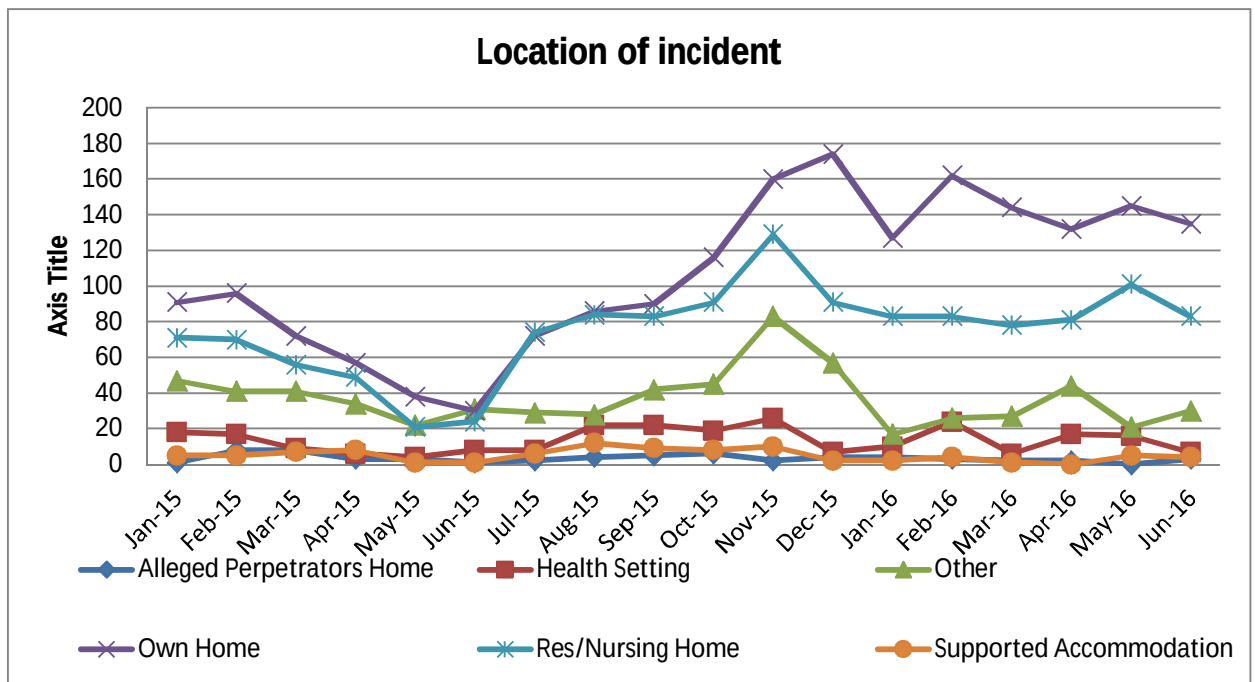


9.14 When enquiries are broken down by source it shows that in June 52% were generated by social care, 18% by NHS (a reduction on Q4 2015/16 when they accounted for 25-30%). Police referrals that lead to a S42 enquiry

continue to remain low at 2% of the total despite over 500 CA12s being received a month (process used by Police to raise concerns). Work is continuing to help improve the quality of Police and Ambulance Service alerts as referenced in 5.10.

9.15 When enquiries are analysed by the location of where the safeguarding is reported as occurring it shows that enquiries relating to incidents happening within a persons own home has, since August 2015, been the most frequently reported setting. See figure 4.

9.16 Figure 4 - Location incident resulting in a section 42 enquiry occurred.



10. Finance

10.1 Adult safeguarding is core work for every team and is embedded in all service provision. It is therefore impossible to provide a total cost for carrying out adult safeguarding work within the Department.

10.2 The HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups (CCGs) 26% and the Police 11%. The HSAB budget in 2016/17 totals £126,384.

10.3 As mentioned, the new PREVENT duties attracted a £10k one off payment to local authorities for this financial year. These funds have been allocated against Board Manager support and for the development of a website and materials.

10.4 The DoLS budget has been increased in order to manage the demand and the service is confident it will now operate within its available budget.

10. Provision of services for people who lack mental capacity

10.1 Deprivation of Liberty Safeguards (DoLS)

10.2 The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived in order to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty as a result of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny and have applied, previously, mainly to people with dementia or learning disability.

10.3 The result of a Supreme Court judgement in March 2014 has had a considerable impact on resources as a result of the widening of the criteria in terms of who is eligible for a DoLS. This situation has been an issue of risk for the Council over the past two years and has been and continues to be subject to significant management oversight.

10.4 As a result of the judgement, Adult Services has seen a significant increase in the number of DoLS applications received. Since the judgement there have been 13,507 applications to date and the service has approximately 3,500 applications unallocated. Previously this figure was at 5,000 but nonetheless the DoLS service is not able to currently meet the timescales from application to assessment in all cases and has a work plan, monitored by DMT to address the current pressures. This includes a plan to train all qualified social workers as Best Interest Assessors.

10.5 By way of comparison with other local authorities, West Sussex has 4,200 unallocated, Wiltshire 3,500 and Surrey 4,000.

10.6 Following the judgement, the Department of Health commissioned a review of DoLS by the Law Commission which concluded in 2015. The government have indicated there will not now be legislative change until 2022.

10.7 The available budget in the DoLS service has been increased for 16/17, removing the financial risk identified in a previous report to Cabinet. Furthermore, productivity has increased with the central team of assessors doubling their throughput since January of this year. There will be a reduction in the use of independent best interest assessors, having a positive impact on the financial risk the Supreme Court judgement has imposed. However, it is important to recognise that for those individuals for whom the DoLS legislation applies regular review and further authorisation are required.

10.8 The DoLS service has been commissioned by Fareham and Gosport and South East Hampshire CCGs to provide a training programme in primary care, across 4 CCG areas. The programme is an excellent example of integrated working with 89% of all Hampshire GPs now having been trained. One of the benefits of the training has been the throughput and the quality of referrals from hospital settings as we seek to keep people safe and supported within appropriate legal frameworks.

11. Client Affairs Service (CAS)

11.1 The Client Affairs Service (CAS) operates to manage the property and financial affairs for people who lack the mental capacity to do this for themselves. People supported by the team have no family willing or deemed suitable to do this on their behalf.

11.2 The CAS works with people who are subject to appointeeship and deputyship. An appointee is responsible for managing a person's benefits if the person has a low level of financial assets and is in receipt of benefits with no other sources of income.

11.3 If a person's financial affairs are more complicated (for example, if they have additional sources of income, investments or significant savings) then deputyship is used to manage all financial affairs including savings, pensions, all sources of income and assets such as property and valuables.

11.4 This is a growing area for Adult Services as deputyship attracts funding. Around 85% of the CAS caseload is now subject to deputyship and we have a contract to provide the service for Southampton City Council. This service is developing as a 'sold' service and further options and opportunities are being considered to grow this service beyond the immediate geography of Hampshire.

12. Other key issues

12.1 Mazars review

The NHS England publication of the Mazars independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust, between April 2011 to March 2015 has focused attention of many agencies, including Adult Services.

12.2 The following action has been taken by Adult Services in response to the review:

- Whilst the report in the main relates to matters of organisational governance there are references to examples where Adult Services would have expected to have received a safeguarding alert/referral. These include references to concerns about practice and the circumstances of the deaths. Adult Services has now received identifiable information in order to review our own record system and

the response to each of these deaths. We are confident that there are no outstanding matters of concern.

- Officers of the Council have engaged with NHS England and CCGs with regard their responses to the review, including attendance at Risk Summit meetings.
- We are particularly keen to ensure the action plan arising from the report's recommendations takes account of the local authority role and the system wide issues highlighted.
- We are actively involved in the mortality review work (LeDeR) which is being developed by Bristol University (Replace National Confidential Inquiry), in conjunction with NHS England.
- An exercise has been undertaken to review all the recorded deaths of service users known to Adult Services, covered by the review period. Themes and trends have been reported and reviewed by the Care Governance Board.
- All service users in receipt of services from Southern Health's social care provider arm TQtwentyone have been identified and review of all service users are underway.
- The Care Governance Board received a report as an internal review of the governance arrangements in Adult Services which has highlighted some actions required to refine the process of reporting of deaths in our department. These actions are underway across the department and continue to be monitored by the Board. Adult Services has developed internal guidance for practitioners on the expected practice following the death of someone known to our services.

12.3 Understandably, HSAB has been sighted on the Mazars report which raises system wide issues that require improvements in respect of the investigation and review of the unexpected deaths of adults at risk. The Board has requested that agencies provide updates on their responses to the review.

12.4 Appendix two summarises the responses of different agencies to the Mazars report (courtesy of HSAB).

12.5 In addition, West Hampshire CCG is leading on the development of a multi-agency policy in respect of the deaths of adults and Adults Services and Public Health staff are working with the CCG in this regard.

13. In house care provision

13.1 Due to changes in their inspection regimes CQC now give an overall rating of outstanding, good, requires improvement or inadequate.

13.2 To date eleven services have been inspected under this new regime. Seven of the inspected services have an overall rating of 'requires improvement' and four are rated as 'good'.

13.3 Quality improvement plans are in place to address any areas of non compliance in nine units and these are managed by the in house senior management team.

13.4 The quality of the in house older persons and learning disability care homes are monitored through a provider services quality dashboard, which is overseen by DMT. There are plans to have a specialist post in the Safeguarding, Quality and Governance team to oversee in house services and there is a member of the Safeguarding, Quality and Governance team currently seconded into in house services to provide additional support and expertise.

14. Future direction

14.1 The main focus of the work over the coming year will be to:

- Review the Quality Outcomes and Contract Monitoring Framework to introduce strategic oversight, easily accessible management information, to strengthen the contract remediation process and to support area teams decision-making.
- Continue to embed the requirements of the Care Act 2014
- Ensure the approach of Making Safeguarding Personal is universally adopted
- Deliver of the HSAB Business Plan
- Continue to work with the NHS and CQC regarding quality improvement
- Continue to work to embed safeguarding into the commissioning and procurement of the department.

14.2 Risks in respect of the DoLS service and the demand management around the MASH continue to receive attention and close management.

14.3 Through the autumn of 2016/17 as Adult Services and Public Health come together as the new Adults' Health & Care department work will be taken forward to ensure the wider Public Health role and responsibilities are kept in plain sight. As Public Health commission services for children as well as adults it will be necessary to ensure the children's commissioning responsibilities of Public Health are fully understood and supported within the new Adults' Health & Care department and the established links with Children's Services, the wider council and all public sector partners continue to be supported. A bespoke training session has been arranged for Public Health and Adult Services colleagues in the autumn to ensure this agenda is fully understood and actioned as appropriate.

14.4 Continued emphasis will be placed in preventative approaches across the system in order to reduce the number of people experiencing harm before any intervention by services.

14.5 A recent opportunity has arisen to extend the Board support provided to the HSAB and the PREVENT Board to the Health and Wellbeing Board. It is hoped this will be a positive development and an opportunity to provide consistent support across Strategic Boards thus enhancing the alignment of the Boards. There will be discussions with the Domestic Abuse Steering Group in due course to potentially provide this support to this Board as well. Additionally work will shortly begin to review the multi-agency MASH Governance Board to improve its effectiveness and accountability.

15. Conclusion

15.1 In conclusion, partnerships are strong and responses effective to meet the needs of service users both now and into the future.

15.2 Adult Services continues to work across the spectrum of quality and safeguarding, working closely with service users and their relatives to ensure any issues are identified and addressed in a proportionate manner.

15.3 Adult Services will continue to provide an annual update and, where necessary, ensure that any emerging issues are brought to the attention of CMT.

16. Recommendations

16.1 That the Committee:

- Note the content of this report.
- Receives a further update on Adult Safeguarding in 12 months' time.
- Receives the Annual Report of the Hampshire Safeguarding Adults Board, for information, in Spring 2017.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	Yes
Maximising well-being:	No
Enhancing our quality of place:	No

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

Safeguarding Adults Policy, Guidance and Toolkit 2015

<http://www.hampshiresab.org.uk/>

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

Further work needs to be carried out to ensure that our approach to safeguarding is reaching all communities in Hampshire, these areas of work will each need a separate EIA as they are developed. The multi-agency policy, guidance and toolkit has its own equality impact assessment.

2. Impact on Crime and Disorder:

2.1 Adult Services work alongside Hampshire Constabulary to support those who are at risk of, or suffering, abuse in order to put in protections and ensure that they received access to justice

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified