

**HAMPSHIRE COUNTY COUNCIL****Decision Report**

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	22 September 2014
<b>Title:</b>	Adult Safeguarding
<b>Reference:</b>	6025
<b>Report From:</b>	Director of Adult Services

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## 1. Executive Summary

1.1 The purpose of this paper is to request that Cabinet agree the overarching policy for Adult Safeguarding in Hampshire and endorse the work currently taking place to ensure delivery. This was agreed through detailed consultation between the Director of Adult Services and the Executive Member.

1.2 This paper seeks to:

- set out the County Council policy in relation to adult safeguarding
- set out the context for the provision by the County Council of adult safeguarding services
- set out the role and responsibility of the County Council, particularly in relation to the new Care Act 2014
- highlight key activity in relation to adult safeguarding
- outline a new project which links to the Corporate Strategy to make Hampshire safer and more secure for all

## 2. Contextual Information

### 2.1 Scope and definition of Adult Abuse

Adult safeguarding arrangement applies to anyone “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 maybe unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”. Abuse is a violation of an individual’s human and civil rights and includes:

- physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions

- sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting
- psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

## **2.2 Hampshire County Council Adult Safeguarding Policy Statement**

2.2.1 The County Council is committed to making Hampshire a safe and secure place for all of its residents and those who visit the County. Within this context is a recognition that, alongside effective arrangements for children, there is a need to continually scrutinise and improve our approach to safeguarding for those at risk or suffering abuse in our communities. It is acknowledged that the prevention of abuse is the collective responsibility of everyone and the County Council will work in partnership with people and all those who provide services to Hampshire citizens to co-ordinate the prevention and early detection of abuse. In this way, our aim is to ensure that appropriate action can be taken and individuals will be supported to make choices and to live their lives free from abuse.

## **2.3 Local Authority Responsibility**

2.3.1 Safeguarding adults who become vulnerable to abuse sits alongside safeguarding children to form two key, but distinct, strands in the County Council's approach to making Hampshire a safe and secure place to live. There is a commitment from both Adult Services Department and Children's Services Department to work collaboratively to make continuous improvement in safeguarding. It is important to note however that whilst there are key areas that require joint working, the context, legal framework and the process for delivery is very different for each service and requires a differentiated approach. This recognition is critical to ensuring successful delivery of improvement for both departments.

- 2.3.2 Hampshire County Council's current approach to safeguarding adults is defined by 'No Secrets'<sup>1</sup> statutory guidance, issued under Section 7 of the Local Authority and Social Services Act 1970. This guidance places a duty of partnership on statutory health and social care organisations to work together to prevent abuse, provide assessment and investigation of abuse and ensure people are given the opportunity to access justice.
- 2.3.3 The 'No Secrets' guidance gives the Local Authority a leadership and co-ordination role to ensure that all those who provide services for our citizens work together to address safeguarding. The role of the Local Authority, delivered through the Adult Services Department, is split into two main functions:
- To make enquires and undertake investigations – working closely with the Police – when allegations of abuse are made
  - To co-ordinate the strategic safeguarding agenda, through establishment of a Safeguarding Adults Board
- 2.3.4 The aims of adult safeguarding are:
- To prevent harm and reduce the risk of abuse
  - To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives
  - To promote an approach that is focused on achieving the outcomes people want from the safeguarding process
  - To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse.
- 2.3.5 The safeguarding process is simple in terms of aims but often complicated in practice. If there is an allegation of abuse, the first action is to ensure the person affected is safe. Social workers will work with both the Police and NHS staff to secure this as far as possible, within the framework of choices the individual may choose to make. If the allegation involves a crime, then the Police may take the lead on the investigation. This is not, however, always the case as many people choose not to pursue the abuse as a criminal act, particularly when there are family members involved.
- 2.3.6 The social worker's role in all cases is to work with the affected individual to help them develop a protection plan so that, in future, they can keep themselves safe. This work is offered regardless of whether the individual is a social services client or they fund their own care because an adult identified as in need of a safeguarding response is entitled to a community care assessment.
- 2.3.7 Adult safeguarding is complex because people mostly have the mental capacity to make their own decisions and are entitled to make unwise decisions should they wish. However, in these circumstances, social workers will continue to stay in contact with people in order to build up trust. It is

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<sup>1</sup> DH (2000) No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

known that people who are socially isolated are much more likely to be at risk from abuse. This on-going contact therefore offers a protective factor in itself, even if the person does not necessarily wish to work directly with staff.

- 2.3.8 For people who lack mental capacity to make decisions about their safety, their representatives would always be involved in decision making. If they are un-befriended (no friends or family), an Independent Mental Capacity Advocate would be commissioned by the Local Authority to act on their behalf. This is in line with legal requirements under the Mental Capacity Act (2005).
- 2.3.9 Adult Services has a effective system for ensuring that the quality of the services we commission on behalf of our service users meet their eligible assessed need and that a clear contract - which outlines quality expectations – is in place in respect of these. This system, called Quality Outcomes and Contract Monitoring (QOCM), is vital to make sure that quality issues within care homes and domiciliary agencies are known and dealt with before they escalate into safeguarding, which would put people at risk. Adult Services works closely with the care home regulator, the Care Quality Commission (CQC), and NHS staff to manage this process. This focuses support on providers that are beginning to fail thereby ensuring service users continue to receive safe services. In addition, this approach has the added benefit of supporting market stability, which ensures an affordable supply of care home beds to the people within Hampshire.

### **3 The Care Act 2014**

- 3.1 The Care Act 2014 will be implemented from April 2015 and will reinforce the lead agency role for the Local Authority and formally name the Police and NHS Commissioners as key partner agencies. The current duty of partnership will be replaced by a legal duty of co-operation. This Act will place adult safeguarding on a statutory footing, in line with arrangements for Children's safeguarding.
- 3.2 The responsibilities of the Local Authority, laid out in the Care Act 2014 are to:
- **Make enquiries, or cause enquires to be made** - This replaces the previous guidance in relation to investigation and allows the local authority to reasonably request that another agency carries out the investigation and then feeds this back in to the local authority safeguarding process.
  - **Set up a Safeguarding Adults Board**
  - **Arrange, where appropriate, for an independent advocate** - This is a new requirement as it goes beyond the expectation in relation to the Mental Capacity Act 2005. The advocate must be engaged to represent or support an individual who is the subject of a safeguarding enquiry where the individual has 'substantial difficulty' in being

involved in the process and where there is no other appropriate adult who can help them.

- **Co-operate with each of its relevant partners** - This has significantly strengthened previous arrangements in respect of partnership working.

3.3 Adult safeguarding is a statutory responsibility which cannot be delegated.

3.4 Hampshire County Council is in a strong position in respect of the coming changes specified in the Care Act 2014. Firstly, members of Adult Services staff have been involved in writing the national practice guidance which will underpin the implementation of the changes and have therefore, been working on the Hampshire County Council safeguarding arrangements to ensure that we are Care Act 2014 compliant. Secondly, Hampshire County Council has a Multi-Agency Safeguarding Hub (MASH) in place. This was established through a Children's Services led project and involves Childrens and Adults social care staff, the Police and the NHS. This development will enable consistent management of safeguarding allegations, immediate multi-agency response, where this is required, and good quality information sharing at the front door of the organisation.

3.5 In addition, Hampshire Adult Services is leading work with the other three local authorities in Hampshire and the Isle of Wight to ensure that the overarching safeguarding procedures currently in place are in line with the requirements of the Care Act 2014.

#### **4 Hampshire Safeguarding Adults Board (HSAB)**

4.1 Hampshire County Council has had an established safeguarding adult's board for seven years. The membership of the HSAB has always included multi-agency partners and there is a continuing focus on maintaining effective relationships to deliver improvement.

4.2 During 2013/14, the HSAB was further developed to ensure compliance with the Care Act 2014 and an Independent Chair supported by a Board Manager have been engaged and membership and terms of reference have been reviewed.

4.3 The HSAB has carried out a significant amount of work over the past year, key highlights of which are:

- Development of a Safeguarding in Prison Framework. This work has been carried out with the Winchester Prison Governor and is in line with expectations of the Care Act 2014. The resulting Memorandum of Understanding and the appointment of a post (by the prison) to work with Adult Services to support the prison with the safeguarding agenda, has been recommended nationally as best practice by Her Majesty's Inspectorate of Prisons

- The strategic plan for 2015-2016 is being developed through work with HSAB members. Stakeholder events have been held around the County in order to inform the plan.
- The Independent Chair has negotiated multi-agency financial contributions to the funding of the HSAB, set up to mirror the arrangements in place for the Local Safeguarding Children Board

4.4 One of the key responsibilities of the HSAB under the Care Act 2014 will be to carry out Safeguarding Adult Reviews (previously known as Serious Case Reviews). The HSAB has developed a new multi-agency learning and review process to support this responsibility.

## **5 Making Safeguarding Personal**

5.1 A key feature of the Government's approach to adult safeguarding is ensuring that the views of the affected individual are placed at the heart of any safeguarding process.

5.2 Hampshire Adult Services was part of the first wave of local authorities to pilot this national project, Making Safeguarding Personal. The aim was to identify the best way of ensuring the outcomes the service user may be seeking from the safeguarding process. This work has now become part of the expectation outlined in the statutory guidance which supports the Care Act 2014.

## **6 Building awareness of adult safeguarding across Hampshire**

6.1 In line with the corporate strategy objective 'Hampshire safer and more secure for all', a project is underway to raise awareness of adult safeguarding in the wider community.

6.2 As stated previously, one of the highest risk factors for neglect and abuse of individuals is lack of visibility within general society. People without support networks are rendered vulnerable and have no ready access to help if they are subject to abuse. Therefore, one of the most effective actions for the Local Authority to take is 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 it when abuse is suspected.

6.3 In order to firmly embed an awareness of adult safeguarding in local communities, the Chief Executive of Hampshire County Council has supported a proposal to undertake work to provide visibly branded practical advice and guidance for a wide range of people, businesses and communities about what to look for and how to report safeguarding concerns, in the form of information e-toolkits that can be downloaded from Hantsweb.

6.4 The aim will be to draw on existing work, local and national, and tailor each pack of information for the target audience. For example, national information is available about adult safeguarding for housing workers<sup>2</sup> and information for housing providers could be included in addition to local information about abuse and contact numbers, this approach will minimise the amount of development work and maximise information already available. The development will therefore include:

- **E-toolkits** - Adult Services has experience of producing e-toolkits for the development of the information on 'Making Hampshire a Dementia-Friendly County'. The toolkit would provide advice and guidance, specific to the target audience, but also include links to information about resources already available, for example, the Older Peoples trigger tool.
- **Smart phone App** - This will be developed and designed to give simple information about what abuse is, how to recognise it and how to report it. Hampshire Constabulary launched a smart phone App in May 2013 on Hate Crime. Since the launch, the App has been downloaded over 1400 times. The decision to produce this app was based on the fact that, according to Ofcom<sup>3</sup>, 57% of the UK population now own smart phones.
- **Pocket sized information for people working directly with service users and patients plus other promotional items** - This would entail production of a small, laminated resource – credit card size – which people could carry with them. In addition, the production of promotional items such as pens and key rings, which will display the telephone number to report suspected abuse.

6.5 These resources, in particular the e-toolkit, would be developed for target audiences in Hampshire as follows:

- District and Borough Councils
- Churches and religious organisations
- Prisons
- Estate Agents
- Community and ambulance transport providers
- Hampshire County Council departments – Culture, Communities and Business Services (CCBS), Environment, Integrated Business Centre and Corporate Services, Troubled Families Programme
- Schools/Colleges (dealing with over 18's)
- Housing providers
- Voluntary sector and charity organisations (providers)
- Transport companies
- Clubs, pubs and associations (over 18)

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<sup>2</sup>

<sup>3</sup> Ofcom (2011) *A nation addicted to smart phones*

- Care homes and domiciliary care agencies
- Community groups and village halls
- Neighbourhood watch
- Leisure facilities and libraries
- Shops/commercial high street facilities/customer facing business (working with the Chamber of Commerce to develop)
- Commercial transport providers
- Primary Care – General Practitioners, Dentists and Optometrists Chiropodists etc. (working with the NHS)
- Hospitals and NHS community services
- Agencies working with volunteers
- Councillors – District/Borough/County/Parish
- General public (containing basic information)

There are likely to be other groups that can be added to this list as the approach develops.

- 6.6 All products will have the Hampshire County Council brand and the e-toolkits will sit on Hantsnet to be accessed by organisations and the general public. The work will be carried out under the governance arrangements provided by the HSAB and will also carry the HSAB logo.

## **7. Case Study**

The following two case studies are a useful illustration of how adult safeguarding works. The first is an example of a mainstream case and the second demonstrates the results of awareness raising amongst the general public carried out by the HSAB.

### **7.1 Case Study 1**

Mrs H is an elderly lady living in a flat with a family member who provides care for her along with community services. Staff were concerned at Mrs H's deteriorating health and mobility, and her frequent refusal to accept the care and advice offered, as well as her carer's own health and increasing inability to cope with her care needs. Consequently, a safeguarding alert was raised by one of the Community Nurses.

The subsequent safeguarding investigation found a number of issues, which included unwillingness to accept advice and care from the professionals involved such as her GP, and difficulty looking after the property. This meant that Mrs H and her relative were felt to be living in an 'unsuitable' home environment. A safeguarding plan was put in place to help both family members which respected Mrs H's decision to stay in her home, as well as the needs of her carer. While both declined a move to more suitable accommodation, Mrs H has now accepted a care at home plan which ensures she gets the additional support she needs while recognising that both she and her relative wish to remain living together with some care still provided by the relative.

The joint working in this case between the NHS, Adult Services, Housing and the Police enabled the risks to Mrs H to be managed safely whilst respecting her wishes and lifestyle decisions.

## 7.2 Case Study 2

Mr A is a middle aged man with a history of depression, and some behavioural and physical health difficulties. He has a partner who visits and although the relationship is turbulent, he views this relationship as caring and loving. The partner has power of attorney for finance.

Mr A is supported by a number of professionals including community nurses, a social care package, and in the past has had support from the community mental health team. The police have also been involved as a result of previous allegations of domestic abuse.

There have been on going concerns about Mr A's vulnerability to financial abuse and most recently Mr A's social worker was contacted by a third party with concerns about the sale of Mr A's property which his partner had instigated.

A subsequent safeguarding adults meeting involving the third party led to social care staff working closely with Mr A to assess his mental capacity in relation to making decisions about his finances. The outcome has meant that a multi agency protection plan is now in place to prevent the sale of his property and to continue to protect this vulnerable adult from financial abuse. In addition, the Office of the Public Guardian are now investigating the power of attorney granted to the partner.

## 8. Performance

8.1 Hampshire County Council Adult Services is the lead agency responsible for recording all the safeguarding information on behalf of the multi-agency partnership and the HSAB. Over the last year there has been continuous improvement in the capture and reporting of safeguarding information.

8.2 Comparator information is currently not available for 2013/14 but a review of 2012/13 data has shown that the number of referrals reported to Hampshire per 100,000 population is in line with that of our Chartered Institute of Public Finance and Accountancy (CIPFA) comparator average; slightly below both the comparator and England average.

### 8.3 Referral rates

8.3.1 Safeguarding referral rates are continuing to rise both locally and nationally.

8.3.2. Since 2011/12 the number of referrals made to Hampshire County Council Adult Services has increased year on year. In 2013/14 there were 3,197

safeguarding referrals, which represent a 27% increase on the 2012/13 number and an increase of 49% over the last 3 years.

**Figure 1** – Number of safeguarding referrals over the last 3 years

Table 1 - Number of referral by client group	2011/12		2012/13		2013/14	
	No.	%	No.	%	No.	%
Older People 65+	1,150	54%	1,348	54%	1,828	57%
Learning Disability 18-64	697	32%	701	28%	724	23%
Mental Health 18-64	100	5%	248	10%	317	10%
Physical Disability 18-64	165	8%	200	8%	264	8%
Substance Misuse 18-64	4	<1%	6	<1%	37	1%
Other/Not Known	29	1%	13	<1%	27	1%
<b>Total*</b>	<b>2,145</b>	<b>100%</b>	<b>2,516</b>	<b>100%</b>	<b>3,197</b>	<b>100%</b>

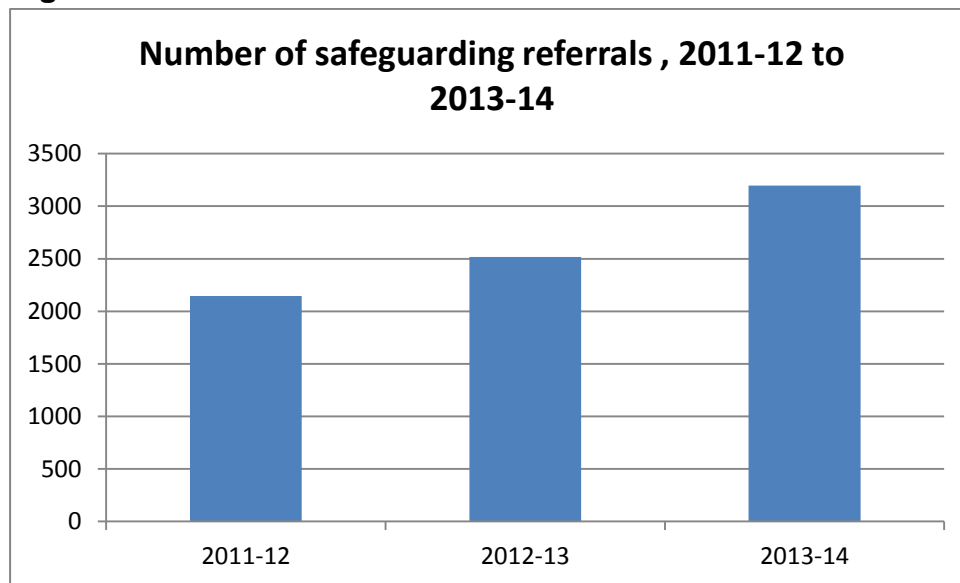
8.3.4. There a number of reasons for this steady increase in local safeguarding referrals which include:

- a significant increase in public awareness with high profile cases in the press such as Winterbourne View, Orchid View and Panorama coverage of abuse in care homes. The effect of this is that members of the general public have a heightened awareness around safeguarding and we are finding that the public are now much more inclined to make contact to report concerns.
- a significant increase in reporting by colleagues in partner agencies when they become aware of issues of concern in the course of their work. For example, South Central Ambulance Service, Hampshire and IOW Police and Hampshire Fire and Rescue have introduced more training for staff on the ground and as a result introduced robust processes around making referrals to Adult Social Care. There are now standard reporting forms from all these agencies as part of their day to day processes. All of these referrals are screened and a decision reached as to whether the case meets the criteria for safeguarding and the nature and level of intervention required. It is not always the case that intervention is required from Adult Services but the referral is recorded on the system nonetheless and appropriate signposting takes place.

- an increase in referrals from health colleagues and much stronger engagement around safeguarding. Traditionally, NHS incident management systems have tended to capture safeguarding incidents and we now see a greater awareness that an 'NHS incident' may also be a safeguarding incident. For example, patients in a hospital setting are spoken to in a rude or belittling manner, do not receive appropriate medication or food and drink by a hospital worker. This will result in necessary action being taken by the hospital managers but there should also be consideration taken as to whether the actions of the staff member amounts to abuse or neglect and if so, a safeguarding referral should follow.
- more engagement of the regulator of Health and Social Care, the Care Quality Commission. Adult Services frequently receive alerts from CQC following their compliance visits.
- the publicity and education function of the specialist safeguarding team

8.3.5 An increase in referral rates is viewed as a positive as we feel we have been successful in raising awareness with less tolerance of poor standards of care.

8.3.6 The nature of concerns reported to Adult Services are often on a continuum in relation to poor quality care and safeguarding which can present a challenge for staff when deciding if abuse or neglect are factors, this can often take some investigating before a decision can be reached. For example, there is a report that residents in a care home are provided with poor quality bland food and are often hungry. This would be best managed as a quality concern and addressed with the provider of the care. However, if the report is that residents are at risk of choking if given solid food and they are not provided with the soft diet they require this may be addressed through the safeguarding process as clearly they may be at significant risk. These situations often start as safeguarding referrals but are addressed through a variety of means including quality monitoring.

**Figure 2**

8.3.7. Action is in place to reduce the general prevalence of abuse including the setting out quality standards in care contracts and a safeguarding training offer for all care providers from the Hampshire County Council Partnership in Care Team (PaCT). The NHS have appointed lead quality and safeguarding nurses to work in partnership with care providers and Adult Services to drive up care quality in nursing homes. The police have been proactive in investigation of abuse and taken specific action for example in relation to 'Hate Crime', with development of an 'app' and help line. There has been follow up partnership work between the Fire Service and Adult Services on fire deaths and between Adult Services and Trading Standards on financial abuse.

8.3.8 When referrals are considered by care group it is evident that whilst referrals have increased generally compared to 2012/13, there are variations between care groups.

- Learning disability referrals have remained at a fairly constant number, although they now represent a lower percentage of the total. Action has been taken to address 'Mate Crime' which is predominately targeted at people with learning disabilities. This has included a production by the Blue Apple Theatre raising awareness of this sort of abuse. The service user led Learning Disability Partnership Board has described what good support looks like in a set of basic quality standards and this has been integrated into the new learning disability procurement framework which will drive best practice. Other action has included following up work to reduce choking incidents.

- Physical disability referrals have increased by 32% over the last year, although they only account for 10% of all referrals and numbers of individuals are small. However, referrals in nursing locations for this care group has doubled from 12 to 27 and specific action has been taken to review the care provision in these settings.
- There has been a significant amount of work within our mental health services as Hampshire was an outlier compared with national figures. People with mental health issues are more likely to have been abused or to be experiencing abuse, yet local safeguarding referrals from this group were very low. When this was investigated it came to light that abuse issues were often addressed as part of the care planning system used in mental health, known as the Care Programme Approach. It was not the case that people were not safeguarded, more that the multi agency process was not used. The situation has improved and we are now confident that the increased reporting in mental health shows an awareness of the need to use the multi-agency process where appropriate.
- Referrals relating to older people still make up the majority, accounting for 57%, and have increased in number by 36% over the last year. Action has been taken which has included increasing the frequency of reviewing care and continued training and development for staff and partners. There are also specific plans in place including a joint project with the police exploring the use of assisted technology (GPS) for adults with dementia and Alzheimer's to ensure they stay safe and independent longer, as well as giving family /carers peace of mind in knowing that if they do go missing then this assisted technology will help in a fast and safe reunion. In addition Adult Services is piloting a volunteer care home visiting scheme particularly targeting residents in care home who do not have regular contact from family or friends. The police have also been proactive in investigating serious abuse and there have been a number of successful prosecutions led by the Crown Prosecution Service leading to the conviction of care staff and other perpetrators.

**Figure 3** shows the number of referrals by client group since 2011/12

<b>Table 1 - Number of referral by client group</b>	<b>2011/12</b>		<b>2012/13</b>		<b>2013/14</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
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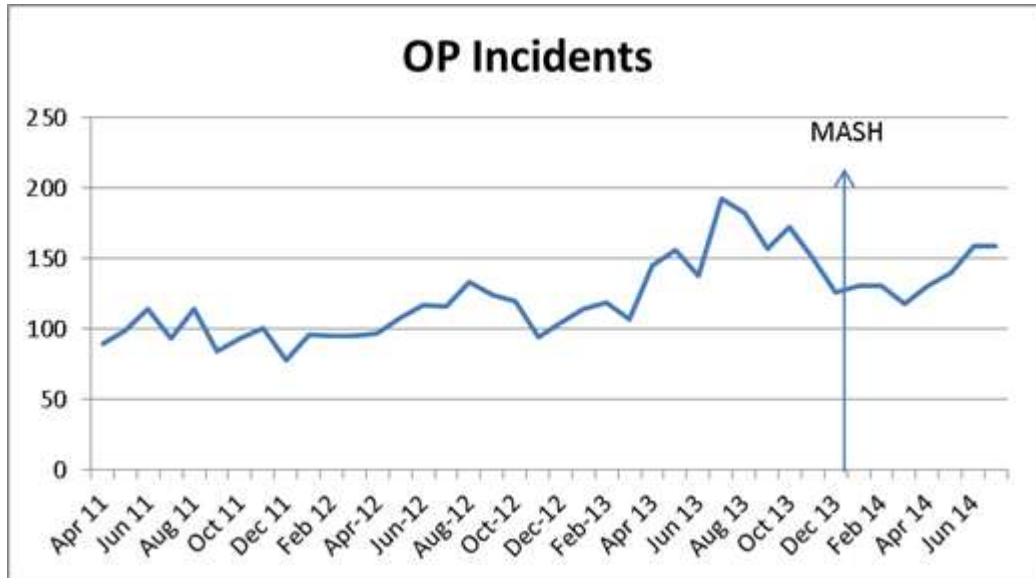
**\*A person can have more than one referral during the year**

8.3.9 Again when activity by client group is benchmarked with our comparators, the proportion of referrals each client group accounts for is very similar to comparator authorities.

8.3.10 All safeguarding referrals are now directed to the MASH where staff review them in relation to action required, multi-agency information sharing and appropriateness. This enables the service to ensure that referrals 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. It is anticipated that this new model of service will reduce duplication and over recording of safeguarding referrals. As seen below, we have seen the referrals plateau within this year, since the introduction of the MASH. The MASH team is having an impact on safeguarding rates, taking the role of screening referrals, signposting or taking appropriate action.

**Figure 4**

This shows that referral rates are reducing this year and that MASH is having an impact.



#### 8.4 Types of Abuse

8.4.1 For each safeguarding referral made one or more abuse type is recorded to reflect the nature of the incident that has occurred. Table 2 breaks down the types of abuse reported over the last three years.

**Table 2 shows types of abuse reported**

	2011/12		2012/13		2013/14	
	No.	%	No.	%	No.	%
Physical	745	34%	783	30%	851	26%
Neglect	728	33%	908	35%	1,278	39%
Financial & Material	351	16%	440	17%	563	17%
Psychological	172	8%	235	9%	327	10%
Sexual	136	6%	138	5%	183	5%
Institutional	69	3%	81	3%	55	2%
Discriminatory	11	<1 %	20	1%	26	1%
Other	0	0%	0	0%	0	0%
<b>Total*</b>	<b>2,212</b>	<b>100%</b>	<b>2,605</b>	<b>100%</b>	<b>3,283</b>	<b>100%</b>

8.4.2 Neglect remains the most frequently reported type of abuse in 2013/14 followed by physical abuse, although the percentage of referrals relating to physical abuse has reduced over the last 3 years.

8.4.3 Whilst neglect is overall the most commonly reported type of abuse there are variations between client groups:

- Learning disabilities - Physical abuse is identified in 41% of referrals, and is the most reported
- Mental Health – Physical abuse is the most frequently recorded abuse type at 30%, but 24% of referrals relate to financial or material abuse and 23% psychological abuse.
- Older person – Neglect is the main reason for referral in 50% of cases.
- Physical disability – Neglect is the most frequently reported at 30%, but financial, physical and financial abuse each represents around 20% of referrals.

8.5 The HSAB consider this information on a quarterly basis and plan services, through the multi-agency partnership to address the issues highlighted. As described in 2013/14, the HSAB has focused on developing an approach to 'mate' crime which affects, in the main, people with a learning disability. This was launched in November 2013 and is aimed at raising awareness in order

that people can recognise the signs and protect themselves. This year there is an extensive work plan which includes the development of financial abuse guidance, addressing issues of modern slavery and strengthening links to Community Safety Partnerships.

## **9. Finance**

- 9.1 Safeguarding is everyone's business and this message is strengthened within the Care Act 2014. Adult safeguarding in Adult Services is core work as it deals with the most vulnerable and is completely embedded in everything that we do. It is therefore impossible to provide a total cost for carrying out safeguarding work within the Department.
- 9.2 However, in order to support teams to ensure this complex work is carried out well within an increasing workload, Adult Services has invested in a central team of highly specialist safeguarding co-ordinators who support the locality social care teams to ensure consistency, support with decision making, audit of front line practice, mentoring for social workers new to safeguarding, specialist advice and management of the most complex cases. The County Council allocated additional funds to contribute to these costs at the point when workload relating to large scale investigations in care homes was becoming unmanageable.
- 9.3 The investment in the central safeguarding team is £570,000. This team consists of experienced, specialist adult safeguarding staff who have an enhanced level of knowledge about adult safeguarding and provide the link to Police personnel in each area. They are based geographically and provide social workers in locality teams with guidance, information, practical support for the very difficult cases, a quality assurance role and enable the teams to absorb the increasing workload by working harder and smarter. The investment into this team, other than additional funding provided by the County Council in 2012, has remained static for a number of years despite the significant increases in volume of safeguarding coming through the service and this has worked well.
- 9.4 In addition, the total cost of the HSAB in 2014/15 is £109,000 with contributions split as follows; Adult Services 63%, Clinical Commissioning Groups (CCGs) 26% and the Police 11%.
- 9.5 The investment required to deliver the safeguarding project is £84,000, spread over two years.

## **10. Other Key Issues**

### **10.1 In House Care Provision**

10.1.1 The quality of in-house older persons and learning disability care homes are monitored through a provider quality dashboard, which is overseen by the Departmental Management Team.

10.1.2 These in-house care homes are registered and inspected by the CQC. Out the 24 registered residential and nursing homes the local authority operates, 20 are currently fully compliant with CQC inspection criteria. Action plans are in place to address the compliance issues at each of the non compliant homes and the Departmental Management Team have an oversight of the delivery of these.

10.1.3 All of the Learning Disability and Physical Disability registered services and the in-house Community Response Team (CRT) are fully compliant.

### **10.2 Deprivation of Liberty Safeguards**

10.2.1 The Local Authority Adult Services department acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DOLS). Care homes and hospitals ('managing authority') must make application to the local authority for an assessment of whether 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, until recently, mainly to people with dementia or learning disability.

10.2.2 For each application, a Section 12 Doctor<sup>4</sup> and a Best Interests Assessor (BIA) will be sent from Adult Services to make an independent assessment and a recommendation will be made to the local authority, which Adult Services senior manager authorisers will scrutinise. Where no family members are available, the department will also commission an Independent Mental Health Advocate in line with the Mental Capacity Act.

10.2.3 Time limits apply in relation to the applications so once the applications are received by Adult Services, the assessments must take place within a legal timeframe set within the Act.

10.2.4 Following a Supreme Court judgement on 19 March 2014, there has been an extension made to these arrangements known as the 'acid test'. This judgement significantly widened the gate in terms of who is eligible for a DOLS – this does not now only affect those in hospitals and care homes but also those who have complex packages of care at home. In the latter case, where a package of care might meet the 'acid test' set by the Supreme

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<sup>4</sup> A Doctor who is approved under the Mental Health Act 1983 to recommend the compulsory admission to hospital of a person with a mental disorder

Court, unless the package can be adjusted in some way, the case should be taken to the Court of Protection for decision.

10.2.5 As a result, Adult Services has seen a significant increase in the number of DOLS applications received. For the whole of 2013/14 the Department received 396 applications; from April to the beginning of July 2014, Adult Services has received over 800 and in common with most other local authorities across the country, are now not able to meet the timescales from application to assessment in all cases as the service prioritise all of the applications received. This issue cannot be resolved locally.

10.2.6 The implications of the judgement are being monitored by the Department of Health and the Association of Directors of Adult Social Care Services (ADASS) is leading a task force which is due to report with recommendations in the Autumn.

## **11. Future Direction**

11.1 The main focus of the work over the coming year will be delivery of the Hampshire Adult Safeguarding Board action plan designed to continue to raise awareness safeguarding and with plans to reduce the risk and experience of adult abuse in Hampshire. In addition action is planned to ensure that all of the safeguarding systems and processes within Hampshire County Council are compliant with the changes in the Care Act 2014 and that these are embedded in front line practice.

## **12. Recommendations**

12.1 That as part of its wider corporate responsibility and commitment to make Hampshire a safe and secure place for residents and visitors, Cabinet welcome and endorse the approach of the County Council to the delivery of adult safeguarding through the Adult Services Department.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	Yes
<b>Maximising well-being:</b>	No
<b>Enhancing our quality of place:</b>	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.)

<u>Document</u>	<u>Location</u>
Hampshire Safeguarding Adults Board Accountability Statement 2012-2014	<a href="http://www.hampshiresab.org.uk/">http://www.hampshiresab.org.uk/</a>
Safeguarding Adults Policy 2013	<a href="http://www.hampshiresab.org.uk/">http://www.hampshiresab.org.uk/</a>

## **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:**

As identified in this report 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. A separate equality impact assessment has already been carried out for when the safeguarding procedure is put into action, this EIA is currently being reviewed.

### **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?

N/A

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

N/A