

HAMPSHIRE COUNTY COUNCIL**Decision Report**

Decision Maker:	Cabinet
Date:	5 October 2015
Title:	Adult Safeguarding
Reference:	6933
Report From:	Director of Adult Services

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1. Executive Summary

- 1.1 The purpose of this progress report to Cabinet is to provide information on the current provision, developments and changes within adult safeguarding in Hampshire, since the last report in 2014.
- 1.2 Formal decisions relating to these developments have or will be made by the Executive Member for Adult Social Care: this report is provided to Cabinet in the interests of good governance and transparency.
- 1.3 This paper seeks to:
- clarify the County Council policy in relation to adult safeguarding
 - set out the role and context for the provision by the County Council of adult safeguarding services, particularly in relation to the Care Act 2014
 - 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 The demographic challenges and financial position of adult social care sets the context in which Adult safeguarding is now operating. There are significant factors that we need to balance in terms of the complexity of people's care and support needs and the work force pressures that we are experiencing across the care sector.
- 2.2 The workforce pressures can directly impact on the quality of care and safeguarding . These are likely to be exacerbated by the changes in immigration status of trained nurses who are able to work in the UK and the impact on the market of the national minimum wage which whilst welcome could lead to a reduction in the number of care home and home care providers.

Legal Framework

- 2.3 Adult safeguarding work covers 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. There are numerous pieces of legislation related to the area of adult safeguarding.
- 2.4 However, the Care Act 2014 draws these responsibilities together and creates a new legal framework for adult safeguarding and in particular, sets out how local authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. The Care Act 2014 now places adult safeguarding on the same statutory footing as child safeguarding.

Scope and definitions

- 2.5 The new 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.
- 2.6 Abuse is a violation of an individual's human and civil rights and includes physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect and acts of omission, discriminatory abuse and domestic abuse.
- 2.7 Emerging types of abuse being seen include 'honour' based violence, human trafficking, modern day slavery, 'mate' crime and grooming into terrorist activities.

Aims of Adult Safeguarding

- 2.8 The aims of adult safeguarding are:
- Stop abuse or neglect wherever possible
 - Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
 - Safeguard adults in a way that supports them to make choices and have control over their lives
 - Promote an approach that concentrates on improving life for the adults concerned
 - Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
 - Provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well being of an adult
 - Address what has caused the abuse or neglect
 - Support the recovery from the abuse or neglect.

Hampshire County Council Adult Safeguarding Policy Statement

- 2.9 The County Council is committed to making Hampshire a safe and secure place for those who are resident in Hampshire, either temporarily or permanently.

Partnership is key to this approach as it is essential that the prevention of abuse is a collective responsibility. However, the County Council has a lead responsibility to work in partnership with individuals and all those who provide services 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. It is also recognised that it is vitally important that child and adult safeguarding work is complimentary and work is collaborative to support families as a whole.

3. The Care Act 2014

- 3.1 The Care Act 2014 came into force in April 2015, will be implemented between 2015 and 2017. This legislation establishes that safeguarding is everybody's business with the Local Authority, Police and NHS as key statutory partner agencies. The current duty of partnership is replaced by a legal duty of co-operation.
- 3.2 The responsibilities of the Local Authority, laid out in clauses 42-45 of the Care Act 2014 are to essentially to lead a multi-agency local adult safeguarding system and ensure co-operation between partner agencies.
- 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 Care Act 2014 as we have been working on the safeguarding arrangements with the Hampshire Safeguarding Adults Board (HSAB) and partners to ensure that we are Care Act 2014 compliant.
- 3.5 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. MASH enables consistent management of safeguarding allegations, an immediate multi-agency response and information sharing at the front door of the organisation.
- 3.6 Hampshire Safeguarding Adults Board (HSAB) agreed to lead the work on behalf of the other 3 Pan Hampshire 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. A revised policy, guidance and toolkit have been issued supported by a suite of Hampshire Adult Services internal guidance and the roll out of a comprehensive training plan.
- 3.7 Prevention is crucial to the vision of the Care Act 2014 and we have refocused our resources recently to ensure prevention and early intervention is given equal priority, alongside our formal safeguarding responses following allegations of abuse or neglect.

4. Hampshire Safeguarding Adults Board (HSAB)

- 4.1 Hampshire has an established Safeguarding Adult Board (HSAB), the membership of which includes multi-agency partners. There is a continuing focus on maintaining effective relationships to deliver improvement.
- 4.2 With an established Independent Chair role supported by a Board Manager, the main focus of the work plan for 14/15 has been on preparation for 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. The HSAB has continued to deliver its responsibilities regarding the strategic development of adult safeguarding across Hampshire. The key achievements of the HSAB in 2014/15 include the following:

- 4.3 Development of the new 4 Local Safeguarding Adults Board (4LSAB) Multi-Agency Safeguarding Policy, Guidance and Toolkit.
- 4.4 Publication of a wide range of 4LSAB practice guidance covering Information Sharing, Prevention and Early Intervention, Managing Self Neglect and Safeguarding in Commissioned Services.
- 4.5 Development of a number of Board Frameworks and Protocols which have now been adopted by the other LSABs thus providing consistency of approach for partner agencies. These include the Learning and Review Framework, Quality Assurance Framework and Communication Protocol.
- 4.6 Development and publication of a Multi-Agency Adult Safeguarding Learning and Development Strategy, informed by the findings of a cross sector learning and development audit undertaken by the Workforce Development Subgroup covering over 30,000 staff.
- 4.7 Introduction of the Designated Adult Safeguarding Manager (DASM) role within HSAB member organisations and creation of the Hampshire wide DASM Network to support and develop good practice.
- 4.8 Briefings and learning events held on the new Statutory Safeguarding Framework across a wide range of sectors including Adult Services, Hampshire Constabulary, Independent Providers, Voluntary Sector Organisations and District and Borough Councils.
- 4.9 Implementation of the Safeguarding Organisational Self Audit process (akin to the children's sector Section 11 audit) to support the development of adult safeguarding arrangements in member organisations.
- 4.10 Review of the HSAB structure resulting in the creation of the Stakeholder Subgroup and Health Subgroup.
- 4.11 Publication of a range of HSAB information leaflets and development of the HSAB Website to promote awareness of abuse.
- 4.12 Contribution to the development of the National Competency Framework for Adult Safeguarding led by Bournemouth University.

5. Local Authority Responsibilities

- 5.1 In general terms, the Local Authority has a responsibility to ensure that safeguarding adults who become vulnerable to abuse is core business across all services, whether these are directly provided or commissioned by the Council. The Council is required to ensure the 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 Local Authority role can be outlined as follows:

5.2 Ensuring there is joint working between the Children's Services Department and the Adult Services Department

- 5.2.1 There is a requirement that departments work together to make continuous improvements in safeguarding in order to support families. There is a strong

commitment to collaborate on many key areas such as domestic abuse as well as an acknowledgement that there are differences in the context and legal framework for child and adult safeguarding.

- 5.2.2 One of the key differences is in respect of mental capacity. Put simply, the law is clear in that a child can never 'consent' to abuse or neglect as adults are responsible for ensuring the safety and welfare of children. With adults, people have the right to make their own decisions and on occasion this means that they make decisions that put them at risk or mean that they remain in abusive relationships. It is therefore essential that due consideration is given to how much a person understands of the risks involved and how much they are supported to make the necessary decisions.

5.3 Prevention and early intervention responses

- 5.3.1 The introduction of the Care Act 2014 means that there is an increased focus on prevention and early intervention. This approach is fundamental as clearly preventing a poor experience is far better than experiencing harm.

Adult Services has a system for ensuring that the quality of the services we commission known as Quality Outcomes and Contract Monitoring (QOCM). The function of QOCM is to make sure that quality issues within residential and nursing homes and domiciliary agencies are known and dealt with before they escalate into safeguarding.

- 5.3.2 Adult Services works closely with the social care regulator, the Care Quality Commission (CQC) and NHS colleagues to manage this process. This focuses support on providers that are beginning to fail thereby ensuring service users continue to receive safe services. This approach will continue to ensure that we have a robust approach to the management of quality in the sector to ensure we have embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach.

We now have an enhanced role in relation to market stability set out in the Care Act 2014, which aims to ensure an affordable supply of good quality care home provision to the people within Hampshire. Policies are being developed to address this new area of responsibility.

5.4 Lead agency responsibility for the management of allegations of abuse

- 5.4.1 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.

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 a key feature of the Government's approach to adult safeguarding to ensure that the views of the person affected are placed at the heart of any safeguarding process.

- 5.4.2 Hampshire Adult Services was part of the first wave of local authorities to pilot 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 everyday practice and is reflected in all of our internal policies and procedures.

5.4.3 There are a number of remedies that may be considered to address allegations of abuse and a wide variety of agencies and organisations will have a key role to play, depending on the circumstances. The response can range from providing advice and information; carrying out a needs assessment; addressing poor quality care; dealing with misconduct of staff; using formal processes provided by the Court of Protection or the Office of the Public Guardian; action by regulators to address non compliance in regulatory standards or providing access to criminal justice processes. The response will depend on the severity of the alleged abuse and it is important that responses are proportionate.

5.4.4 This lead responsibility 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.

In addition, a specialist team provide operational, focused support and expertise to localities. These post holders form part of a wider team who lead on the core functions of safeguarding, quality and governance within the department.

5.5 Provision of services for people who lack mental capacity

Deprivation of Liberty Safeguards (DoLS)

5.5.1 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, until recently, mainly to people with dementia or learning disability.

5.5.2 For each application, a Section 12 Doctor¹ and a Best Interests Assessor (BIA) are co-ordinated by Adult Services to make an independent assessment and a recommendation which is authorised by senior managers. Where no family members are available, the department will also commission an Independent Mental Capacity Advocate in line with the Mental Capacity Act 2005.

5.5.3 A Supreme Court judgement in March 2014 significantly widened the criteria 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 Court, unless the package can be adjusted in some way, the case should be taken to the Court of Protection for decision.

5.5.4 As a result of the judgement, 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 2014 to April 2015 this number increased to 5501. In common with most other local authorities across the country Hampshire County Council is not able to currently meet the timescales from application to assessment in all cases and has an extensive work plan, monitored by DMT to address the current pressures.

¹ 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

5.5.5 In the light of the judgement, the Department of Health has commissioned the Law Commission to review DoLS nationally and a consultation paper was published on 7 July with the goal of replacing DoLS with a straightforward and accessible legal framework which provides appropriate safeguarding for people who lack capacity whose care and treatment is becoming restrictive. This is a welcomed development within Adult Services.

5.6 Client Affairs Service (CAS)

5.6.1 The Client Affairs Service (CAS) has been well established in the department for many years and operates with the key business objective of managing 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. In addition, the CAS also ensures that service users are protected from abuse or exploitation wherever possible and ensures that assets are used in keeping with how the person would wish them to be used, if they were able to contribute to the decision and communicate their agreement.

5.6.2 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.

5.6.3 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.

5.6.4 This is a growing area for the Council as deputyship does attract 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.

5.7 Co-ordination of the strategic agenda

5.7.1 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 safeguarding. This role has been reinforced in the Care Act 2014 building on the previous guidance 'No Secrets 2000' which was the framework under which safeguarding services operated prior to the Care Act 2014.

5.7.2 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.

6 Key Developments

6.1 Management Structure

6.1.1 Since January 2015 there have been some changes to the structure of the leadership and management of safeguarding in Adult Services with the reduction of one management post and the appointment of a new Head of Safeguarding and Governance. This has provided the opportunity to review the way the safeguarding, quality and governance functions are organised and aligned. Our experience is that safeguarding and quality are on a continuum and services will

often move between the two. With the revised arrangements we are now able to place quality, safeguarding and governance under one structure.

6.2 Building awareness of adult safeguarding across Hampshire

- 6.2.1 In line with the corporate strategic objective 'Hampshire safer and more secure for all', a project is underway to raise awareness of adult safeguarding in the wider community known as 'Engaging Hampshire Communities'.
- 6.2.2 The aim of the 15 month project which commenced in January 2015 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 abuse when it is suspected.
- 6.2.3 The project is co-sponsored by the HSAB, supported by the Chief Executive of 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.
- 6.2.4 The products will draw on existing local and national work and will all be available via the HSAB website so there is one co-ordinated point of access.
- 6.2.5 These resources are being 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.

6.3 Prevent

- 6.3.1 The national PREVENT strategy is part of CONTEST, the Government's counter terrorism strategy, aimed at stopping people becoming terrorists. It aims to work with sectors and institutions where there are risks of radicalisation.
- 6.3.2 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'.
- 6.3.3 Hampshire has a PREVENT Board which has recently 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 and Governance for Adult Services, aims 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.

6.4 Designated Safeguarding Adults Manager (DASM)

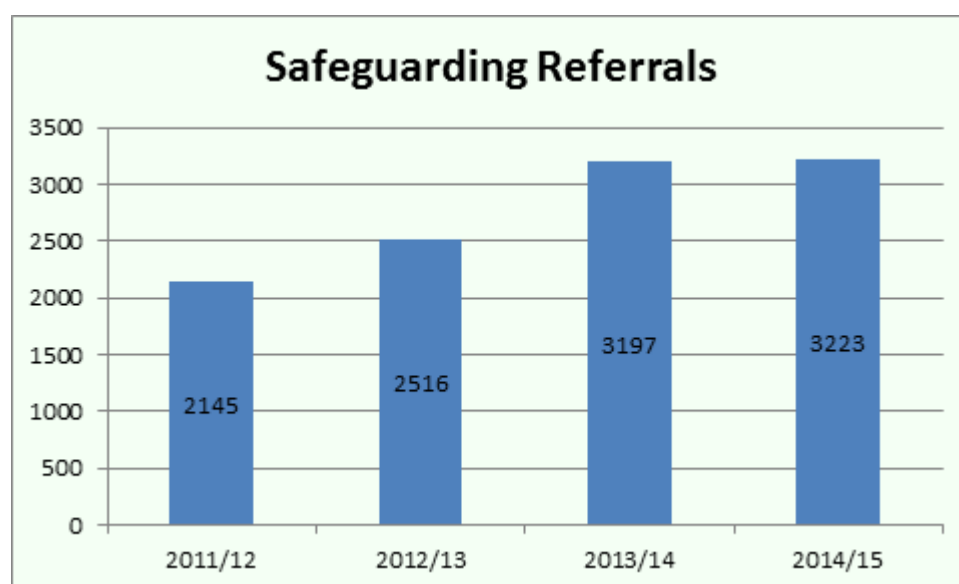
- 6.4.1 The Care Act 2014 has introduced a new role, the Designated Adult Safeguarding Manager (DASM). The specific role and responsibilities of the DASM are to have oversight of the management of allegations made or concerns raised about employees, volunteers or students working in organisations.
- 6.4.2 All statutory partners of the Board and the statutory organisation represented on the Board are required to have a DASM.
- 6.4.3 Within Hampshire County Council the DASM role is undertaken by the Service Manager responsible for the operational safeguarding and governance team.
- 6.4.4 The DASM role should build on internal allegations management processes rather than replacing these and should reflect a proportionate, fair and transparent approach.
- 6.4.5 It should be noted that individual organisations are accountable for responding to allegations regarding their staff and for having appropriate human resources policies in place to manage allegations. It is not the role of the DASM to take responsibility for undertaking all the necessary actions needed.

7. Performance

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. All safeguarding referrals are therefore recorded onto our main client record system (AIS) by the receiving team.

7.1 Referral rates

Figure 1



From 2011/12 to date the number of referrals made to Adult Services have increased year on year (Figure 1).

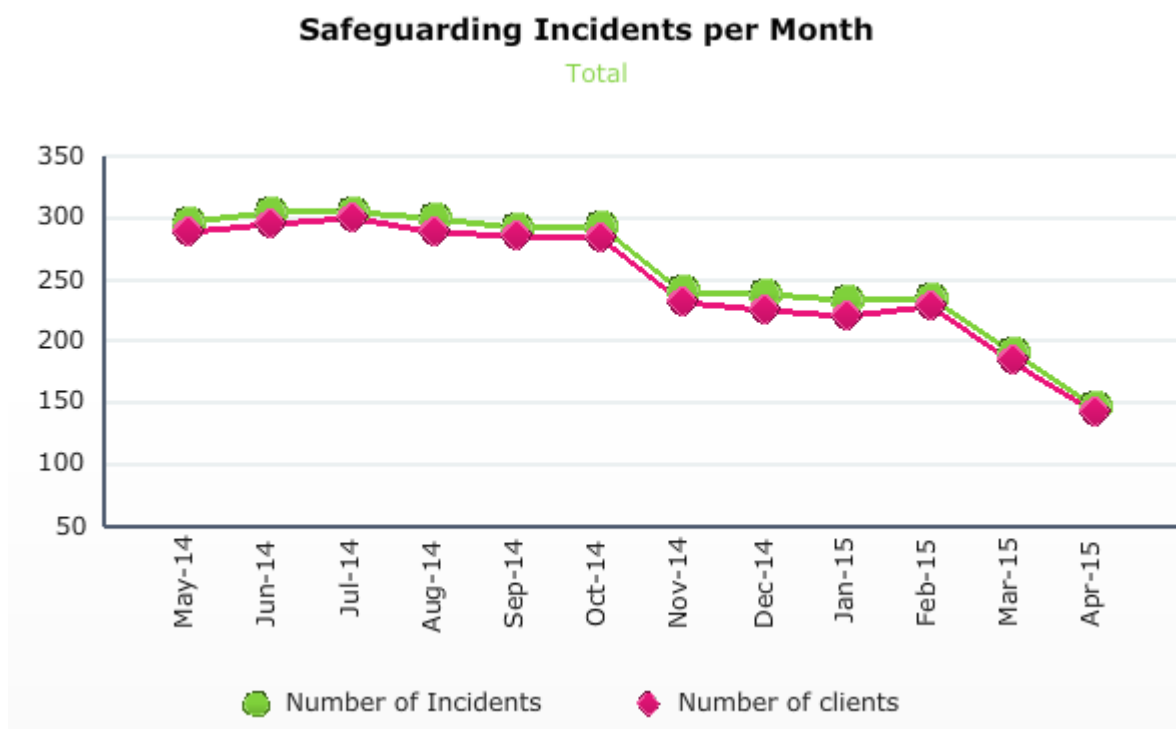
This increase in referral rates is due in part to much stronger engagement and awareness amongst professionals and the public, less tolerance of poor quality care and more high profile reporting in the media of cases of abuse and neglect both nationally and locally.

There are now standard reporting forms across agencies such as Hampshire Fire and Rescue and much clearer referral processes, supported by the role of the MASH and much stronger interface with NHS governance processes.

- 7.1.1 However, it is noticeable that referral rates have dropped significantly, particularly in the last year (Figure 2). There are several explanations for this change.
- 7.1.2 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. There are many scenarios where referrals are made and recorded as safeguarding but relate to quality concerns and are best addressed through other methods such as quality improvement.
- 7.1.3 The Care Act 2014 encourages proportionate responses and the new framework has an information gathering stage built in which allows for professionals to consider the most appropriate course of action and more robust approaches to poor quality care.
- 7.1.4 Safeguarding should not be seen as a substitute for provider's responsibilities to provide safe and high quality care and support, commissioners regularly assuring themselves of the safety and effectiveness of commissioned services, effective clinical and care governance processes, regulators ensuring that regulated providers comply with the expected standards of care and taking enforcement action when necessary and the core duties of the Police and other agencies to prevent and detect crime and protect life and property.
- 7.1.5 The Care Act 2014 also states that agencies should be encouraged to take accountability for concerns within their services. It is not the role of the local authority to take responsibility for actions that should be managed by others. We are seeing a far greater emphasis on ensuring agencies take due responsibility for addressing concerns, rather than a reliance on local authority safeguarding procedures.
- 7.1.6 Although impossible to capture, the role of prevention is thought to be having a positive impact on referral rates. Alongside the work of the HSAB, the emphasis on preventing the prevalence of abuse within Adult Services includes 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 also established 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'. There has been partnership work between the Fire Service and Adult Services on fire deaths and between Adult Services and Trading Standards on financial abuse.
- 7.1.7 The majority of 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. It is believed the MASH team is having an impact on safeguarding rates, taking the role of screening referrals, signposting or taking appropriate action.

Figure 2 – showing decrease, particularly since October 2014 of incidents recorded in AIS.



8 Types of Abuse

8.1.1 For each safeguarding referral made one or more abuse type is recorded to reflect the nature of the incident that has occurred. Table 3 breaks down the types of abuse reported over the last three years.

Table 3 shows types of abuse reported

	2012/13		2013/14		2014/15	
	No.	%	No.	%	No.	%
Physical	783	30%	851	26%	941	28%
Neglect	908	35%	1,278	39%	1223	37%
Financial & Material	440	17%	563	17%	541	16%
Psychological	235	9%	327	10%	319	10%
Sexual	138	5%	183	5%	230	7%
Institutional	81	3%	55	2%	42	1%
Discriminatory	20	1%	26	1%	15	0.5%
Total*	2,605	100%	3,283	100%	3311	100%

- 8.1.2 Neglect remains the most frequently reported type of abuse in 2014/15 followed by physical abuse, although the percentage of referrals relating to physical abuse has reduced over the last 3 years. This remains consistent with 2013/14.
- 8.1.3 The most noticeable change over recent years is the decrease in the volume of institutional abuse reported. As noted in 7.1.2 providers are often on a continuum of safeguarding and quality. We now have a more robust approach to the management of quality concerns in this sector and the introduction of the Care Act 2014 has endorsed this approach. We work closely with the regulator the Care Quality Commission and other commissioners to share information and act on early warning of problems emerging. Our experience is that this is preventing the need for formal safeguarding measures.
- 8.1.4 The Government have now moved away from reporting by client groups to reporting via primary support reason. From 2014/15 the numbers now relate to people rather than referrals.

Table 4 shows the number of individuals referred by primary support reason for 2014/15:

Physical Support	1041
Sensory Support	48
Support with Memory and Cognition	264
Learning Disability Support	398
Mental Health Support	441
Social Support	63
No Support Reason	555

9. Finance

- 9.1.1 Adult safeguarding in Adult Services 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 safeguarding work within the Department.

9.1.2 However, the investment in the central specialist teams referred to in this report for 2015/16 are as follows:

Team	Allocated Budget
Safeguarding and Governance Team	£1,054,000
Client Affairs Team	£136,000
DoLS Team	£1,061,000
Multi Agency Safeguarding Hub	£253,000
HSAB	£126,384
Engaging Hampshire Communities Project	£84,000
Total	£2,714,384

9.1.3 The Client Affairs team is income generating and does not spend its budget routinely as the income has offset the budget in recent years.

9.1.4 The DoLS team budget includes a £509k Department of Health Grant allocated to address the capacity issues since the March 2014 Supreme Court judgement.

9.1.5 The HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups (CCGs) 26% and the Police 11%.

9.1.6 The investment required to deliver the safeguarding project is spread over the duration of the project.

10. Other Key Issues

10.1 In House Care Provision

10.1.1 Following CQC inspections of provider services action plans are in place to address non compliance at five of our in house homes. 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 Out of the 24 registered residential and nursing homes the local authority operates the level of compliance is 87%, against a national average of compliance of 80%.

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 Peer Review

10.2.1 In March 2015 a Peer Review was undertaken by a team of safeguarding specialists from Surrey County Council. Peer reviews in local government offer a

supportive approach to identify strengths and opportunities for development across both operational and strategic priorities.

- 10.2.2 The focus of the review was an evaluation of safeguarding in our learning disability services, chosen not because of any particular local concerns about delivery but due to national high profile concerns for this particularly vulnerable group.
- 10.2.3 The review findings were extremely positive with many areas of good practice noted. An action plan has been developed to address the opportunities identified and this will be monitored by the Adult Services Care Governance Board.

11. Future Direction

- 11.1 The main focus of the work over the coming year will be embedding the Care Act 2014; delivery of the HSAB Accountability Statement and development of a Hampshire Quality Strategy. The plan is to develop a strategy across NHS and Social Care Commissioners to ensure a consistent approach to the management of quality in the residential, nursing and domiciliary care sector.
- 11.2 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.

12. Recommendations

Cabinet are asked to note:

- 12.1 The Peer Review concluded that Hampshire County Council Adult Services is in a good position with regards adult safeguarding. Partnerships are strong and responses effective to meet the needs of service users both now and into the future.
- 12.2 That Adult Services continues to work closely with CQC, service users and their relatives to ensure any issues identified are rectified.
- 12.3 That Adult Services will continue to maintain investment in this core area of business to ensure delivery of its statutory responsibilities.

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.)

<u>Document</u>	<u>Location</u>
Hampshire Safeguarding Adults Board Accountability Statement	http://www.hampshiresab.org.uk/
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