

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

<b>Decision Maker:</b>	Cabinet
<b>Date of Decision:</b>	21 March 2016
<b>Decision Title:</b>	Adult Safeguarding
<b>Decision Reference:</b>	7411
<b>Report From:</b>	Interim Director of Adult Services

**Contact name:** Jo Lappin (Head of Safeguarding and Governance)

**Tel:** 01962 847961      **Email:** [Jo.lappin@hants.gov.uk](mailto:Jo.lappin@hants.gov.uk)

## 1. Executive summary

1.1. The purpose of this progress report is to provide Cabinet with information on the current provision, developments and changes within adult safeguarding in Hampshire.

1.2. This paper seeks to:

- update on the County Council policy in relation to adult safeguarding, which is a parallel process in many ways with Children's safeguarding
- highlight key activity in relation to adult safeguarding including developments
- outline any current pressures and risks in the area of adult safeguarding.

There have been a number of positive developments in adult safeguarding in recent months. These include:

- The successful appointment of a new Independent Chair for Adult Safeguarding.
- Agreement and implementation across the four local Safeguarding Adults Board areas of new, Care Act 2014 compliant policies and procedures, adopted by all wider Hampshire partner agencies.
- Engaging Hampshire Communities Project which is nearing completion. This project has enabled a wide range of materials and resources to be developed to increase awareness of adult safeguarding in the wider community beyond professional groups.
- Significant progress within the overall CONTEST anti-radicalisation and counter-terrorism strategy, specifically through the Prevent agenda leading to the establishment of the Hampshire Prevent Board.
- Key links have been developed with NHS colleagues to agree a co-ordinated approach to quality management in the care sector to prevent issues escalating into safeguarding.

## **2. Contextual information**

### **2.1. Legal framework**

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 several pieces of legislation and associated work streams related to the area of adult safeguarding.

- 2.2. The Care Act 2014 draws these responsibilities together and creates a new legal framework for adult safeguarding; in particular, setting out how local authorities, Police and NHS 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 across the statutory partnership.
- 2.3. 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.
- 2.4. Adult safeguarding is a statutory responsibility which cannot be delegated.
- 2.5. 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.
- 2.6. Hampshire Safeguarding Adults Board (HSAB) agreed to lead the policy development work required for the Care Act 2014 on behalf of the other 3 wider Hampshire local authorities, the two unitary authorities 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.
- 2.7. It is important to note that the new statutory duty brought about by the Care Act 2014 in adult safeguarding means that maintaining existing separate board structures and governance between Adult Services and Children's Services safeguarding duties continues. This does not hinder the development of good, high quality operational responses, such as the Multi-Agency Safeguarding Hub (MASH), but it does provide appropriate oversight and governance for critical areas of activity. Additionally, whilst continued co-operation and development with local authority neighbours into the operation of the adult safeguarding board's is important it is, for the time being, vital that we maintain the Hampshire Adult Safeguarding Board as a functioning structure, again to ensure appropriate governance for duties which cannot be delegated.
- 2.8. Prevention is crucial to the vision of the Care Act 2014 and we are refocusing our resources to ensure prevention and early intervention is given equal priority, alongside our formal safeguarding responses following allegations of abuse or neglect.

### **3. Scope and definitions**

- 3.1. 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.
- 3.2. Emerging types of abuse being seen 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 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. A new Independent Chair of the HSAB, Carol Bode, was appointed last year and has commenced in post since January of this year.
- 4.2. The key achievements of the HSAB of late include the following:
- Development of the new 4 Local Safeguarding Adults Board (4LSAB) Multi-Agency Safeguarding Policy, Guidance and Toolkit.
  - Publication of a wide range of 4LSAB practice guidance covering Information Sharing, Prevention and Early Intervention, Managing Self Neglect and Safeguarding in Commissioned Services.
  - 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.
  - 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.
  - 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. The revised statutory guidance, due imminently will mean that the DASM role will no longer be statutory.
  - 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.

- 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.
- Review of the HSAB structure resulting in the creation of the Stakeholder Subgroup and Health Subgroup.
- Publication of a range of HSAB information leaflets and development of the HSAB Website to promote awareness of abuse.

## **5. Local Authority responsibilities**

5.1. In general terms, the Local Authority has a responsibility to ensure that it safeguards adults who become vulnerable to abuse. This 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 sector-wide 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 also be outlined as follows:

### **5.2. Co-ordination of the strategic agenda**

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.

5.3. 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 Interim Director of Adult Services. This is a parallel situation to that of Children's Services and also results in regular meetings between the Chief Executive and HSAB Independent Chair. The Head of Safeguarding and Governance in Adult Services is responsible for the line management of the HSAB Manager.

### **5.4. Lead agency responsibility for the management of allegations of abuse – Section 42 Duty**

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 and has resulted in a change in practice.

5.5. 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 to adult safeguarding to ensure that the views of the person affected are placed at the heart of any safeguarding process.

5.6. 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 will depend on the severity of the alleged abuse and it is important that responses are proportionate.

- 5.7. 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.
- 5.8. MASH is a pressured part of the service with a high volume of reports and alerts received. Audit work has identified that work is required with partner agencies to ensure that the role of MASH is understood and that resources are targeted effectively.
- 5.9. In addition to MASH, a specialist team provide operational, focused support and safeguarding 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.

**5.10. Prevention and early intervention responses**

The introduction of the Care Act 2014 means that there is an increased focus on prevention and early intervention. Adult Services has a system for ensuring that the quality of the services we commission known as Quality Outcomes and Contract Monitoring (QOCM), the purpose of which is to ensure that quality issues within residential and nursing homes and domiciliary agencies are known and dealt with before they escalate into safeguarding.

- 5.11. Adult Services also works closely 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 embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach.
- 5.12. Adult Services also now has 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 regarding market oversight and market failure are being developed to address this new area of responsibility.
- 5.13. Ensuring there is effective partnership working.
- 5.14. 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.

**5.15. Provision of services for people who lack mental capacity**

Deprivation of Liberty Safeguards (DoLS)

- 5.16. 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.

- 5.17. 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.
- 5.18. 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 and from April 2015 to Jan 2016 is 4650. Hampshire County Council 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.
- 5.19. 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 be legislative change until 2022.
- 5.20. There is an anticipated overspend in the DoLS service by approx. £500k for this financial year. The budget was increased this year by a one off payment of £500k given to HCC by the Department of Health to help with the funding deficits. This money will not be available in 2016-17. Therefore the budget for 2016-17 is under extreme pressure and plans to accommodate predicted workload demands as a result of the Supreme Court ruling are being identified within the whole Adult Services establishment. Pressures around DoLS are identified to be in excess of £1,000,000. We are currently seeking to mitigate some of this cost pressure through identifying different ways of working with NHS colleagues to comply with the required elements within the DoLS process.
- 5.21. The DoLS service is currently part way through a training programme, funded by the CCGs to provide MCA and DoLS training in primary care. The programme is a good example of integrated working and 600 primary care staff have now been trained.

#### **5.22. Client Affairs Service (CAS)**

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.

- 5.23. 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.

- 5.24. 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.
- 5.25. 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. This service is a developing 'sold' service and further options and opportunities are being developed for this service.

## **6. Key developments**

### **6.1. 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'.

- 6.2. The aim of the 15 month project 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.
- 6.3. The project is co-sponsored by the HSAB and HCC 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.
- 6.4. 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.

### **6.5. PREVENT**

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.

- 6.6. 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'.

- 6.7. Hampshire has a 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 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.
- 6.8. The Board has agreed a PREVENT Strategy and Action Plan which is monitored by the Board.
- 6.9. Channel Panels were first piloted in 2007 and rolled out across England in April 2012. 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 the agreed processes used in the event of individual concerns
- 6.10. Locally, Channel Panels are led by an Adult Services Manager in addition to her usual workload with the support of Children's Services colleagues. The volume of referrals is increasing and is being closely monitored. This growth in activity and the nature of the role will be reviewed as it has a number of risks / concerns associated with it.
- 6.11. 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.
- 6.12. **Designated Safeguarding Adults Manager (DASM)**

The Care Act 2014 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.
- 6.13. All statutory partners of the Board and the statutory organisation represented on the Board are currently required to have a DASM.
- 6.14. The DASM role should build on internal allegations management processes rather than replacing these and should reflect a proportionate, fair and transparent approach.

However, the revised statutory guidance will no longer require a DASM. Locally, it has been agreed that the DASM network already established will remain and that individual organisations are accountable for responding to allegations regarding

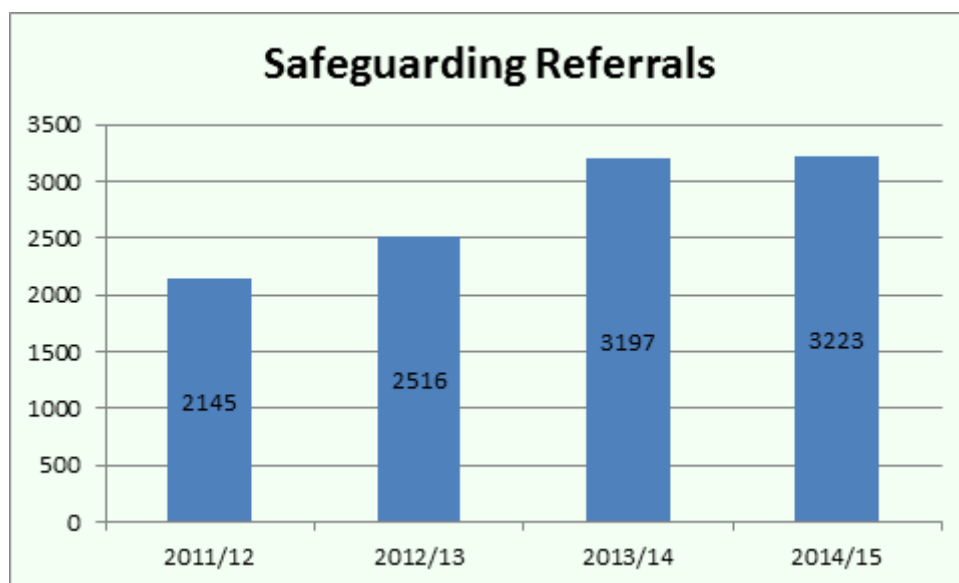
their staff and for having appropriate human resources policies in place to manage allegations.

## 7. Performance

7.1. 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. All safeguarding referrals are therefore recorded onto our main client record system (AIS) by the receiving team. An overview of annual referral numbers is shown in Figure 1.

### 7.2. Referral rates

**Figure 1 – Number of safeguarding referrals**



7.3. Since 2011/12 the number of referrals made to Adult Services have increased year on year before levelling off in 2014/15.

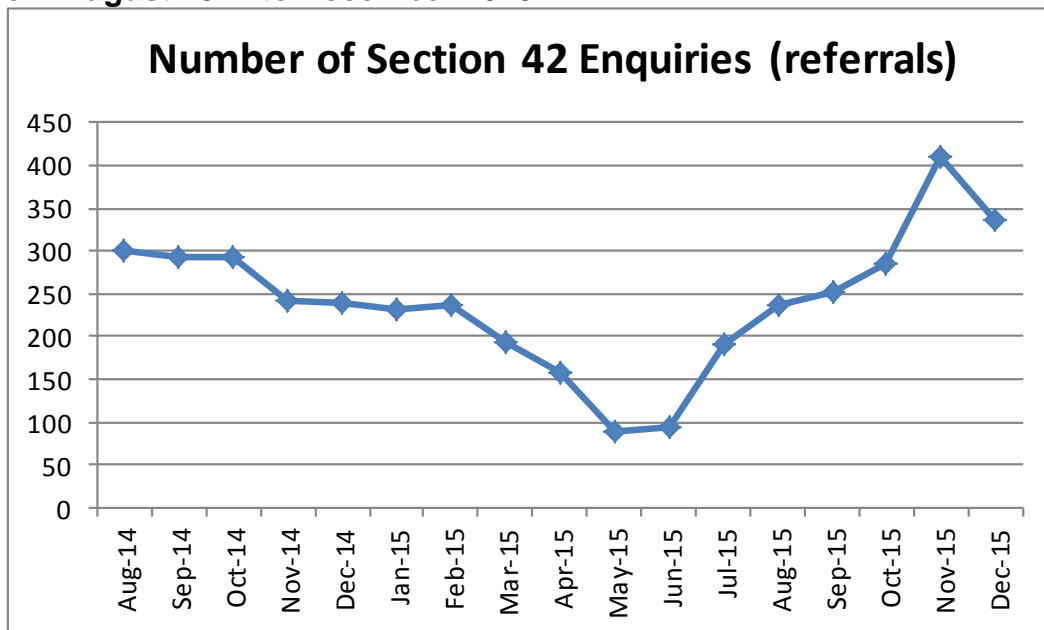
7.4. This increase in referral rates is due in part to much stronger engagement and awareness amongst professionals and the public, less tolerance of poor quality care and more high profile reporting in the media of cases of abuse and neglect both nationally and locally.

7.5. 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.

7.6. However, monthly monitoring of activity does show that referral rates so far for 2015/16 are lower than in previous years (see Figure 2, below), although activity has increased significantly during quarter 3 following the reduction at the start of the year.

- 7.7. 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 were recorded as safeguarding but relate to quality concerns, best addressed through other methods such as quality improvement.
- 7.8. 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.
- 7.9. 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.
- 7.10. 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.
- 7.11. 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.
- 7.12. 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 – Number of Section 42 ‘enquiries into allegations of abuse’ referrals from August 2014 to December 2015**



**7.13. Types of Abuse**

7.14. Each safeguarding referral made can have one or more abuse types recorded to reflect the nature of the incident that has occurred. Figure 3 breaks down the types of abuse reported over the last three years.

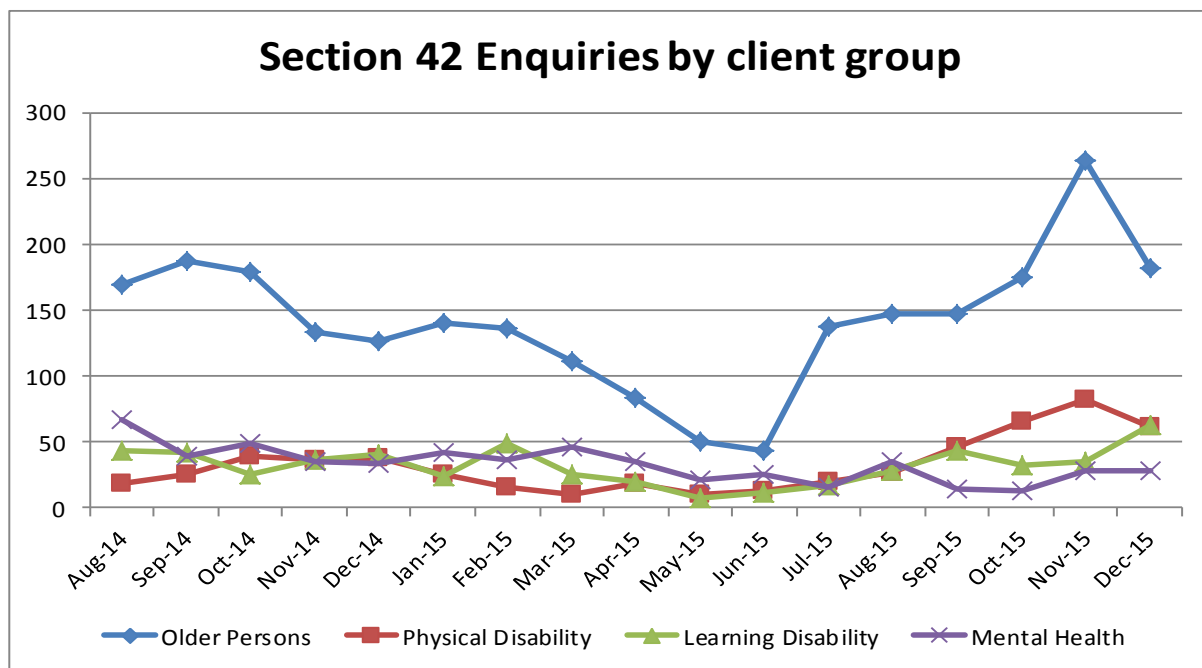
7.15. Neglect remains the most frequently reported type of abuse in 2015/16 followed by physical abuse, although the percentage of referrals relating to physical abuse have reduced slightly whilst neglect has increased.

7.16. When safeguarding referrals are broken down by client category it shows that older people, clients aged 65 and over, account for the highest proportion of referrals; which is inline with our overall client category profile, see Figure 4.

Figure 3 – shows types of abuse reported

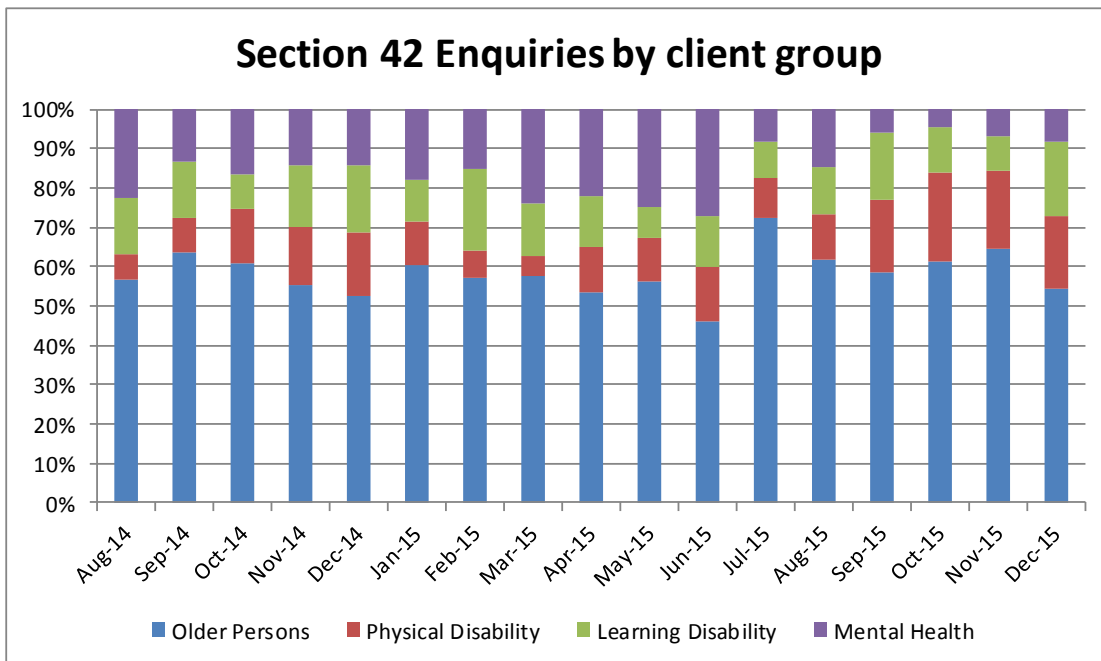
	2013/14		2014/15		2015/16 (Q1-Q3)	
	No.	%	No.	%	No.	%
Physical	851	26%	941	28%	487	24%
Neglect	1,278	39%	1223	37%	871	43%
Financial & Material	563	17%	541	16%	335	17%
Psychological	327	10%	319	10%	164	8%
Sexual	183	5%	230	7%	129	6%
Institutional	55	2%	42	1%	19	1%
Discriminatory	26	1%	15	0.5%	8	0%
<b>Total*</b>	<b>3,283</b>	<b>100%</b>	<b>3311</b>	<b>100%</b>	<b>2013</b>	<b>100%</b>

Figure 4 – Number of enquiries by client type



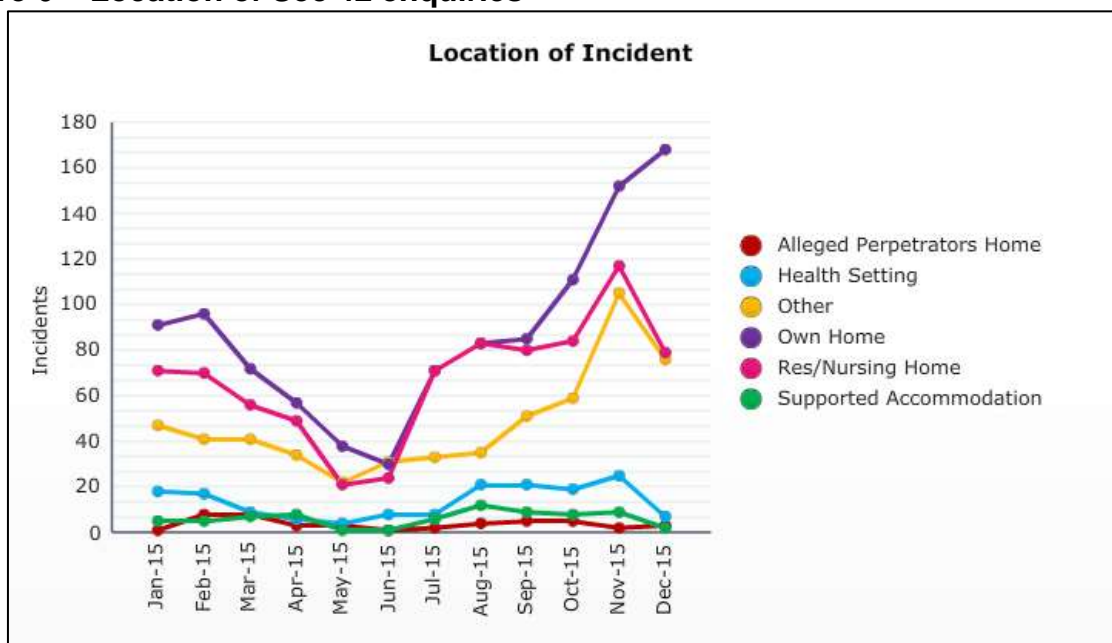
7.17. When referrals are presented as a percentage of the monthly total it shows more clearly how the increase over the last six months has occurred across all client groups, see Figure 5. Older People’s services has continued to account for around 50-60% of the activity, whilst the proportion of safeguarding involving PD clients under 65 has increased, up from 12% of the total activity in Q1-2 to representing 20% in Q3.

**Figure 5 – Percentage of referrals by client type**



7.18. When enquiries are analysed by the location of where the safeguarding is reported as occurring it shows that enquiries relating to incidents happening within residential or nursing settings have reduced whilst incidents within the persons own home have increased. (See Figure 6).

**Figure 6 – Location of Sec 42 enquiries**



## **8. Finance**

- 8.1. 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.
- 8.2. The HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups (CCGs) 26% and the Police 11%.
- 8.3. The investment required to deliver the safeguarding project was spread over the duration of the project.
- 8.4. The new Prevent duties attract a 10k one off payment for local authorities for this financial year. These funds have been allocated against Board Manager support and the development of a website and material.
- 8.5. Discussions are taking place with the Community Safety Partnerships with a proposal to pool the funds.

## **9. Other key issues**

### **9.1. Mazars review**

In December 2015, NHS England published an 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, undertaken by Mazars.

- 9.2. The report is critical of the Trust and has highlighted a number of issues in respect of internal governance processes.
- 9.3. The findings of the report are far reaching and a number of stakeholders have responsibilities in respect of the report findings. These include SHFT, Clinical Commissioning Groups (responsible for commissioning the Trust's services).
- 9.4. NHS England (the body with responsibility for oversight of the CCGs), Monitor (the Regulator of NHS Foundation Trusts), Care Quality Commission (the regulator of health and social care), Local Authorities in respect of their safeguarding duties and Local Safeguarding Boards in respect of their assurance and oversight role.
- 9.5. Due to the fact that SHFT provides services across a wide geographical area, HSAB has held a regional event as recognition that the report raises system wide issues and that improvements are necessary in respect of the investigation and review of the unexpected deaths of vulnerable adults.
- 9.6. Adult Services have reviewed the content of the report in detail.
- 9.7 The following action has taken place or is in progress:

- i. Whilst the report in the main does not focus on the quality of care provided and relates to matters of organisational governance there are references to case examples where the Council would have expected to have received a safeguarding alert/referral. These include references to concerns about practice and the circumstances of the deaths. As these cases are not identifiable, the Council has written to NHS England to request this information so that checks can be undertaken to review whether an appropriate safeguarding response has happened.  
NHS England has not been able to provide this information.  
A meeting has subsequently taken place with SHFT who have agreed to facilitate contact between the Council and Mazars in order to try to elicit the information.  
The Council is very keen to ensure their legal safeguarding obligations are met but thus far have not received identifiable information in order to make progress.
- ii. 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 have also expressed a wish to be involved in the mortality review work which is being developed by Bristol University (replacing National Confidential Inquiry).
- iii. 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 will be reviewed by the Care Governance Board.
- iv. All service users in receipt of services from TQtwentyone have been identified and where they have not had recent reviews these have been highlighted.
- v. The Care Governance Board has 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.

### 9.7. In house care provision

In April 2015 CQC made changes to their inspection criteria and now inspections are targeted across five domains:

- Is the service safe?
- Is the service caring?
- Is the service effective?
- Is the service well led?
- Is the services responsive?

- 9.8. Services are given an overall rating of outstanding, good, requires improvement or inadequate. These judgements are limited by ratings achieved in the majority of the five domains and the sub-sections therein.

- 9.9. The quality of all the in house older persons and learning disability care homes are monitored through a provider services quality dashboard, which is overseen by DMT.
- 9.10. Quality Improvement plans are in place to address any areas of non compliance in units rated as requiring improvement and these are managed by the in house senior management team.
- 9.11. Currently of the 22 registered services only 2 are rated as good with 15 still to be inspected under this new regime.

## **10. Future Direction**

- 10.1. The main focus of the work over the coming year will be continuing to embed the Care Act 2014; delivery of the HSAB Business Plan, raising public awareness 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.
- 10.2. 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. Linked to this, enforcement guidance is being developed for staff to ensure that the Adult Services response to poor quality is co-ordinated with CQC's response.

## **11. Conclusion**

- 11.1. In conclusion, 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.
- 11.2. Adult Services continues to work closely with CQC, service users and their relatives to ensure any issues identified are rectified.
- 11.3. Adult Services will continue to maintain investment in this core area of business to ensure delivery of its statutory responsibilities.
- 11.4. Adult Services will continue to provide regular updates and, where necessary, ensure that any emerging issues are brought to the attention of Cabinet and CMT.
- 11.5. Challenges within and across the wider care sector continue, with domiciliary and care home capacity under significant pressure. Adult Services through its safeguarding duties will continue to act pro-actively to support positive outcomes for people requiring support and in so doing diligently support providers of care to deliver acceptable standards and capacity of care. These challenges will continue for the foreseeable future.

## **12. Recommendations**

12.1. That Cabinet note the contents of this report.

12.2. That regular (six monthly) update reports are provided to Cabinet.

**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	<a href="http://www.hampshiresab.org.uk/">http://www.hampshiresab.org.uk/</a>
Safeguarding Adults Policy, Guidance and Toolkit 2015	<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:**

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