

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	5 November 2018
Title:	Adult Safeguarding
Report From:	Director of Adults' Health & Care

Contact name: Jo Lappin, Interim Assistant Director, Older People & Physical Disability

Tel: 01962 847971

Email: Jo.lappin@hants.gov.uk

1. Recommendations

- 1.1 That Cabinet receives this annual update report and notes the activity and progress within the area of adult safeguarding.
- 1.2 That Cabinet note the developments and risks in relation to the remit of our local authority statutory duty to safeguard and keep vulnerable adults safe.
- 1.3 That Cabinet note the contribution of the Hampshire Safeguarding Adults Board in leading the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
- 1.4 That Cabinet receive a further update on adult safeguarding in 12 months time.

2. Executive summary

- 2.1. Adult safeguarding is a core duty of every local authority and the term is used to describe a broad range of activities and responsibilities undertaken to protect adults who may be vulnerable to a range of behaviours which could directly impact upon their wellbeing. This report provides an overview of developments and actions undertaken by Adults' Health and Care, the County Council and a range of partners in protecting the wellbeing of vulnerable adults in Hampshire.
- 2.2. Notable issues include the lead role the Hampshire Safeguarding Adults Board (HSAB) continues to take in leading the Inter Authority work across the wider Hampshire and Isle of Wight area. Work undertaken includes the development of responses to increasing awareness and the responses to adults who may be at risk of radicalisation and the positive work undertaken to support people with limited or no capacity to manage key decisions relating to their finances and property. Particular risks have previously been identified to Cabinet with regard to this latter area (Deprivation of Liberty Safeguards (DoLS)), and key issues are highlighted in more detail in this report. There are numerous positive elements of the adult safeguarding function that are identified including Hampshire County Council's work with partners, such as the continued

development of the Multi-Agency Safeguarding Hub (MASH), responses to emerging forms of abuse and increased activity through traded opportunities in the Client Affairs Service (CAS).

2.3. This report provides Cabinet with a detailed insight into the activities undertaken to keep vulnerable adults across Hampshire safe and to identify priorities over the coming year.

3. Context

3.1. The statutory responsibilities for local authorities, Police and the NHS brought about by the Care Act 2014 has brought a change of emphasis and an enhanced focus on wellbeing, prevention and early intervention. The obligations now cover a wide range of activities and actions taken by a large number of individuals and organisations responsible for preventing, detecting, reporting and responding to the abuse of adults at risk. In a sense, the Care Act 2014 has therefore broadened the scope of adult safeguarding to include all activity designed to prevent harm from occurring, alongside our responsive duties following allegations of abuse or neglect.

3.2 For Adults' Health and Care much of the activity has focused on continuing to implement changes brought about by the Care Act 2014 and maintaining high levels of operational performance in this area. This has included refocusing internal resources to address our PREVENT duties and responsibilities.

4. Hampshire Safeguarding Adults Board (HSAB)

4.1 The Hampshire Safeguarding Adults Board is a well established strategic Board whose membership includes all multi-agency partners. A new Independent Chair, Robert Templeton, took up post in January 2018. Mr Templeton is active in both local and national adult services / adult safeguarding networks. This is having a positive and beneficial impact by ensuring local arrangements across the wider Hampshire and Isle of Wight geography are wholly consistent with one another and that the Board is ensuring best practice against the national benchmark.

4.2 The policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight. The Hampshire Safeguarding Adults Board continues to lead the policy development work on behalf of the other 3 Pan Hampshire local authorities. The policy, guidance and toolkit are ratified by the 4 Boards and this enables partner organisations such as the Police, Hampshire Fire and Rescue Service and NHS Trusts who work across local authority areas to benefit from a consistent approach. It is recognised that for some organisations the obligation to a high number of separate safeguarding boards and sub groups is challenging and may not be sustainable.

4.3 A key focus for the HSAB has therefore, been to identify opportunities for increased joint working and coordination across Hampshire's wider strategic partnership. The Board has therefore, undertaken joint work with neighbouring local safeguarding adult boards to introduce two new Pan Hampshire work groups addressing areas of common interest. This approach has enabled HSAB

not only reduce duplication but has also led to greater effectiveness and impact in a number of important areas including:

- Availability of consistent multi-agency policy and guidance.
- Sharing of expertise and best practice.
- Improved delivery of training and development.
- Wider application of learning from serious cases.
- Better use of time and resources for respective Boards and their partners.

- 4.4 HSAB has also been working in collaboration with the Hampshire Children's Safeguarding Board to promote the 'Think Family' theme across respective Board activities. This has resulted in the development of a Whole Family Protocol outlining a set of principles including a commitment to joint training, awareness raising within respective workforces, development of joint policies and guidance, awareness of the Mental Capacity Act 2015 and shared Learning into Practice activities. It is anticipated that this protocol will be formally launched at the joint 'Think Family' conference being held in January 2019.
- 4.5 Under the Care Act 2014, local safeguarding adults boards have a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies and the Board knows or suspects the death was as a result of abuse or neglect and there is concern about how the HSAB, its members or organisations worked together to safeguard the adult. The purpose of the SAR is to establish whether there are any lessons to be learnt from the circumstances of a particular case and the way in which local professionals and agencies worked together to safeguard the adult at risk. The SAR brings together and analyses findings from investigations carried out by individual agencies involved in the case, in order to make recommendations for improving future practice where this is necessary.
- 4.6 In December 2016, HSAB commissioned a SAR to review the circumstances of Mr C's case to draw out specific learning relating to his support, care and treatment. As part of the SAR process, a multi-agency reflective workshop was held with the practitioners and operational managers involved in Mr C's care and support. This event focussed on Mr C's journey through the system and enabled reflection and shared learning in order to identify opportunities for improved working within and between agencies in the future.
- 4.7 Mr C was the third case since 2012 which involved the death of an adult with a learning disability highlighting concerns about the way deteriorating physical health needs of people with complex needs and behaviours are managed (Mr A 2012 and Ms B 2015). HSAB commissioned an independent thematic review and analysis of the issues and root causes across the three cases. The Thematic Review identified that there has been considerable improvement since the first of the three SARs and therefore there should be recognition of this.
- 4.8 The review highlighted however, that more still needs to be done to improve the experiences of those people with a learning disability who require admission to an acute hospital for diagnosis, care and/or treatment. People with learning disability often have a range of family, carers and health and social care professionals involved in their care. This makes coordination of that care when there is a change, especially complex for people for whom change can be

particularly difficult. HSAB has developed a multi-agency action plan to respond to the following common issues identified across all three cases which it will be progressing with partners over the coming year:

- Understanding and application of the Mental Capacity Act.
- Access to advocacy.
- Management of transitions in placements and to and from acute hospital care.
- Involving family in treatment decisions.
- Availability and access to the Learning Disability Liaison Nursing Service.
- Use of the Hospital passport.
- Effective hospital discharge planning.
- Continued use of the Care Programme Approach during hospital admission.
- Escalation and challenge

4.9 HSAB has produced its annual report for 2017/18 outlining the progress achieved against the priorities published in its strategic plan. These priorities focus on the themes of awareness and engagement; prevention and early intervention; workforce development; quality assurance; learning and review and service user involvement including Making Safeguarding Personal. The annual report highlights the key themes the Board will be focusing on over the coming year under the strategic priorities described above as well as a continued focus on joint working and coordination. The report was ratified at the September Board meeting.

5 PREVENT

- 5.1 The Counter Terrorism and Security Act 2015 created 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 responsibility for PREVENT lay with the police, however, local authorities now have the lead as PREVENT interventions are focused in the 'pre criminal space'.
- 5.2 Hampshire has an established PREVENT Partnership Board whose role is to provide a consistent and co-ordinated response. This is achieved through oversight of PREVENT activities across the area and ensuring PREVENT is addressed, as appropriate, in strategic plans and strategies.
- 5.3 The Hampshire PREVENT Partnership Board brings together agencies who provide services across Hampshire to share guidance, strategic work and improve co-ordination, however, in terms of governance the three neighbouring local authorities have their own delivery arrangements.
- 5.4 The Board has agreed a PREVENT Strategy and Action Plan which is monitored by the Board. The Board has launched a website providing access to a wide range of national and local multi-agency guidance.

- 5.5 Following the Home Office led peer review of the County Council's arrangements for PREVENT which took place in July 2017 a number of key developments have been implemented. These include the introduction of the County Strategy Group (CSG) and the creation of the Community Engagement Forum for Hampshire (CEFH).
- 5.6 Established under the Crime and Disorder Act 1998, the purpose of the CSG group is to provide strategic leadership and strategic direction for a range of community safety themes. The CSG is responsible for undertaking a strategic assessment of community Safety for the Hampshire County Council area and for the development of a County Agreement which sets out how partnership activity will be co-ordinated to address the priorities in the assessment, including effective working at the county and local levels. The focus of the CSG is on gaining assurance that the necessary work to address the priorities in the County Agreement is being coordinated effectively. Whilst there is no statutory accountability for performance to the CSG, the importance of evaluating the effectiveness of the co-ordination arrangements in addressing priorities and in agreeing any areas for development is reflected in the terms of reference. The work of the CSG will be included in the Council's wider scrutiny and governance arrangements reporting to relevant council committees as appropriate.
- 5.7 Since September 2017 work has been undertaken, using the principles of co-production, to establish a standing Community Engagement Forum for Hampshire (CEFH) emerging originally from the positive engagement of communities of interest in the PREVENT agenda positively recognised by a peer review of PREVENT carried out in 2016 with recommendations for further sustained development. In order to ensure the Forum is developed on firm foundations, a small advisory steering group has been established involving individuals from a range of communities of interest and the County Council. The steering group participants include representatives from the key 'protected characteristic' communities defined by the Equality Act 2010 as well as representatives from key partner organisations. A Community Engagement Plan has been produced by the steering group. A launch of the wider community engagement forum will be taking place in due course.
- 5.8 The PREVENT arrangements across Hampshire are chaired by a senior manager with a range of specialist and operational service delivery knowledge within Adults' Health and Care. Furthermore, Adults' Health and Care has also created a dedicated service manager role within the department to address the increasing volume and complexity of PREVENT related referrals into the County Council. This role will also focus on improving and co-ordinating Hampshire County Council's duties under the PREVENT agenda as a whole.

6. Activity

- 6.1 Over the last few years Adults' Health and Care have continued to make improvements to the capture and reporting of safeguarding information. As a result of these changes it is not possible to directly compare activity between years.
- 6.2 The vast majority of safeguarding concerns are now directed to the Adult Multi-Agency Safeguarding Hub (MASH) where staff review them in relation to the

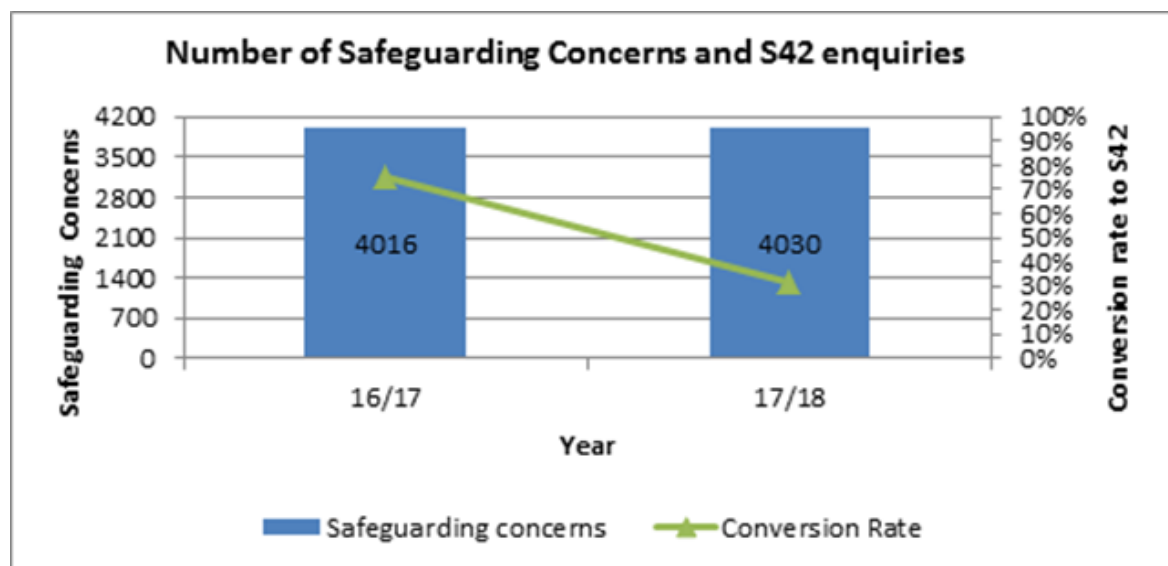
action required, consider multi-agency information sharing and proportionality. This enables the services to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.

6.3 The nature of concerns reported to Adults' Health and Care are often on a continuum of poor quality care through to extremely serious abuse carried out where police investigation is required. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.

6.4 MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker, and advise on appropriate action.

6.5 Information is only forwarded to community teams where either follow on action is required by them, or the information needs to be shared to assist the local team to build a picture about a service/individual in their area. Despite the increase in concerns coming through the service the number of new S42 enquiries being opened does demonstrate that the role of MASH is having a positive impact on the workload of the community teams who would otherwise be undertaking much more of the screening function. Additionally the quality of the information that is passed to the community teams by the MASH team assists with robust decision-making and the quick identification of actions required.

6.6 An overview of recent annual referral numbers is shown below:



6.7 The chart above demonstrates the nearly static number of safeguarding concerns received (in blue) from 2016/17 compared with 2017/18. The conversion rate (represented with the green line) of actual formal S42 enquiries then initiated as a result of these concerns has reduced year on year from around **70%** to **30%**, this means that positive resolution is being achieved

without recourse to more formal and, by implication more time consuming enquiries and investigations.

6.8 There are two key reasons for this improvement; embedding the principles of Safeguarding as outlined in the Care Act 2014, specifically proportionality, meaning more alerts are resolved at an earlier stage, risks are reduced and outcomes reached negating the need for further processes.

6.9 The second reason for this change is greater use of our quality and contract monitoring processes. This means that where an alert is clearly as a result of the quality of care provision, for example late attendance at a domiciliary care visit or complaints to do with the quality or range of meals in care homes, then contractual remedies are employed to address this and increase the overall quality of the provider.

6.10 We expect to receive the national data for 2017/18 later this year which we will be able to use to benchmark this change against other parts of the country. This is important in order to determine whether the thresholds we are applying are in line with, or different from that, of other local authority's.

7. Recent Achievements

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

7.2 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.

7.3 This is a growing area for the County Council as the contract to provide the service for Southampton City Council has recently been extended to include all their deputyship, not just the higher value cases. This 'sold' service is developing further due to recent agreements with Guernsey and an agreement with the Clinical Commissioning Groups (CCGs).

7.4 At the most recent assurance visit of the Client Affairs Service the Office of the Public Guardian referred to the Hampshire Service as being exemplary and a well performing team nationally.

7.5 The Service Manager for the DoLS and Client Affairs service is a Co-Chair of the National Association of Public Authority Deputies (APAD). In the capacity of this role she has been leading on a national training development to accredit the Client Affairs Case Officer Role using the Open College Network.

7.6 The Training plan has been written and now being piloted within Hampshire with 9 other local authorities attending. Once completed the plan is to roll out the

Accredited Training across England and Wales to nationalise the expected standard to operate corporate deputyship within local authorities.

8 Key Priorities

- 8.1 One of the key priorities is to manage the demand as effectively as possible and address the opportunity for closer joint working system wide. This includes joining up responses between Children's Services and Adults' Health and Care regarding common areas.
- 8.2 In the light of the new operating model within Adults' Health and Care and the subsequent restructure through the introduction of the Contact Assessment Resolution Team (CART) this allows MASH to offer an enhanced service to keep hold of cases for longer so that they are able to resolve more and therefore send less through to the community teams.
- 8.3 Work is continuing to help improve the quality of Hampshire Police and South Central Ambulance Service alerts and positive progress has been made, working alongside Southampton, Portsmouth and Isle of Wight local authorities. The current reporting process (PPN1) has improved the quality of referrals from partner agencies. The PPN1 form is due to be replaced with a national PPN2 form which will place greater emphasis on consent of the subject and offers greater opportunity to improve referral quality.
- 8.4 The Children's MASH and the Adults' MASH operate from the same floor of the same building and the respective Service Managers continue to work together to join up systems wherever possible – e.g. shared referral process for PREVENT referrals.
- 8.5 Whilst it is recognised that there are different legal frameworks there is a significant opportunity to bring together the work of the teams where it would be valuable to do so and consider integrating processes where this would be beneficial to families.
- 8.6 As mentioned earlier in this report there is an increased focus on prevention and early intervention. A key aim in this regard has been to integrate safeguarding and the prevention and intervention agenda across the continuum of the procurement of services through to delivery.
- 8.7 Work streams include:
 - The further development of the Quality Outcomes Contract Monitoring (QOCM) framework. This informs the departmental risk log and there is now a county level reporting system. This different approach now allows for strategic oversight and early warning, intervention and support for providers who are commissioned by the Council to provide care and support in regulated settings including people's homes and in residential and nursing services.
 - As a preventative approach and in line with the new framework introduced in August 2018 additional quality checks for new providers before they are given business or added to the AIS system is now in place. This aims to ensure that a baseline of information is known about a service before the department commissions packages of care.

- Closer working with the social care regulator, the Care Quality Commission (CQC) and NHS colleagues to share information and agree consistent approaches to address poor quality care. The intention is to focus this approach to ensure that we have a robust approach to the management of quality in the sector to ensure we have pro-active embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach.

8.8 The local authority responsibility in respect of Modern Day Slavery/Human Trafficking derives from section 52 of the Modern Slavery Act 2015. The local authority is known as a 'first responder' and has a role in respect of the initial intervention and signposting. Adults' Health & Care have worked alongside the Police, Borders Agency, Salvation Army and the Medaille Trust to develop operational guidance which is now in place, with all referrals being managed via the Multi Agency Safeguarding Hub (MASH).

8.9 Victims of trafficking may not identify themselves as victims. They may appear extremely closed, distrusting and reluctant to communicate. Traffickers and exploiters often develop complex strategies to keep their victims dependent on them, making it especially difficult for victims to escape or disclose details, even if protection and support are offered. Modern Slavery training has therefore been the focus of recent safeguarding update training for the social work workforce to ensure a greater awareness of how to identify victims and the required response.

8.10 For this reason the scale of the crime is unknown. There have been two confirmed incidents in Hampshire since the new duties though there are reported incidents nationally and in neighbouring authorities. National examples include an increased prevalence amongst agricultural workers.

9 Risk Issues

Deprivation of Liberty Safeguards (DoLS)

9.1 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.

9.2 The result of a Supreme Court judgement in March 2014 has had a considerable impact on resources as a result of the widening of the criteria in terms of who is eligible for a DoLS. This situation has been an issue of risk for the Council over the past four years and continues to be subject to significant management oversight. There are planned legislation changes, in July 2018 the Government published the Mental Capacity (Amendment) Bill which if passed into law will result in amendments to DoLS legislation currently named as Liberty Protection Safeguards. However, whilst we are fully supportive of this proposed approach, as set out in the Bill, this may take up to 4-5 years to be enacted. While this

gives the department time to prepare for new, amended responsibilities the risks that exist within the existing frameworks will continue to endure.

9.3 As a result of the judgement of March 2014, Adults' Health and Care has seen a significant increase in the number of DoLS applications.

9.4 The available budget in the DoLS service has been increased from 17/18, removing the financial risk. However, this means that the service must come in on budget whilst continuing to appropriately manage risks.

9.5 Productivity has further increased and revised ways of working have been proposed and are being piloted. In anticipation of the Liberty Protection Safeguards mentioned earlier, the service is developing a 'light touch' assessment – targeting people who have already been assessed at least twice, with no objection or conflict noted, no conditions and no change to the care plan, residing in the same location. The service then anticipates just one assessor visiting as opposed to two, with a records check, to then proceed on the basis of no change. The expectation is for throughput of assessments to significantly improve, but we can report on this at a later date.

Deprivation of Liberty (DoL)

9.6 For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances applications are made to the Court of Protection. The greatest area of risk is our learning disability services and we have now introduced a system to ensure service users who may be deprived of their liberty are appropriately referred to the Court of Protection with centralised management and oversight where this is the case.

9.7 This approach will now be rolled out across our services supporting Older Adults from Autumn 2018 once scoping work is completed and appropriate personnel identified.

Making Safeguarding Personal

9.8 All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. Systems changes have been developed to enable recording of decision making but a recent internal review identified this to be an area for development. HSAB has Making Safeguarding Personal as one of its strategic priorities and the Board will be holding a Development Day in December to explore with multi-agency partners how this approach can be embedded in local safeguarding arrangements. Making Safeguarding Personal this has been by the four Local Safeguarding Adults Boards as an area of common interest which will benefit from a joint approach to implementation.

9.9 The internal safeguarding review has further identified opportunities to develop the service in respect of improving consistency, clarifying process and procedure and to take a more strategic approach to safeguarding across the

whole department. There is a practice steering group to implement a corresponding action plan to improve the overall safeguarding offer.

10. Gosport War Memorial Inquiry

10.1 The recently published Gosport War Memorial Hospital Inquiry is an in-depth analysis of the Gosport Independent Panel's findings. It explains how the information reviewed by the Panel informed those findings and illustrates how the disclosed documents add to public understanding of events at the hospital and their aftermath. The documents that the Panel has found reveal that during an extended period at Gosport War Memorial Hospital the lives of a large number of patients were shortened by the prescribing and administering of "dangerous doses" of a hazardous combination of medication not clinically indicated or justified.

10.2 HSAB is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at and/or are in vulnerable situations. Recent critical events such as the independent inquiry into Gosport War Memorial Hospital (and also similar past events such as Mazars) have highlight the need for the HSAB to be increasingly proactive in gaining assurance that partner agencies, both individually and collectively, have robustly addressed and implemented learning from the Inquiries in order to ensure similar events cannot happen again in the future. Going forward, HSAB will be establishing a multi-agency 'Learning from Deaths' Forum to help drive these improvements.

11. Finance

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

11.2 The HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups 26% and the Police 11%. The total budget in 2017/18 is £126,384.

11.3 The Prevent duties attracted a £10k one-off payment for local authorities which were used for set up costs and the ongoing specific Prevent budget of £15k is met by Adults' Health and Care, Children's Services and the Office of the Police Crime Commissioner (OPCC) in equal measure.

11.4 The DoLS budget has been increased to £1.3million in order to manage the demand and the service will successfully operate within this budget.

12. Future Direction

12.1 The main focus of the work over the coming months will be to:

- Ensure the approach of Making Safeguarding Personal is universally adopted
- Deliver the Hampshire Safeguarding Adult Board Business Plan
- Continue to support the development of PREVENT

- Continue to work with the NHS and CQC regarding quality improvement
- Continue to work to embed safeguarding into the commissioning and procurement of the department
- Risks in respect of the DoLS service continue to require attention and close management
- Address multi-agency learning and undertake any necessary actions arising from the Gosport Independent Panel review, as required.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Direct links to specific legislation or Government Directives	
<u>Title</u> Care Act	<u>Date</u> 2014

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> None	<u>Location</u>
-------------------------	-----------------

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:

The multi-agency policy, guidance and toolkit has its own equality impact assessment. The local authority approach to safeguarding is applicable across all communities.

2. Impact on Crime and Disorder:

2.1. Adults' Health & Care work alongside Hampshire Constabulary and key criminal justice agencies to support those who are at risk of, or suffering, abuse in order that they received access to justice in the event of criminal activity.

3. Climate Change:

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified

3.2. 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