

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	6 January 2020
<b>Title:</b>	Adult Safeguarding
<b>Report From:</b>	Director of Adults' Health and Care.

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#### Purpose of this Report

1. The purpose of this report is to provide an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

#### Recommendations

2. That Cabinet receives this annual update report related to adult safeguarding.
3. That Cabinet notes the positive progress with regards to safeguarding adults in Hampshire and the commitment of a wide range of Adult Services officers in achieving this level of performance.
4. 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 from abuse and/or neglect.
5. 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.
6. That Cabinet receive a further update on adult safeguarding in 12 months' time.

#### Executive Summary

7. Adult safeguarding is a core duty of every local authority and the term is used to describe all activity undertaken to prevent the abuse and neglect of adults with care and support needs, as well as the response to abuse or neglect when it does occur. It therefore covers a spectrum of responses by a range of partners from prevention of abuse and/ or neglect through to criminal prosecution.

8. This report provides an overview of developments and actions undertaken by Adults' Health and Care and a range of partners in protecting the wellbeing of vulnerable adults in Hampshire.
9. Notable issues include the lead role of Hampshire Safeguarding Adults Board (HSAB) in respect of the policy update across Hampshire, Southampton, Portsmouth and Isle of Wight and the planning and preparation that will now be required to ensure readiness for legislation change in respect of people who lack mental capacity to consent to their care needs being met. The Deprivation of Liberty Safeguards (brought into effect through an amendment to the Mental Capacity Act 2005) will be replaced by Liberty Protection Safeguards in October 2020.

### **Contextual information**

10. There are several pieces of legislation covering adult safeguarding with the main statutory responsibilities for local authorities, Police and the NHS covered by the Care Act 2014 and subsequent statutory guidance.
11. Associated legislation includes the Counter Terrorism and Security Act 2015 and the Crime and Disorder Act 1998 which concern the areas of PREVENT and our community safety responsibilities.
12. Adults' Health and Care leads on PREVENT and community safety on behalf of the wider Council and these areas are overseen by the Director of Adults' Health and Care alongside the adult safeguarding responsibilities.
13. Resources have recently been refocused to ensure dedicated leadership and the necessary expertise is applied to these specialist areas, distinct from the adult safeguarding responsibilities.
14. Although previously covered in this generic annual report these areas are now covered in separate reports due to the high level of risk and the specialist nature of the areas involved.

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

15. The Hampshire Safeguarding Adults Board continues to be a well-established successful strategic Board whose membership includes all multi-agency partners. The Independent Chair role is currently being recruited to following the previous post holder stepping down.
16. 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 Southampton, Portsmouth and Isle of Wight. The current policy, guidance and toolkits are in the process of being refreshed which will be completed by the end of this year. All 4 Local Safeguarding Adults Boards (4LSABs) are taking a role in this as part of a substantial refresh/update programme. Once completed and ratified by the 4 Boards this will continue to be the overarching safeguarding policy that applies to all partners within the pan Hampshire area and will continue to enable 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.

17. The 4LSABs continue to work together in order to coordinate as far as practicable the work of adult safeguarding. There are now a number of 4LSAB work groups pan Hampshire addressing areas of common interest with regards to adult safeguarding. These groups are multi-agency and have allowed increased opportunities for the sharing of resource, reduced duplication as well as joint working. This coordinated approach has resulted in:
  - Co-ordinated policy and guidance development. 4LSAB policy and processes have been designed to explain simply and clearly how agencies and individuals should work together to protect people at risk. The target audience for this Policy is therefore, professionals and front-line workers and volunteers.
  - Ensuring local safeguarding arrangements are effective and deliver the outcomes that people want.
  - Improved workforce development and a coordinated approach to training.
18. The HSAB has also been working in collaboration with the 4 local Safeguarding Children Partnerships (4LSCPs) and the 4LSABs in Hampshire, Isle of Wight, Portsmouth and Southampton on the jointly developed Family Approach Protocol. The protocol was commissioned in response to findings from a range of reviews across the partnership which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children and their families across all areas. This protocol outlines a set of principles including a commitment to joint training, awareness raising within the collective workforce, development of joint policies and guidance, awareness of the Mental Capacity Act 2015 and shared Learning into Practice activities. The information in this toolkit is free to access and available to all practitioners from any agency / organisation. The HSAB promotes the 'Think Family' theme across respective Board activities. The protocol was formally launched at the joint 'Think Family' conference held in January 2019, which was followed up with 5 awareness sessions, provided within Hampshire by the HSAB and the HSCP which attracted 151 attendees.
19. 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 where it is suspected that the death was as a result of abuse or neglect. In these circumstances if there is a concern about how the HSAB, its members or organisations worked together to safeguard the adult a SAR is undertaken. 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.

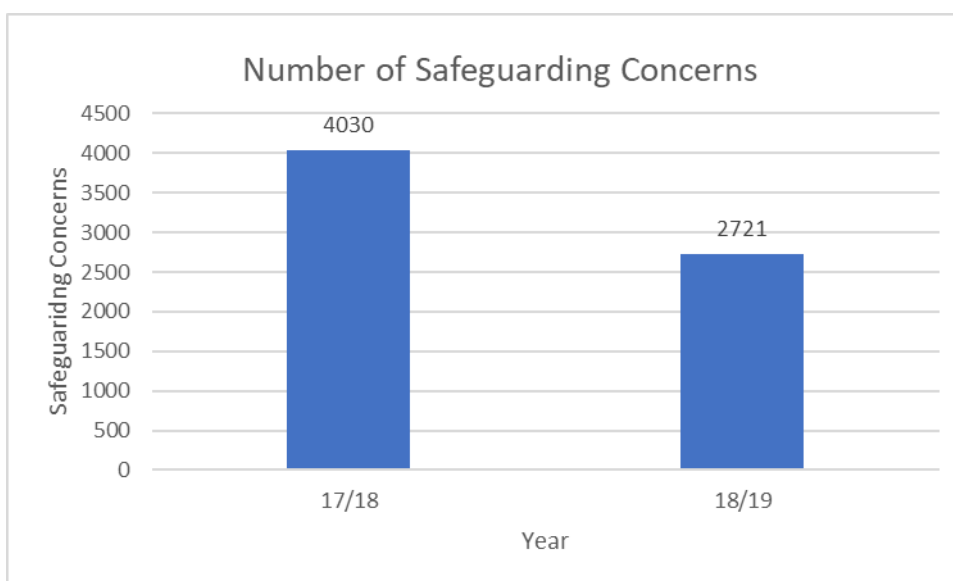
20. In January 2019 the HSAB commissioned a SAR to review the circumstances of Ms D's case. The purpose of the review was to draw out specific thematic and organisational learning related to the care and treatment of a young woman with mental health issues. As part of the SAR process, a multi-agency reflective workshop was held with the practitioners and operational managers involved in Ms D's care and support. This event focussed on Ms D's support and included transition from Children's to Adults' Health and Care, enabling reflection and shared learning in order to identify opportunities for improved working within and between agencies in the future.
21. In July 2019 the HSAB commissioned a further SAR into the circumstances of the death of Ms E who died in hospital following a poor end of life experience in the months prior to her death. Interviews have taken place as well as a reflective workshop in Oct 19. Both reviews have been undertaken with the full involvement of the families involved.
22. The HSAB also provides a fully funded training programme that can be accessed by all partner agencies, including faith groups and the voluntary sector. The training provided is very popular and well attended and includes the following topics:
  - Self-Neglect
  - Making Safeguarding Personal
  - Managing Risk.
  - Adult Safeguarding Awareness
  - Safeguarding enquiries
  - Financial Abuse
  - Family Approach Protocol
23. The HSAB is in the process of producing the annual report for 2018/19 outlining the progress achieved against the priorities published in the 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.

### **Activity**

24. 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.
25. 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.

26. The nature of concerns reported to Adults' Health and Care are often on a continuum of poor quality care through to extremely serious abuse. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.
27. MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker and advise on appropriate action.
28. An overview of recent annual referral numbers is shown below:



29. As can be seen in the figure above there were significantly fewer adult safeguarding concerns recorded in 2018/19 compared to the previous year. This reflects a variety of factors including the changes to the way in which providers are monitored on the quality of their provision, the more pro-active approach being undertaken in safeguarding adults and the work to support partner agencies with regard to determining a safeguarding concern. Of those concerns subsequently received a higher proportion became formal safeguarding enquiries, with 36% (972) converting to S42 in 18/19 compared to 31% (1,266) in 2017/18.

### Recent Achievements

30. 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.

31. 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.
32. This is a growing area for the County Council as the contract to provide the service for Southampton City Council has 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).
33. The Service Manager for the DoLS and Client Affairs service is currently 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.
34. The Training plan is being rolled out nationally following the successful piloting in Hampshire. This accredited training will be rolled out across England and Wales to standardise the expected standard to operate corporate deputyship services within local authorities.

### **Key Priorities**

35. 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 further developing responses between Children's Services and Adults' Health and Care regarding common areas, such as through the 'Think Family' approach.
36. In the light of the new operating model within Adults' Health and Care and the subsequent restructure of Hantsdirect the interface with the Contact, Assessment and Resolution Team (CART) 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.
37. Work is continuing to support the continued improvement of 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.
38. 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 from the procurement of services through to delivery.

39. Work streams include:

- The further development of how we manage concerns and support quality in the residential, nursing and domiciliary care market. This work in turn impacts the quality of care and support people receive. There is positive strategic work with the NHS across Hampshire and IOW and a recently published draft quality strategy. This approach now allows for strategic oversight and early warning, intervention and support for providers who are commissioned by the NHS and 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 domiciliary care framework additional quality checks for new providers before they are given business or added to the 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. From the launch of the framework to July 2019 the Quality Team undertook work with 81 different domiciliary care providers.
- 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. This work recently includes piloting an approach working closely with the Home Office with regard to the management of risks related to illegal working.

40. 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 and 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 MASH. There was a partner event on 18 October being hosted in Portsmouth to raise awareness of this responsibility.

41. 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. For this reason the scale of the crime is unknown.

## **Risk Issues**

### **Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards**

42. 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.
43. As has been reported previously, as a result of a Supreme Court judgement in 2014 the number of people eligible for DoLS was extended considerably.
44. The available budget in the DoLS service has been increased as a result, removing the financial risk and the service is continually revising ways of working to further increase productivity.
45. In expectation of the Liberty Protection Safeguards mentioned earlier, the service is now developing an implementation plan and taking the lead across Hampshire and Isle of Wight in this regard, particularly with NHS partners.

### **Deprivation of Liberty (DoL)**

46. 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 considerable delays are being experienced with applications referred to the Court of Protection.

### **Making Safeguarding Personal**

47. All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. System changes have been developed to enable recording of decision making but a recent internal audit has identified this to be an area for development. HSAB has Making Safeguarding Personal as one of its strategic priorities and this area is under Board scrutiny, as well as the application of the Mental Capacity Act 2005. However, the emphasis will be placed upon readiness for the Liberty Protection Safeguards, rather than on practice and guidance which will require change.
48. The internal safeguarding review and subsequent audit 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.



## **Gosport War Memorial Inquiry**

49. The Gosport War Memorial Hospital Inquiry Report was an in-depth analysis of the Gosport Independent Panel's findings. The report revealed that 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.
50. As a result, HSAB has maintained a scrutiny role to oversee the response to the Inquiry Report which has been co-ordinated by an Oversight and Assurance Board which includes membership of Adults' Health and Care. This Board is a time limited Board and HSAB will be seeking confirmation that future governance is in place to ensure lessons are being implemented across the relevant agencies concerned.
51. We await the outcome of ongoing work by Essex and Kent Constabularies into historic issues at Gosport War Memorial Hospital.

## **Finance**

52. Adult safeguarding is core work for our front door services and for every team. It is therefore embedded in all service provision as a core duty of the department and as a result it is not possible to provide a total cost for carrying out safeguarding work within the Department.
53. In line with a national formula the HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups 26% and the Police 11%.
54. The total HSAB budget in 2019/20 breaks down as follows:
  - Local authority - £86,782.56
  - Clinical Commissioning Group - £35,815.18
  - Police - £15,152.26
55. The DoLS budget has been increased to £1.3million in order to support the demands being made upon the service. The department will continue to successfully operate within this budget. However, it is important to underline that we are continuing to use a risk-based approach to manage this area of activity, despite the increases in the budget made available the size of the demand in this area is being actively managed, rather than reduced.

## **Future Direction**

56. The focus of the work over the coming months will be to:
  - Ensure the approach of Making Safeguarding Personal continues to improve
  - Deliver the Hampshire Safeguarding Adult Board Business Plan

- Continue to work with the NHS and CQC regarding quality improvement
- Refresh the 4LSAB Multi-agency Policy, Guidance and Toolkit.
- Prepare for the introduction of Liberty Protection Safeguards.

## **Conclusion**

57. The approach to adult safeguarding in Hampshire continues to be well understood and co-ordinated via strong partnership arrangements across the 4 local authority areas and with all partners.
58. Within Adults' Health and Care the work is overseen by a senior officer reporting directly to the Director to ensure the Director of Adult Social Services responsibilities are met.
59. Once the Independent Chair role is recruited to this will provide the opportunity to further develop the collaborative arrangements across the partnership and it is hoped will result in a strengthened executive arrangement across Hampshire and Isle of Wight.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
Care Act	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>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

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

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

### **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. This is an annual report so no individual Equalities Impact Assessment has been undertaken.