

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 19th March, 2020 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. HEALTH AND WELLBEING BOARD BUSINESS PLAN DATA DASHBOARD

To receive an update on the data dashboard developed to complement the Board's business plan.

7. STARTING WELL TOPIC FOCUS (Pages 3 - 16)

To receive a detailed update on progress with the Board's Starting Well theme.

8. DISTRICT FORUM REPORT ON HOUSING AND HEALTH TOPIC (Pages 17 - 24)

To receive a report on the outcomes of the District Forum's first workshop, on the topic of housing and health.

9. HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

To receive an update from the HIOW STP on the STP Plan, progression towards becoming an Integrated Care System and how the four health and wellbeing boards are being involved.

10. HAMPSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT (Pages 25 - 56)

To receive the annual report and an update from the Hampshire Safeguarding Adults Board.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.



Hampshire Health and Wellbeing Board

Starting Well Update

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Hampshire
County Council

Agenda Item 7

19 March 2020

Starting Well Priorities

1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

2. Increase mental health support in schools

3. Using technology to support better mental health

4. Promote physical activity

5. Reduce the proportion of women smoking at the time of delivery

6. Support breast feeding

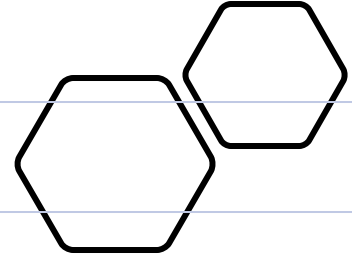
7. Co-design, collaboration and procurement to enable system integration

8. Partnership working on continuing health care

9. Work with partners to build resilience in children and their families

10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working



1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

Baseline

When looking at PHE 3 year trend data:

- Hampshire currently have hospital admission for self-harm (10-24yrs) significantly higher than England 591.8/100,000 compared to 421.2/100,000 (2017-18)
- Hampshire currently has hospital admission rates mental health conditions higher than England 95.3/100,000 compared to 84.6/100,000 (2017-18)

Aims

- Develop a strategy to reduce hospital admissions for self-harm and mental health conditions over the next 3-5 years to bring Hampshire into line with England rates for:
 - Hospital admission rates for self harm among children and young people (10-24)
 - Hospital admission rates for mental health conditions among children and young people (0-17)

Activity Completed/Underway

- Hampshire EWBMH for CYP Strategy launched
<https://documents.hants.gov.uk/public-health/EmotionalWellbeingChildrenYPStrategy.pdf>
- Communications plan in delivery to promote awareness of the strategy.
- Task and Finish group for each of the six Priority Areas established.
- Self-Harm Toolkit in development.
- School survey response rate over 6,000.
- Launch of Hampshire Health in Education website providing information and advice, teaching resources and training.

Challenges/Risks

- Lots of different work going on to address need particularly in education settings. Need to establish good evidence base for interventions and sustainability.

2. Increase mental health support in schools

Baseline

Historically Mental Health support in schools has been limited to liaison between specialist CAMHS services and schools, with additional paid for support relating to psychological wellbeing from Educational Psychology services.

DfE and the DoH have announced two national programmes to transform mental health support for schools and to enable schools to adopt a whole school approach to mental health: Mental Health Support Teams in Schools (MHSTs) and the Link Programme.

Aims

- At least 25% of the schools' population covered by 2023 by the MHST programme. The Link Programme can be potentially all schools.
- The MHSTs expressions of interest will focus upon getting teams installed into schools in CCG areas with no such provision at present. For HloW this means prioritising the following areas to complement the two MHSTs secured during Wave 2 in Gosport and Havant:
 - North East Hants and Farnham CCG - Rushmoor
 - North Hampshire CCG - Basingstoke
 - West Hampshire CCG – Test Valley & New Forest
 - Isle of Wight CCG – Island wide

Activity Completed/Underway

- The Havant and Gosport teams have fully recruited into their two Mental Health Support Teams in schools that Hampshire successfully bid for in Wave 2.
- Training commenced in January 2020 and interventions start from January 2021.
- Mobilisation for existing teams is being overseen by Sussex Partnership Foundation Trust (SPFT) - Hampshire CAMHS.
- SPFT have already trained some school ambassadors who will link in with MHSTs as these are key to the collaborative model for partnership.
- Anna Freud centre is rolling out the school Link programme across England. The CCG Partnership's Maternity and Child Health team is coordinating this.

Challenges/Risks to delivery

- There is an emerging national concern relating to the recruitment of qualified NHS Band 7 mental health supervisors. Where this has become a problem it could undermine the efficacy of the model which is highly prescriptive. Commissioners are working closely with the SPFT service to monitor recruitment issues associated with future MHST waves. It was not a problem for Hampshire in Wave 2.
- The MHST selection process is competitive and there are fewer teams than CCGs. Rigorous competition will likely mean fewer MHSTs than we want.
- Whilst there are no specific caps on participation in the DfE/DHSC funded Link programme for schools, there are cost and resource implications for CCGs.

3. Using technology to support better mental health

Baseline

- Think Ninja Self Help Smart phone App – commissioned from May 2019. Up to 85,000 licenses for the App commissioned as a flagship digital component of Hampshire system-wide mental health offer service. Fewer than 1,000 licenses are currently activated.
- Healthier Together is an established digital platform, App and resource intended to provide easy access to information about the full range of health services for children and young people, including mental health resources. No reliable baseline of App downloads is centrally reported, but the service is now locally commissioned.
- DadPad is now available to all Hampshire families to support partners of new mothers in the months following a birth. Baseline of roll-out to be established in 2019-20.
- Specialist CAMHS referrals consistently above 674 capacity per month in 2019-20.

Aims

- By December 2021 up to 85,000 children and young people will have been offered the Think Ninja app across Hampshire and the Isle of Wight.
- Ongoing increases in referrals to Community Counselling and Tier 3 CAMHS services will bring CAMHS referral levels to less than 674 per month to support more timely assessment.

Activity Completed/Underway

- Schools introduced to Think Ninja, with support from HCC Inclusion Managers.
- Individual schools being targeted to act as champions for rollout of Think Ninja App.
- Comms are being developed to promote GP promotion of Think Ninja App.
- Opportunities to promote the Think Ninja App with community groups (Social Prescribing) are also being explored.
- Participation work planned with parents, children and young people around digital utilisation to inform future service design and investment in digital transformation interventions.

Challenges/Risks

- Take up of Think Ninja from schools, services and children has been much slower than originally anticipated to date. The timetable for delivery of the rollout may need to be revised and much greater take-up would be needed to see a reduction in referrals to CAMHS and community Counselling services.
- Digital take-up is behind schedule and more work is needed with children, young people and families to inform the utilisation of technology to support better health, including mental health.

4. Promote physical activity

Baseline

- Year 2 data 2018-19
 - Number of CYP active every day (18.3%)
 - Number of CYP active every week (26.2%*)
 - Number of individual respondents (2445)
- Numbers have remained broadly static – this is a new data set, working through schools randomly. It is premature to consider any trend. What we can say is that insufficient numbers of CYP are undertaking activity which would be beneficial for positive health outcomes.

* Data collection and reporting has changed for this indicator making comparison difficult. Clarification is being sought and revised indicator will be supplied

Aims

- Increase in the number of CYP active every day doing 60 minutes or more of moderate/vigorous activity (18.5% baseline)
- Increase in the number of CYP active across the week who are doing 60 minutes or more on any day (26.2% baseline*)
- Number of schools selected to be part of the Active Lives (CYP) Survey completing the survey (Individual respondents 2527)

Challenges/Risks/Opportunities:

- H&WB Board asked to note the development of new joint Physical Activity Strategy led by Energise Me (Active Partnership) and Public Health working with health (NHS) and other Children's Services teams. This will include CYP.
- Engaging schools to embed physical activity through whole school approach – culture, removal of barriers, training and confidence, participation in Active Lives CYP survey. Linking up being active in school, in families and in community – whole system approach.

Activity Completed/Underway

- Partnership developed between Public Health, Energise Me, Outdoor Education (Children's Services), Early Years (Children's Services), Active Travel (Economy, Transport & Environment) and Health in Educational Settings and other agencies to increase number of active CYP.
- Supporting digital resources and offers developed – [Daily Activity](#) (Energise Me) [Hampshire Health in Education](#) (Public Health) [Physical Education and Outdoor Education](#) (Children's Services) [Active travel to school](#) (Economy, Transport & Environment)
- Joint innovations between partners:
 - 'This Girl Can' programme secondary girls – 9 schools engaged on first cohort – development of champions and engagement with teachers.
 - Couch to 2k for CYP and their families – Train with Hart & Rushmoor Borough Council linked to earlier obesogenic audit results - targeted schools. Early results promising including engagement with Nepalese. Aim to increase participation into Junior Park Runs from populations who currently do not access these.
 - Early years – supporting extension of 'Fit to Write' workshop led by Early Years (Children's Services) which links physical activity, physical development, school readiness and attainment.
 - Roll out of Create Real Play which increases activity linking school and home - targeted areas based on Indices of Multiple Deprivation and inactive families.
 - Supporting and shaping Annual Physical Education Conference to include best practice around engaging inactive CYP and link with emotional health and mental wellbeing.
 - Active Travel – transition work, balance bikes and scooters (Whitehill & Borden).
- Ongoing provision of direct and indirect [satellite physical activity clubs](#) across Hampshire - supported 200 inactive 14-19 year olds during 2018/19

5. Reduce the proportion of women smoking at the time of delivery

Baseline

- 695 referrals to Hampshire Stop Smoking Service (SSS) in 2015/16 (compared to conservative estimate of 1300 smokers = 53.5%).
- 26 women had successfully quit through the Hampshire Stop Smoking Service at 4 weeks = 3.7% (*data source: Hampshire Stop Smoking Service, Contract year 2015/16*).

Target

As set out in the Hampshire Smoking in Pregnancy Strategy 2017-20:

- Reduce prevalence of smoking at time of delivery in Hampshire to 7% by 2020.
- Increase referrals of pregnant smokers to Hampshire stop smoking service to 100%* (*excluding opt-outs) by 2020.
- Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.
- Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.

Progress on Targets – 2018/19

- The prevalence of smoking at time of delivery (SATOD) in Hampshire is 8.7%
- 1,829 referrals into the SSS; 298 pregnant smokers set quit dates (16%); of those, 180 quit at 4 weeks (60%) and 81 quit at 12 weeks (27%)

Data source: Hampshire SSS, 2018/19 contract year – from Oct. 2018 to Sept. 2019.

Activity/Projects

- A strategic whole systems approach has been set up across Local Maternity System (LMS) areas, with key activities to support each NHS Trust agreed, including establishing steering groups in each Trust.
- Referral Pathways have been established, including CO monitoring at each appointment; provision of new, fit for purpose CO monitors for midwifery staff; a review of referral systems to ensure that they are robust and efficient.
- Specialist stop smoking in pregnancy adviser support for each Trust from the SSS or in-house from the midwifery team.
- Training for midwifery staff to ensure a consistent messaging and approach.
- Commissioning of a smokefree pregnancy communications campaign for pregnant women, families and professionals across Hampshire.

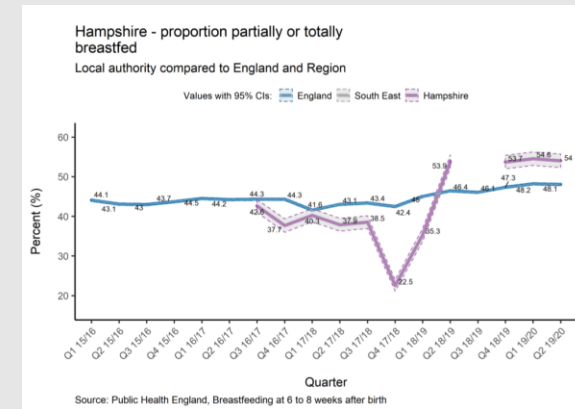
Challenges/Risks

- Support from senior management in each NHS Trust as part of a smoke free Trust approach; developing a Trust-wide offer of stop smoking support to meet requirements in [NHS Long Term Plan](#).
- Developing a joint strategic approach across Hampshire and Isle of Wight with co-ordination across the LMS and Wessex Academic Health Science Network (Patient Safety Collaborative, NHS England and NHS Improvement and Public Health commissioners).

6. Support Breastfeeding

Baseline

- Number of partially or totally breast fed babies at 6-8 weeks remains consistent and is better than the bench mark. New way of recording data is demonstrating a higher rate of breastfeeding - most recent data 54%. (The target is 50% but efforts to increase breastfeeding continue).



Aim

- Increase in mothers continuing to breastfeed at 6-8 weeks.

Activity Completed/Underway

- Southern Health's Health Visitors are working towards Unicef Breast Feeding Initiative (BFI) Gold Status (the highest level of breastfeeding support).
- High Impact Area (HIA) Board infant feeding group led by Southern Health.
- The Local Maternity Service (LMS) have committed to maternity services working to achieve Unicef BFI accreditation. This will help align Maternity and Health Visiting approaches to supporting mums.
- The LMS are appointing a programme manager to lead their infant feeding group which will link in with the Hampshire HIA Partnership Board infant feeding workstream.
- Agreement of LMS funding for Hampshire/Isle of Wight wide Dadpad licence for 4 years includes breastfeeding information around how Dads can support breastfeeding mums. Work to localise the product is being led by HHFT.

Challenges/Risks:

- Consistent messaging and advice around breast feeding from all professionals whom a mum / baby may come into contact with.

7. Co-design, collaboration and procurement to enable system integration

Baseline

- Few jointly commissioned contracts for services, often of relatively low value and with short term funding agreements
- No pooled budgets
- Engagement during procurement stage, but limited at co-design stage

Aims

- Establish an effective Joint Commissioning Board to facilitate identification of opportunities and provide shared accountability
- Identification of joint strategic commissioning priorities, starting with mental health crisis care and S117 wraparound support
- Where appropriate, evaluate opportunities for pooled budgets and shared resourcing.
- Apply to become a national Children and Young People's Integration Pilot site - Application deadline 15th April.

Activity Completed/Underway

- Review and rationalisation of governance landscape between Children's Services, Public Health and the CCGs
- Joint Commissioning Board established and Terms of Reference approved
- Review of ICS governance and priorities underway.

Challenges/Risks

- Tension between local versus at-scale development of priorities – local decision-making needs to be joined up at an ICS level to ensure equity of access to services across the county.
- Collaboration at a Hampshire and Isle of Wight level means interfacing with the multiple governance regimes of 3 local authorities (i.e Health and well-being Boards).
- Competing demands for resources across health and social care.

8. Partnership working on continuing health care

Baseline

Number of children jointly funded

- Pre MARP 2018/19 Q3 11
- 2019/20 Q3 32

Aims

- Governance and processes are in place to support joint decision making regarding eligibility and funding for Continuing Care and Section 117 After Care.
- The process for agreeing eligibility and funding for Continuing Care and Section 117 After Care is efficient and effective with clearly defined roles and responsibilities and decision making documented.
- One source of data is developed which shows the whole picture of children in the Continuing Care and Section 117 After Care pathway.

Activity Completed/Underway

- Introduction of a joint pathway for consideration of cases which require intervention from health, social care and/or education.
- The Hampshire Multi Agency Resource Panel (MARP) provides the forum for joint agreement regarding eligibility and funding contributions Continuing Care and Section 117 After Care.
- Processes are working well and next steps are to move towards standardising funding contributions to further streamline the process and continue to develop multi agency partnership working.
- An appeals process is in development for any professionals or service users wishing to challenge the MARP decision.

Challenges/Risks

- The number of complex cases which require joint arrangements relating to challenging behaviour are increasing and may require a different eligibility assessment.

9. Work with partners to build resilience in children and their families

Baseline

- 65% of families referred for an Intensive Worker/Specialist worker in 2019 had a trigger trio issue present.
- Emotional /mental health was the primary need identified in families stepping up from level 3 to level 4.

Aims

- Increase family resilience thus reducing the demand for social care interventions by;
 - keeping more children and young people safely at home through prevention and reunification
 - working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and improving outcomes for whole family.

Activity Completed/Underway

- CAMHS / Substance misuse Specialist workers are co-located in social care delivering interventions to 'priority cohort' families.
- Test & Learn project is underway with DWP - worker co-located within the south-east care Leaver team.
- A scoping exercise in underway in relation to current relationships between Adult Wellbeing Centres and children's social care.
- TSC Partnership Manager scoping opportunities to work with new and existing partners to meet identified needs.

Challenges/Risks

- The number of families receiving intensive support has increased through staff investment and recruitment, however demand is now greater than current capacity.
- There is no identified sustainable funding for the majority of Specialist roles after March 2021. This will impact on service delivery and therefore impact outcomes for families. Discussions are in progress to identify Children's Services requirements and partnerships to meet shared outcomes.

10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

Baseline

- Young people (under 18) in specialist or targeted substance misuse services - 437 (18/19)
- Number of young people whose parents are accessing substance misuse services offered support (Year to date) – 0 (no service in place (18/19))

Aim

- Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment. Target is for 315 young people to access treatment.
- Children are offered support where parental substance misuse is identified. Target of 30 young people access support.

Activity Completed/Underway

- 37% increase in young people (under 18) in specialist or targeted substance misuse services - 597 (Q3 19-20)
- New young peoples substance misuse service up to 25 years.
- Family Recovery Workers embedded working with Children's Services. 478 families supported since the service began in July 2018.
- Bespoke service for children with substance misusing parents.

Challenges/Risks

- Managing capacity / level of demand of the Young Peoples Substance Misuse Service with an increased age (18-25 years) and complexity of cohort.

11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

Baseline

- Since the service was launched in Children's Services in 2015, over 100 CYP have been assessed and there are currently 70 active users.

Aims

- To enable greater independence, safety and welfare tracking whilst providing a cost effective alternative to physical support.

Activity Completed/Underway

- Trailblazing pilot – UK's first Children's Residential Care TEC explored in Hampshire with confirmed benefits to the individuals and the Council.
- Ongoing positive feedback from families using TEC, and professionals referring for the service.
- Working with DCTs to mainstream the service and fast-track eligible cases through CAP, including a new off-line referral form (coming out in May 2020).

Challenges/Risks

- Public perception of seeing TEC as a "money saving" scheme as opposed to its focus on improving outcomes could be impacting on uptake.
- Further education is required to increase the volume of referrals to the service.

Questions?



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	19 March 2020
Title:	Report from the Hampshire Districts Forum: Hampshire Healthy Homes Workshop and next steps
Report From:	Cllr Anne Crampton, Chair of the Hampshire Districts Health and Wellbeing Forum

Contact name: Cllr Anne Crampton

Email anne.crampton@hart.gov.uk

Purpose of this Report

1. The purpose of this report is to summarise the findings from the multi-agency Hampshire Healthy Homes Workshop and to set out key actions that have been identified for further development. The Health and Wellbeing Board is asked to support the recommendations below.

Recommendations

2. That the Hampshire Health and Wellbeing Board:

receive a report on the Disabled Facilities Grant (DFG)¹ processes to establish whether arrangements are consistent and that there is an equitable approach across the county;

support further exploration of measures to increase the use and reuse of adapted properties to support people with disabilities or older people with developing needs to live more independently within their community;

support development of a framework for working more collaboratively. This framework will set out how organisations can contribute to shared induction

¹Disabled Facilities Grants (DFGs) are means tested grants to support eligible individuals to make adaptations to their homes which will enable them to live more independently for longer. The funding is part of the Better Care Fund money received by the County Council, which is then distributed to all district and borough councils who administer the DFG process.

and training programmes to strengthen links and partnerships between organisations;

encourage their respective organisations to actively use and contribute to the Kahootz site² to share best practice, learning opportunities (multiagency training programmes) and areas for development; and

ensure guidance around safeguarding in relation to hoarding is applied within their respective organisations.

Executive Summary

3. This report seeks to update the Health and Wellbeing Board on the findings of the Healthy Homes Workshop as part of the development of the Healthy Homes Needs Assessment.
 - 3.1. Having a safe, settled home is a fundamental social determinant of our health and wellbeing, whether we own our home or live in social rented or private rented accommodation.
 - 3.2. The Health and Wellbeing Board business plan includes an action to develop a health needs assessment of homes in Hampshire. This needs assessment has been completed and is scheduled to be presented to the Public Health Senior Management Team for approval in March. The draft recommendations are set out in Appendix A.
 - 3.3. As part of the development of the needs assessment and recommendations, the Hampshire Districts Health and Wellbeing Forum, in conjunction with Hampshire Public Health, organised a Healthy Homes Workshop with a wide range of stakeholders across housing, health and care.
 - 3.4. Stakeholders were supplied with copies of the draft recommendations from the needs assessment and then tasked to identify priorities and key actions, including identifying opportunities for collaborative working. Through round table discussions, the following questions were discussed:
 - What is already happening?
 - What are the opportunities/ actions required? (SMART objectives)
 - Who should take this action? Is there a need/ potential for joint working?
 - What are the potential barriers?
 - How can success be measured?

Emerging priorities and actions

² <https://future.nhs.uk/>

4. The emerging priorities and actions identified by the healthy homes needs assessment and by stakeholders at the workshop are set out below. These are the areas that were highlighted as a priority out of the range of suggestions offered at the workshop. The recommendations listed above are the first steps in implementing these actions.
- a) Building the right homes -
- There are examples of good practice across the county, as well as variation in local planning policies.
 - Building a robust evidence base is key to justifying local planning policies. The Hampshire Spatial Planning Needs Assessment can support this³.
 - Consideration should be given to the whole place and how we develop strong, health promoting communities across the life course.
 - Spatial planning and healthy communities will be explored further at the second multi-agency workshop focusing on the built and natural environment.
- b) Training and development
- Explore the potential for joint induction programmes with the aim of strengthening relationships and fostering a shared understanding across housing, health and care.
 - Explore what training is available to housing, health and care professionals around prevention and addressing the social determinants of health (e.g. Duty to Refer, hoarding, Making Every Contact Count, suicide prevention, Connect 5), and identify opportunities for greater collaboration and coordination of training offers.
 - Strengthen interfaces between services by developing ways to understand and communicate what each organisation does such as through roadshows and two-minute videos. For example, to improve awareness of homelessness prevention services and the Duty to Refer.
 - Collaboration could be strengthened through use of the Kahootz online site created by the Keep Well Collaborative.
- c) Adaptations including Disabled Facilities Grants
- Ongoing work is needed to increase awareness of Disabled Facilities Grants.
 - Support a piece of work to understand the need for DFGs across the County

³ <https://documents.hants.gov.uk/SpatialPlanningJointNeedsAssessment.pdf>

- Enhance the consistency in what is provided by DFG services across the County.
- Make best use of underspent DFG funding.
- Understand more about how adapted socially rented homes are currently recorded and allocated/reallocated
- Explore opportunities to make best use of adapted properties which become available for re-letting.

d) Hoarding

- Raise awareness of hoarding as a recognised form of self-neglect.
- Encourage organisations to update their safeguarding policies and processes to reflect this.
- Raise awareness of the hoarding forum and multi-agency guidance.

4.1. There is considerable alignment between these identified actions and both the Health and Wellbeing Board business plan and what has been discussed within the Hampshire and Isle of Wight Sustainability and Transformation Partnership. Therefore, it is important that these actions are developed in partnership to avoid duplication or contradiction.

4.2. These actions will support the Health and Wellbeing Board to meet the outcomes of the strategy and Better Care Fund policy. These outcomes include:

- a greater understanding of organisations' roles and responsibilities to enable more opportunities for working together and sharing best practice
- a highly skilled workforce to enable holistic support to be provided to individuals, including those who are most at risk of homelessness
- more individuals to remain in their own homes for longer
- value for money in providing adaptations
- more individuals with physical disabilities able to live in the community, rather than specialised housing
- a reduction in delayed Transfers of Care
- a reduction in hospital admissions
- a reduction in homelessness, with those who are at risk of homelessness receiving a more timely response.

Next steps

5. The implementation of the recommendations will primarily be driven through the Hampshire Districts Health and Wellbeing Forum and linking with relevant stakeholders. A multi-agency working group will be established to support

collaborative working and develop these actions further to identify a robust plan. This will include identifying who will be responsible for the implementation and how success will be measured.

- 5.1. The Healthy Homes workshop was hosted by the Hampshire Districts Health and Wellbeing Forum in collaboration with Hampshire Public Health. In the coming year, the Districts Forum will host a series of collaborative workshops focusing on the Healthier Communities priority areas set out in the Health and Wellbeing Board business plan.
- 5.2. Delivery of these workshops and coordination of emerging actions will be supported by an increase in resourcing of the Districts Forum in 2020-21, made possible by a partnership between Hart District Council, Hampshire County Council and the Clinical Commissioning Groups. The Forum will benefit from the input of a CCG colleague over a period of one year, to help drive forward the Healthier Communities agenda and the change needed to maximise collaboration.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

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.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

6. 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.

7. Equalities Impact Assessment:

An equalities impact assessment has not been undertaken for this report as the purpose is to update the Board on progress made on completing actions as outlined in the Health and Wellbeing Board business plan. Should services need amending/ updating as a result of the actions proposed, an assessment may be required and completed as appropriate.

Appendix A: Health Homes Needs Assessment Draft Recommendations

This needs assessment covered a broad range of topics that contribute to a healthy home. There were key themes that were common throughout the needs assessment and these have been summarised into recommendations. These recommendations will be used to inform partnership action to improve health through the home environment. These recommendations are to inform the work of all organisations including, but not limited to, those that provide health, social care, housing and voluntary or community services.

1. Building the Right Homes: There should be an emphasis on building the right type of homes to suit a range of needs including:

- a) Making Part M4(2) and Part M4(3) a requirement of some, if not all, new builds.
- b) Building homes to meet the 16 lifetime home criterion
- c) Using the Nationally Described Space Standards to ensure children and families have space to play, grow and learn, whilst having good access to green space.
- d) Building a mix of different homes in new developments with indistinguishable tenure types and include affordable homes.

2. Raise awareness of support available: Those in existing homes and those in private rented accommodation should be supported to ensure their homes are as healthy as possible. This can include awareness raising of the different programmes that are available to them, including but not limited to:

- a. Removal of Section 21 evictions
- b. Housing Health and Safety Rating System
- c. Minimum Energy Efficiency Standards
- d. Hitting the Cold Spots
- e. Home adaptations, including Disabled Facilities Grants, Home Hazards assessment, Technology Enabled Care
- f. Benefits schemes, including support to access them.

3. Workforce Development: The workforce should promote access to the support available in individual's community which contributes to a healthy home. This may require training, which could be held jointly across organisations to enable teams to familiarise themselves with their partners and what their role includes. This can include Making Every Contact Count, how to use Connect to Support Hampshire, Mental Health First Aid, Suicide Prevention training or Homelessness Prevention/ Duty to Refer.

4. Working together: Creating healthy homes requires multiple organisations to work together to ensure the individual gets holistic support. This could include actions such as better communication, through to co-location of services or working as multidisciplinary teams to support some of the most vulnerable individuals. This includes those with mental health conditions, substance misuse, hoarding, or those facing discharge from an institution (hospital, secure unit, prison).

5. Reduce Health Inequalities: Intelligence across the health and care system can be used to support the reduction of health inequalities. This can include:

- a. Targeting safe and well visits to those most at risk of fire fatality.
- b. Exploring the prevalence of childhood accidents within the home.
- c. Ensuring affordable homes are designed into neighbourhoods to ensure they are given equal access to healthier environments e.g. green space.
- d. Using an adapted housing register to enable those with disabilities to have better access to homes that suit their needs.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	19 March 2020
Title:	Hampshire Safeguarding Adults Board Annual Report
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

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Purpose of this Report

1. The Hampshire Safeguarding Adults Board (HSAB) is a statutory, multi organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Hampshire County Council (HCC) area. HSAB's main objective is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.
2. Under the Care Act 2014, HSAB is required to publish a strategic plan and an Annual Report. The HSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding arrangements.

Recommendations

3. That the Health and Wellbeing Board:
 - a. Notes the content of the annual report, and
 - b. Endorses the further work in support of the HSAB strategic plan

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Annual Report

2018/19



Contents

Hampshire Safeguarding Adults Board Annual Report

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Foreword

I am pleased to be able to introduce the Hampshire Safeguarding Adults Board's Annual Report for 2019.

Our aim as a Safeguarding Adults Board (SAB) is to provide strategic leadership to ensure that adults who are at risk of abuse or neglect are effectively safeguarded. The role of the Board is to support and challenge SAB partners and agencies in Hampshire to work collaboratively for the benefit of adults with care and support needs who may be at risk of abuse or neglect and bring about continuous improvement.

As the Director of Adults' Health & Care I hold the privileged position of overseeing our collective joint agency responsibilities for adult safeguarding.

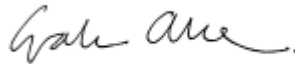
I am extremely pleased to report on significant progress against the priorities set out in our Strategic Plan 2016-21 and I would like to acknowledge the hard work and commitment shown by all our partner agencies in achieving these aims.

Our joint work with our neighbouring local SABs as well as the Hampshire Children's Partnerships

across the area has continued to increase this last year. The Family Approach Protocol is one example of where we are working more collaboratively.

This protocol was commissioned by the 4 Safeguarding Children Partnerships and the 4 SABs in response to findings from a range of reviews which highlighted the need for professionals to work effectively together to achieve better outcomes for adults, children and their families. Launched with a joint conference in January, there have been several training sessions across the area resulting in significant numbers of staff being trained.

There are many benefits to collaborating with partners and working at scale across the Hampshire and Isle of Wight geography and this will continue as a key theme for HSAB moving forward.



Graham Allen
Director of Adults' Health and Care

On behalf of
Hampshire Safeguarding Adults Board

About us

The Hampshire Safeguarding Adults Board (HSAB) is a statutory, multi-organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Hampshire County Council (HCC) area. HSAB's main objective is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.

The HSAB also has an interest in a range of matters that contribute to the prevention of abuse and neglect including the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

Our purpose

HSAB's remit is to set priorities, agree objectives and to co-ordinate the strategic development of adult safeguarding across the HCC area. It 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.

Under the Care Act 2014, HSAB is required to publish a strategic plan and an Annual Report. The HSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding arrangements.

Our membership

The Board is responsible for ensuring that all organisations contribute effectively to the work of the Board.

The HSAB is made up of wide range of statutory, community and voluntary organisations which includes representatives from Hampshire County Council, Police, Clinical Commissioning Groups, NHS providers, Emergency Services, District and Borough Councils, Independent Care Providers, Housing and Advocacy Providers.

Our aims

Board aims

The HSAB aims to promote awareness and understanding of abuse and neglect among service users, carers, professionals, care providers and the wider community and works to generate community interest and engagement in safeguarding to ensure "Safeguarding is Everyone's Business".



Strategic Priorities

This Strategic Plan highlights the HSAB's strategic priorities and objectives over the next five years.



Annual business plan

This responds to the key priorities outlined in the Strategic Plan and explains the work the HSAB and its partner organisations will be undertaking to ensure these priorities are realised.



Annual report

The Safeguarding Strategy is reviewed and reported on every year via the publication of an Annual Report. This is the key mechanism by which the Safeguarding Adults Board is held to account for the work it carries out. The HSAB Annual Report is shared with the Chief Executive and Leader of the Local Authority, Police and Crime Commissioner and the Health and Wellbeing Board for the area.

Our vision

The HSAB works to promote a zero-tolerance culture of abuse and neglect of adults who are vulnerable, and its work is underpinned by the following ethos and principles:



Living a life free from harm and abuse is a fundamental human right of every person



Safeguarding adults at risk and their carers is everyone's business and responsibility

Personalised support is for everyone, but some people will need more support than others

All staff and volunteers have a key role in preventing abuse or neglect occurring and in taking prompt action when concerns arise



All organisations and local communities have a responsibility to ensure that they foster a culture which takes all concerns seriously

The person at risk is at the centre of any safeguarding process, and must stay as much in control of decision making as possible

Adults at risk and their families, carers or representatives must have access to information regarding the standards, quality and treatment they can expect to receive from any individuals (paid or unpaid), services or organisations involved in their lives

All organisations must have processes aimed at preventing abuse from occurring in the first instance and to enable support to be offered at an early stage

When abuse does take place, it must be identified early and dealt with swiftly and effectively, and in ways that are the least intrusive and most proportionate

People supporting adults with care and support needs and/or their carers must have the appropriate level of skills, knowledge and training to safeguard adults from abuse

It is vital that clear processes are in place to identify learning from serious cases so that lessons can be used to improve partnership working in order to prevent a similar event in the future

Our HSAB Subgroups

HSAB is supported in its work by a number of subgroups with each operating to terms of and reference and an agreed work plan which focuses on the delivery of HSAB strategic objectives and priorities. Short term task and finish groups may also be set up to focus on the implementation of specific objectives or projects.

HSAB Business Subgroup

The Business Subgroup sets the agenda of Board meetings and monitors the implementation of the Board's work programme ensuring this reflect HSAB business plan objectives and priorities.

HSAB Learning and Review Subgroup

The Learning and Review Subgroup has the remit of commissioning safeguarding adult reviews and other multi-agency learning review activities in cases where there have been poor outcomes for service users to ensure that lessons are learned to improve partnership working.

HSAB Health Subgroup

The Health Subgroup brings together health representatives from local Health services (CCGs and all NHS Provider Health Trusts, Primary Care, Independent Hospitals and agencies), to develop a consistent response to HSAB strategic priorities across the Health sector.

HSAB Stakeholder Subgroup

To promote awareness of safeguarding adults and to involve all key stakeholders in developing a strategy to promote the awareness of and prevention of abuse or neglect of adults at risk.

HSAB Housing Subgroup

The overarching purpose of the Housing Subgroup is to safeguard and promote the welfare of vulnerable adults and to gain assurance that safeguarding arrangements are effective across the housing sector.

Our Joint Subgroups

We run some of our subgroups jointly with the other neighbouring local Safeguarding Adults Boards where we share common priorities and objectives. These include the other local safeguarding boards (Southampton, Hampshire, IOW and Portsmouth) which are termed 4LSAB.

4LSAB Workforce Development Subgroup

The Workforce Subgroup has the remit of developing and implementing a strategy to ensure that safeguarding adults learning, and development activities equip organisations and their staff to meet the standards outlined in the local multi-agency safeguarding policy and procedures.

4LSAB Quality Assurance Subgroup

The Quality Assurance Subgroup has the remit of implementing the 4LSAB Quality Assurance Framework in order to provide a strategic overview of the quality of safeguarding work across the four-Board area using a range of tools.

4LSAB Policy Subgroup

The aim of the 4LSAB Policy Subgroup is to coordinate and ensure the effective development of multi-agency Policy, Procedure and Practice documents for the purpose of Adult Safeguarding and promoting the welfare of Adults across Southampton, Hampshire, IOW and Portsmouth.

4LSAB Quality Assurance Subgroup

The Quality Assurance Subgroup has the remit of implementing the 4LSAB Quality Assurance Framework in order to provide a strategic overview of the quality of safeguarding work across the four-Board area using a range of tools.

4LSAB – Fire Safety Development Subgroup

A partnership led by Hampshire Fire and Rescue Services, to ensure that fire safety risk management is embedded into partner working practices to reduce people being killed or seriously injured in fires.

Board structure

The structure of the Safeguarding Adults Board



Board governance

The Hampshire Safeguarding Adults Board reports to key decision-makers from the Local Authority, Hampshire Constabulary and the Local Clinical Commissioning Groups.

In addition, the Board maintains links with the following:



- Hampshire Safeguarding Childrens Board.
- Portsmouth, Southampton and the IOW Safeguarding Adults Boards.
- The National Network of Chairs of Safeguarding Adults Boards.
- The Hampshire Prevent Partnership Board.
- The Hampshire Community Safety Strategy Group.

Board membership

The Board consists of the following membership:

Chair

Support to the HSAB

Board Manager
Board Business Manager
Board Administration Team

Core Members

Hampshire County Council Adults' Health and Care
Hampshire Constabulary
Hampshire Partnership Clinical Commissioning Group

Associate Members

Community Safety Partnerships (County & District/Borough Councils)
Hampshire Fire and Rescue Service
Hampshire and Isle of Wight Community Rehabilitation Company
Hampshire County Council Children's Services
HM Prison
Winchester District and Borough Councils
Independent Care Providers (Hampshire Care Association)
NHS England (Wessex Local Area Team)
NHS Trusts (Acute, Community, Mental Health, Ambulance)
National Probation Service (South Central)
Trading Standards
South Central Ambulance Service
Chair Business Subgroup
Chair Learning and Review Subgroup
Chair Health Subgroup
Chair Quality Assurance Subgroup
Chair Stakeholder Subgroup
Chair Workforce Development Subgroup
Chair Housing Subgroup

Advisory

Advocacy organisation
Carer organisation
Care Quality Commission
Executive Member – Hampshire County Council
HealthWatch
Voluntary Sector (Community Action Hampshire)

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p>Wide awareness of adult abuse and neglect and its impact and engaging local communities</p>	<p>Development of a social media strategy and plan to increase visibility to a wider audience.</p> <p>Themed campaign on tackling loneliness and social isolation.</p> <p>Publication of a 4LSAB animated scribe awareness raising resource. Joint workshop to be held.</p> <p>Engage the further and higher education sectors on the Board. HSAB to engage with the Community Engagement Forum for Hampshire.</p> <p>Stakeholder Group to review membership and develop links with user forums including the Personalisation Expert Panel.</p> <p>Develop 4LSAB multi-agency guidance on raising a safeguarding concern</p>	<p>A Social Media strategy has been developed. A Facebook page and YouTube channel have been created which combined with the HSAB Twitter Account should increase visibility of the HSAB to a wider audience.</p> <p>Resources for the campaign were produced by the Stakeholder subgroup and promulgated vis the subgroup members and social media channels.</p> <p>The workshop was held, and the animated Scribe has been produced. A link to this can be found at the end of the report.</p> <p>The Community Engagement forum for Hampshire closed before there was opportunity for HSAB to engage.</p> <p>The Stakeholder subgroup has refreshed its membership and the Chair of this group sits on the Personalisation Expert Panel.</p> <p>The 4LSAB Policy Group has been working on draft guidance for thresholds for raising a safeguarding concern for subsequent approval.</p>	<p>Engagement and community participation – to hold stakeholder events and undertake a Stakeholder Survey, early 2020.</p> <p>Themed campaign on homelessness and/or alcohol abuse and links to Adult Safeguarding.</p> <p>Review and refresh/update of the See It Stop IT HSAB Safeguarding App.</p> <p>Community Engagement will be a focus for the Stakeholder subgroup as well as recruitment of further and education sectors to the Board.</p> <p>The review of the Stakeholder subgroup should be ongoing as well as the development of links with other user forums.</p> <p>Cascade this Policy across all organisations.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p style="text-align: center;">Page 39</p> <p>Prevention and early intervention – promoting well-being and safety and acting before harm occurs</p>	<p>Include loneliness and social isolation theme in the HSAB training programme.</p>	<p>This year the HSAB has ran a campaign on loneliness and isolation to raise awareness. Both these themes have been explored at a topic day – spotlight on self-neglect attended by members of the Safeguarding Adult Lead network.</p>	<p>Include homelessness as a theme in the HSAB training programme for this year.</p>
	<p>Joint work with HSCB to develop use of the risk framework within children's services.</p>	<p>The focus of this last year's joint work with the Hampshire Safeguarding Childrens partnerships has been the production of and training provision of the Family Approach protocol and tool kit. Managing risk and the 4LSAB Multi Agency Risk Management framework is included in the toolkit.</p>	<p>Joint work with the Children's Partnership to continue to embed the Family Approach Protocol and toolkit.</p>
	<p>Joint work with health trusts to develop use of the risk framework in acute hospital settings and ambulance service.</p>	<p>The HSAB has provided Health specific 4LSAB Multi Agency Risk Management framework training sessions to Health organisations across Hampshire. As well as promoting attendance at the training workshops as part of the HSAB training programme. It has been identified that further support is required to embed the use of the risk framework.</p>	<p>Support partners to promulgate and embed the use of the Multi-agency risk management framework.</p>
	<p>Joint themed campaign with on the use of the MCA to safeguard against abuse and neglect. Links to be added to the HSAB Website.</p> <p>Joint work with the further and higher education sector to address student mental health.</p>	<p>MCA has been added into the risk management framework training and is delivered by the Local Authority lead trainer. Additionally, this topic has been explored at a Safeguarding Adult Lead network event.</p> <p>The Family Approach protocol and toolkit took priority over this during last year. Therefore, this will need to be a focus for next year.</p>	<p>To consider the impact of the Liberty Protection Safeguards (LPS) and identify training and support that can be amalgamated with MCA.</p> <p>Joint work with the further and higher education sector to address student mental health.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p>Well-equipped workforce across all sectors</p>	<p>Targeted training for primary care professionals.</p> <p>Development of a 4LSAB risk assessment tool & templates.</p> <p>Joint Learning into Practice events to share learning from the Thematic Review of SARs re learning disability and physical health.</p> <p>Refresh and implementation of the Hampshire MCA Toolkit.</p> <p>MCA Organisational Self Audit in November 2018.</p> <p>4LSAB guidance on raising a safeguarding concern and launch.</p>	<p>During this last year the Workforce Development subgroup has now become 4LSAB. The group is developing and is in the process identifying a training strategy which will assist in the clarification of targeted training.</p> <p>This is in development and forms part of a suite of material that has been added to and updated for the risk management framework. These include one-minute guides and additional meeting templates.</p> <p>Learning from SARs will form part of the Learning and Review subgroup. This will enable key messages to be identified and circulated across Hampshire and coordinate learning into practice events.</p> <p>The Local Authority have reviewed the MCA toolkit and it has since been promulgated and is available to partners via the HSAB website.</p> <p>Completed and highlighted concerns from organisations regarding the application and use of MCA.</p> <p>The 4LSAB Policy Group has been working on draft guidance for thresholds for raising a safeguarding concern for subsequent approval.</p>	<p>Supporting organisations with targeted training across the multiagency partnership footprint.</p> <p>Share the updated risk management tools and templates.</p> <p>The Learning and Review Subgroup to identify key learning from SARs locally and nationally to enable the LSABs to provide learning into practice events.</p> <p>To form part of the training provided as part of training provided in relation to MCA and LPS.</p> <p>Use the results of this survey to influence the LPS and MCA programme of training. Implementation of this guidance across all organisations once agreed.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p>Well-equipped workforce across all sectors (cont.)</p>	<p>Publication of 4LSAB multi-agency guidance on Hoarding.</p> <p>Publication of a joint LSAB/LSCB Whole Family Protocol.</p> <p>Joint work with the Serious and Organised Crime Partnership to develop a multi-agency strategy on Vulnerability and Exploitation.</p>	<p>This has been completed and formally launched in conjunction with Hampshire Fire and Rescue Fire Safety Development Group in Nov 19.</p> <p>This has been completed and training sessions provided.</p> <p>This has not been achieved and is brought forward as a focus for 2020.</p>	<p>Production and publication of a Homelessness Protocol led by the Housing Subgroup.</p> <p>Consideration of any further training to embed the protocol and toolkit.</p> <p>Joint work with the Serious and Organised Crime Partnership to develop a multi-agency strategy on Vulnerability and Exploitation.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p>Safeguarding services improved and shaped by the views of service users, carers and other stakeholders</p>	<p>Board Development Day on MSP in December 2018.</p> <p>4LSAB work programme on MSP.</p> <p>Pilot an independently facilitated user feedback process.</p>	<p>This session took place and tools cascaded to all Board members.</p> <p>An MSP Audit has been completed by various organisations over the 4LSAB area by the 4LSAB QA Subgroup. Supporting tools have already been distributed and has been included within HSAB training.</p> <p>There is ongoing work between the Stakeholder Subgroup and Local Authority to overcome the challenges of getting engagement from individuals who have been through the safeguarding process.</p>	<p>Board Development day on MCA – early 2020.</p> <p>Continue working across the 4LSAB area in relation to MSP and to provide MCA training sessions to the Board and also as part of the training programme.</p> <p>Pilot an independently facilitated user feedback process.</p>
<p>Clear, effective governance processes are in place within and across organisations</p>	<p>Establish a 4LSAB Quality Assurance work programme.</p> <p>Review and refresh the Quality Assurance Framework.</p> <p>Undertake the Organisational Self Audit in Nov 2018.</p> <p>Undertake the MCA Self Audit in Nov 2018.</p>	<p>The 4LSAB Quality Assurance work programme has been identified and work commenced with regards obtaining data. This has started with an MSP audit, SG and MCA self-Audit.</p> <p>This is in the process of being developed into a 4LSAB document.</p> <p>Completed for both with key themes from analysis identified.</p>	<p>Work to develop the 4LSAB Quality Assurance work programme.</p> <p>Review and refresh the Quality Assurance Framework.</p> <p>Carry out audits in line with the 4LSAB Quality Assurance work programme.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p data-bbox="99 111 294 448">Clear, effective governance processes are in place within and across organisations (cont.)</p> <p data-bbox="99 654 136 813">Page 43</p>	<p data-bbox="335 111 803 219">Develop a 4LSAB Integrated Scorecard for adult safeguarding.</p> <p data-bbox="335 262 774 328">Develop and implement a local peer review programme.</p> <p data-bbox="335 405 791 511">Develop a multi-agency themed audit programme linked to learning from serious cases.</p> <p data-bbox="335 588 758 654">Partner agencies to adopt the Hampshire MCA Toolkit.</p> <p data-bbox="335 699 799 765">Partner agencies to introduce an executive strategic lead for MCA.</p> <p data-bbox="335 808 754 913">Partner agencies to introduce MCA champions in all service delivery areas.</p> <p data-bbox="335 956 758 1062">Partner agencies to adopt the national MCA competency framework.</p> <p data-bbox="335 1105 803 1239">Health Group to set up a task and finish group to address the health-related actions in the SAR action plan.</p>	<p data-bbox="843 111 1332 219">A 4LSAB Integrated Scorecard has been completed by the 4LSAB QA subgroup.</p> <p data-bbox="843 262 1307 362">This will need to be developed in conjunction with the 4LSAB QA subgroup.</p> <p data-bbox="843 405 1307 505">This will need to be developed in conjunction with the 4LSAB QA subgroup.</p> <p data-bbox="843 588 1324 762">This has been distributed to partners following the Mr C and thematic review of LD cases. The toolkit has also been made available from the HSAB website.</p> <p data-bbox="843 808 1328 982">Assurance has been provided by most agencies as part of the MCA self-audit review, but partners are still working on improvements to compliance with the MCA.</p> <p data-bbox="843 1099 1319 1305">The Health Subgroup has escalated the MCA compliance in the Health sector to the Sustainability and Transformation Partnership (STP). A workshop is scheduled.</p>	<p data-bbox="1373 111 1819 177">Scorecard to be used for future auditing purposes.</p> <p data-bbox="1373 262 1798 362">Develop and implement a scrutiny function to include a local peer review programme.</p> <p data-bbox="1373 405 1827 505">Develop a multi-agency themed audit programme linked to learning from serious cases.</p> <p data-bbox="1373 588 1835 725">Continue to check within agencies as part of future audits and include the toolkit in any MCA training events.</p> <p data-bbox="1373 1099 1794 1196">A Board development day will be held in March 2020 on the theme of MCA assurance.</p>

Priority	What we said we'd do	What we've done	Focus for 2020/21
<p>Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement.</p> <p>Page 44</p>	<p>Partner organisational leads to review training to ensure learning from serious cases is addressed on staff training and development activities.</p> <p>Develop a memorandum of understanding to ensure effective communication and joint responses to critical events.</p> <p>Joint work with HFRS to address findings from the fire death analysis including publication of hoarding guidance.</p> <p>HSAB to gain assurance from partners about their response to the Gosport War Memorial Inquiry.</p> <p>Establish a 4LSAB Learning from Deaths Forum to enable the SAB's to gain assurance from partners about the response to critical events and inquiries. This will include Gosport WMH, Mazars, LeDeR and local SARs.</p> <p>Joint annual learning event covering lessons from local and national SARs, DHR's, LeDeR, SCRs, etc.</p>	<p>Organisational leads have been provided access to SARs along with the learning points provided.</p> <p>This has not been achieved.</p> <p>4LSAB Fire Safety Development group has now been established and as part of the work programme are developing a fire safety framework.</p> <p>HSAB has been a member of the Learning, Oversight and Assurance Board following the Gosport War Memorial inquiry.</p> <p>This time-limited group was established, and responsibility has since been handed over to the STP Quality Board to ensure system ownership.</p> <p>This has not taken place, however there will be learning from the two current HSAB SARs that will be shared at an annual learning event.</p>	<p>4LSAB WFD subgroup to check and obtain assurances from partners that these have been and continue to be embedded in training.</p> <p>Review the national patient safety guidance and how this will impact on the management of critical events.</p> <p>Continue to develop the multi-agency response to fire deaths.</p> <p>Oversight will be managed by the business as usual governance arrangements of the STP.</p> <p>Joint annual learning event covering lessons from local and national SARs, DHR's, LeDeR, SCRs, will be held in 2020.</p>

Safeguarding Adult Lead Network

During this period, HSAB has hosted two Safeguarding Lead Network (SAL) events bringing together representatives from a wide range of community, voluntary and statutory agencies. Attended by 112 partners, these events provide local and national Safeguarding updates to support organisations to promote safe environments for adults at risk.



The Topics for this year's events were:

- Self-Neglect
- Thresholds for raising a safeguarding concern

These events were attended by 170 people and were very well received by participants.

HSAB Training Programme

This last year the HSAB has continued to run a multi-agency training programme with content of which linked to our priorities. Over the past year, training workshops have been held on:

- Self-Neglect
- Making Safeguarding Personal
- Multi-Agency Risk Management Framework
- Safeguarding awareness
- Undertaking Section 42 enquiries
- Financial Abuse
- Family Approach Protocol

The HSAB training events continue to be very popular with all multiagency partners. This training has reached over 700 attendees representing a wide cross section of agencies and sectors. A sample of the feedback provided is provided overleaf.

Joint HSAB and HSCB Conference

In January 2019, the HSAB and HSCP held a joint conference and launched the Family Approach Protocol. This was followed up with several workshops which used information from the toolkit to support professionals from both children / adult sectors across the Pan Hampshire and Isle of Wight areas to understand how issues including, Mental Health, Substance Misuse, Domestic Violence, Learning Disabilities and Neglect, affect all family members, including children (as well as unborn babies) and adults at risk as defined in the Care Act 2014. Delegates were given time to consider how the needs of children and / or adults living with hidden harm impact on the whole family, and the importance of early identification of these needs and effective communication between services is important in order to support those at risk and their families.

HSAB Training Programme – Feedback

“Such a great resource – thank you... Re- ignited my professional curiosity”

“I thoroughly enjoyed this morning...looking forward to further training I have booked to attend”

“Great presenter, thank you - can see your passion... put the individual at the heart of safeguarding”

“Very interesting - Amazed at how many different areas are affected by safeguarding!”

“Great message to bring staff for their safeguarding supervision”

“Enjoyed interactive elements... Very informative - gained knowledge about frameworks”

“Enjoyed gaining an understanding of other colleagues’ views and knowledge of safeguarding”

“Very well presented, explained well – thank you... I found all the exercises emphasised the point”

“I really appreciated having knowledgeable presenters. A varied approach to learning and occasional use of humour!”

Our data

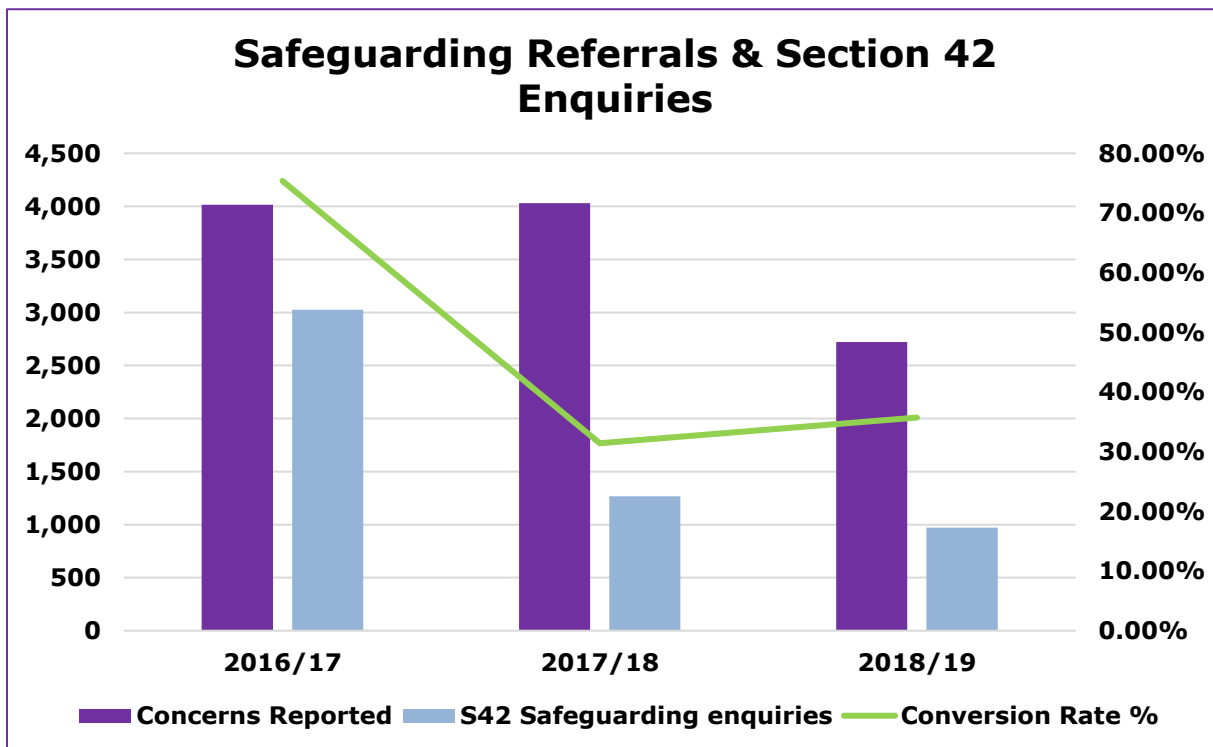
Safeguarding concerns

Hampshire County Council Adults' Health and Care are the lead agency who records all the safeguarding information on behalf of the multi-agency partnership and the Hampshire Adults Safeguarding Board. Overall there were 2,721 Safeguarding concerns in 2018/19 which is a considerable (32%) decrease, from the previous year.

Number of concerns which led to a Section 42 enquiry

Of the 2,721 concerns reported, 972 resulted in a S42 safeguarding enquiry. This represents a conversion rate of **36%** of concerns that were reported progressing to an enquiry. This figure has increased from 2017/18, when the percentage of concerns leading to enquiries was **31%**.

It is important to note that concerns that did not meet the criteria for a Section 42 enquiry may have been resolved through a more appropriate outcome. For example, an assessment of care and support needs or passing information onto another more appropriate service. Concerns may also have been closed where actions were taken to reduce the level of risk significantly.



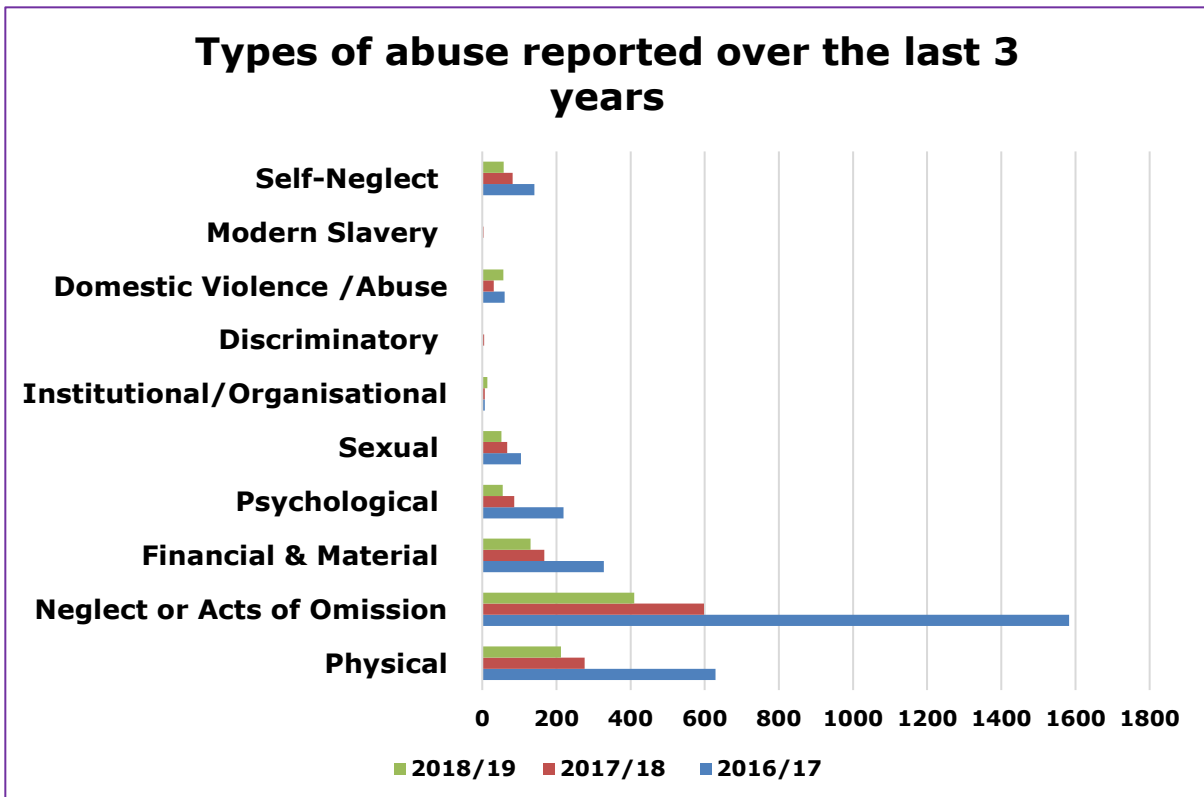
Our data

Types of abuse and needs

Of the concluded Section 42 enquiries, there were **410** case of neglect and acts of omission and **212** physical abuse enquiries. Together, these two categories represent **62%** of all concluded safeguarding enquiries and therefore, account for the majority of the concerns reported.

Neglect and acts of omission along with physical abuse have been the most common forms of abuse over the past four years. **The total figure of 991 is larger than the 972 recorded concerns, owing to the cases in which there are more than one type of abuse.*

Types of abuse reported	2016/17	2017/18	2018/19
Physical	629	276	212
Neglect or Acts of Omission	1,583	598	410
Financial & Material	328	167	130
Psychological	219	86	55
Sexual	104	67	52
Institutional/Organisational	7	7	14
Discriminatory	2	5	2
Domestic Violence /Abuse	60	31	57
Modern Slavery	2	3	1
Self-Neglect	141	82	58
Total*	3,075	1,322	991



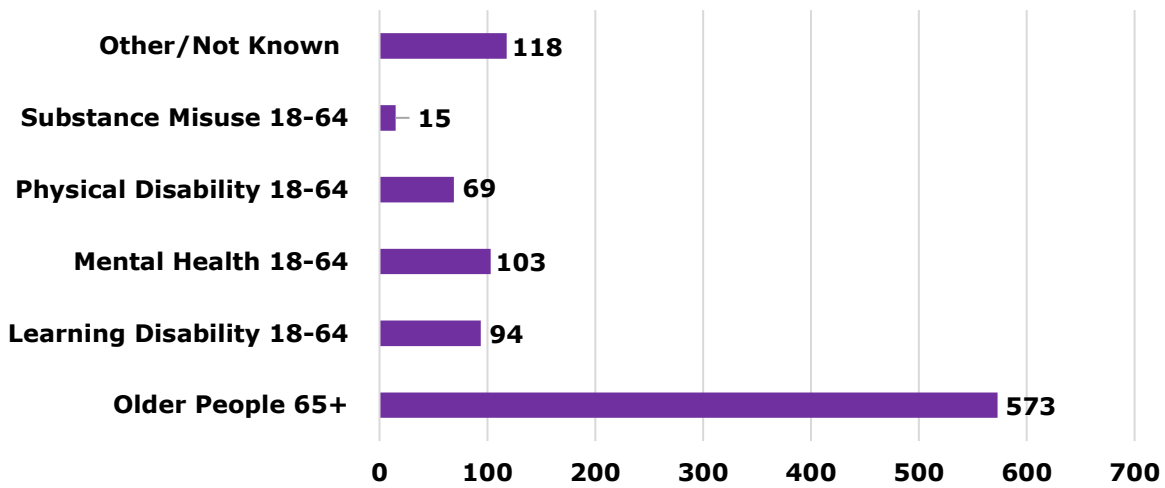
Our data

Demographics

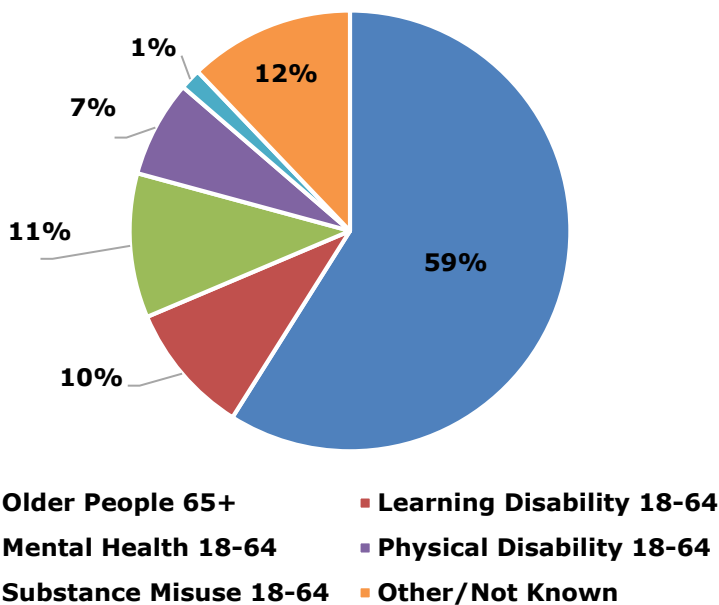
Age

Continuing the pattern of previous years, the majority of adults having a Section 42 enquiry are older adults, that is, adults over 65 years old. This group accounts for a total of **59%** of all enquiries.

Referrals by Client Group for 2018/19



Referrals by Client Group for 2018/19



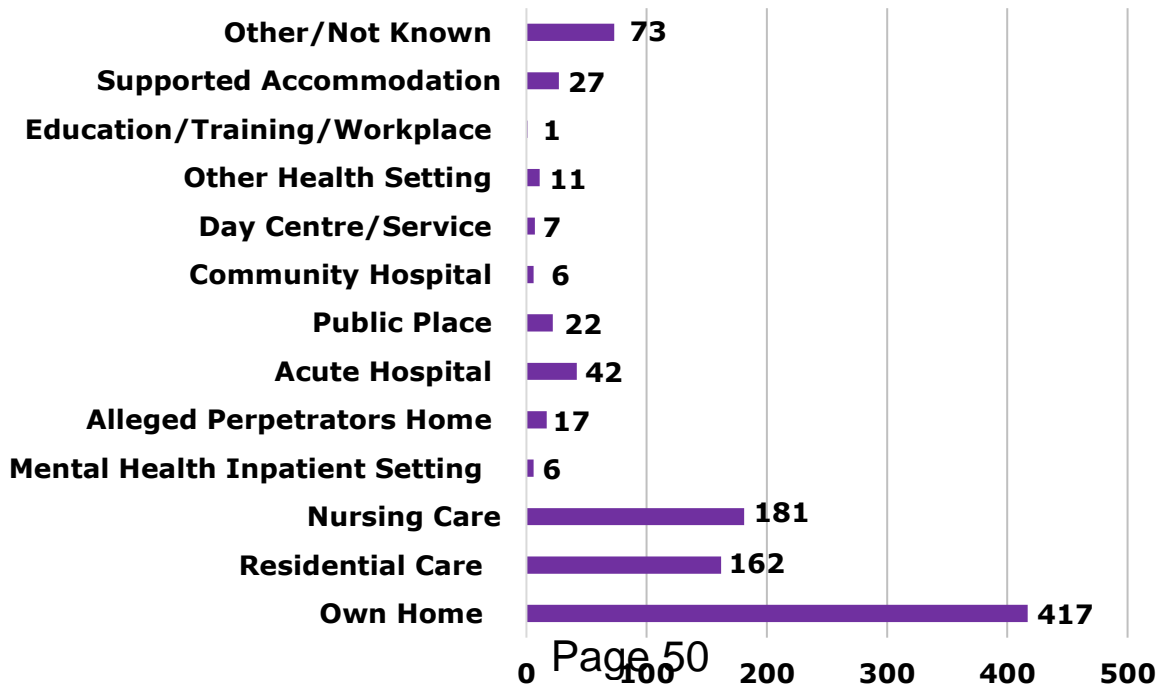
Our data

Location

Just under half of adults, that is **42.9%**, for which Section 42 enquiries were completed, lived in **their own home**. The next most prevalent area of where adults lived when experiencing risk, lived in **nursing and residential care homes**, which accounted for **35.3%** combined.

	2018/19	
	No.	%
Own Home	417	42.9%
Residential Care	162	16.7%
Nursing Care	181	18.6%
Mental Health Inpatient Setting	6	0.6%
Alleged Perpetrators Home	17	1.7%
Acute Hospital	42	4.3%
Public Place	22	2.3%
Community Hospital	6	0.6%
Day Centre/Service	7	0.7%
Other Health Setting	11	1.1%
Education/Training/Workplace	1	0.1%
Supported Accommodation	27	2.8%
Other/Not Known	73	7.5%
Total	972	100%

Location of where the abuse is reported to have occurred in 2018/19



Our Learning

What did we learn?

The Safeguarding Adults Boards in Hampshire, Isle of Wight, Portsmouth and Southampton have developed a shared Quality Assurance Framework which is designed to enable respective Boards to fulfil their remit of ensuring local safeguarding arrangements are both effective and also deliver the outcomes that people want. The Quality Assurance Framework acts as the mechanism by which the LSABs will hold partner organisations to account for their safeguarding work, including activities linked to prevention and risk management.

In order for local agencies to be assured that they have foundations for effective safeguarding they need to demonstrate that they have the following things in place:

- Clear leadership and management of adult safeguarding;
- Robust systems and processes in place to deliver the 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance (December 2016);
- Adult safeguarding linked into all aspects of services;
- Adult safeguarding placed at the centre of commissioning and contracts arrangements;
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures) and
- Clear care governance processes for which the interface with local multi-agency safeguarding procedures are managed effectively.

To support partner organisations, the LSABs have developed this Organisational Safeguarding Self Audit Tool to be completed every other year. It is designed to help local organisations to evaluate the effectiveness of internal safeguarding arrangements and to identify and prioritise any areas in need of further development. This is a facilitative process to support continuous improvement and so it is not intended to publish the results of individual organisations or to use the information provided to compare organisations. Instead, areas of generic learning and thematic findings will be identified and used to inform the LSAB's strategic development of safeguarding for its area.

Our Learning

Our Priorities for 2020/21

The HSAB will continue to work together to deliver our vision to keep people safe.

“Safeguarding adults at risk and their carers is everyone’s business and responsibility”

In 2020/21 we will be placing a focus on:

- Embedding the ‘Making Safeguarding Personal’ approach across agencies, to make practices and processes person led.
- Further training and embedment of the 4LSAB Multi-Agency Risk Management Framework to support agencies with cases of risk.
- Embedding MCA across all organisations in relation to Adult Safeguarding and awareness of new legislation. (Liberty Protection Safeguards).
- Prevention and support to those who are homeless and experience abuse.

We have also published a strategic plan, outlining our vision for the Board and the outcomes we want for the people of Hampshire. This includes our Business Plan which outlines key actions and target timescales, under the following work streams:

No.	Priority
1.	Wide awareness of adult abuse and neglect and its impact and engaging local communities
2.	Prevention and early intervention – promoting wellbeing and safety and acting before harm occurs
3.	Well-equipped workforce across all sectors
4.	Safeguarding services improved and shaped by the views of service users, carers and other stakeholders
5.	Clear, effective governance processes are in place within and across organisations
6.	Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement

Our Learning

Safeguarding Adults Review (SAR)



Under the Care Act 2014, local safeguarding adults boards (LSAB) 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 SAB, its members or organisations worked together to safeguard the adult. The SAR process is designed to establish whether there are any lessons to be learnt from the circumstances of a particular case, about 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.

The HSAB uses the following decision-making criteria when assessing all SAR referrals:

- Concerns relate to a person with needs of care and support – whether in receipt of services at the time of death or injury, or not.
 - Cause of death has been established.
 - Any safeguarding enquiry process has concluded.
 - Evidence of a causal link between the death and abuse, neglect or acts of omission.
 - The harm caused, or death is judged to have been preventable.
 - Concerns exist about the way partners worked together to safeguard the adult.
 - Concerns relate to systemic failings relating to multiple organisations.
 - There is potential to identify learning to improve the local safeguarding system, multi-agency practice and partnership working.
- The SAR will add value to any investigations or reviews already carried out and will not duplicate.

In cases of referrals from other Boards, HSAB will only conduct reviews into cases meeting the statutory SAR criteria. Where these criteria are not met, it will be for the referring LSAB to consider whether to carry out a discretionary review of their own, or not.

Our Learning

Safeguarding Adult Review Referrals

Over the past year, the HSAB has received ten referrals for a SAR. The issues raised in the referrals include concerns about:

- Hoarding, neglect and self-neglect
- Poor care
- Poor communication between agencies
- Death from fire
- Substance misuse
- Mental health
- Homelessness
- Sexual Abuse

The following action was taken:

- 2 cases were accepted as SARs
- 1 case resulted in a recommendation for a multi-agency partnership review.
- 1 case is currently under consideration.
- 1 case was referred to the Fire Safety Development Group for consideration
- for local learning.
- 1 case was recommended for a CCG led review.
- 4 cases were referred to partner agencies for local learning.

At the time of writing this report, the two SAR cases and partnership review were ongoing. These cases will be subsequently published with recommendations for these cases will be published in next year's annual report.

Contact Points

Reporting concerns about harm, abuse or neglect

If you are concerned that you, or someone you know is being harmed, neglected or exploited, you can report these concerns.

If you think the danger is immediate, phone the emergency services on 999

- Contact number for Adult Services Referrals and Enquiries:
0300 555 1386
- Contact number for Hampshire's Out of Hours Service:
0300 555 1373
- Phone Hampshire Police on 101

If you would like to access the HSAB safeguarding training programme, or would like more information on safeguarding in general, please visit: www.hampshiresab.org.uk

Electronic copies of our Annual Report are also available on the HSAB website.

If you would like to find out more about this report, or the work of the Safeguarding Adults Board, please e-mail: Strategicpartnershipteam@hants.gov.uk

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