

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	15 September 2017
Title:	Adult Safeguarding
Report From:	Director of Adults' Health and Care

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1. Executive summary

- 1.1. Adult safeguarding is a core duty of Hampshire County Council. The term adult safeguarding is a term used to describe a broad range of activities and responsibilities to protect adults vulnerable to a range of behaviours which could directly impact upon their welfare and wellbeing. This report provides an overview of developments and actions undertaken by Adults' Health and Care, the County Council and a range of partners in protecting the wellbeing of vulnerable adults in Hampshire.
- 1.2. Notable issues include the lead role Hampshire Safeguarding Adults Board (HSAB) has in leading the Inter Authority Working Group across the wider Hampshire and Isle of Wight area, the development of responses to increasing awareness to adult safeguarding and the new systems and processes implemented to help mitigate this and the continuing pressures brought about in supporting people with limited or no capacity to manage key decisions relating to finance, accommodation and other key areas of their lives. Particular risk has been identified previously with regard to this area, Deprivation of Liberty Safeguards (DoLS), and this issue is detailed in this report. There are numerous positive elements of the adult safeguarding function that are identified including Hampshire County Council's work with partners, such as the continued development of the Multi-Agency Safeguarding Hub (MASH), responses to emerging forms of abuse and increased activity through traded opportunities in the Client Affairs Service (CAS).
- 1.3. Therefore, this report provides Cabinet with a detailed insight into the activities undertaken to keep vulnerable adults across Hampshire safe and to identify priorities over the coming year.

2. Context

- 2.1. Prior to the introduction of the Care Act 2014 Adults' Health and Care operated an effective system to deal with adult safeguarding concerns in a responsive and consistent way of following allegations of abuse or neglect. However, the introduction of statutory responsibilities for local authorities, Police and the NHS brought about by the Care Act 2014 has brought a change of emphasis and an enhanced focus on prevention and early intervention. The new safeguarding duties and responsibilities cover a wide range of activities and actions taken by a large number of individuals and organisations responsible for preventing, detecting, reporting and responding to the abuse of adults at risk. In a sense, the Care Act 2014 has therefore broadened the scope of adult safeguarding to include all activity designed to prevent harm from occurring, alongside our responsive duties following allegations of abuse or neglect.
- 2.2. For Adults' Health and Care much of the activity has continued to focus on embedding and implementing the changes brought about by the Care Act 2014 as well as maintaining high levels of operational performance in this area. This has included refocusing internal resources to ensure prevention and early interventions are given equal priority.

3. Hampshire Safeguarding Adults Board (HSAB)

- 3.1. Hampshire has an established Safeguarding Adults Board, the membership of which includes all multi-agency partners. A wide range of activities have been undertaken to ensure local arrangements are fit for purpose and are compatible with the new statutory requirements.
- 3.2. The policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight and Hampshire Safeguarding Adults Board continues to lead the policy development work on behalf of the other 3 Pan Hampshire local authorities. The policy, guidance and toolkit have recently been revised to produce a second edition post Care Act 2014. They have now been ratified by the 4 Boards and have been published. These documents are supported by a suite of Hampshire Adults' Health and Care internal guidance and a comprehensive training strategy to support practice.
- 3.3. The Business Plan agreed in the spring of 2017 has the following Board objectives:
 - Engaging local communities to ensure wide awareness of adult abuse and neglect and its impact
 - Prevention and early intervention – promoting well being and safety and acting before harm occurs
 - Well equipped workforce across all sectors
 - Safeguarding services improved and shaped by the views of service users, carers and other stakeholders
 - Clear effective governance processes are in place within and across organisations

- Learning from experience – mechanisms to gain learning from serious cases and promote service and practice improvement.

3.4. The Hampshire Safeguarding Adults Board Chair has recently taken over the chairing of the Inter Authority Working Group which aims to have strategic oversight and co-ordination of the safeguarding agenda across the Pan Hampshire area. A discussion paper is in development with proposals to improve the co-ordination. It is hoped the proposals will be welcomed by many agencies such as Hampshire Constabulary and Hampshire Fire & Rescue Service who work across the area. It is recognised that for some organisations the obligation to a high number of separate safeguarding boards and sub groups is challenging and may not be sustainable.

4. PREVENT

- 4.1. The Counter Terrorism and Security Act 2015 created a statutory duty to have due regard to the need to prevent people being drawn into terrorism. This duty applies to all public bodies (local authorities, police, NHS, schools, further and higher education providers, probation, prisons and youth offending services). The duty also applies to private providers supplying public functions for example, in the education sector. Previously, the lead responsibility for PREVENT lay with the police, however, local authorities now have the lead as PREVENT interventions are focused in the 'pre criminal space'.
- 4.2. Hampshire has a well established PREVENT Partnership Board whose role is to provide a consistent and co-ordinated response across Hampshire and the Isle of Wight to the ideological challenge of terrorism. This is achieved through oversight of PREVENT activities across the area and ensuring PREVENT is addressed, as appropriate, in strategic plans and strategies.
- 4.3. The Hampshire PREVENT Partnership Board brings together agencies who provide services across Hampshire to share guidance, strategic work and improve co-ordination, however, in terms of governance the three neighbouring local authorities have their own delivery arrangements.
- 4.4. The Board has agreed a PREVENT Strategy and Action Plan which is monitored by the Board.
- 4.5. A Home Office led peer review of the County Council's arrangements for PREVENT took place in July 2017. This involved the engagement and participation of a wide range of stakeholders and partners.
- 4.6. The final report detailing the outcomes of the review is awaited. However, feedback provided at the conclusion of the review identified a number of strengths identified in our local arrangements, including:
 - the leadership of the PREVENT Board and PREVENT agenda locally;

- a strong desire to learn and improve local operational practice across agencies; and
- a well developed self assessment, action plan and documented arrangements to support the operational delivery of PREVENT responsibilities.

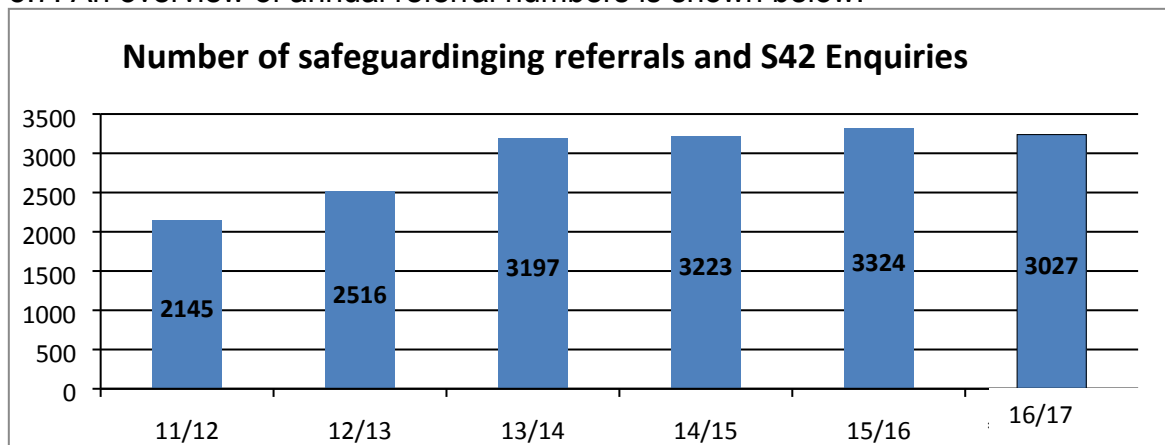
4.7 The self assessment and review process also identified areas for improvement which are being implemented. These include amendments to some aspects of the overall governance architecture and broadening the officers involved in leading PREVENT, beyond a small number of safeguarding and specialist professionals. There is also an undertaking to work with the South East Counter-Terrorism Unit (SECTU) to further develop and publicise the risk profile of Hampshire into a more dynamic tool and to ensure it is understood more widely across partner organisations.

5. Activity

- 5.1. Over the last few years Adults' Health and Care have continued to make improvements to the capture and reporting of safeguarding information, as a result of these changes it may not always be possible to directly compare activity between years. The Care Act 2014 has also redefined how safeguarding is defined and recorded.
- 5.2. The vast majority of safeguarding concerns are now directed to the Adult Multi-Agency Safeguarding Hub (MASH) where staff review them in relation to the action required, consider multi-agency information sharing and proportionality. This enables the services to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.
- 5.3. The nature of concerns reported to Adults' Health and Care are often on a continuum of poor quality care through to extremely serious abuse carried out where police investigation is required. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.
- 5.4. MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker, and advise on appropriate action. During 2016 MASH received circa 16,000 concerns. Of these, in the region of 2,200 were forwarded to community teams as they involved individuals already known and a further 3,600 were forwarded for follow on action.
- 5.5. The familiar phrase 'safeguarding is everyone's business' is very important in the new landscape and the work that is necessary so that the public and partners understand the parameters of the local authority co-ordination role and the proactive role that all agencies and services are obligated to take to prevent harm occurring to adults at risk. Work is being undertaken to address the volumes of concerns that are forwarded that do not amount to s42 enquiry.

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

5.7. An overview of annual referral numbers is shown below:



The figure above demonstrates the number of s42 enquiries opened (and in pre Care Act 2014 language referrals).

6. Recent Achievements

6.1. The Quality Outcomes and Contract Monitoring (QOCM) framework is an integral part of all Safeguarding, Quality and Governance activity within the Adults' Health & Care department. The framework allows practitioners to monitor and respond to concerns in provider settings and is a key part of the departments' prevention agenda.

6.2. One of the main aims of this framework is prevent quality issues in a provider service from escalating to a situation where abuse or significant harm has taken place.

6.3. The framework also aims to:

- Support good decision making so that quality concerns are only addressed under the adult safeguarding policy when necessary
- Ensure appropriate systems, processes and procedures are in place to allow teams to record information about the services we commission from
- Enable all staff to use this guidance and the tools within it to provide a proactive proportionate response to quality concerns.

- 6.4. The framework has recently been updated to strengthen the monitoring aspects and is currently being rolled out across Adults' Health and Care.
- 6.5. 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.
- 6.6. 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.
- 6.7. This is a growing area for the County Council as the contract to provide the service for Southampton City Council has recently been extended to include appointeeship and deputyship. This 'sold' service is developing further due to recent agreements with Guernsey for a limited number of clients and there are discussions with the Clinical Commissioning Groups (CCGs) following the service taking on one client as a one off arrangement. It is possible a service level agreement will be considered for further CCG work.
- 6.8. At the most recent inspection of the Client Affairs Service the Office of the Public Guardian referred to the Hampshire Service as being a 'Beacon site' for other local authorities and an extremely positive inspection report was received.
- 6.9. The Service Manager for the DoLS and Client Affairs service is a member of the national Association of Public Authority Deputies (APAD). In the capacity of this role she has been leading on a national development to accredit the Client Affairs Case Officer Role. There is broad based support for accreditation from regional scoping of approx. 20 local authorities and support received for this development from the Care Quality Commission (CQC) National Mental Capacity Act Lead. The training will be piloted in Hampshire and will be accredited by City and Guilds.
- 6.10. An opportunity has arisen to extend the Board support provided to the Hampshire Safeguarding Adults Board and the PREVENT Board to the Health and Wellbeing Board. It is hoped this will be a positive development and an opportunity to provide consistent support across Strategic Boards, thus enhancing the alignment of the Boards.

7. Key Priorities

- 7.1. Given that the number of safeguarding concerns continue to rise, one of the key priorities is to manage the demand as effectively as possible and address the opportunity for closer joint working system wide. This includes joining up responses between Children's Services and Adults' Health and Care regarding common areas.

- 7.2. In the light of the new operating model within Adults' Health and Care and the subsequent restructure it is hoped through the introduction of the Contact Assessment Resolution Team (CART) this will allow MASH to offer an enhanced service, which will include responding to contacts which fall under the prevention and quality agendas, and to allow the MASH to keep hold of cases for longer so that they are able to resolve more and therefore send less through to the community teams.
- 7.3. Work is continuing to help improve the quality of Police and Ambulance Service alerts and positive progress has been made, working alongside Southampton, Portsmouth and Isle of Wight local authorities. There is a new reporting process (PPN1) supported by a training roll out involving Adults' Health & Care staff which is hoped will reduce the volume of inappropriate referrals received.
- 7.4. The Children's MASH and the Adults' MASH operate from the same floor of the same building and the respective Service Managers continue to work together to join up systems wherever possible – e.g. shared referral process for PREVENT referrals.
- 7.5. Whilst it is recognised that there are different legal frameworks there is a significant opportunity to bring together the work of the teams where it would be valuable to do so and consider integrating processes where this would be beneficial to families.
- 7.6. The multi-agency MASH Governance Board has recently been reviewed to improve its effectiveness and accountability. This will, now cover both child and adult responsibilities for the three statutory partners.
- 7.7 As mentioned earlier in this report there is an increased focus on prevention and early intervention. A key aim in this regard has been to integrate safeguarding and the prevention and intervention agenda across the continuum of the procurement of services through to delivery.
- 7.8 Work streams include:
- The development of the Quality Outcomes Contract Monitoring (QOCM) framework. This informs the departmental risk log and there is now a county level reporting system. This different approach now allows for strategic oversight and early warning, intervention and support for providers.
 - As a preventative approach additional quality checks for new providers before they are given business or added to the AIS system is now in place. This aims to ensure that a baseline of information is known about a service before the department commissions packages of care.
 - Closer working with the social care regulator, the 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.

7.9 There have been some areas of development in the emerging areas of modern day slavery/human trafficking, serious organised crime and sexual exploitation including multi-agency partnership working.

- Modern day slavery
 - Modern Slavery guidance with a flow chart for Adults' Health and Care developed
- Adult sexual exploitation
 - Adult sexual exploitation strategy and practice guidance developed
 - A short term pilot to test the draft adult sexual exploitation screening tool
 - Training options for staff are being considered to improve understanding and response
- Serious organised crime
 - A Serious and Organised Crime (SOC) Partnership Plan has recently been created by partners working together with Police to effectively deal with serious organised crime.

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

7.11 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.

7.12 For this reason the scale of the crime is unknown. There have been no confirmed incidents in Hampshire since the new duties though there are reported incidents nationally and in neighbouring authorities. National examples include an increased prevalence amongst agricultural workers.

8. Risk Issues

Deprivation of Liberty Safeguards (DoLS)

- 8.1 The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived in order to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty as a result of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny.
- 8.2 The result of a Supreme Court judgement in March 2014 has had a considerable impact on resources as a result of the widening of the criteria in terms of who is eligible for a DoLS. This situation has been an issue of risk for the Council over the past three years and has been and continues to be subject to significant management oversight.
- 8.3 As a result of the judgement, Adults' Health and Care has seen a significant increase in the number of DoLS applications received and there are approximately 4,000 people awaiting assessment.
- 8.4 The available budget in the DoLS service has been increased for 17/18, removing the financial risk. However, this means that the service must come in on budget whilst continuing to appropriately manage risks.
- 8.5 Productivity has however, increased with the central team of assessors doubling their throughput since January of last year. However, it is important to recognise that for those individuals for whom the DoLS legislation applies regular review and further authorisation are required.
- 8.6 For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances applications are made to the Court of Protection. Scoping has identified that there are a greater number of service users who may be deprived of their liberty than applications to the court. Further scoping work is being reviewed by the Care Governance Board and proposals for centralised management being considered.
- 8.7 All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. Systems changes have been developed to enable recording of decision making but recent audit activity demonstrates a low compliance rate with the new recording standards. The HSAB has a Making Safeguarding Personal project underway to embed the approach across all agencies.

9. Finance

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

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

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

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

10. Future Direction

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

- Ensure the approach of Making Safeguarding Personal is universally adopted
- Deliver the Hampshire Safeguarding Adult Board Business Plan
- Continue to support the development of PREVENT, building on the initial feedback received from the Home Office led peer review, and to take account of the final recommendations when received.
- Continue to work with the NHS and CQC regarding quality improvement
- Continue to work to embed safeguarding into the commissioning and procurement of the department
- Risks in respect of the DoLS service and the demand management around the MASH continue to require attention and close management
- Work will be taken forward to ensure the role of Public Health is integrated and covered in any developments

11. Recommendations

11.1. That Cabinet endorses the direction of travel regarding the future focus of work, as outlined in Section 10 – Future Direction, above.

11.2 That Cabinet note the activity and progress within the Adult Safeguarding, Quality and Governance arena.

11.3 That Cabinet note the continued pressure and increasing demands being made upon our statutory duty to safeguard and keep vulnerable adults safe.

11.4 That Cabinet note the role of the Hampshire Safeguarding Adults Board in leading the development of policy across the 3 Pan Hampshire Adult Safeguarding Boards and to note the lead role being taken to chair the Inter-Authority Working Group.

11.5 That Cabinet receive a further update on adult safeguarding in 12 months time.

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

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u> None	<u>Location</u>
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IMPACT ASSESSMENTS:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

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

2. Impact on Crime and Disorder:

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

3. Climate Change:

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

No impact has been identified

3.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified