Brighton & Hove
SAB
Safeguarding
Adults Board

Brighton & Hove Safeguarding Adults Board Annual Report 2022-23

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A Message from our Independent Chair

I am very pleased to introduce my second Annual Report as Independent Chair of the Brighton and Hove Safeguarding Adults Board (BHSAB). This year's report details the work carried out during 2022-23 to improve services for vulnerable people in Brighton and Hove during a period of continued challenge for both the Board and our partner agencies.

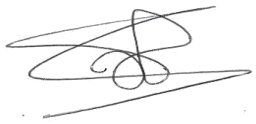
Despite these challenges I am pleased to say that the BHSAB has been able to deliver on many of our objectives over the last year. We held our first BHSAB Development Event where we examined our progress to date and agreed our future priorities, leading to the publication of our new strategic plan for 2022-25. A new BHSAB Constitution was developed that improves governance and accountability processes and new members have joined both the full board and some of our subgroups. These actions strengthen the knowledge base and diversity of the Board.

Other achievements you will find in the report include developing and updating learning resources that take in existing pan-Sussex SAB Protocols, as well as a range of audio and visual guidance on topics such as Professional Curiosity, Making Safeguarding Personal, Modern Slavery, and learning from reviews.

The two Safeguarding Adults Reviews (SARs) we published during 2022-23, 'Andrew' and a Thematic Learning Review, cut across many safeguarding themes. These include multi-agency information-sharing and communication, knowledge and application of relevant policies and procedures, the challenges around supporting women with multiple and compound needs, and the need for a systemic trauma-informed approach. The learning from both these reviews are being taken forward through wide-ranging and comprehensive Action Plans.

Reduced staffing capacity has meant that we haven't been able to achieve all of the identified aims and as our SAR activity continues to increase we acknowledge that there is more to do this coming year.

Finally, I would like to acknowledge the engagement and continued commitment of all our partners for their ongoing work on behalf of the board.



Annie Callanan

Independent Chair, Brighton and Hove Safeguarding Adults Board

A Message from Healthwatch

I am very pleased to provide commentary on this Annual Report, my first since being appointed as Chief Executive of Healthwatch Brighton and Hove in March 2023.

Healthwatch Brighton and Hove has continued to work closely with the Brighton and Hove Safeguarding Adults Board (BHSAB). Over the last year, our Healthwatch representative, Brigid Day, has continued to act in the capacity of Chair of the Safeguarding Adults Review subgroup (SAR) which reports into the BHSAB. Brigid has demonstrated excellent leadership and collaboration and her role ensures independent scrutiny of the Group's work.

The SAR group has seen an overall trend of increased activity 2022-23 with a total of 7 SAR referrals.

This report underpins the critical work of the SAB supporting both city-level and Sussex-wide priorities to tackle health inequalities, reach those communities most at risk of poorer health outcomes and support those who are most vulnerable. It supports the Brighton and Hove Joint Health Wellbeing Strategy (2019-2030) aim that "*We want everyone to be safe from avoidable harm, taking particular care of our most vulnerable residents*." The Brighton and Hove Health and Care Partnership Executive Board has also prioritised children and young people and people living with multiple compound needs.

Healthwatch, therefore, supports the four specific priorities identified in this report, notably to "*Continue to develop the membership and work of the SAB to ensure it includes appropriate representation from adults, communities, professionals, and agencies involved in safeguarding to enable effective organisational change*." And that the "*The Brighton and Hove Safeguarding Adults Board have already identified that areas such as transitions and working with those who have complex and multiple needs, which primarily include younger adults, are priorities and we will continue to work with partners agencies to take this work forward in 2022-23."*

Healthwatch will continue supporting the role of the SAR and BHSAB by sharing what we are hearing from the vulnerable people and communities we engage with through our work.

The Brighton and Hove Safeguarding Adults Board continues to provide excellent leadership, coordination, and a focus for partnership to promote high standards of safety and quality in health and social care in our city. We fully support this Annual Report.

Alan Boyd

Chief Executive Officer, Healthwatch Brighton and Hove

About Us

Brighton and Hove is a city and unitary authority in the South-East of England. It is home to 277,200 people (from the 2021 census). This is an overall increase of 1.4% from 273,400 in the 2011 Census, which is lower than the national average population increase of 6.2% across England.

The most significant increase in population in the city has been in older age groups. The 48 to 62 age group has seen the largest increase, having increased by 32% (13,800 people). The number of adults aged 65 years and over has increased by 9.2% (3,300 people).

There are an estimated 18,000 residents aged 75 or older, of which 59% (10,500 people) are female and 41% (7,400 people) are male. By the age of 90 or older the difference is more than two to one with 1,500 female (68%) to 700 male (32%) residents.

According to the 2021 Census more than a quarter of residents are BME (non-White UK/British). Other White residents (26,812 people) are the largest BME group, one in ten of all residents (10%) and more than a third of BME residents (37%). Residents of mixed ethnicity (13,228 people) and Asian/Asian British residents (13,217 people) each make up one in twenty of all residents (4.8%). Black/Black British (5,458 people, 2.0%) and Arab (3,049 people, 4.2%)

According to the 2021 Census, at least one in ten adults aged 16 or older (11%, 25,247 people) identified as gay or lesbian, bisexual or another sexual orientation. The highest proportion in any upper tier authority in England.

In 2021 there are estimated to be 141,000 female (51%) and 135,400 male (49%) residents in the city. Apart from in the age range 19 to 21 (which is influenced by the student population) there is a relatively even distribution of males and females across all ages up until the age of 75 years.

The Brighton and Hove Safeguarding Adults Board (BHSAB) is a multi-agency statutory partnership that provides leadership and strategic oversight of adult safeguarding work across Brighton and Hove. There is a strong focus on working in partnership, and on a pan-Sussex basis where possible, to develop consistency across adult safeguarding arrangements.

Under the Care Act 2014 Safeguarding Adult Boards have three statutory duties; these are to publish both a Strategic Plan and an Annual Report as well as to arrange for Safeguarding Adult Reviews to be undertaken when the necessary criteria is considered to have been met. This is the eighth Annual Report that has been published by the BHSAB since the Care Act was introduced and it is for the period from 1st April 2022 to the 31st March 2023.

Our Statutory Partners:

- **Brighton and Hove City Council**
- **Sussex Police**
- **NHS Sussex**

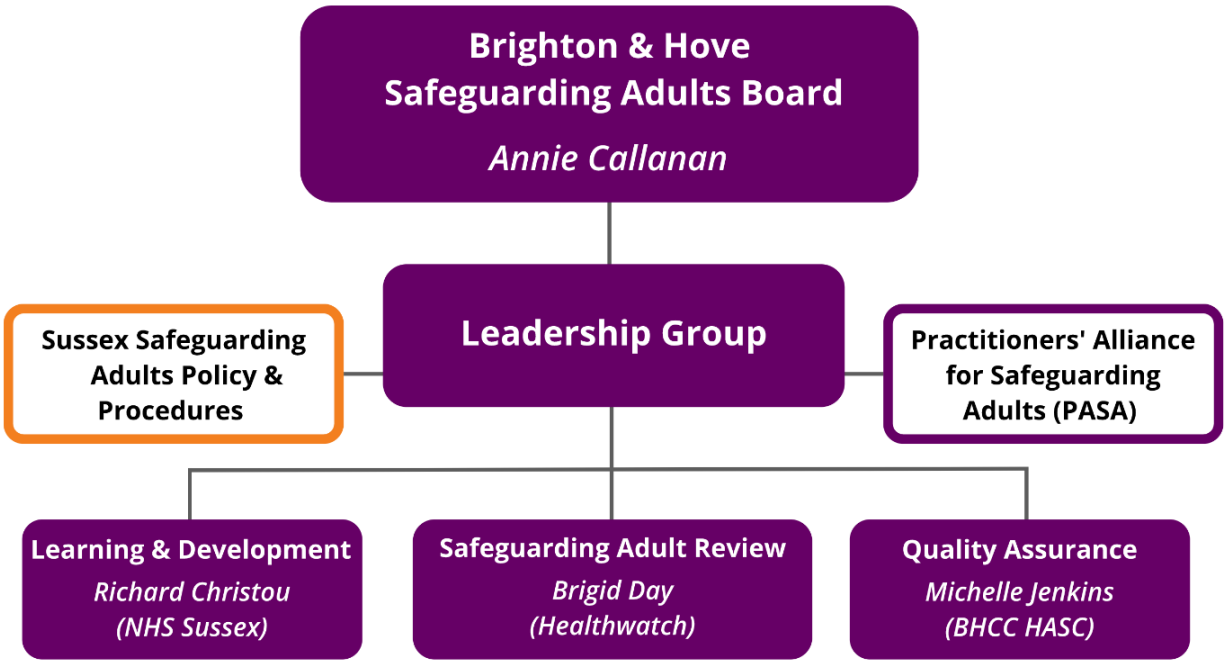
The further partners of the Board are:

- **University Hospitals Sussex NHS Trust**
- **East Sussex Fire and Rescue Service**
- **Healthwatch Brighton and Hove**
- **National Probation Service**
- **South-East Coast Ambulance Service NHS Foundation Trust**
- **Sussex Community NHS Foundation Trust**
- **Sussex Partnership NHS Foundation Trust**
- **Department of Work and Pensions**
- **Bridging Change**
- **Voluntary and Community Sector representation (represented by the Practitioners' Alliance for Safeguarding Adults)**
- **Brighton and Hove Safeguarding Children Partnership**

In addition, the Board maintains links with the following:

- **East Sussex Safeguarding Adults Board**
- **West Sussex Safeguarding Adults Board**
- **The National Network of Chairs of Safeguarding Adult Boards**
- **The Safeguarding Adults Board Manager Network**
- **Safeguarding Adults National Network**
- **Brighton and Hove Community Safety Partnership**
- **South-East Regional Safeguarding Adult Board Network**

Our Structure



Our Priorities

The BHSAB's previous three-year Strategic Plan concluded at the beginning of this year. A Development Day Event was held with our partners to identify the issues and priorities for the partnership over the next three years, and this has formed the basis of the new BHSAB Strategic Plan.

This is the BHSAB's third Strategic Plan and will cover the period from 2022-25, whist also being updated as required to reflect emerging themes and challenges. The first BHSAB Strategic Plan, from 2016-2019, embedded and tested compliance against the Care Act 2014. The second Strategic Plan, from 2019- 2022, built on these foundations and broadened the focus of the SAB with six wide-ranging priority areas identified.

In this third Strategic Plan four specific priorities been identified that are based on the previous priorities but seek to reduce overlap and duplication. There are four objectives in each priority area with the priorities having been identified by the multi-agency partnership through several processes. These include the SAB Development Day Event, the pan-Sussex Self-Assessment and Peer Challenge in 2021, as well as learning from BHSAB activities such as SARs and multi-agency audit processes.

Accountability and Leadership

- Ensure there are effective and broad governance arrangements in place so that all Board members understand their roles and responsibilities under the Care Act 2014.
- Continue to develop, and review, relevant policies, procedures, and processes to support consistent and current safeguarding practice.
- Develop and strengthen arrangements with other Boards and Partnerships to share information and effectively respond to safeguarding themes, issues, and emerging trends.
- Ensure clear and transparent annual budget plans are in place for all SAB activities to enable the work of the Board to be undertaken.

Performance and Quality

- Ensure learning from SAB activities such as SARs, other reviews, and multi-agency quality assurance audits is effectively communicated and embedded into practice to facilitate organisational change.
- Ensure there are effective quality assurance mechanisms in place to hold partners to account for safeguarding practice.
- Ensure effective arrangements are in place for the commissioning and undertaking of SARs to ensure these are proportionate, focused, and timely, following national guidance so as to shape learning and continuous improvement.
- Ensure the use of multi-agency safeguarding data to identify themes, issues and to respond to emerging trends which can then be used to influence future priorities and effect change where required.

Promotion and Engagement

- Continue to develop the membership and work of the SAB to ensure it includes appropriate representation from adults, communities, professionals, and agencies involved in safeguarding to enable effective organisational change.
- Ensure that communication and engagement strategies are easily accessible and consider the diversity of local communities and reflect changing demographics.
- Develop a culture where all professional and agencies identify and respond to safeguarding issues effectively, using a preventative approach and engaging the adult and/or their representative appropriately about how best to progress concerns and achieve their desired outcomes.
- Support in the development of multi-agency safeguarding arrangements in response to increasing complexity of need and multiple disadvantage; including transitions, exploitation, and trauma-informed approaches.

Integration and Workforce Development

- Continue to work with partner agencies to identify and develop a range of effective multi-agency learning resources in response to learning from SAB activities, and that promotes equality and diversity.
- Promote awareness of adult safeguarding, including the role and responsibilities of the SAB and SARs, offering professionals across organisations the opportunity to be involved in these activities.
- Explore the development of an updated pan-Sussex Learning and Development Strategy that provides a Sussex-wide approach to sharing training resources and learning from SAB activities.

The BHSAB has also developed three areas of focus that are derived from our strategic priorities. These link to the strategic priorities but are specific initial areas of focus identified by partner agencies that the SAB is seeking to progress.

1. **Safeguarding those with multiple and intersectional needs.**
2. **Evidencing and embedding learning from SAB activities.**
3. **Inclusion, Equalities and Risk**

Our Budget

The Brighton and Hove Safeguarding Adults Board has a pooled budget; Partner agencies contribute to the running of the board financially, and also by chairing and facilitating meetings, providing use of their buildings and facilities, and contributing time and expertise to learning events.

Income for 2022 - 2023

Brighton & Hove City Council	£86,000
Sussex Police	£22,610
NHS Sussex	£26,600
Total	**£135,210**

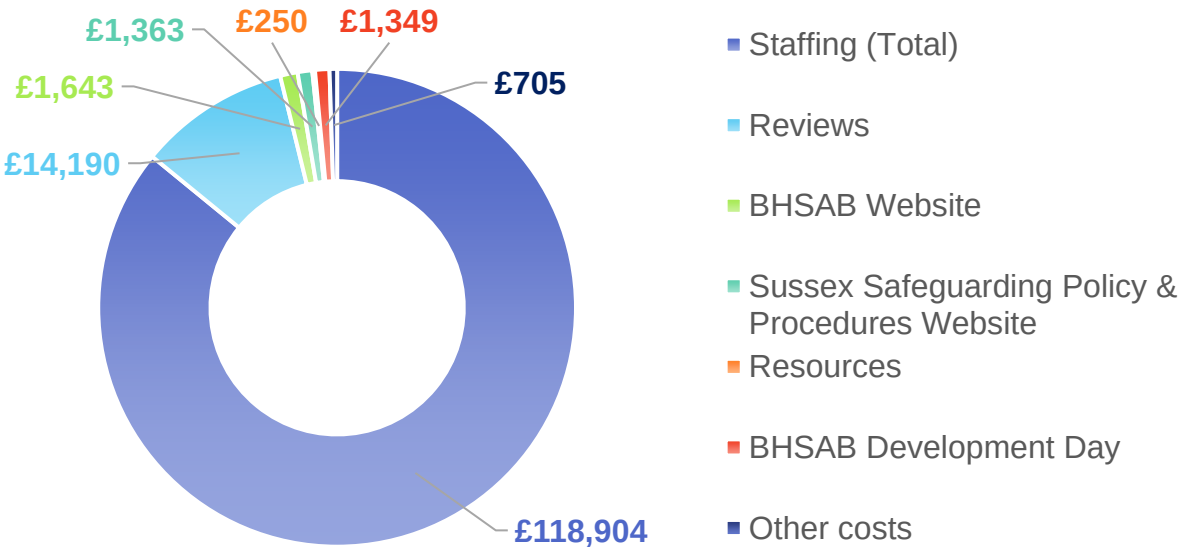
The board carried forward some of the Brighton & Hove City Council and third-party income into the 2022/23 budget, with some again carried forward to 2023/24. There were significant expenses incurred during the previous year, principally review costs, which remain significant.

During 2022-23 the overall number of visits to our Brighton and Hove Safeguarding Adults Board website was 6,995.

In comparison with 2021-22 this was an increase of over 10%

Expenditure in 2022 - 2023

Item	Subtotal	Total
Staffing		£118,904
Business Manager	*£67,612*	
Administrator	*£25,135*	
Quality Assurance / Learning & Development Officer	*£17,157*	
Independent Chair	*£9,000*	
Safeguarding Adult Reviews		£14,190
Craig SAR	*£4,361*	
Charlie SAR	*£2,250*	
Thematic Learning Review	*£7,579*	
BHSAB Website		£1,643
Sussex Safeguarding Adults Policy & Procedures Website		£1,363
Annual Licence	*£883*	
Development Costs	*£480*	
BHSAB Development Day		£1,349
Resources		£250
Other costs		£705
Sundry costs	£97	
Apprenticeship levy	£409	
Mobile costs	£199	
Total		**£138,404**



Our Achievements

Accountability and Leadership

During 2022-23 the BHSAB has made significant progress in respect of governance arrangements. A Development Day Event was held with partners, with an independent facilitator, to review the work of the board over the past three years and to establish future priorities. A new Strategic Plan has been published based on the outcomes from this, as well as learning from other activities.

Updated work plans based on the new Strategic Plan have been developed for each of the subgroups of the BHSAB to ensure that the four strategic objectives are aligned and progressed through specific tasks. The establishment of the BHSAB Leadership Group enables increased involvement from the Chairs of the subgroups in strategic decision-making and workflow between the various subgroups.

An updated BHSAB Constitution has been published that replaces the previous Constitution. This establishes clear governance arrangements in respect of the BHSAB's role and responsibilities in the local system, the role of the Independent Chair, expectations on board partners and subgroup members, as well as dispute resolution and complaints processes.

The BHSAB has continued to work with our SAB colleagues and partners across Sussex in developing, reviewing, and updating the Pan-Sussex SAB Protocols to ensure leadership and consistency around adult safeguarding arrangements. We have continued to develop pan-Sussex SAB learning resources, which includes podcasts, videos, learning briefings, posters, and a leaflet.

Performance and Quality

The BHSAB has continued to progress our multi-agency audit programme with the Role of the Lead Professional Audit concluded and the learning from this contributing to other SAB activities. A multi-agency audit has also been undertaken into transitions and trauma based on one of the recommendations made in our Thematic Learning Review.

There is a detailed section on SARs further on in this Annual Report but in summary the BHSAB has published two SARs during 2022-23. The first, Andrew, is a desktop Executive Summary with the second a wide-ranging and comprehensive Thematic Learning Review. A SAR has been jointly commissioned with the East Sussex SAB and there is one further review currently in progress. The BHSAB is focusing on working with our partner organisations to share the learning and progress the recommendations made in these reviews.

The BHSAB has continued to develop and update learning resources and during 2022-23 this has included reviewing and updating existing pan-Sussex SAB Protocols as well as producing guidance on topics such as types of abuse and neglect, how to raise safeguarding concerns, Making Safeguarding Personal, and the Mental Capacity Act to support professionals working across the system.

The BHSAB has attended a range of webinars and virtual learning events held by the Local Government Association (LGA), CHIP (Care and Health Improvement Programme), Social Care Institute for Excellence (SCIE) and NHS Sussex. These have been on topics including transitions, homelessness, discriminatory abuse, trauma-informed practice, as well as SARs in Rapid Time and this learning will be integrated into future work to enhance performance and quality.

Promotion and Engagement

The membership of the full board and our various subgroups and affiliated groups has continued to expand over the last year. This has included a new lay member and a representative from the Department of Work and Pensions joining the full board, the Chair of the Child Practice Safeguarding Review subgroup joining the SAR subgroup, and a new Chair of our Learning and Development subgroup. The membership of the Practitioners' Alliance for Safeguarding Adults has also increased during 2022-23.

We have continued to develop arrangements with the LeDeR (People with a Learning Disability and Autistic people) programme. Closer arrangements are also being developed with the Domestic Homicide Review programme to ensure effective information-sharing and communication across these statutory review programmes.

Case Studies have been introduced to full board meetings this year with board partners and others working across the system delivering short presentations on a range of safeguarding topics that have included trauma-informed practice in working with domestic abuse, safeguarding arrangements for refugees and migrants, and COVID-19 vaccinations for adults with learning disabilities.

The BHSAB have continued to produce a quarterly newsletter that shares not only updates and links to the work of the SAB but also updates from partners and colleagues. The distribution list for the newsletter has continued to increase over the last year.

Integration and Workforce Development

In response to feedback the BHSAB have produced a range of new 'bitesize' audio-visual learning resources. These 'podcasts' have been developed with board partners on professional curiosity, Making Safeguarding Personal and Modern Slavery. A pan-Sussex SAB podcast has been produced in partnership with our Sussex SAB colleagues on Shared Learning from SARs. A video (adapted from the Norfolk SAB original) has also been produced for adults with learning disabilities and autism on identifying abuse and neglect entitled 'Tricky Friends'.

In addition to updating existing guidance on types of abuse and neglect and how to report safeguarding concerns the BHSAB has collaborated with our Sussex SAB colleagues to produce a pan-Sussex SAB Safeguarding leaflet as well as a range of posters. These are designed to be printed out and raise awareness on types of abuse and neglect, mental capacity and Making Safeguarding Personal, with details of pathways to support concerns being raised appropriately. A Safeguarding Competency framework page has also been developed to support continuing professional development.

The BHSAB has promoted awareness of adult safeguarding and the work of the SAB across the system during 2022-23. This has included presentations and facilitation at meetings and events held by Change Grow Live, Oasis, BHT Sussex, and a multi-agency Acquired Brain Injury Forum.

During 2022-23 there were 1,366 visits to our Pan Sussex Safeguarding Thresholds website page. This is an increase of over 200% from 2021-22.

Safeguarding Adults Reviews

Under section 44 of the Care Act 2014 Safeguarding Adults Boards (SABs) have a statutory duty to commission a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and where 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 and protect that adult.

A SAR is not undertaken to hold any organisation to account; is not a punitive process and is not to apportion blame. The purpose of a SAR is to promote effective learning and to prevent future deaths or serious harm occurring again. The aim is that it tackles barriers to good practice and lessons can be learned from the case, which can be applied in the future to prevent similar harm re-occurring.

The increased SAR activity seen within Brighton and Hove in recent years has continued during 2022-23. The BHSAB has received seven SAR referrals during the year, the primary issues covering:

- **Exploitation (Cuckooing)**
- **Self-neglect**
- **Organisational neglect**
- **Substance misuse**
- **Mental capacity**
- **Discriminatory abuse**
- **Information-sharing and communication (where adults move between local authority areas)**

In response one SAR has already been commissioned and further information is being gathered in relation to the other referrals. There are two SARs currently in progress, one of which is a joint review arranged with a neighbouring Safeguarding Adults Board, which will be published during 2023-24. A SAR was completed and published following the death of a man with a learning disability and a thematic review undertaken in relation to three women where there were common themes of abuse and neglect. See the boxes below for summaries of these.

The BHSAB has continued to develop our SAR subgroup arrangements over the last year and the group is well attended by the member organisations. The membership of the subgroup has recently increased with the addition of the Chair of the Brighton and Hove Safeguarding Children Partnership (BHSCP) Child Practice Safeguarding Review subgroup. This will enhance information and sharing across the BHSCP and BHSAB, as well as supporting ongoing work in relation to transitions in particular.

The BHSAB has worked together with the other Sussex SABs to produce a learning resource to raise knowledge and understanding of the themes seen in SARs across Sussex and the actions taken in response. We are continuing to develop the expectations and remit for Independent Reviewers to ensure that review reports are

of a sufficient quality and recommendations are specific, measurable, achievable, relevant and time bound.

A process has also been established whereby single-agency quality assurance issues identified in SAR referrals where the eligibility criteria are not met, are passed to the Quality Assurance subgroup for further consideration.

Below are summaries of the two Safeguarding Adults Reviews published during 2022-23.

Andrew

Andrew was a 51-year-old gentleman who had a severe learning disability, in addition to a range of longstanding health difficulties that included existing concerns around nutritional intake and weight loss. He had been living in a local authority residential care home setting for over twenty years but was admitted to hospital after sustaining significant injuries following an assault by another resident. Andrew experienced further illness whilst in hospital and his weight loss continued. On discharge he returned to the Residential Care Home but was readmitted to hospital only ten days later and passed away shortly after this.

A Safeguarding Adults Review (SAR) was commissioned, in the form of a 'Desk-top Review' to understand the circumstances leading up to the death of Andrew and to bring together the various investigative and enquiry processes undertaken by individual organisations. The Independent Reviewer grouped their findings into six categories and their conclusions included that the multi-agency post-discharge arrangements, particularly in relation to information-sharing and communication, were insufficient. They made six recommendations that include relevant statutory procedures and processes being reviewed and updated.

The BHSAB published an Executive Summary containing the findings and six recommendations that you can find here. An Action Plan has been developed with partner agencies and is nearing completion.

Since launching at the beginning of 2022-23 there have been

784

views of the videos and audio learning resources available on our Brighton and Hove Safeguarding Adults Board YouTube channel.

Thematic Learning Review

Mairead, Amy, and Miss C were all young women who had care and support needs and who died from drugs overdoses. There were a number of similar themes in their experiences and abuse and neglect was considered to be a significant factor in their deaths.

A discretionary Safeguarding Adults Review, in the form of a Thematic Learning Review, was undertaken to explore these issues, which included domestic abuse (coercion and control), mental health issues, substance misuse, having children removed from their care, and unstable housing situations.

This comprehensive and wide-ranging review has identified several areas where a review of, or changes to, current approaches may provide better outcomes and improved experiences for vulnerable women locally. These include language and terminology, multiple and compound needs, domestic abuse, and trauma-informed practice.

The review makes twelve learning points and ten recommendations, and these include a clear definition and accompanying terminology for multiple and compound needs, increased standardisation around trauma-informed practice, improved support accommodation options, and a local multi-agency risk management process.

You can find the full review report here and an Action Planning group is in the process of being established to enable these wide-ranging recommendations to be implemented.

Our Board Partner's Data

Brighton and Hove City Council's Health and Adult Social Care (HASC)

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. As part of this framework local authorities have a statutory duty to undertake safeguarding enquiries, or cause others to undertake them, when they think an adult with care and support needs may be at risk of, or experiencing, abuse or neglect. The objectives of an enquiry are to:

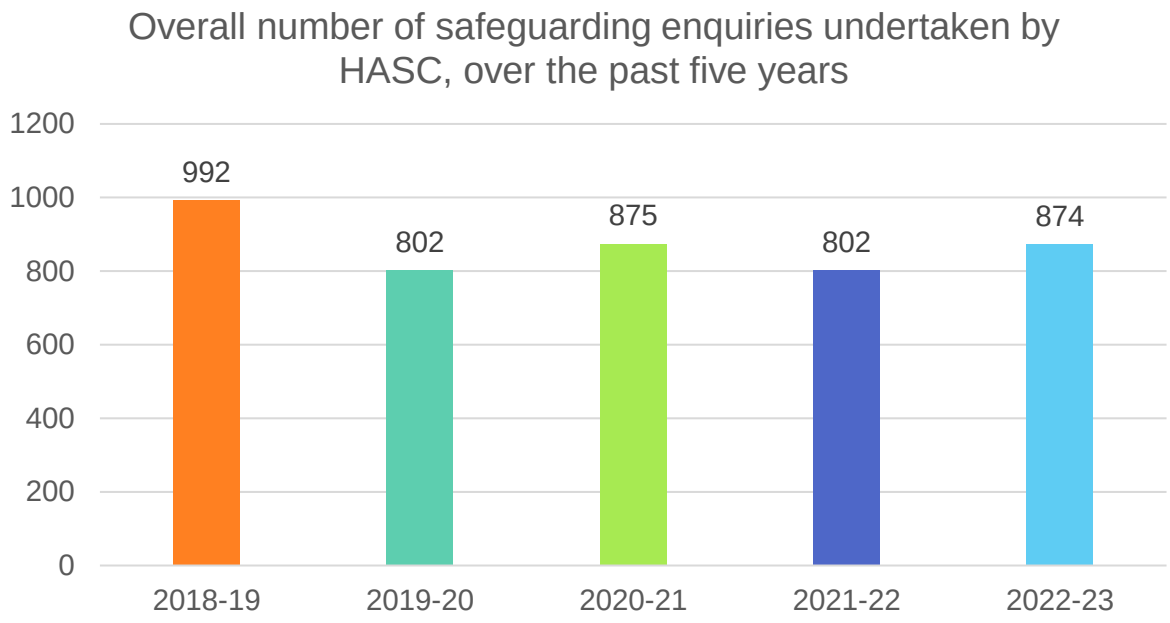
- establish the facts
- ascertain the adult's views and wishes
- assess the adult's needs for protection, support, and redress

- make decisions as to what further action should be taken with regard to the source of the concern, abuse, or neglect
- enable the adult to achieve resolution and recovery

The data provided by Brighton and Hove City Council's Health and Adult Social Care (HASC) reflects statutory safeguarding activity that took place during 2022-23, demonstrating a comparison with last year, and in some areas with previous years, to measure effectiveness, as well as identifying trends and emerging challenges.

The introduction of the Eclipse system means that the data provided by HASC is developing on a year-by-year basis as the opportunity arises for increased and improved analysis. The data analysis completed by HASC and shared with the BHSAB shows that they have provided increased safeguarding responses for people who have not received care and support provision or assessment previously.

During 2022-23, 874 safeguarding enquiries were opened by Health and Adult Social Care (HASC), which is a 9% overall increase upon the number of enquiries opened during 2021-22. The first table shows the overall number of safeguarding enquiries undertaken by Health and Adult Social Care (HASC) over the past five years and since 2019 (where there was a significant rise due to a change in recording processes) the numbers have been broadly consistent with fluctuation of 8-9% year on year.



The table below breaks down the overall number of safeguarding enquiries opened by abuse and neglect category over the past year, and in comparison with the previous year. The new recording system introduced by HASC from the beginning of last year allows more than one category of abuse or neglect to be recorded for each enquiry so the individual numbers total significantly more than the figure for the

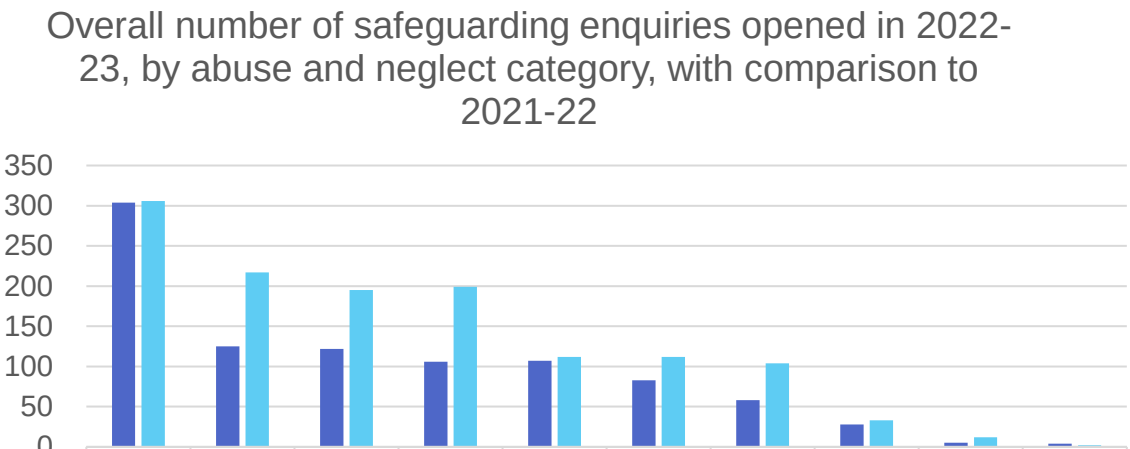
overall number of enquiries opened. This reflects that abuse or neglect often relates to more than one single concern and may encompass several issues.

It can be seen that neglect and omission continues to be the category identified most often in safeguarding enquiries that were opened, and that the overall number has slightly increased again during 2022-23. Neglect and omission was a factor in 35%, or just over a third, of the total number of enquiries opened over the past year.

Whilst financial and material abuse continues to be the second highest category recorded the number of enquiries undertaken in relation to financial and material abuse has seen a sizeable increase. The number of enquiries undertaken has increased by 74% from the previous year. This can be seen to reflect Sussex Police data identifying fraud as the highest category of crime and whilst the BHSAB has developed guidance on fraud, scams, and cybercrime this is an area of continuing focus.

The number of enquiries undertaken in relation to physical abuse, psychological and emotional, self-neglect, and domestic abuse have also all increased and following on from neglect and omission and financial material abuse these continue to be the categories where the highest number of enquiries are undertaken.

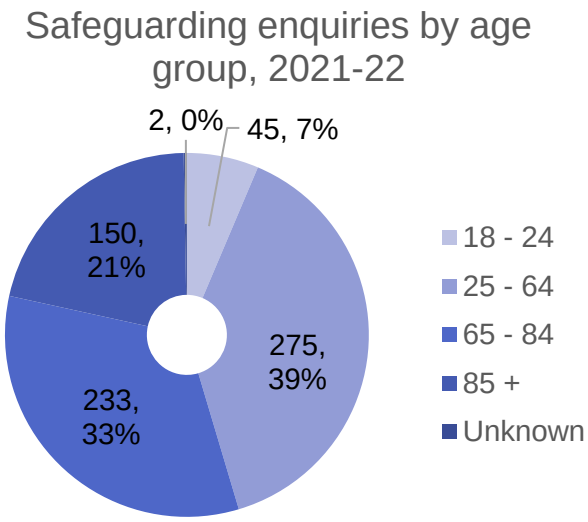
Despite the work undertaken by the Brighton and Hove Safeguarding Adults Board (BHSAB) to promote modern slavery, with a podcast/video and learning briefing developed with partners, this continues to be the category with the lowest number of enquiries undertaken. The number of enquiries undertaken in relation to discriminatory abuse also remains very low and the SAB will seek to support the work undertaken by the Care and Health Improvement Programme (CHIP) in this area to further develop awareness during 2023-24.

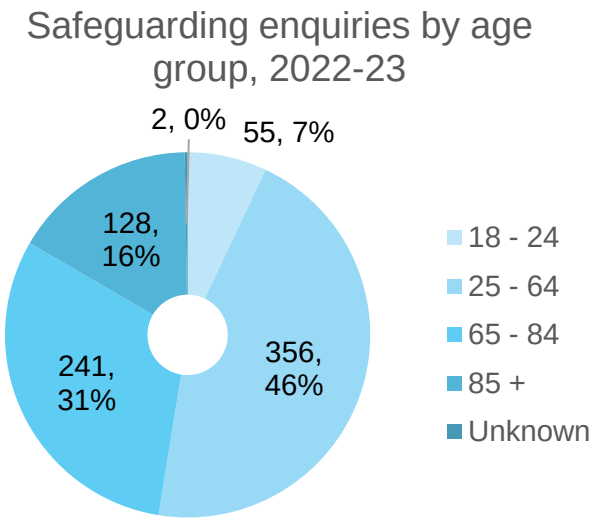


	Neglect and Omission Count	Financial & Material Count	Physical Count	Psychological and Emotional Count	Self Neglect Count	Domestic Count	Sexual and/or Sexual Exploitation Count	Organisational Count	Discriminatory Count	Modern Slavery Count
2021-22	304	125	122	106	107	83	58	28	5	4
2022-23	306	217	195	199	112	112	104	33	12	2

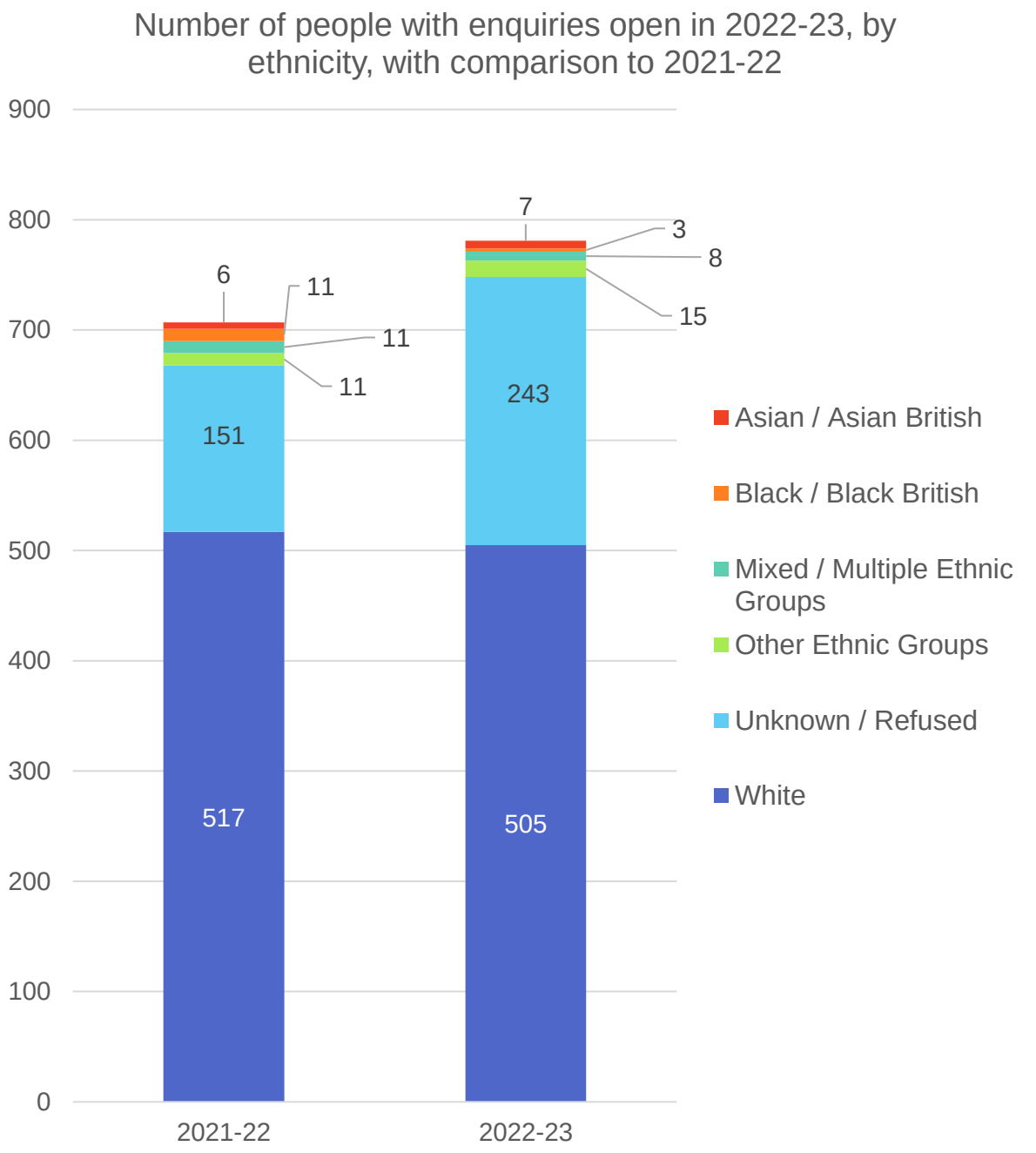
The following charts show enquiries undertaken in 2022-23, by age group, alongside those undertaken in 2021-22. It is evident that the proportion of safeguarding enquiries undertaken with younger adults (those aged 18-64) seen last year has continued to increase. The number of enquiries undertaken in relation to those aged 25-64 is the most significant increase, rising by 29% during 2022-23.

The Brighton and Hove Safeguarding Adults Board have recently published two reviews on younger adults that focus on associated areas, transitions and working with those who have multiple and compound needs. There are various related workstreams being taken forward in response to the learning from these reviews and we will continue to work with partner agencies on these in 2022-23.





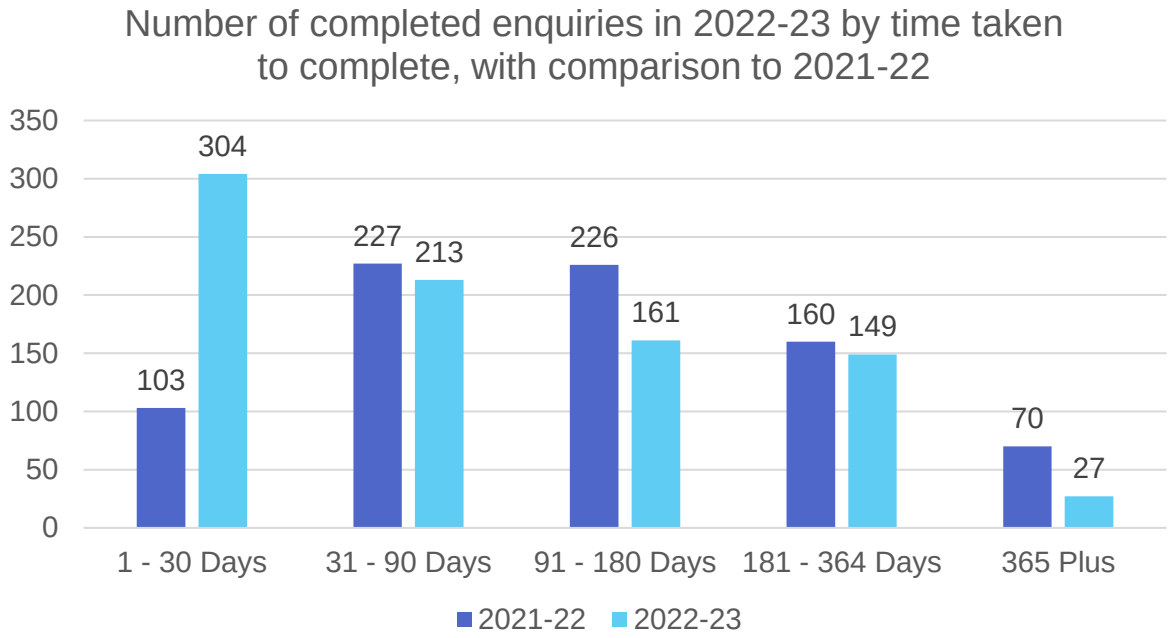
This next table shows the number of enquiries opened during 2022-23, shown by ethnicity, with a comparison to the previous year. Whilst those who identified as white continue to represent the highest proportion, this has reduced from 73% last year to 65% this year. Although census data records 85% of the population in the city as white, which could suggest this number is comparatively low, the number of enquiries where ethnicity is not recorded or unknown has increased again. This is the second highest category and now comprises just under a third of the overall total recorded. HASC previously advised they intended to update their processes to support the increased identification of ethnicity in adult safeguarding, with the performance team leading on this in 2023-24 as a priority. This should support with gaining a more comprehensive picture of the number of safeguarding enquiries being undertaken with those from ethnic minorities and where further development need to be targeted in the future. Improved recording of ethnicity and special category data is expected through changes that have been implemented within the eclipse case management system.



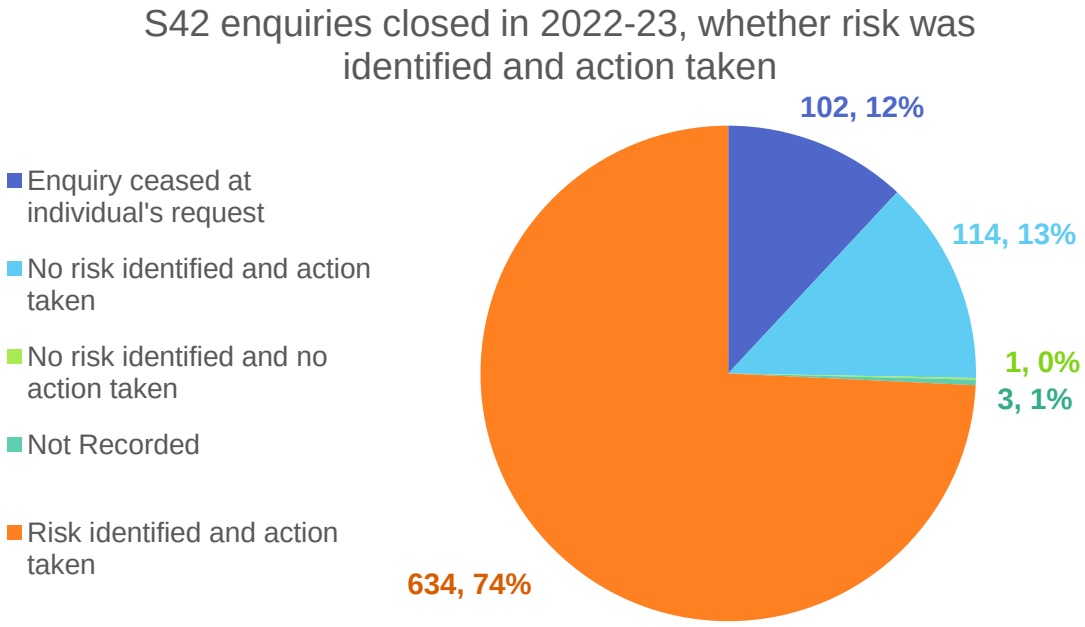
The next chart shows the time taken to complete safeguarding enquiries during 2022-23 in comparison to 2021-22. This shows a significant increase in the number of enquiries closed within a 30-day period, with over a third of safeguarding enquiries in the last year completed within a 30-day period. This is an increase from 2021-22 when only 13% were completed within this timeframe.

There has been a reduction in the length of time taken to complete longer enquiries; there has been a reduction in both the number of enquiries taking between 91 and 180 days to complete, the number of enquiries taking up to a year to complete, and the number of enquiries which took longer than a year to complete. This number has

reduced from 9% in 2021-22 to just over 3% in 2022-23 and these figures support an improvement in the timeliness of the statutory enquiries being undertaken.

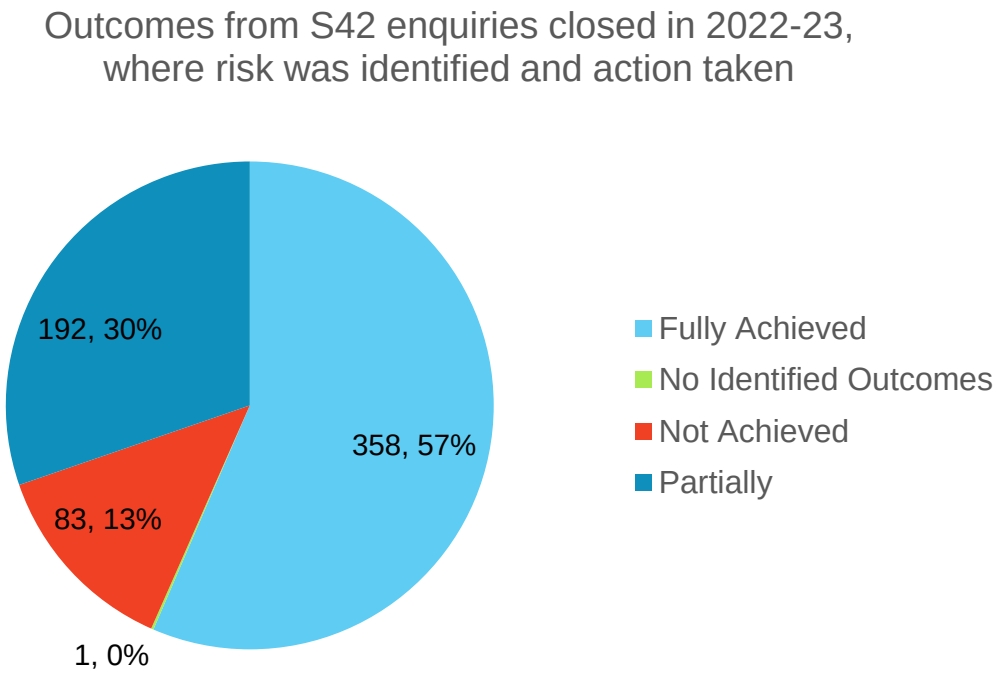


In the below chart HASC have recorded the proportion of safeguarding enquiries where risk was identified. From the total number of enquiries closed during 2022-23 (854) in 74% of these completed enquiries it is considered that there was risk identified and action taken in response. This is a slight increase of 4% from the previous year but broadly similar. Two areas of change worth noting are the number of enquiries closed at the individual's request, which has risen from 7% to 12%, and the number of enquiries where no risk was identified and no action was taken which has reduced from 11% to a single enquiry.



Making Safeguarding Personal (MSP) is central to adult safeguarding and continues to be an area of focus for the BHSAB. As such it is crucial that individuals are asked what outcomes they would like from a safeguarding enquiry and that achieving these is a key element of the enquiry.

Data collection in this area has changed in the last year so a direct comparison cannot be made. However, the chart below shows that in safeguarding enquiries that were opened where risk was identified and actions taken in response to this risk (which occurred in 634 of the 854 enquiries) the number of people who felt their outcomes were fully achieved was rounded to 57%. The number of individuals who felt their outcomes were partially achieved was 30% with 13% feeling their outcomes had not been achieved. There is a significant reduction from last year in the number of people not identifying any outcomes, which reduced from 126 to 78 this year, looking across all risk and outcome categories.



HASC now report safeguarding performance via quarterly corporate key performance indicator (KPI), which is the percentage of safeguarding enquiries that fully or partially achieved their desired outcomes. This reflects practice where enquiries fully or partially achieved the person's identified outcomes. Latest available data shows that in 2021/22 the nearest statistical neighbour (CIPFA) average was 80.7%, the national average was 78%, the South-East average was 78.9%. Brighton and Hove's equivalent performance at that time was 76.6%, improving since to 81.4% and this includes the change to more robust practice which reflects the commitment to making safeguarding personal and ensuring quarterly corporate oversight.

HASC have improved focus and performance monitoring and reporting (monthly) on the number of fire safety service referrals made across operational areas including the Carelink Service. There are ongoing efforts with East Sussex Fire Service

working together as partners together to develop communication and performance on referrals awareness and completion. This will continue to be monitored by the directorate and further increased performance sought.

NHS Sussex (Integrated Care Board)

NHS Sussex (also known as the local Integrated Care Board or ICB) became an organisation on 1st July 2022, taking on the commissioning functions previously carried out by the Clinical Commissioning Group[1] (which ceased to exist thereafter) and has continued to work alongside both statutory and the wider Safeguarding Adults Board to safeguard the local population. NHS Sussex is represented on all subgroups, and the leadership group, and continues to chair the Learning and Development Sub-Group.

In addition to fulfilling its statutory obligations, as per the NHS: Safeguarding accountability and assurance framework[2], during the 2022-23 year, NHS Sussex have continued to undertake a number of actions to support strengthening safeguarding practice and arrangements across Brighton & Hove health landscape.

Some notable highlights this year have included:

Mental Capacity Act Reforms / Liberty Protection Safeguards (LPS) Readiness: In anticipation of the implementation of the Mental Capacity (Amendment) Act

- **Mental Capacity Act Reforms / Liberty Protection Safeguards (LPS) Readiness:** In anticipation of the implementation of the Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards[3] NHS Sussex set up a Sussex Wide LPS implementation Board, chaired by the Chief Nursing Officer, and a system wide LPS steering group. This was designed to be a supportive forum as well as bringing together Integrated Care System[4] colleagues across Sussex to coordinate and plan the implementation for the revised legislation across the local health economy.

- At the end of the 2022-23 year (April 2023), the Government announced that the delay to the implementation of the Liberty Protection Safeguards would be beyond the life of this Parliament. NHS Sussex remains committed in supporting to ensure that there is an appropriate understanding and implementation of the Mental Capacity Act within health settings, leading to improved patient experiences and outcomes. A number of training webinars regarding use of the Mental Capacity Act, using real case studies on putting theory into practice, have been scheduled to be held in 2023-24. Members of

[1] NHS Sussex - Sussex Health and Care (ics.nhs.uk)
[2] NHS England » Safeguarding children, young people, and adults at risk in the NHS: Safeguarding accountability and assurance framework
[3] Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS) - GOV.UK (www.gov.uk)
[4] Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

the Sussex wide LPS Steering Group have also agreed a change to its Terms of References, becoming the Sussex Wide MCA Steering Group moving forward.

- **NHS Sussex Safeguarding Fortnight:** During Q3 2022-23, NHS Sussex delivered a fortnight of multi-agency learning events covering a wide range of topics including learning from statutory reviews, exploitation, domestic abuse, and trauma informed care.

  The events reached approximately 1,165 attendees across the twelve sessions with representation from 120 different organisations (including from statutory, voluntary and the independent sector). Feedback from the fortnight indicates that the sessions were very well received, with attendees reporting that they were taking forward the related learning to embed into practice.

- **Revised Local NHS Sussex Safeguarding Arrangements (Place Based Leadership):** In consideration of the breadth of the revised organisational geography of NHS Sussex (when compared to the former individual CCGs) and in recognition of bespoke local safeguarding issues within Sussex, changes were made through the implementation of ICB 'place-based' Safeguarding leadership to support the system safeguarding work[5].

  Since Q3, there has been dedicated Designated and Named Safeguarding Professionals for Safeguarding Adults for Brighton & Hove. These have enabled our Safeguarding Professionals to work more consistently alongside multi-agency partners in identifying and support the development of local safeguarding needs, whilst maintaining the benefits of continuing to work as part of the wider Sussex system (such as sharing best practice / relevant learning from across the Integrated Care System).

- **Raising awareness of Serious Violence and Exploitation:** During Q4 2022-23**,** NHS Sussex hosted a virtual conference including sessions on 'cuckooing', tackling serious and organised crime and 'honour-based' abuse. The conference was very well attended by a wide range of professionals and has been well evaluated, with learning being shared and developed into practice.

[5] NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework

Sussex Police

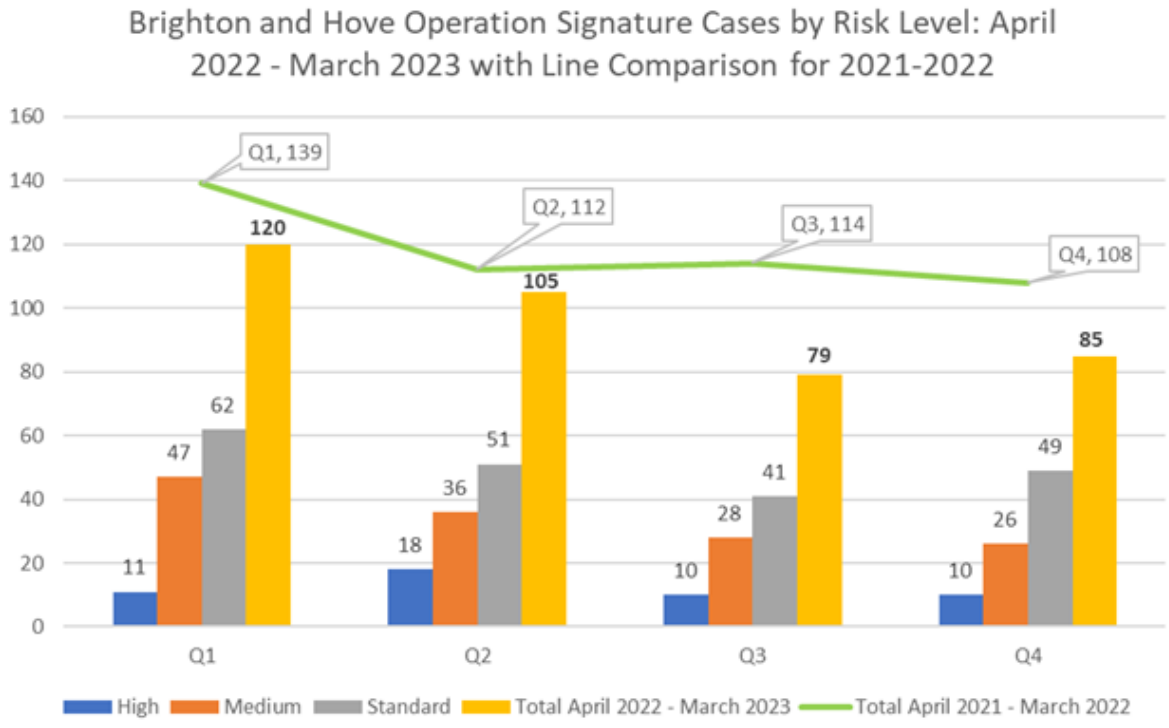
Fraud

Operation Signature ensures that all vulnerable fraud victims receive a visit from a uniformed officer or PCSO, who provides reassurance, advice, and support, and makes referrals to, or signposts, other agencies who can help.

The data used in this report is taken from the Sussex Police Fraud Power BI dashboard. SCARFs (single combined assessment of risk forms) as part of Op Signature. In order to focus on vulnerable victims, this report uses Op Signature data unless stated otherwise.

As Sextortion is technically a 'blackmail' and not a fraud, this has not been included within theBrighton and Hove overview demographic data. This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data.

The data period in this report is inclusive of data between April 2022 – March 2023. There is also data from April 2021 – March 2022 included within this report, when comparing trends.

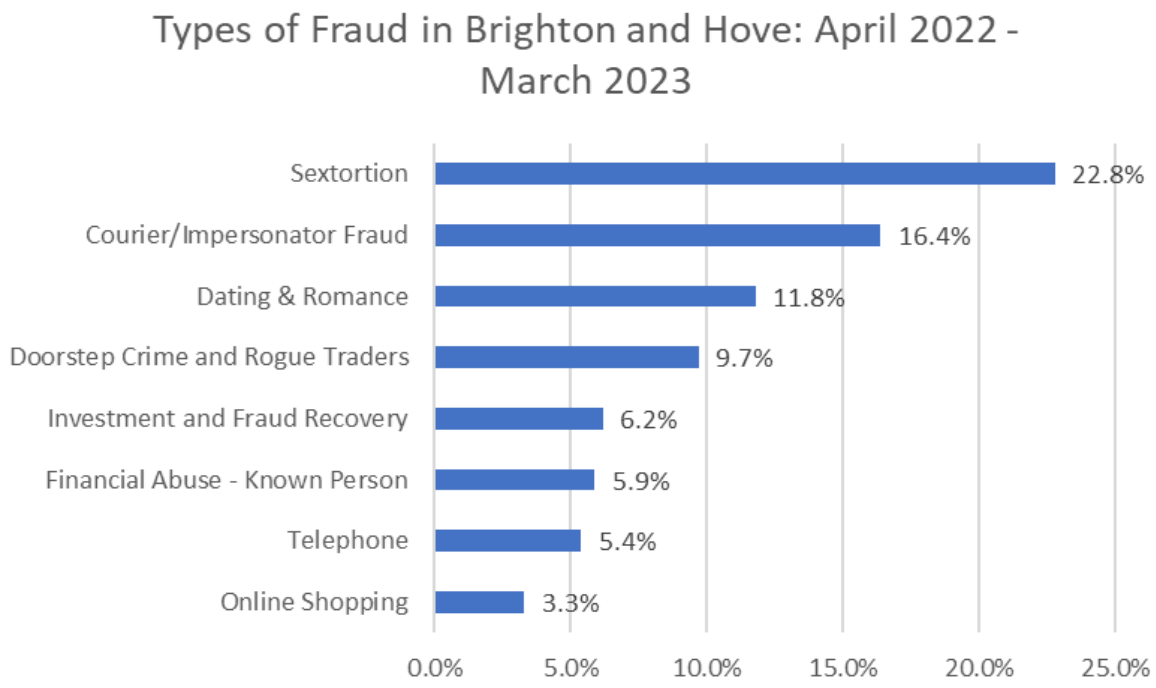


Op Signature cases in Brighton and Hove declined by 17.8% between April 2021 – March 2022 and April 2022 – March 2023. There was a slight increase in cases between Q3-2022-2023 and Q4-2022-2023 (6 actual cases, 7.6% increase).

Analysis of data between April 2022 – March 2023, identified that high-risk cases peaked in Q2, but declined in Q3 with a 0% change in the number of high-risk cases in Q4. Medium risk cases were the only risk level cases that continually declined

between Q1 and Q4. Standard risk cases decreased between Q1 and Q3, but increased slightly in Q4 (19.5%, 8 actual).

The total amount lost between April 2022 – March 2023 in Brighton and Hove was £20.17 million. This is a decrease in the total amount lost compared to April 2021-March 2022 which recorded a loss of £23.05 million.



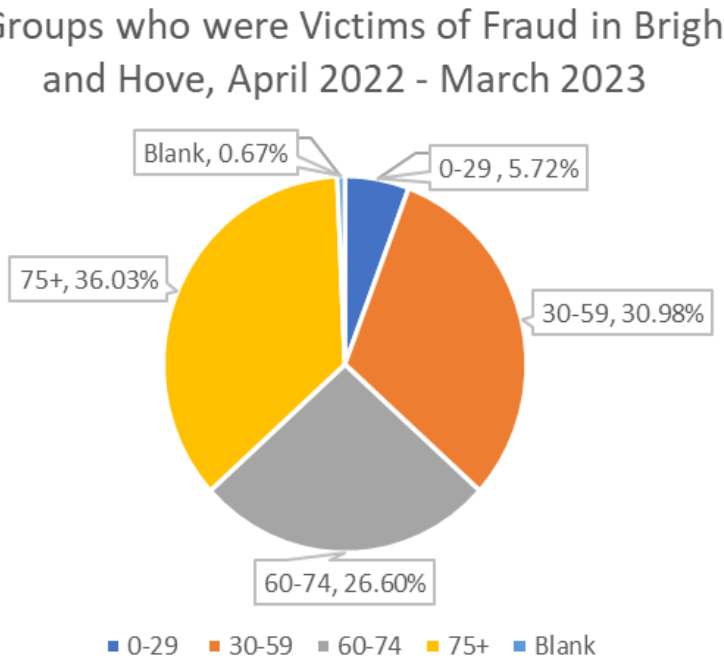
In Brighton and Hove between April 2022 – March 2023, the most frequent types of fraud were Sextortion, Courier/Impersonator Fraud, and Dating & Romance Fraud. In comparison to April 2021 – March 2022, the top 3 frequenting fraud types differed to that of the last year; Courier/Impersonator Fraud was the most frequent fraud type (April 2021 – March 2022), followed by Dating and Romance Fraud, and Doorstep Crime and Rogue Traders.

It is notable, that Sextortion which was the 4th most frequent fraud type in April 2021 – March 2022, but increased to the most frequent fraud type the following year (April 2022 – March 2023). The number of sextortion occurrences more than doubled between the two years, increasing by 122.5% - from 40 actual occurrences in April 2021 – March 2022, to 89 occurrences in April 2022 – March 2023. Nationally, there has been a significant increase in suicides in victims of this crime type, whilst the offence should be recorded as blackmail, it has been agreed to treat them as a vulnerable fraud victim, for the safeguarding visit purpose. Sextortion is a form of blackmail where a perpetrator threatens to reveal intimate images of the victim online unless they give in to their demands – these demands are typically for money or further images. Criminals might befriend victims online by using a fake identify and then persuade them to perform sexual acts in front of their webcam. Criminals will then threaten to share the images with the victims' friends and family which can make the victims feel embarrassed and ashamed and prevent them from coming forward to report the incident.

Between April 2022 – March 2023, 94.38% of victims of sextortion were male, compared to 5.62% of females. Those aged 0-29 years old were most frequently victims of sextortion, accounting for 75.28% of sextortion victims in Brighton and Hove during this period. It was more frequent that sextortion victims did not live alone (80.9%), compared to those who lived alone (19.1%).

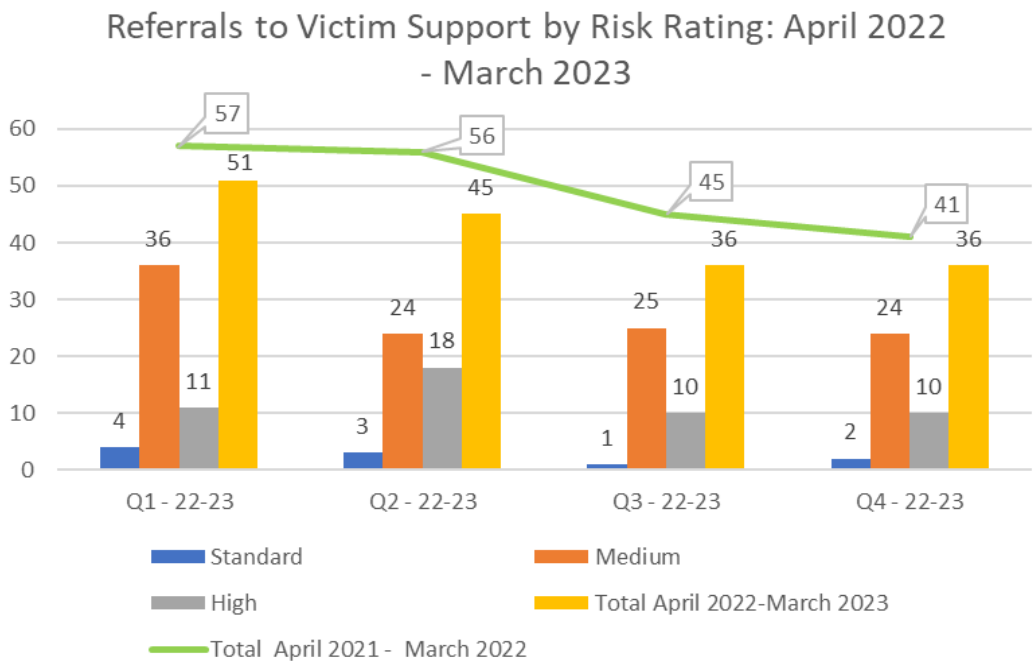
Courier Fraud was the second most frequent offence between April 2022 – March 2023, and the number of occurrences decreased compared to the same period the previous year by 21.0% (-17 actual). Victims of this type of fraud were most frequently females (73.44%). Those age 75+ were most frequently victims of courier/impersonator fraud, accounting for 50% of courier/impersonator victims in Brighton and Hove during this period. During this time, 54.69% of victims lived alone.

Dating and Romance fraud was the third most frequent offence between April 2022 – March 2023 – the number of occurrences decreased compared to the same period the previous year by 23.3% (-14 actual). Victims of this type of fraud were most frequently female (56.2%) compared to males (43.48%). It was more frequent that dating and romance fraud victims did not live alone (56.52%), compared to those who lived alone (43.48%).

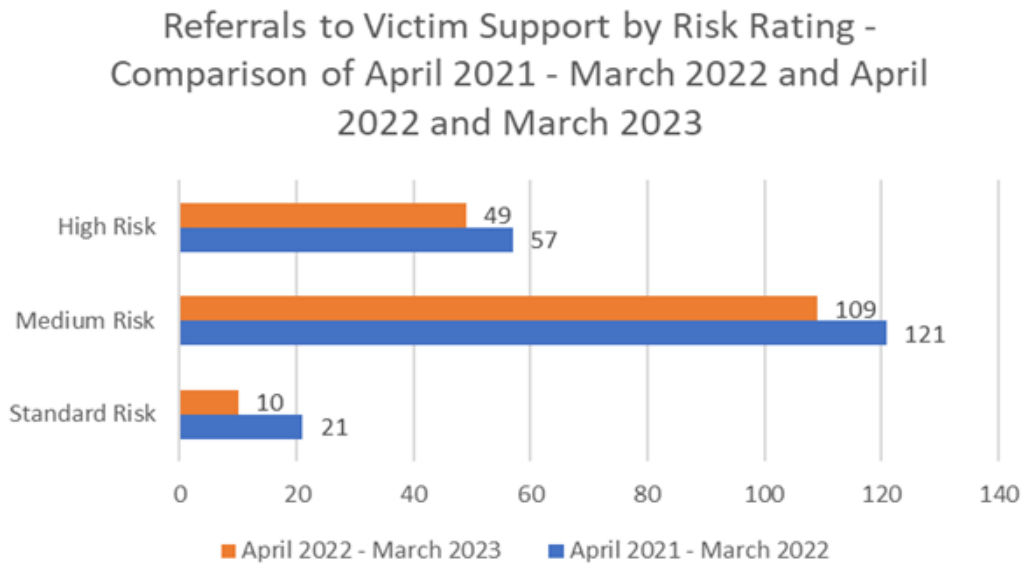


NOTE: As Sextortion is technically a 'blackmail' and not a fraud, this has not been included within the Brighton and Hove overview demographic data (above). This is to give a more accurate vulnerable fraud victim profile so it would not be adversely affected due to the inclusion of non-fraud data.

Between April 2022 – March 2023, 62.63% of victims were 60+ years old (187). The most frequent age group of fraud victims were those 75+, accounting for 36.03% of fraud victims in Brighton and Hove during this time. Compared to April 2021 – March 2022, 64.13% of fraud victims were over 60+ (270).



Between April 2022 – March 2023 the number of referrals to Victim Support continually declined between Q1 and Q3 and levelled between Q3 and Q4. There was a continual decline in the number of Victim Support referrals between Q1-Q4 from April 2021 – March 2022. The total number of referrals was greater in April 2021 – March 2023, compared to April 2022 – March 2023 (difference of 31 actual). Medium risk referrals were the most frequent referral risk rating.

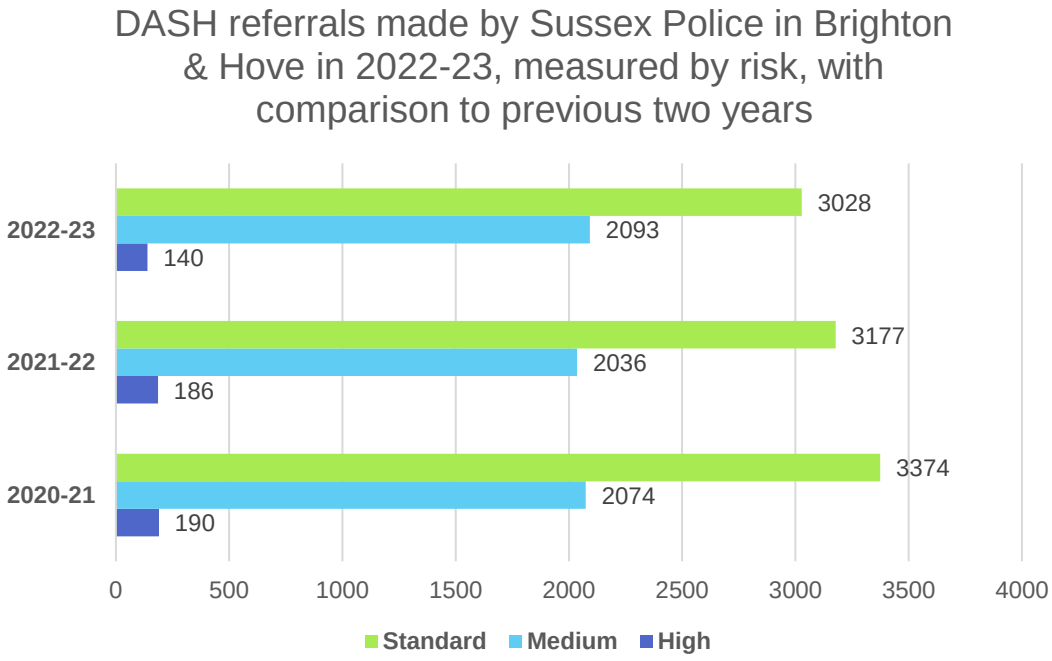


All referrals across each risk rating decreased between 2021/2022 and 2022/2023. The number of high-risk referrals decreased by 14.0% (8 actual), the number of medium risk referrals decreased by 9.9% (12 actual), and the number of standard risk referrals decreased by more than half (52.4% - 11 actual). Medium risk referrals were the most frequent risk rating in 12-month periods.

Domestic Abuse, Stalking and Harassment (DASH)

Incidents of Domestic Abuse are subject to a risk assessment using a Domestic Abuse, Stalking and Harassment (DASH) checklist. An officer from Sussex Police, with the victim, assesses the level of risk using this checklist and will take initial steps to manage the risk identified.

Below is a table showing the number of Domestic Abuse, Stalking and Harassment (DASH) referrals received in 2022-23 in comparison with the two preceding years. Sussex Police have seen a small decline in the number of reports of domestic abuse received over the last two years. While this is concerning, given that we know that there is always a level of under-reporting for this type of crime, it is also in the context of year-on-year increases up to and including 2020 where we saw the highest level of reporting ever. So on a historical basis, the last five years, including the last two years are all higher in terms of reports compared to any other year before it and current totals are almost three times higher now than they were in Brighton and Hove a decade ago. It should also be noted that according to the national policing lead there is a mixed picture across the UK, with about half of forces also seeing similar declines.



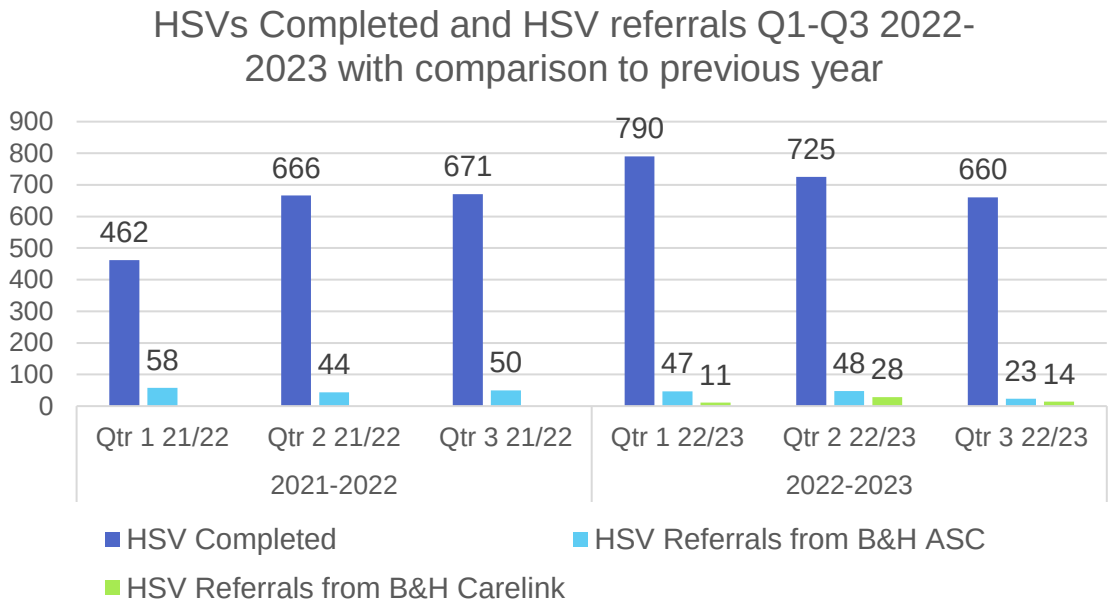
Although there is no clear evidence to demonstrate reasons behind the recent decline in reporting levels, we are cognisant of the impact on public confidence as a result of high-profile police failings in the area of Violence Against Women and Girls and we therefore continue to do all we can, working with partners to build that trust and confidence with domestic abuse survivors. An example of an area of growing demand is the Domestic Violence Disclosure Scheme where we have seen significant increases in the number of applications and, thanks to a redesign of how applications are processed, we have significantly increased the speed of disclosures made as a result.

East Sussex Fire and Rescue Service (ESFRS)

The table below shows the number of Home Safety Visits (HSV) conducted by East Sussex Fire and Rescue Service (ESFRS) in the first three quarters of 2022-2023, and for the same period in the previous year. The chart also includes the number of HSV referrals received from Brighton and Hove HASC, and Brighton and Hove Carelink. The data for Q4 2023 was not available at the time of reporting, which has also been the case in previous years.

It can be seen that in the first quarter of this year there was a significant increase in the number of home safety visits completed, which was higher than at any point on the last two years. This then gradually decreased over the next two quarters but the total number of HSV's undertaken was still significantly higher in the last year than in the previous year. ESFRS advise that these numbers do tend to ebb and flow and that they are very much reliant on referrals into the service rather than seeking their own referrals, with the latter not tending to target the highest vulnerability. They note that with regard to the highest number being in Quarter 1 they do deliver annual mandatory safeguarding training towards the end of the year and with refreshed knowledge staff are then more confident in identifying safeguarding concerns, which is a pattern each year since annual refresher training began.

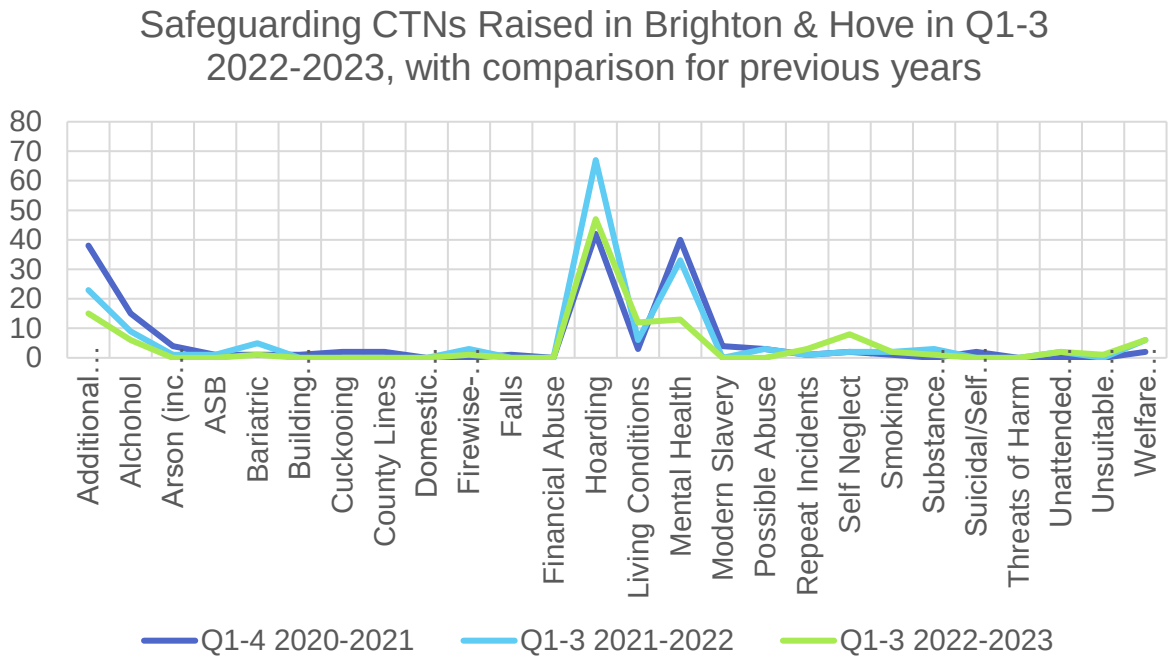
In this year's data the referrals received from Brighton and Hove's Carelink service are separately recorded. However, Carelink is part of Health and Adult Social Care and when added together with the Access Point referrals the numbers are broadly similar to last year.



The table below shows the number of CTN (Coming to Notice) Safeguarding Concerns raised by ESFRS in Brighton and Hove over the past three years. This evidences that hoarding continues to be the category where the highest number of CTN's are raised, although the overall total has reduced from 2021-22. The BHSAB has been working with partner agencies to explore improvements to existing

Hoarding guidance, which aims to support an enhanced multi-agency response to hoarding behaviour.

The second highest category continues to be mental health although once again the total is reduced. There has been an increased number of CTN's in other related categories though, in particular self-neglect, living conditions, and welfare concerns.



Sussex Partnership NHS Foundation Trust (SPFT)

Adult Safeguarding Concerns Raised by SPFT with Brighton & Hove City Council

In August 2022, the Sussex Partnership NHS Foundation Trust moved to a new system for recording safeguarding concerns that are shared with local authorities. Safeguarding concerns now form part of the Trust's internal incident reporting and are recorded in its incident management system. The change provides a central database for the storage and analysis of the Trust's own safeguarding data. Prior to this system, the Trust relied on information from different sources, including local authorities, to understand its safeguarding activity.

Table 1 shows the number of safeguarding adult concerns that were shared by the Trust with Brighton and Hove City Council in 2022/23. (The total figures for the twelve-month period are extrapolated from the eight months of data from August 2022 to the end of March 2023. Future reporting cycles will be based on actual data across the twelve-month period.)

Table 1 - 2022/23 Adult Safeguarding Concerns by SPFT in Brighton & Hove

Categories of Abuse	Number
Physical	98
Sexual	17
Financial	27
Discriminatory	5
Domestic	24
Psychological/emotional	47
Neglect & acts of omission	44
Self-neglect	27
Organisational	5
Modern slavery	0
Total	**294**

Section 42 Enquiries

Trust safeguarding enquiry information records twelve enquiries within Brighton & Hove where the Trust was believed to be the cause of risk. The majority of these enquiries were linked to inpatient mental health settings with a category of abuse of 'Neglect & acts of omission'. The integrated working of SPFT and Brighton & Hove City Council adult social care mental health teams enables close working to manage and complete these safeguarding enquiries.

(The number of Section 42 enquiries is lower than anticipated. Work is underway to improve the reporting of Section 42 enquiries in the Brighton & Hove area where the Trust is believed to be the cause of risk).

Safeguarding Adult Reviews

The Trust participates in the Safeguarding Adult Review work of the Board. The Thematic Review published in February 2023 is especially relevant to the Trust as the women at the centre of the review had mental health problems. The Trust is engaged in the action planning from the review and embedding learning, which focusses around trauma informed care, domestic abuse policy and training, language, and terminology, and working with people with multiple compound needs/multiple disadvantage.

Safeguarding Initiatives & Projects

Domestic Abuse - The Trust has updated its Domestic Abuse & Sexual Violence policy for working with patients and carers and created a new domestic abuse policy to respond to its own staff who are victims or perpetrators of domestic abuse. A working group has been started to update the Trust's mandatory domestic abuse training.

The Trust continues to provide mental health representation to Brighton & Hove MARACs.

Safeguarding Policies - The Trust's adult safeguarding and Prevent policies have been reviewed and updated. The updated Prevent policy now includes reference to two new posts within the Trust to support its Prevent work. These are a Prevent

Practitioner (Social Worker) and a Senior Clinical Lead for Prevent (Consultant Psychiatrist).

University Hospitals Sussex NHS Foundation Trust (UHS Sussex)

University Hospitals Sussex NHS Foundation Trust (UHSussex) is one of the largest organisations in the NHS. It employs approx. 20,000 staff and serves a population of 1.8 million people across Sussex. The trust runs 7 hospitals across Brighton and Hove, West and Mid Sussex and part of East Sussex.

In 2022 UHSussex undertook a piece of work to review and update all policies relating to safeguarding practice. Trust wide policies are in place for Safeguarding Adults, Mental Capacity and DoLS and Prevent. The policies not only reflect the appropriate legislation and practice, but they also reflect the relevant processes across each Local Authority.

The data provided below specifically relates to safeguarding concerns raised by UHSussex on behalf of residents of Brighton and Hove who have attended the hospitals run by UHSussex in Brighton and Haywards Heath.

The recording structure within UHSussex allows for multiple categories to be recorded in relation to one safeguarding concern e.g., one safeguarding concern may be reported for neglect and also be recorded as physical and psychological depending on the information provided.

Figure 1 shows the comparative data for concerns raised and categories, over the last few years.

Fig 1: Safeguarding Concerns Raised by UHSussex (RSCH/PRH)

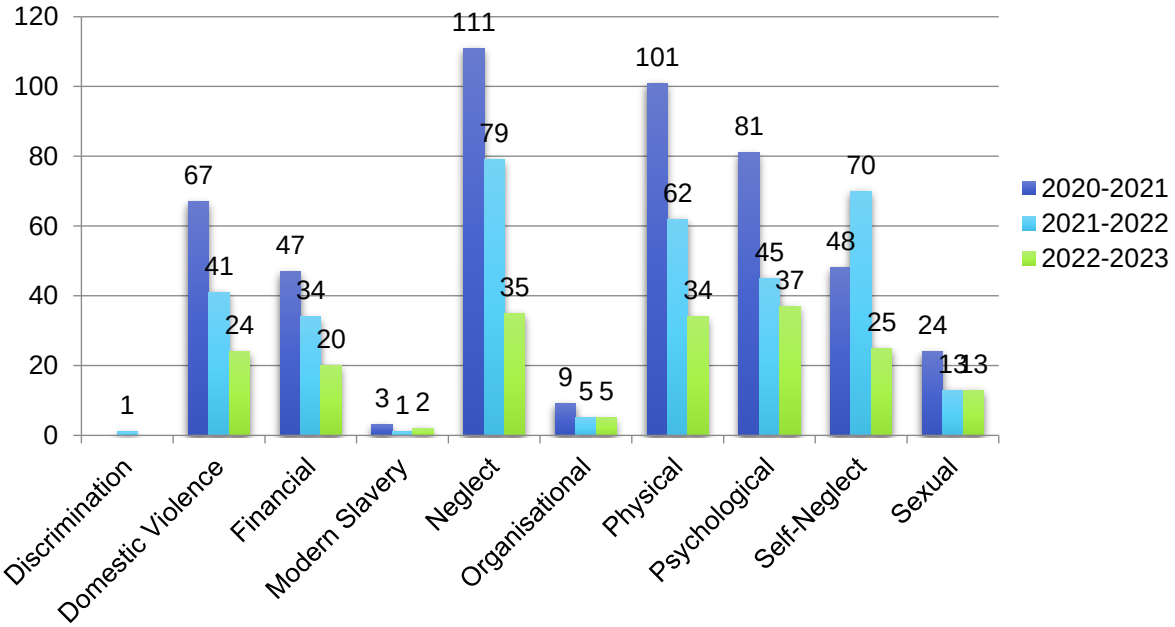


Figure 2 and Figure 3 provide comparative data with a more specific focus on domestic abuse.

Fig 2: Safeguarding Concerns Relating to Domestic Abuse

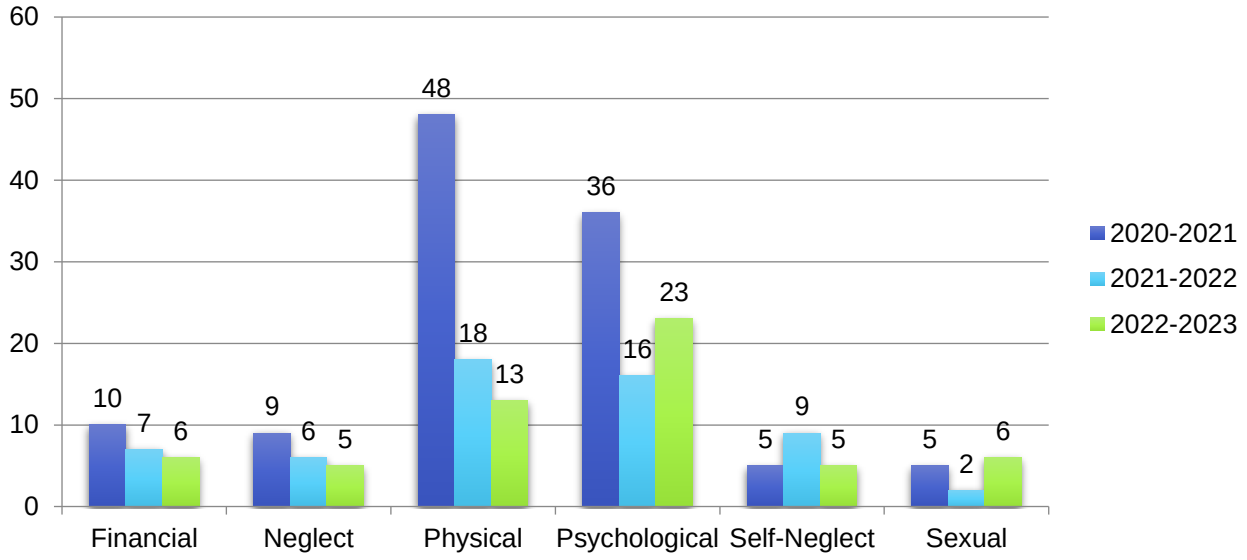
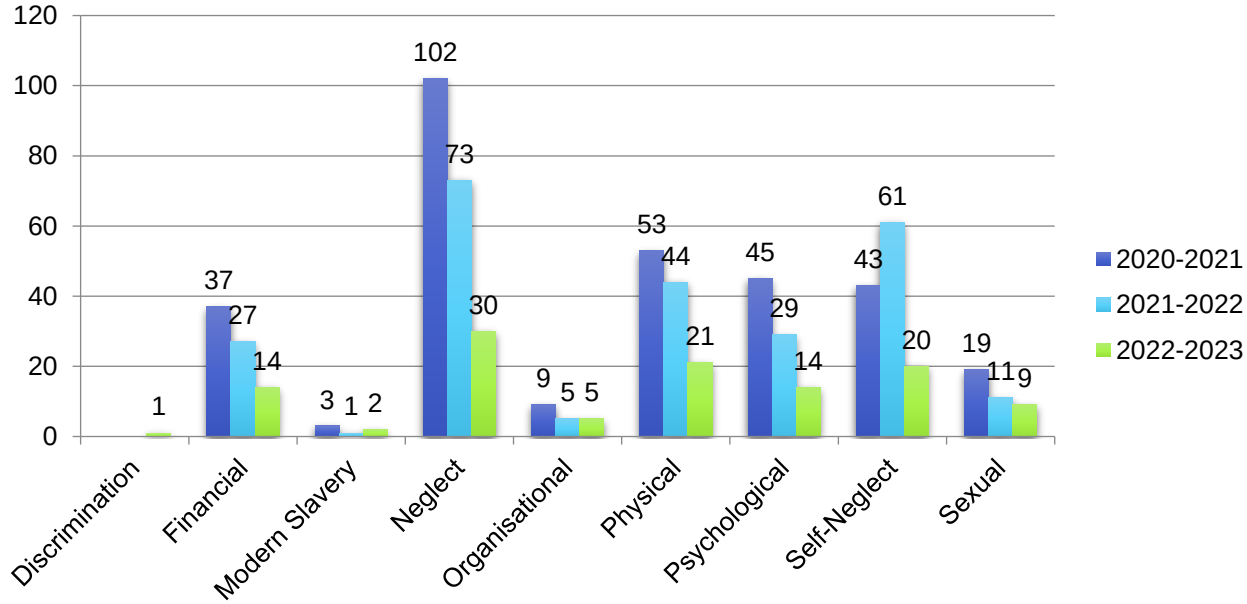


Fig 3: Safeguarding Concerns Excluding Domestic Abuse



The data continues to show a downward trend in the number of safeguarding concerns being raised overall**.** This is in part due to the increased level of safeguarding activity seen in the hospitals as a result of the COVID-19 pandemic,

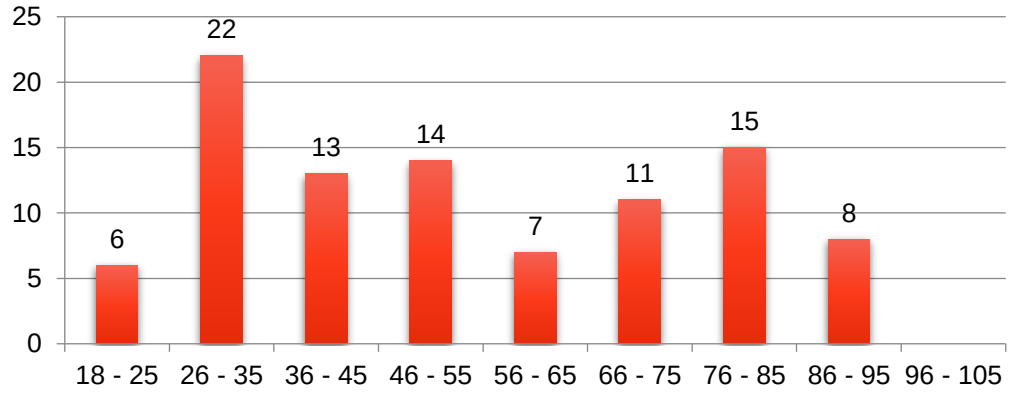
and the impact of lockdown and social isolation on patients attending hospital during this time; with numbers for 2022-23 returning to a pre pandemic level.

For much of 2022-23 the Health Independent Domestic Violence Advisor (HIDVA) post commissioned to support UHSussex remained vacant. However, Victim Support successfully recruited to the post and the new HIDVA started working within UHSussex Nov/Dec 2022. They work on site at the Royal Sussex County Hospital (RSCH) three days per week and provide direct support to patients and staff. Their particular areas of focus are the Emergency Department, Maternity and Sexual Health services. Victim Support continues to provide specialist domestic abuse support to the hospital in the days the HIDVA is not available.

Figure 4 and Figure 5 have not previously been recorded so it is not possible to provide comparative data for these. UHSussex are keen to work alongside the Brighton and Hove SAB to provide meaningful data. Moving forward, for example, data recording should consider the inclusion of other gender identities.

Fig 4: Safeguarding Concerns Raised in 2022-23, by Gender

Fig 5: Safeguarding Concerns Raised in 2022-23, by Age Categories



Sussex Community NHS Foundation Trust

Sussex Community NHS Foundation Trust (SCFT) serves a wide geographical area which includes; West Sussex, Brighton & Hove, and High Weald, Lewes and Havens, and provides health services in the community to both adults and children.

Safeguarding is a fundamental part of our recruitment process, ensuring appropriate checks are in place to ensure all staff are employed within SCFT services to contribute to the delivery of excellent care within the community. All staff have access to mandatory and statutory safeguarding training for adults and children appropriate to their role and position within the Trust including higher-level training for those in specialist roles.

SCFT has a safeguarding team which provides specialist advice for both adults and children across all services and supports staff to recognise signs of abuse and how to report it. The Trust works effectively with all safeguarding partnerships to ensure a multi-disciplinary and cross agency approach.

The safeguarding team works closely with new service developments to ensure we provide high quality and effective health services. The team is part of a Quality and Safety Department, which enables close working both with specialist safety teams and clinical staff. This ensures that we focus on learning for improvement and strengthens our personalised approach to safeguarding.

Our Priorities in 2023-24

Safeguarding Adult Reviews (SARs)

A SAR is in the process of being arranged that will consider two men with care and support needs who died in the city, and where several similar themes have been identified. These themes include exploitation (cuckooing and financial abuse), self-neglect, the impact of limited agency resource, and the application of safeguarding processes.

The BHSAB will also focus on progressing the recommendations from completed Safeguarding Adults Reviews. A multi-agency Action Planning group will be established to implement the recommendations from the Thematic Learning Review, as well as to monitor and support the progression of relevant recommendations from the joint SAR undertaken with the East Sussex SAB.

A further SAR that is currently in progress will be concluded and published and the SAR subgroup will continue to meet on a monthly basis to review and oversee new referrals, ongoing reviews, as well as action planning from completed reviews.

Quality Assurance

Whilst our Quality Assurance programme continues to be impacted by the ongoing vacancy in the Quality Assurance and Learning & Development officer role, we will look to continue progress against our multi-agency Quality Assurance programme. This will entail concluding the current audit on Trauma and Transitions and then undertaking a joint audit with the East Sussex SAB on adults moving between local authority areas.

We will also look to undertake the biannual SAB Self-Assessment and Peer Challenge Event, with the last Event having taken place in 2021. There will continue to be a pan-Sussex approach taken towards this with a Tool developed with our colleagues in the East and West Sussex SABs to reduce duplication for partner agencies and to ensure a consistent approach is taken.

We will also look to continue to develop our use of multi-agency data and increasing the range of information received so that this can further support assurance discussions at board meetings.

Learning and Development

The BHSAB has undertaken a range of learning and development activities during 2022-23, producing learning briefings, guidance, posters, and a leaflet, as well a range of podcasts and videos. This has been undertaken on a pan-Sussex basis wherever possible and this Sussex-wide approach to developing and sharing training resources and learning from SAB activities will continue in 2023-24.

On a local basis this will include ensuring the relevant recommendations from the Thematic Learning Review are progressed, focusing on areas such as trauma-informed practice and domestic abuse resources. However, there will also be an increased focus on assurance and oversight of the learning and development activities being undertaken by our partner agencies.

We will also work with partners and colleagues across Sussex to explore whether there is a desire for a new pan-Sussex Learning and Development Strategy, to replace the previous Strategy, and identifying local learning and development priorities for the year ahead. These will be based on the learning from both the work of the BHSAB as well as where there are shared areas of focus with our SAB colleagues across Sussex.

Engagement

The Brighton and Hove Safeguarding Adults Board (BHSAB) will continue to liaise with others at both a local and national level to ensure that we are sited on emerging and developing safeguarding issues.

We will continue to collaborate on a pan-Sussex basis with our colleagues at the East Sussex and West Sussex SABs and partner agencies to develop consistent

and coordinated safeguarding arrangements across Sussex wherever possible. We will also continue to work closely with local partners in contributing to and overseeing local adult safeguarding arrangements.

Attributions