

12. Challenge and scrutiny

A culture of challenge and scrutiny exists not only between the SAB and our partners, but between the Health and Wellbeing Board and Local Safeguarding Children Board as well.

Board and subgroup meetings provide an opportunity for partners to challenge as well as support one another's safeguarding arrangements and performance. This reciprocal scrutiny and challenge enables partners and Boards to feed any improvement and development needs into the planning process for future years.

12.1. Examples of challenge in 2017-18 include:

Primary Care Safeguarding

Throughout the year Health Watch Brighton and Hove have had concerns about the progress being made by some GP practices against actions plans arising from CQC inspections.

We have received assurance that there is an active program of education and support for all the safeguarding named professionals and leads, which are in place in every GP practice, and that practices of concern are being worked with by the NHS England (as contract managers) and the CQC (as regulators) with the CCG undertaking regular assurance visits.

In the CCGs last update to Board we heard that 52% of GP practices in Brighton & Hove have now completed a specially adapted self-assessment tool to support them to evidence that they meet statutory requirements. All practices yet to provide a return have been written to by the chair of the CCG.

Whilst the SAB do not have complete assurance about the safeguarding practices at all our city's surgeries we are assured that our local CCG is taking its statutory responsibility seriously, and is continuing its attempts to work closely with all GP practices across Brighton & Hove.

Impact of changes to Universal Credit

In September 2017 we received a report which outlined the effect of changes to Universal Credit on clients. We had concerns about the implications of these changes on adults with care and support needs. We subsequently prepared a statement for the Health and Wellbeing Board highlighting our concerns and asking that they consider their own assurances about the city's readiness to manage the impending changes, especially for those most vulnerable.

We received both a verbal and written response from the Revenue and Benefit lead for Universal Credit providing assurances about the support provided to vulnerable people. We also made an additional request that the city's community and voluntary sector organisations be reminded to contact local front doors if they came across any potential safeguarding concerns when supporting claimants.

In March 2018 Healthwatch presented a report which highlighted concerns about PIP and ESA assessments. It recommended improved training for assessors, that reasonable adjustments be provided, and that there be scrutiny of mandatory reconsiderations. The SABs role centres on ensuring that the system is there to provide support to vulnerable people and to ensure they are not

being abused or neglect. The SAB endorsed these recommendations and the Chair met with local counsellors about the reports concerns. The Chair of the SAB and Healthwatch jointly wrote to ATOS and Maximus urging them to respond to the issues identified.

12.2. Examples of scrutiny in 2017-18 include:

Multi-Agency Risk Assessment Conference (MARAC) Annual Report & Review

In December 2017 we securitised findings from a review on MARAC processes. This review was largely positive and we were pleased to note there are robust systems in place for information sharing through the MARACs and clear accountability structures, with established mechanisms for MARAC audit and quality assurance. Examples of good practice were clearly identified. Proposed changes to MARAC arrangements were shared with us. These related to chairing, administration and meeting structure. We expressed concern about feedback that links with health and adult social care needing to be improved, but were advised this issue had since been resolved.

Organisational Abuse

Nationally, the level of organisational abuse recorded is 5%. In Brighton & Hove this is 0.5%. This seems low and we have committed to understand why there is so little reported locally.

Repeat Safeguarding Referrals

Scrutiny of this data has led us to question whether appropriate action is being taken to minimise the risk for people subject to

repeat re-referrals. We have asked that, for adults with four or more enquiries, we be provided with a case study summary which considers; age, gender, ethnicity, support needs, a summary of concerns and actions taken, and measures in place to address risk and current situation. This will help us to build a better picture of repeat referrals.

Gender

Statutory reporting only covers male/female and does not require non-binary gender data. This means we are not able to quickly identify enquiries relating to adults who do not identify as male or female. We want explore how to rectify this as a priority.

