

Brighton & Hove Safeguarding Adult Board
12 December 2016, 3-5pm
The Council Chamber, Hove Town Hall, Norton Road, Hove BN3 3BQ

Present

Name	Designation
Graham Bartlett	Independent Chair
Michelle Jenkins	Head of Safeguarding & Professional Standards, BHCC
Caroline Davies	Safeguarding Lead, BSUH
Carolyn Woods	Interim Assistant Director Adults Social Care, BHCC
Mark Burden	NPS, attending for Andrea Saunders
DCI Wendy Burton	Sussex Police, attending for D Supt Jason Tingley
Sam Newbould	Head of Service (Resettlement), KSS CRC
James Rowland	Violence Against Women & Girls Commissioner, Community Safety, BHCC attending for Peter Castleton
Candy Gallinagh	Designated Nurse for Safeguarding Adults, BSUH
David Kemp	East Sussex Fire & Rescue Service
Tracy John	Head of Housing, BHCC
Soline Jerram	Lead Nurse, Director of Clinical Quality and Patient Safety, Brighton & Hove CCG
Simon Hughes	Operational Manager, BHT First Base Day Centre
Tony Benton	Healthwatch
Roland Marden	Healthwatch & SAB SAR Sub Group Independent Chair
Gail Gray	CEO, Rise UK
Julie Cholerton (notes)	Team Administrator, BHCC
Mia Brown	SAB Business Manager, BHCC
Katherine Taylor-Birnie	Practice Manager: LADO – Local Authority Designated Officer (Adults) Positions of Trust, BHCC
Sara Jones	Head of Commissioning, Office of the Sussex Police and Crime Commissioner (OSPCC)

Apologies Received

Name	Designation
Brian Doughty	Assistant Director Adults Social Care BHCC
Andrew Witham	Interim Head of Commissioning Contracts & Partnerships, Health & Adult Social Care, BHCC
Beatrice Gahagan	PASA
Andrea Saunders	Head of the Brighton & East Sussex Local Delivery Unit & South East & Eastern strategic lead for Counter Terrorism, Domestic Extremism and

	Serious Organised Crime, NPS
Andy Porter	Deputy Director Social Inclusion, SPFT
Jason Tingley	T/ Detective Superintendent, Sussex Police
Peter Castleton	Head of Community Safety, BHCC
Richard Cattell	Principal Social Worker (Adults), BHCC
David Feakes	Head of Safeguarding Adults & Children, SCFT
Annie Alexander	Public Health Programme Manager, BHCC

No Apologies Received

Name	Designation

1. Welcome and Introductions

- 1.1 Introductions were given and apologies noted as above
- 1.2 Graham Bartlett reminded all members to declare any conflicts of interest should they arise.

2. Minutes of Last Meeting

- 2.1 The Minutes of the last meeting on 13 June 2016 were agreed for accuracy.

3. Matters Arising

- 3.1 (11.1 item 3a on the Business Plan): Graham Bartlett confirmed he is in discussions with Mark Matthews around the City Initiatives Partnership (CIP) and will update the Board at the next meeting. *Action: Graham Bartlett updated September's Board around CIP. Mark Matthews has now left his post as Borough Fire Commander but has handed this on to his successor. GB will meet with him asap.* **Update: GB awaiting response from ESFRS. GB has met with David Kemp, ESFRS and invite extended to Development Half Day.**

- 3.2 (4.7 Financial resourcing of Board) **on agenda**

- 3.3 (4.0 Update from Task & Finish Group: Homelessness) **BD has updated Cllrs, update on progress with this worksteam on agenda.**

- 3.4 (5.0 Update from Quality Assurance Sub Group) It was agreed the MCA & DoLs sub group should report at next Board due to the increase in DoLs referrals and to demonstrate how it supports the Board to be assured that all relevant agencies achieve and maintain the MCA/DoLs Gold Standards. **on agenda**

- 3.5 (6.0 SAR Sub Group) West Sussex SAB were leading on a Pan Sussex SAR Protocol but in the absence of this being finalised East Sussex SAB have made interim changes signed off by their Board. MB has been tasked with making the necessary interim changes and bringing the protocol back to the SAB SAR Group and latterly the SAB in December for sign off – if the Pan Sussex protocol has not been devised in the meantime. **Changes to SAR Protocol suggested to West Sussex, for agreement at Pan Sussex Procedures Meeting, in Jan 2017.**

3.6 (7. Annual Report) **Due to lack of capacity in the SAB Business Team this has been forward planned for virtual sign off.**

3.7 (8. Safeguarding Data Report) **on agenda**

3.8 (10. Lay Members) **on agenda**

3.9 (8.2 Quality Monitoring) Ensure partner agency quality work is fed into the SAB QA Sub Group. *TOR have been reviewed and include under purpose: Receive reports from Quality Governance Group (BHCC), Quality Review Meetings (CCG), Safeguarding Board (CCG) for quality surveillance. Police to confirm what quality surveillance activity takes place – this will be include in TOR.* **Update: Quality Monitoring is an agenda item.**

4. Update: Homelessness

4.1 MB presented the work undertaken by the Homelessness Deaths Task & Finish Group which looked at Characteristics of homeless people who died in Brighton & Hove 2015.

Headlines

- The average age at death was 47 years 8 months. This figure is comparable with National statistical data on deaths of people who are homeless which is estimated at 47 years
- 4 deaths were recorded as suicides and 5 deaths were recorded as being drugs related.
- Ten of the 16 cases where there was a COD included details of other health problems.
- Substance misuse service (SMS), Acute care (Brighton and Sussex University Hospital, BSUH) and Sussex Police reported they knew all but one of the deceased.
- Mental health, Housing and Adult Social Care, reported they knew 13, 12 and 11 individuals respectively. Fewer of the deceased were known to Equinox, Kent, Surrey, Sussex Community Rehabilitation Community (KSSCRC), CGL and St Mungo's. Six of those who died had been recorded on the CAIERS list. One individual was known to the Community Safety Team.
- Individuals who lived in a hostel or emergency accommodation were more likely to have been known to services who took part in this review.
- Sixteen services took part in this review. All of the deceased were known to three services or more. Seventeen of the 18 individuals who died were known to six or more services. We know from the earlier analysis that the services that clients were most likely to be known to were primary care, BSUH, SMS and Sussex Police. This might imply that in most cases clients were known to four 'core services', plus an additional 2 to 7 other services.

Action: It has already been proposed that the Quality Assurance Subgroup of the SAB take forward a multi-agency case file audit of a sample of cases regarding homeless individuals who are currently in receipt of the city's services. This report will be used in the development of audit standards.

4.2 GB reminded the group about the eight recommendations from the Safeguarding Adult Review (X) which highlighted that multi-agency work was not as robust as it could have been. GB advised that discussions at the EO meeting led to a consensus that there is a real blur regarding who leads on homelessness in the city. There is more clarity within ASC, e.g housing lead on a part of the issue, but across the city, on a multi-agency level, there is a lack

of clarity regarding ownership. TJ challenged this¹, believing there is a housing strategy owned by ASC signed up to by all partners in the City. This was not the view expressed at the Extraordinary Meeting. GB asked the Board to consider where to refer the issues identified from the Task and Finish Group and the SAR. TJ advised Cllr Mooney is the political lead on this agenda. There still remained a lack of clarity on who, in which agency, is the executive lead.

Action: GB to raise with Rob Persey when in role & Geoff Raw, Chief Executive of BHCC

4.3 Soline Jerram acknowledged this was an interesting piece of work and thanked all who took part.

5. Update from Quality Assurance Sub Group

5.1 MJ Chaired the recent Sub Group and advised:

- A back up Chair should be added in the ToR, MJ has covered in BD's absence but this is a gap which needs to be addressed.
- The QA Work plan has been signed off, with 10 actions agreed across 4 priority areas identified in the SAB Business Plan.
- A short briefing on learning from the first multi-agency audit on Domestic Violence and Abuse has been produced to be circulated across the partnership.

5.2 QA Programme:

MB advised that the SAB must seek assurance of the effectiveness of safeguarding activity and that safeguarding practice is continuously improving and enhancing the quality of life for adults with care and support needs and carers in our area, in line with 'Making safeguarding personal'. As outlined in the Care Act, "SABs need a range of approaches to quality assurance to monitor the effectiveness both of their own work and that of their partner agencies."

MB outlined the QA programme noting:

- All agencies have committed to contributing towards 2 multi- audits per year
- The first audit will be Homelessness – Processes, Pathway & Practices (as advised by the X review and task and finish group recommendations).
- The MCA and Dols Subgroup will be asked to lead on an audit of compliance and implementation of Gold Standards
- A Sexual Abuse Audit will be led by James Rowlands and Lee Horner.
 - The Sussex SAB Strategic Assurance Self – Assessment will take place in April 2017.
 - There will need to be further discussion around how the Board will resource QA work.

5.3 GB asked the Board for their commitment with this programme. This was received.

5.4 MB presented the Quality Assurance Framework. This is a tool to provide assurance that the Board and its constituent partner agencies have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk. This tool will be the mechanism by which we hold each other to account for our safeguarding work, including prevention and risk management. Multi-agency audits will be badged around the 6 safeguarding principles, exploring 'what, how, and is anyone better off'. Information for quality assurance work will come from; Organisational performance / activity data, Case Records, Experiences of frontline Staff and Managers and Experiences of clients /carers.

¹Clarity of homelessness agenda

5.5 Simon Hughes challenged the group to consider how they obtain the views of clients/carers in their safeguarding work. ²He advised BHT, along with other service providers will have free form opportunities to gather feedback. GG said the PASA group would also provide opportunities to share feedback.

5.6 Multi-agency data set: MB advised the QA Sub Group held a one off meeting to look at what safeguarding information is captured across the multi-agency arena. TJ asked for clarity about information was needed from Housing and how this information would be used, as Housing collect data on the needs of the city, rather than on individual customer. MB explained the aim is to use multi-agency data to help us all better understand the prevalence of abuse/neglect, to highlight themes and trends in our safeguarding activity, and to identify issues that need addressing within the city's safeguarding arrangements. MJ said the information should cover trends in reported abuse, partnership working to respond to safeguarding concerns, and outcomes (whether clients feel safer as a result). MB said that as far as possible data from across the safeguarding partnership that is already collected and used by individual agency management teams to monitor the effectiveness of their individual safeguarding arrangements, will be utilised. MB also advised that as far as possible data sets across Sussex would be aligned to prevent duplication of efforts from agencies that span Sussex. **Action: The QA Subgroup will continue to lead on the development of a quarterly core multi-agency dataset. JC to add Community Safety logo to final version.**

6. MCA / DoLS Sub Group

6.1 SJ advised on the purpose of the MCA/ DOLS subgroup to provide opinion to the SAB on issues relating to the implementation of the MCA and DoLS across the health and social care system. The group will also review changes in the interpretation and application of the law (as influenced by the review by the Law commission due end of 2016) and will review findings from Safeguarding Adult Reviews, national reviews and audit findings (as applicable to MCA / DOLS) and make recommendation to the SAB and its partners. The drafted ToR were shared. **Action: All to send comments back to SJ before sign off in January.**

6.2 Work progress: When the Learning and Development Subgroup is up and running it will link with the MCA/Dols group on necessary training offers. SJ is awaiting the publication of the Law Commission report and any pre-work is stymied. The report is due to be published in March with potentially significant changes if the law changes.

6.3 GB noted that this is a huge area of risk and asked if there were any questions.

6.4 SJ lead a conversation on the impact of Dols on loved ones and that this could do with further exploration. Data on MCA/ Dols highlight delays in the system should also be captured. **Action: The Board agreed the ToR subject to the above additions.**

7. GP and Primary Care Safeguarding

7.1 Primary care safeguarding has been an area the SAB have been concerned with over a number of months. Health Watch Brighton and Hove identified some shortfalls in terms of CQC compliance and best practice. In January 2016 BHCCG sent out the Safeguarding Assurance Framework to 44 practices (number of practices in the city at that time). The CCG received 6 tools back in total, 3 of these were only partially completed and did not include their policies etc. Of the 3 completed tools a good level of quality assurance was found.

² client feedback

7.1 SJ shared a report and noted the complexity around commissioning in primary care advising there is an active program of education and support for all the safeguarding named professionals and the leads, which are in place in every GP practice. She advised that practices of concern are being worked with by the NHSE as contract managers, and the CQC as regulators. The CCG undertake assurance visits.

7.2 SJ asked if the Board had any questions:

Q1. TB asked if as a Board, we know if the practices identified as needing improvement / being inadequate, are on a journey to improvement. GB suggested that the Safeguarding Assurance Framework does not seem to be providing the necessary assurances.

A1. SJ advised when a practice inspection results in “requires improvement” or “inadequate” then there is a formal meeting chaired by CQC in which NHSE, LMC and the CCG meet with the practice to start action planning to address shortcomings. CCG quality and safeguarding professionals are always involved with this process. SJ also advised that the CCG have a database that captures all the quality-related information so as they can analyse and assess levels of risk for individual practices, which are then escalated and shared internally to the CCG’s Performance and Governance meeting and Quality Assurance Committee. High level concerns are shared at the monthly NHS England-led Quality Surveillance Group meetings.

Q2. GB asked if there was anything that could be extrapolated and given to the Board so they know that safeguarding levels are improving, how they are meeting their own standards and also multi-agency expectations. The Board agreed that a further meeting to develop some recommendations about what level of assurance is needed. A GP lead should be involved in future discussions. **Action: JC to organise a meeting with Carolyn Woods, Graham Bartlett, Mia Brown, Tony Benton and Soline Jerram to take this forward.**

8. Safeguarding Data Report Q1 & Q2.

8.1 As previously discussed the current safeguarding data report is not multi-agency. Currently data is drawn from Adult Social Care (ASC) and Sussex Partnership Foundation Trust (SPFT) teams.

8.2 Of concern, is that 50 clients were not assessed for capacity and so we don’t know if they lack capacity.

8.3 73% of clients assessed as lacking capacity were supported by an advocate, family member or friends. The Care Act places a duty on local authorities to provide access to independent advocacy to those who would have **substantial difficulty** in being involved in care and support ‘processes’ and have no appropriate individual(s) – carer, family or friend – who can support their involvement.

8.4 Of note, 80% of Adult at Risk Enquiries were white British.

8.5 Of note, and in need of further exploration, 14.1 % referrals came from ‘other’. The Board questioned if this included CVS and SMS providers.

8.6 The top three nature of enquiries relate to neglect and acts of omission (26.4%), financial or material abuse (19.6%) and physical abuse (18.8%).

8.7 55% of the alleged abuse took place in the clients own home.

8.8 It was not easy to see from the graphs what percentage of clients felt their desired outcome had been achieved, Figures 11 and 12 asked the same question with different answers.

8.9 In 53% of the cases the risk was reduced after the safeguarding intervention. In 25% of cases no further action was taken under safeguarding.

8.10 There is no benchmarking in the current dataset, neither against past performance nor statistical neighbours. This is a real gap. **Action: see 5.6.**

9. Financial Resourcing

9.1 GB advised B&H SAB is in dire straits. GB and John Child, CCG Chief Operating Officer have been touring agencies to elicit resources; B&H SAB currently have around 20% of budgets of surrounding LAs.

9.2 GB reminded the Board that each Board member has a responsibility to provide resources and support. B&H SAB is currently struggling with standing Board support and shares a business manager with the Local Safeguarding Children's Board. In the surrounding LAs this is a full time post.

9.3 GB advised that the SAR is complete and there are no new ones commissioned but noted they are very costly. SJ advised she will be referring a case for consideration in the new year.

10. Lay Members

10.1 GB is keen to add a voice from the community to the Board. BD was going to look into this but can no longer do so due to ill health.

10.2 MJ and MB advised they had discussed linking with the Children's Board who are recruiting lay members in the new year, this is an opportunity to recruit lay members via the Children's Board which has proof that lay membership works well in terms of providing a voice. The Board agreed to extend recruitment to the SAB as well. **Action: MB to lead on Lay Member Recruitment.**

10.3 TB advised that Healthwatch will include this in their newsletter, and SJ advised she could support with advertising via CCG networks. **Action: All agencies to modify comms to fit their organisations to display in public facing areas, on receipt of advert from MB.**

11. Vulnerable Person Caseworker: Sara Jones

11.1 SJo gave headlines of the following report and advised there is an 18 month pilot taking place called Operation Signature which is working with vulnerable people, 85% of these are age 63 or over and currently if this is reported there will be an initial PCSO visit followed up by 2 caseworker visit which is not optimal use of time.



SAB Briefing-
Vulnerable Person Ca

11.2 GG discussed risk and need and how assessments are made.

11.3 Micha Dawes is running this pilot and can be contacted

Micha Dawes, Commissioning Officer
t: 01273 337036
e: micha.dawes@sussex-pcc.gov.uk

11.4 SJo said that there is bound to be complementary learning and this should link into the multi-agency data set. The Board agreed this would be beneficial.

11.5 Action: SJo and CW to meet to look at the 18 month pilot and wrap around elder abuse.

12. Allegations against people in positions of trust: Katherine Taylor-Bernie

12.1 KTB outlined the following report headlines to the Board.



Managing Allegations
regarding people in a

12.2 The Board had previously held a discussion about ensuring a consistent use of the definition 'allegation':

Clarification on how the function is provided in ASC:

- Is there a formal allegation/concern? (police, S.47 or S.42 enquiry or formal safeguarding plans, employer investigation/disciplinary action)
- Is the person alleged to have:
 - Behaved in a way that has harmed, or may have harmed an adult or child
 - Possibly committed a criminal offence against, or related to, an adult or child
 - Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs. (Care Act 14.123)
- What is the person alleged understanding of this information being shared?

12.3 There were 36 contacts between July 16 to Dec 16. Of those the majority (30) met this allegation threshold. 44% related to s.42 neglect. The outcome of 64% enquiries is unknown.

12.4 KTB reminded the Board that employers who are also providers or commissioners of care and support not only have a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Action: all to ensure disciplinary procedures are compatible with the responsibility to protect adults at risk of abuse or neglect – for update at next meeting. **Action: The Board agreed to receive an annual update on Allegations against people in positions of trust. JC to forward plan.**

13. SAR Update

13.1 An Action Plan is being developed with regards X SAR, and the report with the action plan is to be signed off at the March Board.

14. Annual Report

14.1 MJ thanked all agencies for their contributions and advised a draft will be circulated in due course before going to Health & Wellbeing Board on 31 January 2017.

15. Any Other Business

15.1 GB thanked Public Health for their contribution to the recent SAR reporting, notably Liz Tucker for producing the report and Alistair Hill for making some really good suggestions / additions and points. **MB to draft thank you letter from GB.**

15.2 GG advised the Portal Older People's worker is now in role.

15.3 GB reminded the Board that the Development Day is taking place on 31 January 2017, and to confirm to JC who will be attending for their organisation ASAP.

Next Meeting: 13 March 2017, 3-5pm in the Council Chamber, Hove Town Hall

Following meetings:

Date	Time	Venue
13 March 2017	3-5pm	Council Chamber, Hove Town Hall
5 June	3-5pm	Council Chamber, Hove Town Hall
4 September	3-5pm	Council Chamber, Hove Town Hall

FINAL