

Brighton & Hove Safeguarding Adults Board

**Annual Report
2015/16**

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1. Foreword from Graham Bartlett, Independent Chair, Brighton & Hove Safeguarding Adults Board.



Welcome to the Brighton and Hove Safeguarding Adults Board Annual Report 2015 – 16, my first as Independent Chair having been appointed to the role in June 2015.

The Safeguarding Adults Board (SAB) oversees work to protect vulnerable people, and ensures that we have safeguarding arrangements that are working well and improving.

I would like to thank all partner agencies and members of the SAB for welcoming me to this role, and for their continuing commitment and work within the safeguarding arena.

This year saw the introduction of the Care Act 2014, placing adult safeguarding and the work of SABs across the country on a statutory footing for the first time. It has been a period of significant change for all agencies, as will be highlighted throughout this report, and the effort of all to ensure the best outcome for adults in Brighton and Hove during this transition is acknowledged and appreciated.

It has been a busy year for the Board, establishing itself and its work plan as well as undertaking a multi-agency review, starting our first Safeguarding Adults Review and commissioning a desk top review into the deaths of eighteen homeless people.

One of our challenges has been achieving our ambitions within current resources. Unlike our neighbours we do not have a full time business manager or support structure; we share those with the Local Safeguarding Children Board. Our financial resources are also restricted as, again unlike other boards, only three agencies fund the SAB. Work is ongoing to attract contributions from other agencies but this is proving difficult in the current financial climate.

The SAB has a clear plan in place to ensure it meets its new responsibilities, responds to the needs and feedback from clients, carers and the local community, and holds all relevant agencies to account. We hope you find this report interesting and useful and are reassured that the Brighton and Hove SAB is committed to continual improvement and decisive action when things go wrong. By working in partnership, I am confident that organisations will continue to develop and improve their safeguarding practice.

A handwritten signature in black ink, appearing to read 'G Bartlett'.

2. Progress Report

2.1 Progress on Key Priorities 2015-16

The Safeguarding Adults Board's vision is that we will all work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse. In 2015 the Board identified five priorities that will support the vision to become a reality.

- Embed practice change and improvement aligned with statutory arrangements implemented from Care Act 2014
- Develop and strengthen quality assurance
- Focus on Prevention
- Community Awareness and Capacity Building
- Locate the work of the SAB in wider structures.

Brighton & Hove Safeguarding Adults Board (SAB)

In 2015 the implementation of the Care Act put Local Safeguarding Adults Boards on a statutory footing in line with Safeguarding Children's Boards. This included a duty for certain organisations to be represented, a statutory requirement for the Board to produce a yearly strategy and a yearly progress report on this strategy. Safeguarding Adults Boards must also conduct Safeguarding Adults Reviews either under specific circumstances such as if an adult in its area dies as a result of abuse or neglect (known previously as Serious Case Reviews) or any case the Board considers appropriate.

A key priority identified for 2015/16 was the development of the SAB under the new Independent Chair. In June 2015 Graham Bartlett was appointed by the SAB to be the Chair, and he has worked with the SAB throughout the year to ensure it meets its statutory duties. Following the Board development day in February 2015, a further development day led by Graham was held in September 2015, and from this the Board's strategy was finalised, and the Business Plan under each of the 5 priority areas was agreed. The infrastructure for the SAB was agreed, requiring a number of new sub groups to the SAB to be in place to undertake different aspects of the work. The task of developing these sub groups began this year, clarifying terms of reference, membership and Chairs.

It is to be noted that although the Independent Chair for the SAB started in post during this year, there was no Business Manager in post. The budget for the SAB during this year has been limited, and discussions were held as to how best to enable support of the function of the SAB, within the budget constraints. In the summer of 2016 the role of the Business Manager for the Local Safeguarding Children's Board was extended, to include the management of the adult's Board. This has enabled a forging ahead on meeting the requirements of the SAB, but the lack of a Business Manager during the period of this report did significantly hold back progress for the year.

Learning Together to Safeguard the City

A new initiative this year was the Learning Together event during November and December 2015. This saw the first collaboration between the Local Safeguarding Adults Board, the Local Safeguarding Children's Board, and the Safe in the city Partnership, for a fortnight of workshops and training events of topics covering all these areas. It brought together work around Safeguarding Children, Safeguarding Vulnerable Adults, and the wider campaign around the 16 Days of Action against Domestic and Sexual Violence alongside other forms of Violence against Women and Girls, with 274 recorded as attending.

Safeguarding Statutory Requirements and Quality Assurance

All the safeguarding statutory requirements under the Care Act were met by 1st April 2015, with new processes and procedures starting on that day. The task for the year was to monitor compliance with the procedures, and to evaluate the impact on practice.

A new quality assurance framework was developed for use within the adult social care assessment team. An audit process has been in place for some years, but this was revised in order to ensure a greater focus on the outcomes of a safeguarding enquiry for the individual. The audit process now

focuses on 5 Practice Standards for qualified social workers undertaking safeguarding enquiries, and requires reflective learning and feedback discussions.

Although a Business Manager was not in post during this period, the Board wished for a multi-agency audit to be piloted, so as to inform a regular audit programme once the infrastructure was in place to support it. A multi-agency audit regarding safeguarding enquiries for individuals subject to domestic violence and/or abuse was undertaken during this year. Key findings from this audit were reported to the SAB in March 2016. An action plan was drawn up, for oversight by the Violence Against Women and Girls Operational Group. This action plan has now been completed, and a briefing of learning points has been circulated across organisations. This pilot has informed the development of a multi-agency audit framework which is now in place.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

Local arrangements for DoLS continued to be developed so as to continue to meet legal requirements, best practice and the ongoing increased demand. An initiative by the Brighton & Hove Clinical Commissioning Group (CCG) enabled a number of Health staff to be trained as Best Interest Assessors, so as to enhance skills across the Health Trusts, and enable their clinical experience to be used when assessing those subject to a deprivation of liberty.

Training on Restrictive Practice was undertaken for adult social care social work and assessment staff, so as to ensure process and practice meets the new requirements under the Care Act, whereby all restrictive practices within care and support plans must have scrutiny from a qualified social worker. A review of the DoLS legislation was undertaken by the Law Commission, to which a local response to the proposals was submitted. It is noted that no final proposals are planned to be made by the Law Commission until 2017.

Safeguarding Adult Reviews

Formerly known as Serious Case Reviews (SCR's), Safeguarding Adult Reviews (SAR's) became a statutory requirement for Safeguarding Adults Boards in 2015 under the Care Act. No SAR's were completed during this period, but 1 referral did meet the criteria, and the process for a SAR was started. This SAR is known as SAR X, and will be completed in 2016/17, with plans for learning events and awareness raising on specific areas raised in the review and identified as part of the recommendations and action plans.

2.2 Key Priorities for 2016-17

The Board’s vision is that we will all work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse. The Board has identified five priorities that will support the vision to become a reality. These key priorities will set the strategic direction of the Board of the next three years

2016 – 2019

Priority Area 1: Embed practice change and improvement aligned with statutory arrangements implemented from Care Act 2014 and the Mental Capacity Act 2005.

We are focusing on developing our structure and practice change because the Care Act 2014 and the Mental Capacity Act 2005 mark a shift in how adults are safeguarded and require a change of approach to ensure service users choice is at the centre of all services delivered.

Outcome for Adults: Better, differentiated care which reflects choice and expectations whilst safeguarding them and their rights.

Objectives	Accountability	Success Criteria
1a. Ensure SAB members are aware of their and others’ responsibilities and implications of the Care Act and Mental Capacity Act so that people are properly supported by agencies when they are experiencing harm, abuse or neglect, and are unable to protect themselves.	Quality and Audit Sub Group	<ul style="list-style-type: none"> • All SAB agencies have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. • The SAB embeds a multi-agency audit programme which centres on the six principles and assesses the outcome of safeguarding enquiries within and between agencies. • Each agency is judged to have structures and accountabilities which meet the requirements of the Care Act 2014 as demonstrated by SAB organisational ‘health check’ <p>Agencies that may be required to implement the MCA/ DOLs arrangements achieve or are working towards the MCA/ DoLs Gold Standards.</p>
1b. Ensure a competent and well-informed workforce across all agencies who demonstrate a commitment to provide outcomes which	Training Sub-Group	<ul style="list-style-type: none"> • All agencies have up to date, well-attended and high quality learning and development programmes that reflect the Care Act requirements. • All agencies engage in relevant multi-agency training that supplements that provided on a single agency basis.

reflect expectations and wishes of clients.		<ul style="list-style-type: none"> All agencies have briefing and awareness mechanisms that provide staff with emerging local and national developments regarding the protection and support of vulnerable adults. Single and multi-agency audit demonstrates that practitioners are delivering safeguarding outcomes that reflect choice and expectations of clients.
1c. Ensure that Pan Sussex Safeguarding Adults Procedures are reviewed by SAB annually to reflect national and local requirements	Pan Sussex Procedures Group	<ul style="list-style-type: none"> Pan Sussex Procedures, through a group consisting of heads of safeguarding, other agencies and service user representatives, are audited and refreshed on an annual basis taking into account national and local developments as well as client and professionals' feedback
1d. Develop mechanisms to promote multi-agency responses and information sharing with a particular focus on complex cases and delivering personalised outcomes.	SAB	<ul style="list-style-type: none"> The SAB has in place an agreed information sharing protocol which promotes safe practice and protects confidentiality where required. The SAB has in place a complex abuse protocol which ensures that in all safeguarding enquires agencies work seamlessly together ensuring that, notwithstanding the level or gravity of the abuse, outcomes are delivered which reflect choice and expectations of service users Multi-agency audit demonstrates that personalisation and effective joint working are embedded in all safeguarding enquiries across all agencies.

Priority Area 2: Develop and strengthen quality assurance

We are focusing on our ability to assure the quality and focus of practice because not only is this our statutory responsibility but also as we are in a unique position to take a holistic view of the quality of services across agencies thereby enabling us to highlight any gaps, overlaps or misalignment of services

Outcome for Adults: Adults will be confident that through an on-going cycle of quality assurance, we are able to take an independent and critical assessment of how their needs are being met thereby enabling us to drive up standards.

Objectives	Accountability	Success Criteria
2a. Develop Multi-Agency Audit to collectively examine whether agencies are providing good	Quality and Audit Sub Group	A systemised multi-agency audit programme is in place which prioritises themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, previous audit or data.

outcomes for adults and carers and that people are treated with dignity and respect		<p>Multi-agency audits are focused on joint working to achieve the six safeguarding principles.</p> <p>The SAB has an overview of the outcomes of single agency audits carried out within member agencies.</p> <p>Audit findings and/ or recommendations are regularly and effectively communicated to staff including, but not exclusively, through single and multi-agency training.</p> <p>There is in place a programme of follow up and re-audit on audit findings and/ or recommendations.</p>
2b. Embed mechanisms to gain feedback on safeguarding outcomes from clients, carers and professionals.	Participation and Engagement Sub Group	<p>Each SAB agency has in place methods by which they gather feedback from clients on the outcomes of the service they have provided which then informs policy, procedure and practice.</p> <p>The SAB has in place effective mechanisms by which it independently assures itself that feedback of clients, carers and professionals informs policy, procedure and practice at a single agency and multi-agency level.</p>
2c. Develop assurance mechanisms to test agency compliance with safeguarding duties, responsibilities and ethos.	Quality and Audit Sub Group	<p>The SAB has in place mechanisms to promote Safeguarding Competencies and DOLs Gold Standards within and across all agencies</p> <p>The SAB has systems to assure itself that the competencies and standards are being met in all agencies</p> <p>The SAB has a 'Safeguarding Organisational Health Check' in place which allows it to establish whether agency structure, policies and procedures are effective to deliver good outcomes for adults.</p>
2d. Promote and embed the Mental Capacity Act Gold Standards and quality assure compliance.	Quality and Audit Sub Group	<p>The SAB supports all relevant agencies to achieve and maintain the MCA/DoLs Gold Standards</p> <p>The SAB has in place an effective mechanism to assure itself that the Deprivation of Liberty safeguards are embedded and effective within and across relevant agencies.</p> <p>The SAB is assured that communication regarding adults under a deprivation of liberty is effective as they move from setting to setting.</p>
2e. Embed quality intelligence from a range of sources including commissioners, regulators, Healthwatch and community sources.	Quality and Audit Sub Group	<p>The SAB has mechanisms in place which gather, analyse and disseminate intelligence around quality issues from a range of sources.</p> <p>The SAB responds to thematic concerns around policy either itself or through other quality assurance bodies e.g Quality Surveillance Group.</p>
2f. Develop a multi-agency suite of management information that includes	Quality and Audit Sub Group	<p>The SAB has in place a truly multi-agency data and information set which aggregates outcome measures held within partner agencies and provides an overview of the effectiveness of multi-agency working which reflects adult's views</p>

<p>outcome measures, which effectively capture the adult's views and wishes, and clearly demonstrate the impact of safeguarding interventions.</p>		<p>and wishes, and clearly demonstrates the impact of safeguarding interventions. The SAB priorities and activities (especially around audit, communications and training) is informed by the multi-agency data set.</p>
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Priority Area 3: Focus on Prevention and Early Intervention

We are focusing on ensuring that agencies and the whole community focus on preventing abuse happening in the first place and providing the right support at an early stage because stopping abuse or nipping problems in the bud result in better outcomes for adults and prevent more disruptive, intrusive and expensive interventions further down the line.

Outcome for Adults: Their risk of being abused or neglected is minimised or, where prevention has not been possible, everything they wish to be done is done to stop it getting any worse.

Objectives	Accountability	Success Criteria
<p>3a. Develop mechanisms and relationships which enable people to live independently by being supported to manage risk to themselves</p>		<ul style="list-style-type: none"> • The SAB engages effectively with all agencies, commissioners and bodies to ensure that resourcing and priorities are focused towards enabling independent living where possible. • The SAB observes that all agencies embed in their service the enablement of adults to identify and manage risk of abuse and neglect for themselves thereby enhancing their ability to live both safely and independently.
<p>3b. Promote a system whereby people are able to protect themselves from abuse and Neglect including self-neglect.</p>	<p>Participation and Engagement Sub Group/ Participation and Engagement Sub Group/ Training Sub Group</p>	<ul style="list-style-type: none"> • The SAB's communications, training and audit ensure that agencies and the partnership are pro-active in developing and supporting people's resilience to abuse. • The SAB promotes pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity. • The SAB, through a range of communications and engagement activities develops clients and carers awareness of the risk and causes of self-neglect enabling them to access support suitable to their wishes and needs at the earliest opportunity.

3c. Develop community resilience and awareness to promote effective early support and intervention and reporting / referral where necessary	Participation and Engagement Sub Group	<ul style="list-style-type: none"> • The SAB undertakes awareness campaigns which raise the profile of the nature of abuse and neglect within the financial sector, businesses, third sector organisations and statutory bodies. • The SAB sees an increase in the reporting of abuse and neglect arising from greater awareness, understanding and engagement from communities and all sectors.
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Priority Area 4: Community Awareness and Capacity Building

We are focusing on raising the profile and resilience against safeguarding because the more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it the better vulnerable people can be protected.

Outcome for Adults: More people can act as their eyes and ears and provide support, interventions and seek help and interventions should they witness or suspect abuse or neglect is happening.

Objectives	Accountability	Success Criteria
4a. Develop engagement mechanisms to enable service users, carers, communities and voluntary sector to inform the priorities and focus of the Safeguarding Adults Board ensuring that it improves outcomes for people.	PASA Sub Group	<ul style="list-style-type: none"> • The SAB has in place effective strategies and mechanisms that enable it to hear, understand and embrace the views and concerns of service users, carers, communities and voluntary sector in its priority and activity setting. • The SAB has effective service user representation at its Board and relevant sub groups to ensure appropriate challenge and that the concerns and wishes of vulnerable adults are central to its work.
4b. Work with existing engagement and consultation arrangements to identify high risk geographic and demographic communities to enable greater agency awareness of the nature of safeguarding and support and remedies available.	Participation and Engagement Sub Group	<ul style="list-style-type: none"> • The SAB uses a range of existing networks and mechanisms to identify communities where the awareness around abuse and neglect may be under developed. • The SAB uses the existing networks to heighten communities' awareness of the nature and prevalence of safeguarding issues enabling them to become more alert and vigilant, equipping them with the knowledge of where, to who and how concerns can be raised.

<p>4c. Develop external and internal communication strategies which embed channels for sharing key messages with communities and professionals and through which feedback on the quality of systems and services can be heard</p>	<p>Quality and Audit Sub Group / Participation and Engagement Sub Group</p>	<ul style="list-style-type: none"> • The SAB uses data, community, carer, service user and professionals' feedback to target demographic and geographic communities with campaigns to heighten awareness of the pathways of referral and support available. • The SAB uses such data to highlight gaps in the reach of pathways and awareness to then develop alternative mechanisms to ensure all groups and communities can access services which meet their need and expectations. • The SAB is confident that all groups and communities are able to feedback on the quality of systems and services.
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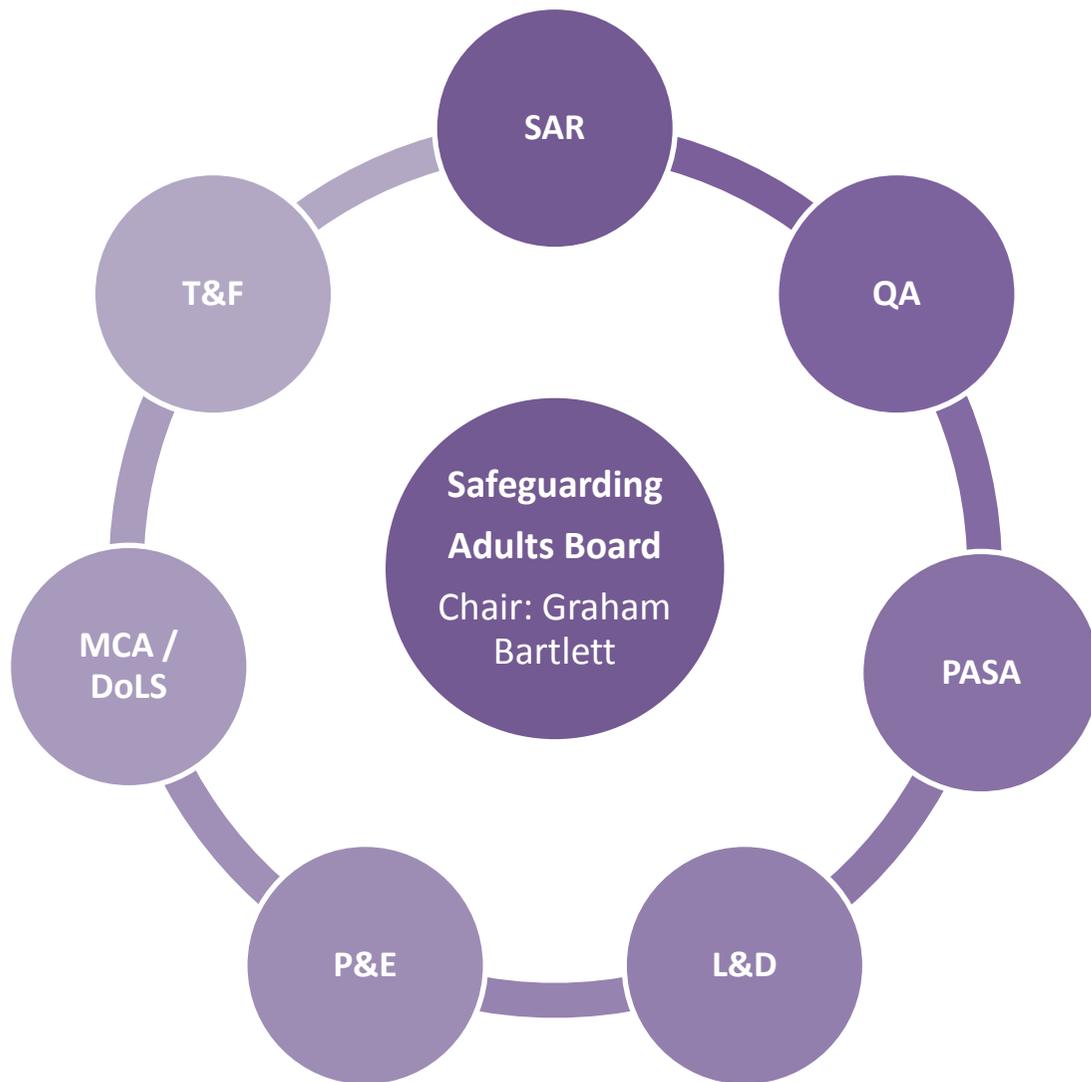
Priority Area 5: Locate the work of the SAB in wider structures.

We are focusing on raising the profile of the SAB and safeguarding more generally because it is important that decision makers and commissioners understand the role of the Board, the nature of abuse and neglect, enabling them to reflect their role in combatting it in their business or commissioning plans.

Outcome for Adults: The response of agencies and decision makers is consistent and connected to ensure that all meet their responsibilities to protect vulnerable adults from abuse and neglect.

Objectives	Accountability	Success Criteria
<p>5a. Review and, if necessary enhance, the protocol between the Health and Wellbeing Board (HWB) and the Safeguarding Adults Board ensuring scrutiny of the business of the SAB, that safeguarding is reflected through the business of the HWB and providing a forum for escalation of SAB matters when required.</p>	<p>SAB</p>	<ul style="list-style-type: none"> • The SAB has a clear and influential role on the Health and Wellbeing Board evidenced by constructive challenge, an independent voice, the reflection of safeguarding throughout the Board's business and escalation of SAB matters where required. • The protocol between the Health and Wellbeing Board and SAB remains relevant and effective. • The SAB annual report actively is considered at the HWB on an annual basis and its findings inform the HWB strategy.
<p>5b. Develop arrangements with neighbouring SABs and LSCBs to enhance cross border and</p>	<p>SAB</p>	<ul style="list-style-type: none"> • The SAB maintains networks with neighbouring SABs and LSCBs to scope collaboration of functions and harmonisation of business. • Pan-Sussex or bi-lateral arrangements are in place around areas that

<p>cross phase collaboration engendering a culture that reduces the risk of the negative impacts of any variable approaches to safeguarding.</p>		<p>promote effective common approaches to ensure adults are safeguarded to the same standard across Sussex.</p> <ul style="list-style-type: none"> • Pan Sussex or bi-lateral arrangements demonstrate increased efficiency across and between Boards and reduce duplication for membership agencies.
<p>5c. Develop communication and accountability mechanisms between the SAB and its chair and chief officers and governance bodies of the SAB's constituent agencies.</p>	<p>SAB</p>	<ul style="list-style-type: none"> • Chief executives and chairs of all constituent agencies are kept informed of the safeguarding arrangements and performance in the City and this is reflected in their organisational plans regarding protecting vulnerable adults. • The Lead Member for Adult Services and the Director of Adult Services provide political and operational direction to the SAB through close relationships with the chair and statutory members.



Safeguarding Adults Board Sub Groups 2017

***Further information**

Practitioners Alliance of Safeguarding Adults (PASA)
Chair: Jackie Grigg, Money Advice Plus

Task & Finish (T&F)

Chair: TBC – to be agreed when required

Mental Capacity Act / Deprivation of Liberty Safeguards (MCA / DoLS) Chair: Soline Jerram, B&H CCG

Quality Assurance (QA) Sub Group

Chair: Rob Persey, Executive Director, HASC BHCC

Safeguarding Adult Review (SAR) Sub Group

Chair: Roland Marden, Healthwatch

Participation & Engagement (P&E)

Chair: Stu Hale, Sussex Police (joint with LSCB)

Learning & Development (L&D)

Chair: David Kemp, ESFRS

3. Performance and Practice 2015-16

3.1 Summary of Main Points to Note

1) The main points to note from previous years is that due to the changes under the Care Act, thresholds, terminology and data collection requirements are different from previous years, making any direct comparisons difficult, this being the first year of these changes.

A key change to note is the move from safeguarding 'alerts and investigations', to safeguarding 'enquiries'.

Under the Care Act there is a duty for the Local Authority to enquire where the Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Our local procedures and practice have therefore changed, and all information received by the Local Authority is considered, whether on alerting documentation or not, to ascertain if the duty to enquire is met.

In 2014/15, pre Care Act, **1,716** alerts were logged, and **738** safeguarding investigations were undertaken.

In 2015/16 we can see that **1,064** enquiries have been started during 2015/16, and **868** completed. This is showing that the enquiry threshold is lower than the previous investigation threshold. This is expected and fits with current procedures. All enquiries will be completed, rolling into the following year's data.

868 completed enquiries breaks down as **16.7** safeguarding enquiries undertaken per week during this year.

2) In 2014/15 Sussex safeguarding investigations procedures required each investigation to be assigned a level of investigation. Levels were 1 to 4, indicating levels of harm and a separate response for each level of investigation. From April 2015 Sussex safeguarding procedures changed, to meet the requirements of the Care Act, and levels of investigation are no longer part of the safeguarding procedures. All concerns which meet the threshold for enquiry are logged as a safeguarding enquiry, and each enquiry must be tailored to the needs of the individual, rather than being set by procedures in following a particular level of investigation process. This ensures that safeguarding enquiries can be person centred, and can be flexible to the person's need. An enquiry could range from a conversation with the adult, to a more formal multi-agency plan or course of action. Therefore there are no set timescales for the completion of the enquiry, though local procedures are clear that there should be a 'principle of no delay' so as to ensure that statutory duties are met, with an expectation on a timely conclusion of the work with the individual.

3) The objectives of an enquiry into abuse or neglect are to:

- establish the facts
- ascertain the adult's views and wishes
- assess the need of the adult for protection, support and redress
- protect from the abuse and neglect, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken, with regard to the person or organisation responsible for the abuse or neglect

- enable the adult to achieve resolution and recovery.

The outcome of an enquiry is therefore recorded differently from previously when investigation were undertaken, where the purpose was to establish whether abuse or neglect was substantiated or not. The outcome recorded now is whether the individual's identified desired outcome was met. Further methods to record and scrutinise whether the individual has identified and then met their desired outcome will need to be explored in the year ahead. For this year some simple data was collected, recording whether the individual, or their representative, agreed that they had met their desired outcome or not.

4) The table below shows some additional information available from completed enquiries.

Additional Information-All enquiries	
	Total
Is Enquiry related to care delivered via a Direct Payment?	15
Is this Enquiry linked to domestic violence?	126
Is this Enquiry linked to hate crime?	5
Is this Enquiry linked to anti-social behaviour?	44
Is Enquiry related to care from the main informal carer?	104

It is of note that the number of enquiries linked to domestic violence has increased significantly from previous numbers of safeguarding investigations (2014/15 59 investigation, in 2015/16 126 enquiries). This fits with new expectations under the Care and Support Statutory Guidance that Domestic Violence is named as a potential category of harm and abuse. It was identified by the Brighton and Hove Safeguarding Adults Board that this was an area which required further exploration of practice and joint working, and a multi-agency audit was undertaken during this year of enquiries where the person was subject to domestic violence and abuse.

5) The following data below is taken from 868 completed enquiries during the period of 1st April 2015 to 31st March 2016 inclusive.

2015-16 End of Year DATA			
			Total
Number of Enquiries			1064
Completed Enquiries			868
2014-15 End of Year DATA			
			Total
Number of Alerts in period			1716
Number of alerts that went into investigation			738
Completed Investigations			560

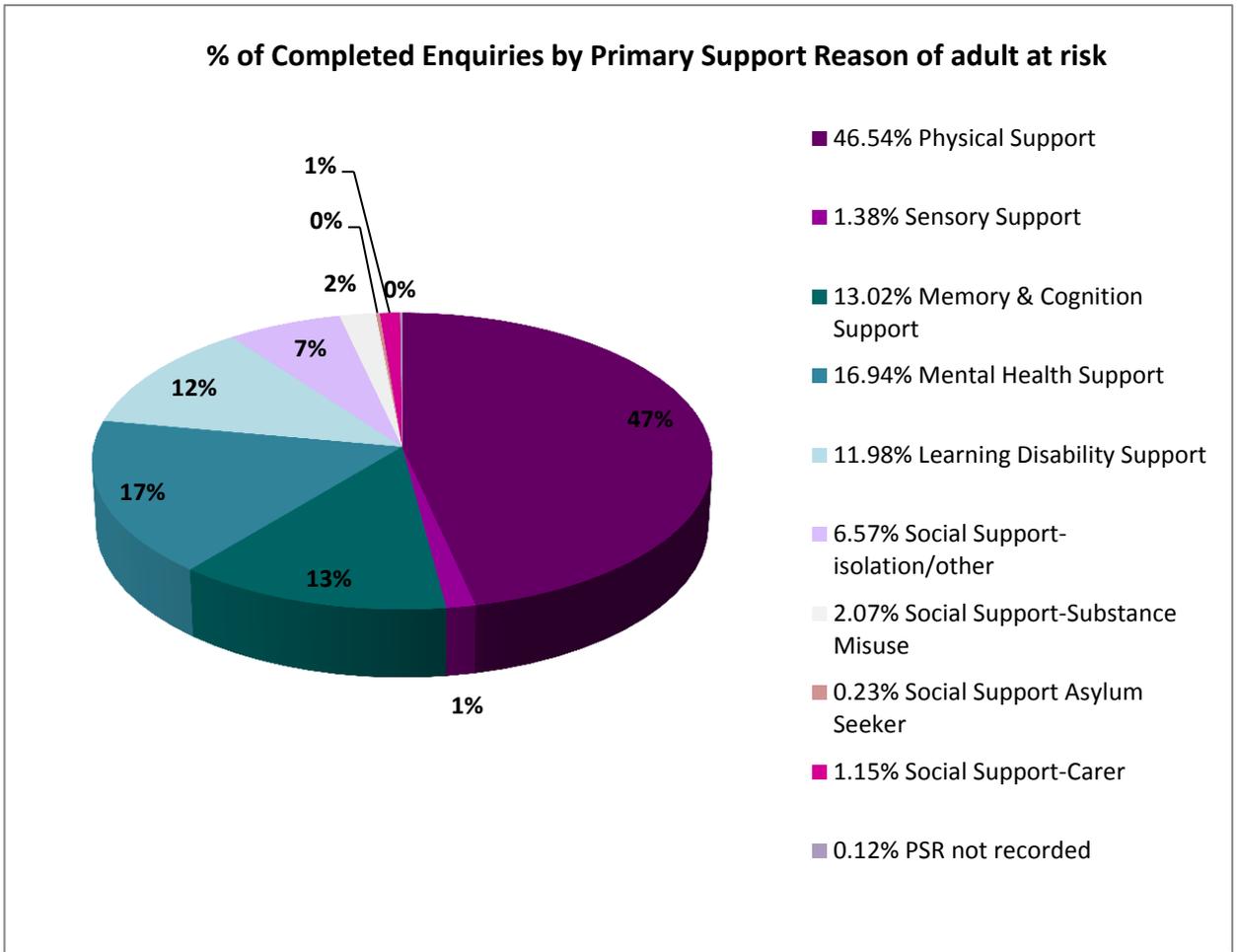


Figure 1: Percentage of Investigations by Primary support Reasons of Adult at Risk

Figure 1 shows the primary support need for the adult for whom the enquiry is undertaken. There are some key differences in the figures from previous years, specifically a drop in the percentage of enquiries for people with Memory and Cognition needs. The previous year noted 26% of investigations being undertaken regarding people with their primary support reason of Memory and Cognition Support, this year this has dropped to 13%. The increased area for enquiries is for people with Physical Support needs, increasing from 32% of investigations last year, to 46.5% this year. It is not clear why this area has changed, and will need to be explored further this year to see if this trend continues and what it may be indicating.

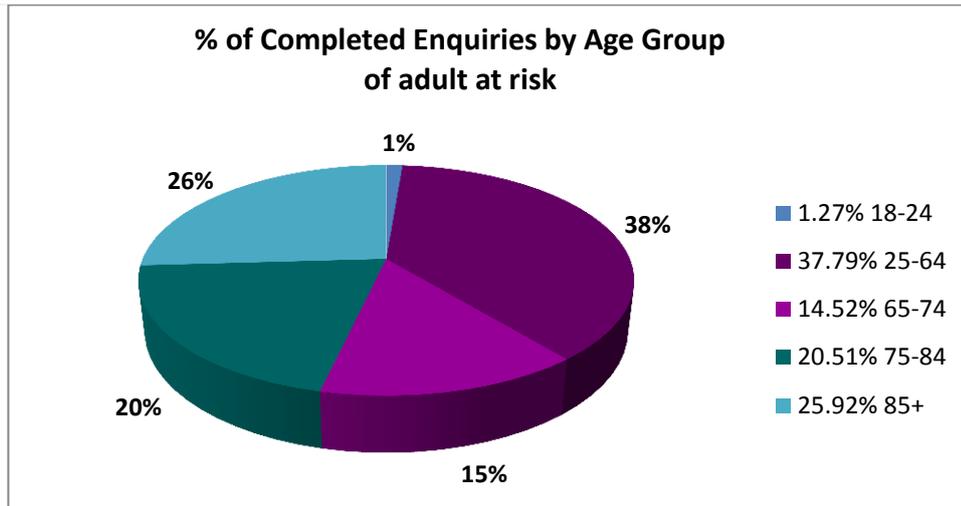


Figure 2: Percentage of Completed Enquiries by age group of adult at risk

In figure 2 we can see that risk of harm increases into older age, 65 years and over.

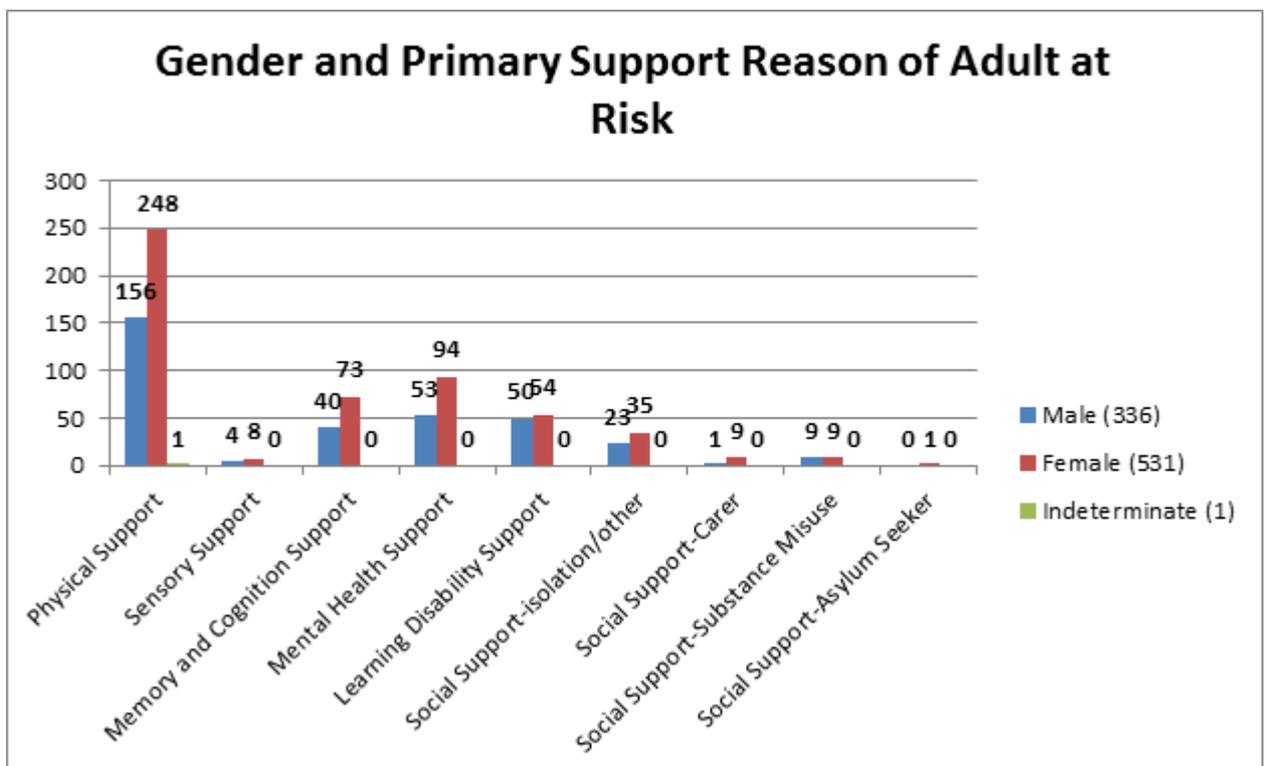


Figure 3: Number of Investigations by Gender and Support Reason of Adults at Risk

In figure 3 we can see the number of enquiries undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 868 completed investigations 531 of the adults at risk were female, and 336 were male. As a percentage that is 61% women, 38.7% men. 0.11%. There is no change noted from last year (last year 61% women, 39% men).

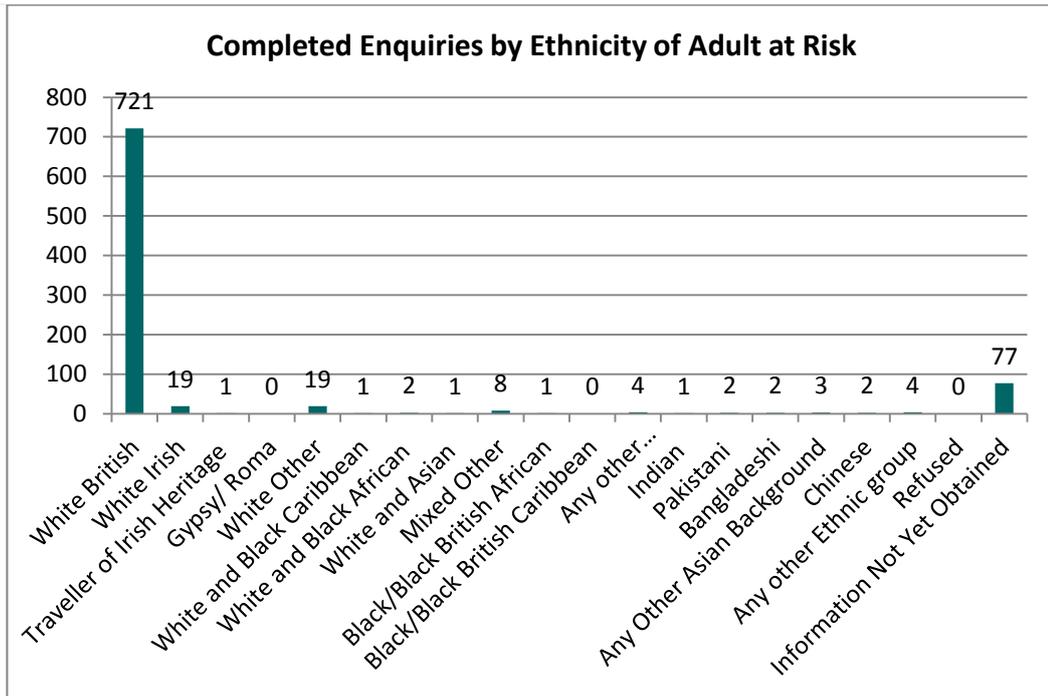


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

Information from the 2011 census shows that one out of five Brighton & Hove residents (53,351 people, 19.5%) are from a BME background, an increase of 23,668 people (79.7%) compared to the 2001 census.

In figure 4 investigations for adults at risk White British ethnicity category from obtained data stand at 83%, all others 8%. Not obtained/Refused 9%

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low compared to the percentage of residents from BME groups as a whole at 19.5%. However, this data does not take into account ages. A high percentage of safeguarding enquiries is regarding people of 65 years and over, and this age group locally includes fewer people from BME groups. Census data shows BME groups for 80-84 years is at 6.4%, and for over 85 years is at 5.3%.

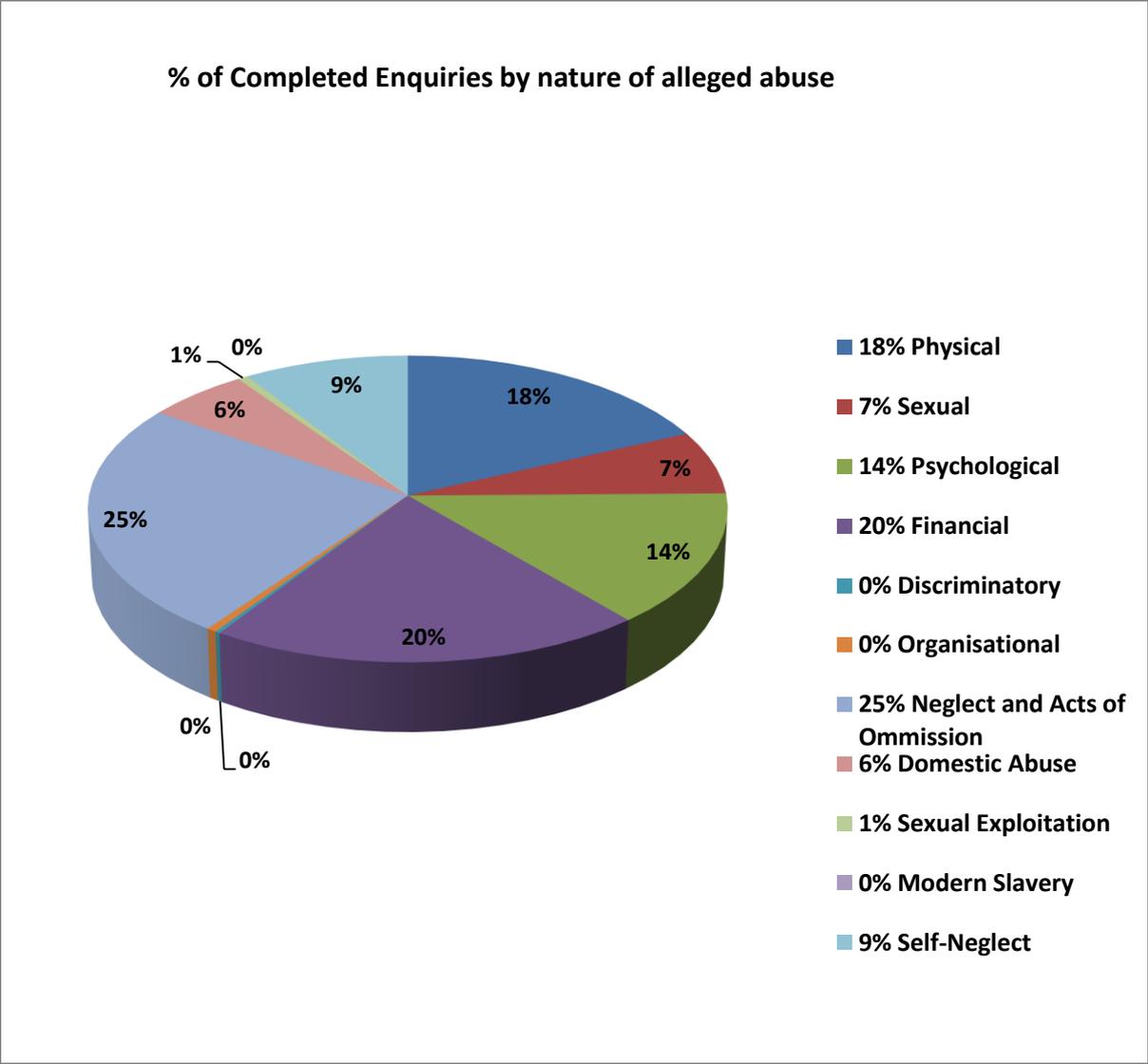


Figure 5: Percentage of Investigations by the nature of the alleged abuse

Figure 5 shows enquiries by category of harm or abuse under the Care and Support Statutory guidance categories of abuse have increased from previous years. The guidance notes that Local Authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual cases should always be considered. For reporting purposes the additional categories of Domestic Abuse, Sexual Exploitation, Modern Slavery and Self Neglect have been added this year.

It must be noted that this data is based on the first type of abuse recorded in each enquiry to provide an idea of the spread. Multiple categories of abuse can be noted as part of one enquiry.

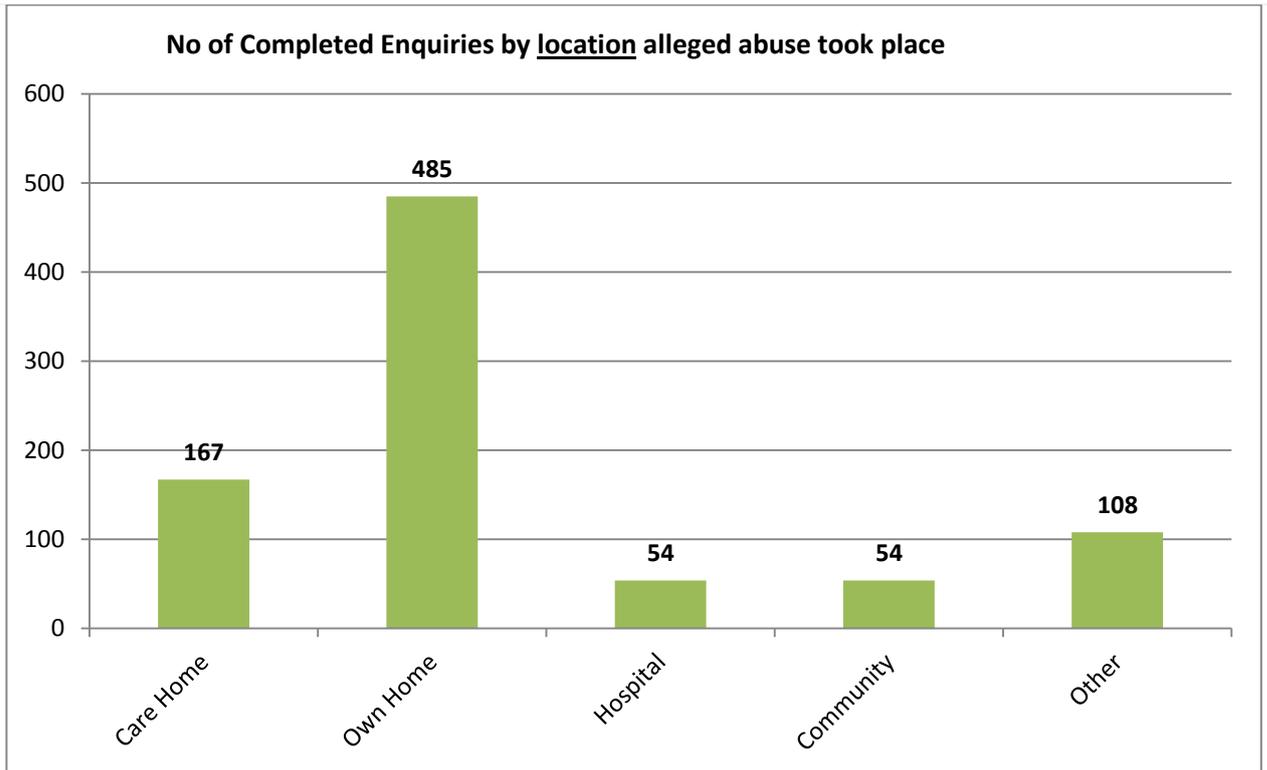


Figure 6: Number of Completed Investigations by Location Alleged Abuse Took Place

In figure 6 we can see that the person’s own home is the most likely place for abuse to be alleged to have taken place, at 56% of all other logged locations. Last year this figure was 36%.

However, this information is hard to compare to previous years. An enquiry is likely to be considering a variety of factors which affect a person, and is less likely to be regarding an incident in a particular location. For example, if someone is being exploited by people they know in their community in a variety of ways, the location may not be so easily defined, and could be a combination of locations such as ‘own home’, ‘public place’ and ‘other person’s home’.

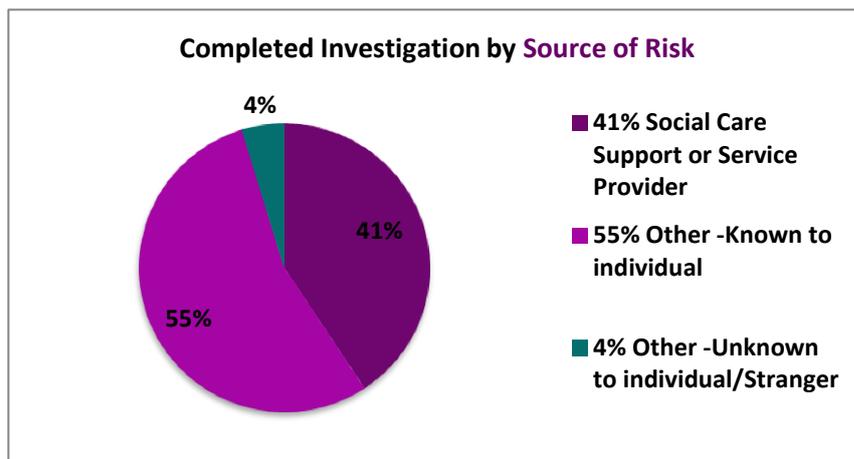


Figure 9: Percentage of Investigations by Alleged Source of Risk

Figure 9 shows the percentage and number of enquiries broken down into the alleged source of risk to the person affected.

This data requirement is at a high level, meaning it is not currently further broken down into more

detailed sub categories, as it was for previous data collection prior to the Care Act.

The risk alleged from a person unknown to the adult affected is 4%. (4.6% last year).

This information is specified by national data reporting requirements. It currently lacks any local detail, so the Brighton & Hove Safeguarding Adults Board members will be considering an agreed data set for use by the Board, and this is likely to be an area where more detailed data will be requested. For example, data could be collected to break this information down further, so as to identify if the alleged source of risk came from a partner, family member, neighbour or friend, or from specific staffing groups such as Social Care staff, or Health care staff in either Primary or Secondary Health.

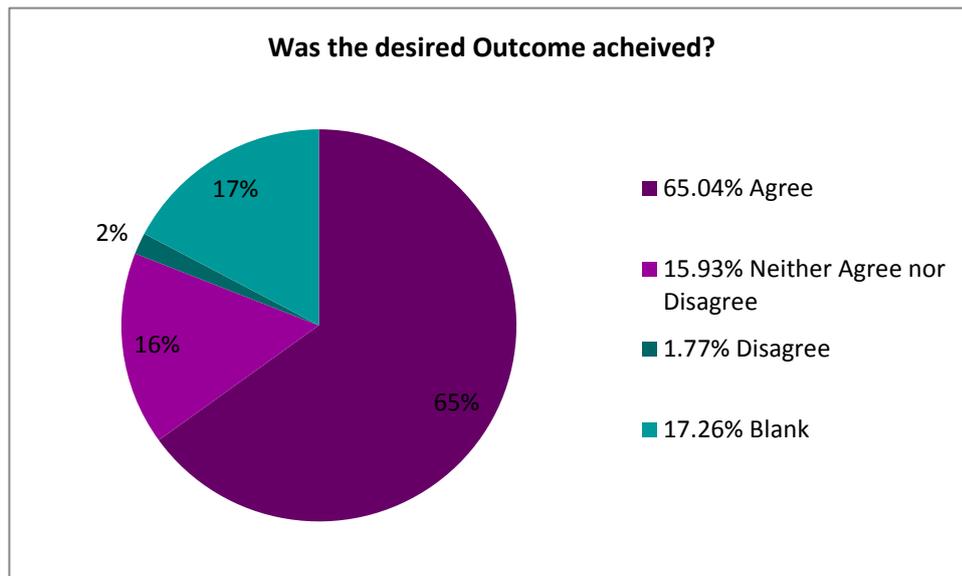


Figure 10: Was the desired outcome achieved for the individual

Under the new procedures the outcomes for safeguarding work is no longer being monitored as to whether harm or abuse were substantiated or not, but by individual outcomes for the person affected, and whether the person feels that their identified outcomes have been met.

This is a significant change in approach, and reflects the requirements of safeguarding under the Care Act, with its focus on Making Safeguarding Personal. This is therefore the first year of this collection as to whether the person, or their representative, have identified that the outcome they identified at the beginning of the safeguarding intervention has been met.

The data shows that this is an area for focus in the coming year, in order to improve the collection of this data, and to explore the cases where people identified their outcomes had not been met, and to understand the areas where people have indicated their outcomes have been 'neither met or unmet.'

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

General overview of the year 2015-16:

This year marked the first year of new statutory duties and responsibilities under the Care Act, which came into force in April 2015. The preparation work in 2014-15 paid off, and there was a smooth transition to new safeguarding processes and procedures, including new recording documentation.

Training for staff undertaking statutory safeguarding enquiries was rolled out, and supported by a programme of Practice Development Groups for practitioners to develop their safeguarding work.

A new audit process for quality assuring this safeguarding work was started in April 2015. An audit process has been in place for some years, but this was revised in order to ensure a greater focus on the outcomes of a safeguarding enquiry for the individual. The audit process now focusses on 5 Practice Standards for qualified social workers undertaking safeguarding enquiries, and requires reflective learning and feedback discussions. The quarterly audits are now reviewed at a panel, which includes the Assistant Director, the Principal Social Worker, Head of Adult Safeguarding and General Managers, so as to ensure consistency of auditing and feedback methods, and to agree any actions and learning requirements. I am pleased to report that in 2015-16 93% of cases audited were found to have met Practice Standards, which is very positive considering the changes in procedures and expectations on practice during this time.

Staff supervision is recognised as a core process supporting the delivery of high quality services in Adult's Services. The Adult's Assessment Services Professional Supervision Policy was launched in 2015 for our staff, giving clear principles and expectations for practice supervision. Training to this policy will be undertaken, and the expectation is that adherence to this policy will improve practice, within safeguarding enquiries and other work.

Social workers in our integrated mental health teams began to receive clinical supervision in line with the new supervision policy. A new Practice Manager post was introduced in this part of the service, providing clinical supervision to this staff group where this has been lacking in the past.

During this period we also had the challenge of continuing to meet our statutory responsibilities in relation to Deprivation of Liberty Safeguards (DoLS). The impact of the Supreme Court Judgment in March 2014 continued to be felt, with numbers of applications for authorised deprivations increasing throughout the year, though at a slightly more steady pace from the previous year, averaging at 131 per month throughout the year. It continues to be a credit to all staff involved that we have been able to keep on top of this important area of work with minimal breaches of timescales.

Deprivations in domestic settings are providing an additional and ongoing demand as we move forward. Funding has been made available to employ additional Best Interest Assessors and legal staff to meet this demand.

It is planned that all appropriately experienced and qualified Social Workers and Occupational Therapists should qualify as Best Interest Assessors (BIA's) and a rolling programme of training and qualifying is continuing. During 2015 to 2016 a further 47 staff were trained as Best Interest Assessors, meaning currently 65% of qualified staff are able to undertake best interest assessments. This will place the Council in a good position to meet the expected demands when the Law Commission produces its proposals in 2017.

In order to meet the demands of the Care Act, review and restructure of our workforce continues. The Assessment Services Redesign programme continues to progress and the focus during 15/16 has been to develop a new service model that will strengthen our relationships with local health services and neighbourhoods. Our central teams became aligned with GP clusters and we are continuing to

develop this further into 16/17. The redesign programme is led by the Assistant Director, along with a Project Manager and is attended by General Managers and the Principal Social Worker. This oversight provides a strong professional focus running throughout these developments, ensuring that our statutory duties remain a priority as we remodel the assessment teams.

Future plans / priority areas for 2016/17

- Service redesign programme will continue to develop throughout 16/17 and will ensure our revised services continue to meet requirements of the Care Act and new duties and responsibilities
- Disseminate learning from Safeguarding Adult Reviews undertaken in 2015/16
- All practice supervisors to be trained in line with the Adults Professional Supervision Policy
- The programme of Practice Development Groups will be formally linked to the audit process, ensuring there is a clear link between the findings of audit and practice development.
- To review the training for Enquiry Supervisors and Lead Enquiry Officers, in line with practice developments, and launch the new training programme.
- To review the effectiveness of the Practice Manager post in seconded services, with a view to making a business case requesting the post to become permanent.

Carolyn Woods

Interim Assistant Director
Health and Adult Social Care
Brighton & Hove City Council

4.2

Sussex Police

What have we done?

- The force's Safeguarding Adults Policy and procedures was reviewed and updated to align with the new Care Act.
- A representative from the force Public Protection Branch has attended the Safeguarding Adults Board and relevant sub groups throughout the year.
- We have developed police operations to provide an enhanced response to Domestic Abuse over key times of the year. Operation Ribbon was over the Christmas period and will repeat itself during the European Football Championship this summer. With the support and active involvement of partners, these operations enabled us to provide effective police response to reports of domestic abuse, whilst also improving the support we were able to offer to victims and survivors.
- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continues as the force's operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. We continue to raise awareness internally and externally to ensure the public are aware of the support available to these victims.

How well did we do it?

- The above section references what has worked well over the last year.
- Particular challenges have been seen in the amalgamation of Adult and Child Protection Teams into Safeguarding Investigation Units. This was a significant move and staff needed to be supported through this change with appropriate briefings, training and guidance.

What Difference did it make?

During April 2015 to March 2016, officers in Brighton and Hove completed and submitted 2399 Vulnerable Adult at Risk (VAAR) forms.

Priority area 1:

Care Act 2014 and the Mental Capacity Act 2005

The force's Safeguarding Adults Policy and procedures were reviewed and updated to align with the new Care Act. This policy is readily available for officers and staff to view and provides comprehensive guidance for personnel in order to identify adults at risk of abuse and also when a multi-agency investigation should be instigated; sharing best practices that must take place to best keep adults at risk safe. This policy emphasises the six key principles which underpin all adult safeguarding work.

Competent and well-informed workforce

- The reviewed Safeguarding Adults Policy can be accessed by all personal and references DoLS and the Mental Capacity Act. It includes an appendix relating to the Mental Capacity Act; providing information and guidance to officers and staff in order to effectively assess capacity and risk in every incident.
- Additional mental health awareness has been provided to front line officers with mental health nurses attending briefings and supporting officers with triage cars in certain parts of the county.

For this period there has been particular focus on domestic abuse training, as well as Harmful Practices and Modern Slavery awareness with the following courses being held:

- Domestic abuse workshop – response/investigating officers
- Secondary investigators training – covers coercive and controlling behavior, DASH overview, information about the National Centre for Domestic Violence.
- Specialist training has been provided to points of contact throughout the force and general awareness training to call handlers this year, as well as an information video which is being developed for all officers and staff. An information booklet for HBV/FGM/Forced Marriage is also being produced and will assist to raise awareness both internally and within local communities.
- Various Modern Slavery training sessions have taken place throughout this period to help raise awareness to large audiences relating to the means, purpose and act of trafficking.
- The Learning Development Team have carried out training and awareness packages/briefings as part of the Public Protection week of the ICIDP course for Trainee Detective Constables. Ensuring officers are made aware of harmful practices and trafficking indicators, effective actions for officers to take if confronted with these incidents, along with effectively safeguarding victims.
- Domestic abuse secondary investigator training will continue over the next year, as well as continuous awareness raising of modern slavery and harmful practices.

Specialist officers located at the Safeguarding Investigation Units (SIUs) will continue to become omnicompetent in their roles and undertake advance training through partner agencies and organisations.

Priority area 2: Develop and strengthen quality assurance

- Sussex Police work closely with partner agencies in regards to adult safeguarding. Evidence of this is attendance at each of the Safeguarding Adults Boards in Sussex and the relevant sub groups.
- Sussex Police is an active partner in all multi-agency audits carried out across the county, providing evidence of involvement for all cases and expert opinion on the audit day. Relevant information is prepared and attendance provided at all Safeguarding Adults Reviews.

Priority area 3: Focus on Prevention and Early Intervention

- During April 2015 to March 2016, officers in Brighton and Hove completed and submitted 2399 Vulnerable Adult at Risk (VAAR) forms.
- In addition to the above, the Strategy and Compliance Team work with partners to attend specialist or one off events and to raise awareness of adult safeguarding. This includes circulating relevant leaflets and awareness raising campaigns throughout the force and attending safeguarding awareness days, for example Technology Enabled Care Services.

Future plans / priority areas for 2016/17

- To increase and enhance front line officer awareness in order to continue and improve leading quality focused investigations into any suspected criminal offences committed against an adult at risk.

To consult with partners and develop where possible the Multi-Agency Safeguarding Hubs (MASHs) in order to include domestic abuse cases in adults as well as children.

Stuart Hale

Temporary Detective Chief Inspector
Sussex Police

4.3 Brighton & Hove Clinical Commissioning Group

Domestic Violence and Abuse

The CCG has worked closely with primary care providing information and advice regarding domestic violence and represents primary care at the Multi-agency Risk Assessment Conferences (MARAC). The CCG continues to commission the Health Independent Domestic Violence Advocate (HIDVA) who is based at the Royal Sussex County Hospital. The HIDVA supports staff and offers assessment and referral for patients within various departments in the hospital; these include A&E, maternity and sexual health.

Prevent

The PREVENT duty was implemented in July 2015 and identifies responsibilities for health and other partners. The Safeguarding Adult Practitioner has taken the lead on Prevent for the CCG and is an accredited WRAP trainer. The Lead Nurse, Director for Quality & Patient Safety is a member of the Prevent Board.

The Channel Duty also came into effect in 2015 (April). The Local Authority have a responsibility to co-ordinate and chair the Channel Panel meetings and the Safeguarding Adult Practitioner attends on behalf of health.

The Safeguarding Adult Professional also sits on the National Prevent Steering Group which monitors how the duty is being implemented across the country, and feeds back information from the Home Office.

Training

All CCG staff are required to complete an introduction to safeguarding adults level 1, face to face sessions for level 1 combining Children and Adult safeguarding, MCA awareness and Prevent Basic Awareness. This is provided by the Designated Children's and Adult Safeguarding leads. NHS England are in the process of developing a Safeguarding Adults Competency Framework. This will be implemented during 2016.

BHCCG hosted a Sussex wide Quality Conference in November 2015 when a mixed audience of providers, including primary care and commissioners attended. The focus was learning from incidents and included a specific symposium on safeguarding.

www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event

B&H CCG has led on a Pan Sussex initiative and commissioned a Best Interest Assessor program for providers and CCG staff to access. The intention of this initiative is to build a robust cohort of health practitioners with skills to support their organisations to improve compliance with the DoLS legislation and to ensure resources are in place to meet the requirements of the Law Commission review 3.

For further information on the Law commission review see www.lawcom.gov.uk/?s=DoLS

Safeguarding Enquiries

Brighton and Hove CCG has continued to work with Brighton and Hove City Council (BHCC), the statutory lead for safeguarding, supporting the safeguarding team with clinical expertise for Health enquiries throughout the year. Alongside this we have been working to ensure the Safeguarding Adults Board (SAB) and its partners would be compliant with the Care Act 2014 enacted 1st April 2015. During the year we have been developing processes with the local authority to ensure we are working together to implement the changes from the Care Act. The quality team have been involved in various cases during the year; the majority of these have been in Care Homes with Nursing. Organisations such as NHS Trusts have their own enquiry systems in place, and the Quality team do not carry out reviews within this setting although may be involved in strategy meetings and case conferences in their role as commissioners of these services. The team are often contacted in cases where Safeguarding concerns have been raised in relation to GPs. These cases are passed onto NHS England as they have responsibility for ensuring engagement of Primary Care in Safeguarding enquiries. The CCG keeps a log of quality/safeguarding concerns regarding GP practices to maintain an oversight of any issues.

Pan Sussex

The CCG is represented on the pan Sussex Domestic and Sexual Abuse Executive team and various subgroups linked to this.

BHCCG links with the safeguarding lead NHSE and attends Kent Surrey Sussex NHSE network events

Mental Capacity Act (2005) & Deprivation of Liberty Safeguards (DoLS) CCG Statutory Responsibilities

The CCG retains responsibilities as commissioners of healthcare for providing assurances that the MCA (2005) and supplementary DoLS legislation is applied by the services it commissions and that staff are knowledgeable in its application.

We have been working with BHCC MCA team and providers to ensure the CCG has access to information on providers (Hospitals, Hospice – NHS and Private) in the locality, to the number and outcome of applications for DoLS assessment and use of IMCA service and appropriateness and now receive reports from the BHCC team and IMCA service. Further work regarding providers reporting continues.

CCG Actions to monitor and support providers with the application of the MCA (2005) and Deprivation of Liberty (DoLS) legislation

The MCA DoLS training commenced in 2014 has been able to continue for a further year until March 2017, with funding support from NHSE. Working with partners the Sussex wide training program is accessible to acute, community, primary care, local authority and independent providers.

With a further bid for support funding from NHSE, BHCCG has led the development and commissioning of a bespoke Best Interest Assessor (BIA) training course from Brighton University for Health practitioners. This is also supported with backfill funding to ensure students build competencies in applying the DoLS BIA principles and undertake formal assessments. The development program was open to all Sussex CCGs and NHS providers and enabled them to send two senior clinical staff

per organisation.

Recent Case Law Implications for Health Providers

Rulings in the court of protection continue to have implications for health providers in relation to the cohort of patients receiving care in health environments who may now be considered to require an assessment under the DoLS legislation. The Department of Health & NHS England reviewed the ruling and the Ministry of Justice is reviewing the findings. A final determination of recommendation of any changes is anticipated sometime during 2016.

Domestic Homicide Review (DHR)

The Safe in the City Partnership has a statutory duty to conduct domestic homicide reviews, where a death of a person has or appears to have resulted from abuse or neglect by a former or current intimate partner or a member of the same household. An Authority may also decide to use a DHR to review “near misses” where there may be relevant learning. The Statutory Guidance requires that the membership of the DHR panel includes identified statutory agencies which include the CCG. Brighton and Hove CCG Director for Clinical Quality is the named representative.

There have not been any DHR’s in B&H during 2015.

Mental Health Homicide Investigation(MHHI)

The publication of guidance on the single operating model for investigating mental health homicides by NHS England was incorporated in to the Serious Incident and Learning Framework revised and published March 2015. www.england.nhs.uk/wp-content/uploads/2015/04/serious-incident-framework-upd.pdf

NHSE lead on MHHI’s. One MHHI was completed in late 2015 and the review panel (including family, provider, CCG, NHSE and independent investigators) met early 2016. Following which the report was published.

Brighton and Hove CCG are supporting one MHHI at present underway.

Assurance and Accountability

One of the key priorities for 2015/16 was to develop a tool that sat alongside the safeguarding standards which would provide BHCCG with a good level of assurance that health providers were meeting their statutory responsibilities. This work has been developed in partnership with designated professionals across Sussex.

BHCCG Safeguarding Standards were included in all contracts as a contract amendment with providers being asked to complete an assurance tool for the organisation against the standards. The Assurance and Accountability self-assessment tool, the completion of which is a core requirement of the Safeguarding standards was sent to BSUH, SPFT, SCT, BPAS, Spire, Nuffield, Priory, IC24, BICs. With the agreement of the local authority who commission substance misuse services the tool was also sent to and completed by Pavilions.

Primary Care

All GP Practices across Brighton & Hove were invited to complete a specially adapted self-assessment tool to support them with providing evidence that they meet statutory requirements.

Wider Safeguarding Adults’ Initiatives

BHCCG worked in collaboration with other city partners in the re commissioning of the domestic and sexual violence service during 2015. The new service ‘The Portal’ launched in September this year is a partnership between the current providers Rise, Cri & Survivors Network. The new service offers a single point of contact for victims, survivors and friends/family of those who have experienced domestic and/or sexual violence across Brighton & Hove and East Sussex.

How well did we do it?

Domestic violence and abuse

The sharing of information between MARAC and primary care has been successful and knowledge and confidence have grown in this area. The challenges have been around capturing time for training for GP's and developing information sharing agreements across the city.

Prevent

There has been an increase in knowledge and confidence regarding health's responsibilities within the Prevent agenda and how this is part of safeguarding. The challenges have been around delivering the training to all staff.

Training

Safeguarding training is now delivered face to face within BHCCG with the aim to help ensure understanding, allow for discussion and to use examples from practice.

Safeguarding enquires

The introduction of the care act has included changes to the role of the enquirer and BHCCG's responsibilities within this. BHCCG and the local authority have worked closely over the year to embed new systems. The challenges have been in ensuring relevant information regarding safeguarding enquires is shared with the quality & patient safety team to enable us to continue to monitor safety and quality within the providers.

BIA & DoLs

The 'Are you confident' training continues to be well attended and receives positive evaluations and feedback. The successful bid for funding from NHSE has supported staff from health providers and the CCG in completing the BIA DoLS assessor training; this will support the local authority's role and offer a clinical expertise in the process.

Assurance & Accountability Tool

The safeguarding assurance tool has enabled us to gain assurance from providers that they are meeting the required statutory responsibilities for safeguarding. The feedback from primary care has been that the tool needs further adaption for their use and further support is being offered from the Designated Nurse to meet the requirements and increase training.

What difference did it make?

As a CCG we do not regularly receive direct feedback from clients and carers. The work within MARAC, Channel and Continuing Health Care (CHC) has an impact on the outcomes for vulnerable adults. Professionals' input in these areas has increased health providers' knowledge and understanding and involvement with cases. CHC are involved in the safeguarding process where necessary and a review of the placement and individuals needs will be carried out. CHC clients based in the community will be regularly reviewed by a case manager. Quality managers within the patient safety and quality team monitor the quality of providers through assurance visits and feedback from safeguarding enquiries.

Priority area 1:

Care Act 2014 and the Mental Capacity Act 2005

Empowerment

BHCCG has incorporated the Care Act 2014 & MCA 2005 into the Policies and Procedures for the CCG including training which highlights the importance of making safeguarding personal. The role of the safeguarding lead has been developed to a designated role and this will include training for Primary Care to ensure compliance with the statutory arrangements and understanding of the mental capacity act 2005.

Prevention

The CCG safeguarding lead has worked closely with the VAWG commissioner over the past year and has been a member of the strategic and operational groups. A lot of this work involves looking at the prevention of harm amongst vulnerable groups across Brighton & Hove and how agencies can work together. The safeguarding leads and quality managers offer advice and guidance to providers on practice and procedure for preventing harm to at risk groups.

Proportionality

The CCG includes all the principles of the Care Act 2014 within training and the Serious Incident (SI) pathway endorses this in ensuring responses to harm and abuse reflect the seriousness of the concern. The safeguarding lead has recently completed the BIA DoLS assessor training which reflects this principle.

Protection

The safeguarding lead and quality managers regular attend meetings which involve safety planning for vulnerable individuals. This includes ensuring patients are offered the tools to protect themselves and to represent how health services can provide additional measures for those less able to protect themselves. The principles of the Mental Capacity Act 2005 are also included in this work in ensuring the best interest of the patient is at the heart of this work.

Partnership

The CCG is a core member of the Safeguarding Adult Board, Safe in the City Partnership & Prevent Board. The safeguarding lead is a member of the Pan Sussex Policy & Procedures group who work together with the Police to update and regularly review the procedures in line with the Care Act. The CCG represents health on the Violence and Women and Girls agenda and the Modern Slavery strategic group. We disseminate information amongst independent providers and primary care and the Safeguarding Assurance Tool has been developed to monitor compliance to the Care Act (2014) & the Mental Capacity Act (2005) with all health providers across the city

Accountability

The Quality and Patient Safety team objectives are to ensure that the needs of patients remain at the heart of commissioning discussions and decisions and to support commissioners and others to hold service providers to account for the quality and safety of services they provide, against agreed quality/performance indicators.

Competent and well-informed workforce

The Safeguarding Lead within BHCCG has delivered face to face Safeguarding Adult, MCA Dols and Prevent training during 2015/16. Currently the figures we have recorded are 58% of staff have been trained at level 1. We have recently revised how we capture the data for training and will have a clearer picture in September of the exact numbers trained.

WRAP3 training has been completed by the Patient Safety & Quality Team and the CHC nurses.

BHCCG hosted a Sussex wide Quality Conference in November 2015 when a mixed audience of providers, including primary care and commissioners attended. The focus was learning from incidents and included a specific symposium on safeguarding.

www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event

All staff receive a yearly appraisal and personal development plan, within which this training and development needs are identified and individual staff attend training as required.

A training strategy is being developed in line with the NHS England's intercollegiate training and competency framework which is due for release imminently. This guidance will include levels required for professional groups.

The role of the Designated Adult Nurse will involve an increased level of support for primary care and they will work closely with the Named Doctor for Safeguarding Children to deliver joint training covering

all aspects of safeguarding. Previously primary care have received all their adult safeguarding training on line.

Target for the CCG is for level 3 training for CHC and the Quality Mangers = 100%

Target for all staff level 1 & 2 training = 80 – 90%.

Priority area 2: Develop and strengthen quality assurance

The Safeguarding Assurance & Accountability tool was developed during 2015/16 for all providers to benchmark themselves. The CCG completed this tool themselves and an action plan was developed and completed. During 2016/17 we plan to carry out assurance visits to all the providers who completed the tools to follow up on the action plan they developed.

The current assurance processes in place include monitoring and responding to the feedback on providers received and assurance visits. The Quality Assurance Committee takes place monthly which is chaired by the independent clinical governing body member and members include the Director of Quality & Patient Safety. This meeting feeds information up to the governing body.

The role of the Designated Nurse for Safeguarding Adults is now in place within the CCG and will be developing the systems for safeguarding quality assurance over the coming year.

Priority area 3: Focus on Prevention and Early Intervention

As mentioned previously the majority of the CCG work does not involve working directly with adults at risk. The patient safety and quality team are working with commissioners to ensure the quality and safety of services commissioned by the CCG and that this is monitored through the contracts. The CCG team's involvement and input with areas such as MARAC and the Nursing homes ensures services are meeting the required standards and highlights concerns and areas where education, development and systems are not performing effectively. This work contributes greatly to the prevention of abuse as having high quality and safe systems and services in place will reduce the risk of harm happening in the first place.

Future plans / priority areas for 2016/17

A great deal has been achieved and B&H CCG has continued to developed its expertise and processes to support its responsibilities in the area of patient safety and safeguarding. Further work to be completed includes:

- Having received the analysed the completed Safeguarding, Accountability & Assurance tools from providers, the next step will be to plan assurance visits to follow up on areas needing development and to meet with staff. These will be carried out jointly with the safeguarding & quality team.
- Work with primary care to develop compliance with Safeguarding Adults training and practices.
- To develop the role of the health BIA, to support the Local Authority in DoLS assessments.
- Further improve data capture of NHS commissioned services application of DoLS
- To continue to work with partners on implementing the Care Act into practice and integrating the updates.
- To continue to implement the Prevent Duty and work with providers on compliance with training and referral. To further develops health involvement with the channel panel.
- Continue to deliver in partnership with providers focused multi-agency training in MCA & DoLS across the city.
- The safeguarding lead practitioner's role will be developed to take on the responsibilities of a designated nurse for safeguarding adults in line with NHS England's Safeguarding Assurance Framework.

The designated safeguarding adults nurse will work more closely with provider safeguarding leads to monitor and support.

Soline Jerram

Lead Nurse, Executive Director of Clinical Quality and Primary Care
Brighton & Hove Clinical Commissioning Group

Candy Gallinagh

Designated Nurse for Safeguarding Adults
Brighton & Hove Clinical Commissioning Group

4.4 Adult Social Care Commissioning & Contracts Team

What have we done?

Quality Assurance Groups:

- The Dignity Champion groups continue to operate facilitated by registered managers of Local Authority/Independent Care Home providers. The activity of these groups continues to actively promote quality.
- The forum is also an opportunity for the different champions to share what they have been doing in their care homes. This year this has included discussions on different activities people are trialling, recognising that the level of need of people accessing care homes is rising all the time.

Quality Audits/inspections:

The Care Quality Commission (CCQ) has fully implemented their new inspection methodology, and has completed inspections for the majority of 'registered' services. This new approach measures quality ratings against five key areas:

- Is the service Safe
- Is the service Effective
- Is the service Caring
- Is the service Responsive to people's needs
- Is the service Well Led

Results of these ratings feed into the Quality Monitoring Team's intelligence gathering to risk rank any issues of concern that require further support from the team.

Quality Monitoring Team:

The risk based approach to monitoring providers has continued, with reactive visits to services where there are concerns. These are discussed during the monthly Service Improvement Panel (SIP), and prioritised as required. The SIP consists of Assessment leads, CCG representatives, and key Quality Monitoring leads. Quality Monitoring activity for 2015/16 consisted of 64 visits in total, broken down as follows:

- Care Homes x15
- Nursing Homes x12
- Home Care Providers x10
- Supported Living providers x12
- Community Support providers x6
- Council Run Services x9

Joint working with CCG quality assurance colleagues has enabled some positive outcomes for homes e.g. support with 'end of life care', nutritional values and diet etc.

Health Watch/Impetus:

Health watch has continued to undertake 'enter and view' visits to selected Care Homes identified by the Quality Team. The purpose of these visits is to gain a 'service user' perspective of the services provided.

Impetus has also continued to visit a number of 'service users' each month in receipt of Home care packages. Outcomes of these reports are shared with the relevant provider and Local Authority Care Governance Board.

Carers

A carers' hub is under development that will ensure organisations across the city are working in a coordinated way to support carers.

Care Governance Board

The terms of reference are being reviewed with a view to closer links with the Safeguarding Board.

Care Home Programme

A programme of work being developed with the CCG to ensure care homes are supported to enable them to provide good quality care.

Supporting care workers with health related tasks:

A booklet has been produced that will enable home care workers to spot signs when they need to get support from a health care professional. The booklet is called 'stop, look, care'. It is being published and will be given to all home care workers.

New Care Home Contract

The contract is now clearer with regard to compliance with restrictive practices.

People who are homeless

New Steine Mews Hostel has been working with Agincare who are a dedicated provider to provide care packages to some of the most hard to reach clients in the City. By supplying a regular carer the service has been able to establish trust with the residents and a positive working relationship with the staff team. By liaising with the hostel staff, the carer is able to allocate his time more effectively and provide a more flexible service for the residents by dividing his time according to their needs.

Home Care Contract

A new home care contract has been awarded and will commence Sept 16. This has more of a focus on outcomes for individuals and less 'time and task.'

Hospital Discharge

A pilot scheme is operating in BSUH for people who require a home care service to enable people to have a safe and timely discharge from hospital.

Transforming Care

A number of individuals who have a learning disability/ complex needs have been discharged successfully from long stay hospitals to community placements.

How well did we do it?

The Quality Monitoring function in the team is now able to concentrate on monitoring the performance of the contract in relation to the quality of care delivered to service users. Although this has been challenging due to loss of staff posts and new roles emerging within the team, some significant progress has been made.

Working in partnership with the Clinical Commissioning Group (CCG) and Care Quality Commissioning (CQC) has worked extremely well with regards to gathering intelligence to prioritise intervention following any significant concerns about services provided to vulnerable adults living in the city.

The Service Improvement Panel (meets monthly) went through a revamp to include an Assessment and CCG lead, as well as enhancing the tool used; information is widely gathered through relevant assessment teams and CCG colleagues. A major joint piece of work has been achieved to support a service failing in several key areas and continues to make improvements through this joined up approach working with assessment and health colleagues. Many other services have achieved higher than expected CQC ratings due to the multidisciplinary support given following quality monitoring audits. Currently BHCC have no 'inadequate' ratings for contracted services.

Forums continue to support Care Home providers, and are now facilitated in partnership with CCG colleagues. Members chose topics to be discussed which have included medication management and reviews working with pharmacists.

The current Electronic Monitoring System (ECMS) continues to be a significant component of the monitoring of home care provision. This is currently under review.

What difference did it make?

The Quality Monitoring Team function collects information from a range of sources including data from Impetus and Health watch who both independently interview individuals about care services. Data is also scrutinised from complaints about services and section 42 enquiries. All of this information and any further 'soft intelligence' (CQC, complaints, whistleblowing etc.) is recorded onto service specific files; this information is then used in a risk ranking table to determine whether any singular or joint Quality Monitoring audits are required to take place. The purpose of these audits visits is to support service providers by identifying any gaps, training requirements, staffing issues etc. following the CQC 5 lines of enquiry as above.

These visits can support managers, owners and other interested parties to develop robust action plans, access specific training and remind them of their contractual agreements. This will include managers and frontline staff awareness of the mental capacity act, safeguarding duties, DoLs etc.

The team has good evidence that support prior to CQC carrying out their own inspections has resulted in some services achieving a higher overall rating than may have been achieved without the support from the team and other key partners.

There are a number of projects that have ensured that the services commissioned have enabled people to meet their outcomes.

Priority area 1: Care Act 2014 and the Mental Capacity Act 2005

The Quality Team function will continue to risk rank all intelligence received including CQC inspection results, complaints, whistleblowing, data received from partners carrying out one to one interviews surveys etc. with individuals using services to include: Nursing/care Homes, Supported living, Home care etc. This information will be risk ranked and discussed regularly during Service Improvement Panel meetings (SIP). Quality Monitoring staff will continue to engage with people using services, providers, managers and other key partners including CQC and CCG colleagues.

The team will host or attend multidisciplinary professionals meetings as required to address any safeguarding issues relating to the quality of care provided.

The team will also carry out focussed visits as required, to include follow up of any actions identified in previous visits.

Competent and well-informed workforce

- Commissioned services continue to access Council training. This is monitored by the Quality

Monitoring Team through audit activity

- Competency of staff working in the Commissioning & Performance Team is reviewed each year through Professionals Development plans (PDP) and supervision with the expectation that all staff are competent and training and development are facilitated where required.
- Most staff in the team have received mandatory training e.g. MCA, DoLS, Safeguarding, and will continue to do so as part of refresher training. New staff that have joined the team 2015/16 have identified specific training in these areas and are awaiting places on future training dates 2016.
- All training requirements are discussed regularly during one to one supervisions and appraisals.

Priority area 2: Develop and strengthen quality assurance

The Quality Monitoring function of the team works closely with assessment colleagues and continues to collate section 42 enquiries, to build a picture about services whereby a Quality Monitoring visit may be required. The Service Improvement Panel (SIP) meets monthly and includes representatives from Health and Adult Social Care Assessment, Sussex Partnership Foundation Trust and CCG colleagues. All contracted and in-house services are risk ranked and safeguarding issues are discussed to ascertain priority focussed visits are required e.g. joint medication audit with clinical input (CCG colleagues) etc.

The Quality Monitoring Team also attend multidisciplinary safeguarding meetings relating to any service provider where issues have resulted in a partnership approach to support services. All information is processed for a quarterly Quality Monitoring report and feeds into the Local Authority's 'Care Governance' Board.

A new system has been adopted working with Health & Safety business partners. Each quarter the Quality Monitoring Team will submit requests to the H&S Team to carry out H&S audits. This information will form supplementary evidence when risk ranking services to follow up more comprehensive quality monitoring audits, or to follow up on H&S actions identified. These visits can include bespoke Fire safety audits.

Priority area 3: Focus on Prevention and Early Intervention

The risk based approach to monitoring providers and sharing of intelligence between CCG, CQC and BHCC colleagues will help support the prevention of abuse happening in the first place. Contracted services are able to access BHCC training e.g. safeguarding, MCA, DoLS etc. Training is cross referenced as part of the quality monitoring audit. The continuation of the Dignity Champions meetings (self-led by managers) will also go a long way to prevent abuse happening in the first place.

Aligning the Quality Monitoring team with Safeguarding and Professional Standards, will enable closer working and better consistency to address and promote safeguarding interventions and more proactive ways to support services at an early stage. For example awareness of the role to complete DoLS, and fulfil any conditions set out in Best Interest assessments.

The team are working with Public Health on the Falls Prevention Programme.

Future plans / priority areas for 2016/17

The Quality Monitoring team will be aligning with Safeguarding and Professionals Standards Team Summer 2016. This will ensure robust synergies to support better outcomes through safeguarding quality assurance processes, and working together to achieve these.

- To continue to update the BHCC 'My Life' web pages to include information about quality of services, links to CCQ web pages etc.

- Continue priorities of strategic health promotions through the Care Governance Board
- Commencement of re-instatement of Desk Top Reviews (May 2016), to be revised to ensure that intelligence gathered supports risk based monitoring adequately.
- Continued joint working with Commissioners and leads for contracted services (contracts), to ensure soft intelligence is shared, and hold joint meetings where required e.g. ‘professionals’ meetings to discuss any service in crisis etc.
- Develop in partnership a clearer safeguarding pathway to ensure assessment teams are sharing safeguarding issues/section 42 enquiries/outcomes appropriately with the Quality Monitoring team.
- Continue to gather any intelligence through Deprivation of Liberties assessments relating to any issues of concern regarding care providers and follow up as necessary through Quality Monitoring.
- Develop the new Quality Monitoring Team (working under the new Team: Safeguarding, Professional Standards and Quality monitoring) and continue to work in partnership with robust communication links between the Team, CCG and CCQ colleagues regarding quality information.
- Develop new ways to ensure individuals have their say about services working with Healthwatch and Impetus.
- Review the quarterly Quality Monitoring report for the Care Governance Board, to ensure information reflects appropriate issues of concern and continues to be delivered in an accessible format for public viewing (also for local Cllr’s approval and information)
- To continue to log safeguarding activity and to also log those concerns which historically would have been dealt with under the safeguarding umbrella, in order to evaluate the impact on the Quality Monitoring function.
- Continue to use SIP as the foundation to prioritise issues of concern, identify quality monitoring visits, suspensions, holding professionals meetings etc.

Anne Hagan Head of Commissioning
Health & Adult Social Care
Brighton & Hove City Council

4.5 Partnership Community Safety Team (PCST)

What have we done?

Work to link the subgroups under the SAB to the SAB and other relevant bodies has been undertaken. This has included work to ensure representation and accountability on those sub groups from relevant agencies.

How well did we do it?

It has been challenging to get consistent representation and accountability at the right level to the Modern Slavery and Harmful Practices sub groups.

What difference did it make?

Where relevant and accountable staff are participating in subgroups progress can be made. This includes identifying circumstances where frontline staff should extend their professional curiosity.

Priority area 1:

Care Act 2014 and the Mental Capacity Act 2005

All relevant Community Safety staff have had training on the MCA 2005.

Competent and well-informed workforce

Priority area 2: Develop and strengthen quality assurance

All relevant Community Safety staff have had training on safeguarding and will be challenged in supervision where necessary to ensure safeguarding has been appropriately considered in cases.

Priority area 3: Focus on Prevention and Early Intervention

All cases dealt with by Community Safety staff are subject to a comprehensive risk assessment (HARA). This includes ensuring the immediate and longer term safety of clients.

Future plans / priority areas for 2016/17

Ensure Community Safety staff receive a briefing on the Care Act 2014 during the next six months

Continue work with key stakeholders to ensure relevant and accountable representation at the Modern Slavery and Harmful practices sub groups during 2017/18.

Peter Castleton

Head of Community Safety
Brighton & Hove City Council

4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)

What have we done?

Revised BSUH Safeguarding Adults Policy approved and made available to all staff. Training content has been revised to reflect the Care Act 2014.

Adult Safeguarding including Prevent and MCA & DoLS are included in the statutory / mandatory training strategy and remain ongoing areas of focus throughout the Trust.

BSUH Policy for the Use of Hand Control Mittens in Adult Patients has been approved and made available to all staff

BSUH Domestic Abuse Policy has been approved and made available to all staff

Completed self-assessment against the Sussex CCG Safeguarding Standards Assurance Tool – submitted evidence for 8 of 9 standards. Standard 8: Commissioning does not apply to BSUH

“Messages of the Week” as part of the Chief Nurse’s weekly publication circulated to all Nursing Staff have included Safeguarding Adults, MCA& DoLS and Supporting Adults with a Learning Disability in the Acute Hospital

As a result of safeguarding enquiries a process has been developed to identify actions to be taken on the discovery of unexplained bruising

A multi-disciplinary “Mouthcare matters” group has been established to improve the delivery of oral hygiene and mouthcare within the Trust

Raising awareness and supporting victims of domestic violence and abuse remains an ongoing area of focus

We have successfully recruited to an MCA / MHA Education Lead. He will provide both staff education and support in clinical practice to improve the care of patients within BSUH in accordance with the Mental Capacity Act and DoLS and also the Mental Health Act.

Mortality review of deaths of patients with a learning disability has been completed – Report and action plan to be shared with SPFT

How well did we do it?

Joint training with Lead Nurse Safeguarding Adults and Health IDVA has been provided to HR and Occupational Health, to recognise and respond to concerns where a member of staff may be a victim of domestic abuse.

A multi-agency After Action Review was held to review the care of a patient with a learning disability who was a victim of domestic violence - included ASC and Health IDVA as well as BSUH staff

BSUH participated in the Brighton and Hove multi-agency audit of safeguarding where domestic abuse had been highlighted as a risk factor.

DoLS applications for the year 2015 /16 more than doubled in comparison to 2014 /15 The safeguarding team continue to work closely with ASC to review the application of DoLS in the emergency setting and ITU in accordance with DoH guidance.

What difference did it make?

Safeguarding Adults training includes raising awareness of the six principles of safeguarding and the principle of Making Safeguarding Personal. Views of the patient or the most appropriate person are included on the “raising safeguarding concerns” and the “causing others to undertake enquiry” template forms.

Patient’s 1st Newsletter to all staff produced by the Patient Safety team focused on “Sophie’s Story” highlighting domestic abuse and actions taken by BSUH.

“Lessons learned” is a regular feature on newsletters produced by the safeguarding team.

Training for staff to support the implementation of the BSUH 1 to 1 “specialling” pathway is in progress.

Priority area 1: Care Act 2014 and the Mental Capacity Act 2005

Safeguarding Adults training includes raising awareness of the six principles of safeguarding and reinforcing Making Safeguarding Personal. These principles are role modelled by the Safeguarding team who provide support in clinical areas to staff, patients, relatives or carers. Staff are encouraged to request advocates to support those who have no one to advocate for them during a safeguarding enquiry.

The BSUH Safeguarding Adults policy updated to reflect changes in legislation and guidance. Links to the Sussex Safeguarding Adults policy and procedures has been updated to ensure availability of up-to-date practice guidance – available to all staff via the BSUH intranet site.

Mental Capacity and DoLS are seen as integral to safeguarding and this is reflected in policies and training, much of which is delivered jointly. Leadership is provided by the safeguarding adults team who are Registered Nurses and therefore able to provide both education and support in clinical practice

Both the Lead Nurse Safeguarding Adults and the MCA/MHA Education Lead have successfully completed the DoLS BIA training at Brighton University and are working with BHCC to develop their skills as Health BIAs.

Competent and well-informed workforce

Safeguarding Adults and MCA & DoLS training remains an area of focus. The Trust recognises that although compliance remains at similar levels to previous years it continues to fall below the expected level. MCA & DoLS training compliance has shown an increase. However, it still remains below expected levels.

Reported figures show Safeguarding Adults training is at 54%

Reported figures show MCA & DoLS training is at 60%

BSUH has recently implemented a new web based learning management system – IRIS. E-Learning for safeguarding adults is now available via IRIS and therefore accessible to staff at a time to suit them.

In line with the expected NHS Safeguarding Adults Intercollegiate document, e-learning at level 1 and level 2 will be provided using the national e-LfH modules. Level 3 training is to be developed by the safeguarding team.

Prevent awareness is incorporated into safeguarding adults training. More in depth face to face training is being delivered using the Home Office WRAP approved trainers and programme.

The Trust expects Statutory/mandatory training to be at 100% but recognises this is not without challenge

The safeguarding adults team continue to provide monthly Trust wide face to face training for both safeguarding adults and MCA & DoLS. Training is also provided on request for teams and departments.

The Lead Nurse Safeguarding Adults is working with the Deputy Chief Nurse Patient Experience to develop competences to be signed off during staff appraisal – these will allow for the recognition of training through other means such as learning from work place incidents / professional journals etc.

A programme for Bank HCAs has been developed to meet their safeguarding training.

Nursing and Midwifery Induction for new staff is currently under review – a proposal has been developed to provide a “Safeguarding Day” which will incorporate MCA & DoLS, Safeguarding Adults and Safeguarding Children level 2 requirements. This will be provided monthly for new starters but could be made available for those who prefer a face to face update rather than e-learning.

Priority area 2: Develop and strengthen quality assurance

BSUH completed a self-assessment benchmark using the Sussex CCG Safeguarding Standards Assurance Tool. Feedback has been received and the RAG rating with actions reviewed at the Safeguarding Committee

The Trust has recently appointed a new Chief Executive and is going through a period of organisational change at senior level. A new governance structure is being implemented.

The Deputy Chief Nurse – Patient Experience now manages the team and ensures the Safeguarding Adults agenda remains a key component of Patient Experience and Safety in BSUH.

The Safeguarding Committee meet quarterly – attended by CCG Designated Safeguarding Lead and Adult Social Care

BSUH is represented on the B&H SAB and actively participates in associated sub-committees.

Safeguarding is a regular agenda item for QRM chaired by the CCG.

Work is ongoing to develop the use of Datix to improve the recording of safeguarding enquiries within BSUH. Datix allows for easier identification of themes/trends, recording of learning outcomes and linking associated documentation relevant to safeguarding enquiries and other investigation processes. Reports can be triangulated with other Patient Safety and Complaints data

The safeguarding adults team meet monthly with social services to review open enquiries and also discuss any underlying trends or areas of concern.

Priority area 3: Focus on Prevention and Early Intervention

The Trust was rated Green in relation to recruitment of staff when assessed against the Sussex CCG Safeguarding Standards Assurance Tool

Learning from enquiries is continually used to improve training. The safeguarding team attend departmental team meetings / team development days to provide feedback on specific enquiries and outcomes

The safeguarding team work alongside staff in clinical practice to provide leadership in relation to safeguarding and MCA & DoLS

Posters are available on wards and main thoroughfares providing information on how to raise concerns – includes contact details for safeguarding team / complaints team and PALS

Management plans for patients with specific complex needs attached to electronic records in the Emergency Department therefore available on entry to BSUH

Promotion of domestic violence and abuse services through training and posters.

Future plans / priority areas for 2015/16

Mouthcare audit to be undertaken in ward areas Sept 2016 – in accordance with “Mouthcare Matters” improvement action plan. Project lead to be recruited to oversee action plan implementation and support education and practice improvement

Maintain Trust focus on training – additional clinical update days to be provided to increase frequency of sessions. Promotion of e-learning modules. Quarterly training reports to show upward trend. Revised Nursing and Midwifery Induction programme to be implemented Oct 2016

BSUH underwent a full CGC inspection in April 2016 – initial action included targets for completion of training in Emergency Department for MCA & DoLS – these have been addressed. Training plan in place to improve targets for Emergency Department safeguarding adults by Sept 2016.

Full CQC report expected to be published August 2016. Priorities and action plans to be developed in accordance with CQC findings.

Joanna Henderson

Lead Nurse Safeguarding Adults
Brighton and Sussex University Hospitals NHS Trust

4.7 Brighton & Hove City Council Housing

What did we do?

Goal 1: Briefing on the Care Act. We undertook extensive briefings for all staff on the Care Act. These took various forms – Teams either received direct talks from managers in Adult Social Care; **or** received presentations at their team meetings.

Goal 2: Training for Managers; Managers either engaged in discussions with the Head of Adult Safeguarding to prepare and implement the Care Act or attended corporate training.

Goal 3: Communication of the Care Act to all staff. We worked with BHCC Communications to have posters and wallet size cards explaining the main principles of the Care Act distributed at every Housing office.

Goal 4. Plans for an integrated risk management. Significant steps have been achieved in closer working with East Sussex Fire and Rescue Service, especially in regard to hoarding – and this work will continue in 2017.

How well did we do it?

We are committed to sustaining the tenancies of vulnerable residents. 106 clients received direct casework support to sustain their tenancy and not face homelessness.

We continue to have a close working relationship with Adult Social Care and they assisted in briefings and training regarding the Care Act.

Cases referred to the Court of Protection remain problematic.

Seniors Housing has expressed concern at the increasing number of cases with complex need and risk. They are worried about the resulting effects on staff and resilience training for staff is being considered

Safeguarding procedures are embedded within Temporary Accommodation processes. We work in partnership with our emergency accommodation providers to ensure awareness of adult safeguarding issues and alerts raised as appropriate. This is on-going.

What difference did it make?

Housing has an active policy of sustaining tenancies for vulnerable residents. Evictions remain very low: Only 11 people (approximately 1 in 1,000) were evicted in 2015/16.

We hold regular professionals meeting and attend the Practitioners Alliance for Safeguarding Adults (PASA).

Priority area 1:

Care Act 2014 and the Mental Capacity Act 2005

Tenancy Services invests in specialist case workers who encourage empowerment. We have a Neighbourhood Team who work closely with residents, neighbours, and other agencies to be aware of safeguarding issues at the earliest possible opportunity; our Tenancy Enforcement Team guard against harassment and protect tenants; we work in partnership with Adult Social Care, especially in regard to the MCA, and there a close relationship of accountability between Housing and Head of Adult Safeguarding.

Competent and well-informed workforce

All Tenancy staff are required receive safeguarding training. We did a complete review of all online and face to face safeguarding training to ensure this was so. Where gaps were found, further training was assigned by managers.

Tenancy Services, with the Workforce Development Manager, reviewed the safeguarding training records to ensure have undertaken the necessary training. Competency remains a matter for individual managers.

We require our temporary accommodation providers to have an awareness of Safeguarding issues and monitor under contract requirements.

Priority area 2: Develop and strengthen quality assurance

Tenancy Services and Housing Needs continue to work closely with BHCC Adult Social Care. There were discussions with the Head of Adult Safeguarding to ensure the principles of the Care Act were implemented and safeguarding was of the highest quality.

Priority area 3: Focus on Prevention and Early Intervention

One in three BHCC tenancies receives a home visit during the course of the year. This allows us to become aware of needs early on. In addition, the Neighbourhood Team and Customer Service Team receive information regarding support needs - this information can then be passed on to specialist support teams.

Housing Needs service works closely with ASC to provide suitable accommodation where appropriate and ensure an adequate support package is in place. We carry out monthly inspections of our emergency accommodation and also identify where there may be safeguarding issues. Referrals for new or additional support are passed to ASC.

Future plans / priority areas for 2016/17

- Tenancy Services aims to have a closer working relationship with Police and Probation.
- We will play a leading role in the Practitioners Alliance for Safeguarding Adults (PASA) to learn and share experiences of safeguarding.
- We will continue to use internal communications to inform and update staff.
- **We will continue to monitor to ensure our temporary accommodation providers remain aware of safeguarding issues.**

Tracy John

Assistant Director

Housing, Brighton & Hove City Council

4.8 South East Coast Ambulance Service (SECAMB)

Overview of 2015-16

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties. During 2015/16 the Trust has worked hard to implement the changes the Care Act introduced. Referral rates have risen again over the year with overall activity across the whole Trust increasing by 22% from 2014/15. For Brighton & Hove, this translates to 569 concerns being shared with Brighton & Hove Adult services from April 2015 to March 2016 and equates to 7% of all child referrals.

3 Key Achievements in 2015-16

1. Increasing rates of safeguarding training to 90% across the Trust.
2. Implementing a Trust-wide on-line reporting process for concerns. This has improved the quality and quantity of referrals being submitted.
3. Improved Domestic Abuse (DA) awareness and training across the Trust with an extended DA pilot.

3 Key Challenges in 2015-16

1. Capacity within the safeguarding team with staff being seconded into posts and the increasing workload resulting from increased reporting activity.
2. Loss of the DA practitioner when the external pilot funding ended in December 2015 meaning that it was not possible to continue and expand on the work undertaken.
3. Implementation of the Care Act within the Trust.

Future Plans 2016 – 2017

The improved data gathering will be used to better understand reporting patterns within the Trust. We will also be piloting using this information within the appraisal process at a practitioner level, so that staff will be able to benchmark their activity within their own teams/station areas which will, in turn, help the Trust identify possible learning needs for a specific area or areas of good practice which could be shared across the whole organisation.

Jane Mitchell

Safeguarding Lead

South East Coast Ambulance Service

4.9 Sussex Community NHS Foundation Trust (SCFT)

What have we done?

Action	Target	What have we done	Further Actions	RAG Status
1.	All adult safeguarding policies and procedures are Care Act compliant	This was fully achieved in May 2015. All adult safeguarding policies and guidelines were reviewed and amended in April 2015 to ensure Care Act compliance.		G
2.	Review training and implement competencies for Prevent (anti-radicalisation)	This was fully achieved in December 2015. Named Nurses and Specialist Nurses have received Home Office WRAP training and basic Prevent information has been embedded into all training sessions.	Following the planned publication of The Safeguarding Adults Intercollegiate Document this action will be reviewed and carried forward from 31 st March 2016.	G
3	Develop Health Enquiry Officers (HEO) training and documentation.	This has been partially achieved. Documentation to support robust health enquiries within clinical care delivery has been designed by the safeguarding team.	The SAB has requested that all Enquiry Officers access Local Authority Enquiry Officer training, and whilst this training has been accessed by the adult safeguarding team work roll-out within the Trust requires more work to support.	A
4.	Develop a supervision model for HEO and all SCT involved in serious safeguarding cases	This has partially been achieved. All Trust staff have Monday-Friday 9am-4.30pm access to direct live supervision and support via the adult	Linking the Supervision Policy and the Adult Safeguarding Policy will support full achievement and this will be taken forward.	A

		safeguarding advice line and email support via the generic safeguarding email address. All staff and teams are able to request one-to-one/group specific safeguarding supervision via the team when involved in all aspects of adult safeguarding support.		
5	Deliver MCA and DOLS training which is bespoke to locality teams	This has been achieved. Training is accessible by all staff on request, or as an action if safeguarding enquiry work identifies it as an area requiring support. MCA/DOLS training continues to be accessible to staff through the SAB multi-agency <i>Are you Confident?</i> Training.	Bespoke training is a continual process and will be carried forward.	G
6	Review assessment paperwork to ensure making safeguarding personal is asked (what are the wishes and outcomes of the patient)	This has been achieved. All Adult Safeguarding Enquiry Officer paperwork evidences MSP as a core question.		G
7	Ensure the recommendations from Learning Reviews, Serious Case Reviews, Inquiries, local and national are reviewed and embedded.	This has been achieved	This is a continual process: national recommendations and learning are disseminated trust-wide via safeguarding training and a local recommendation from health enquires are shared with the teams involved.	G
8	Strengthen the training and raise the attendance levels to 85%	This has been achieved. From September 2015 the adult safeguarding team supported Education and Training with all level 2 training delivery, promoting the increase in attendance figures and produced an adult safeguarding information booklet that was distributed to all staff.	From April 2016 safeguarding will be included in the statutory training day which will support attendance levels of over 85%	G
9	Increase the adult safeguarding capacity to meet the increasing need to support SCT staff	This has been achieved. The adult safeguarding team became fully established in September 2015.		G
10	Develop a robust system of capturing data to use as a benchmark and to	This has been achieved. An Adult safeguarding data set has been		G

meet the needs of NHS England, CCG and Home Office	developed and captures safeguarding concerns, safeguarding supervision, multi-agency partnership working and qualitative data.
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Source: Actions for 2015/16 as cited in Sussex Community NHS Trust Adult Safeguarding Report 2014/15.

How well did we do it?

As outlined above. In addition the Adult Safeguarding Team continues to support all levels of staff to ensure that adult safeguarding is a core component of everyday clinical practice and care delivery. We are refining data collection to provide robust evidence that enables the team to continually reflect on the types of support and safeguarding themes that patients are experiencing and this in turn facilitates the team to offer specific support directly to the staff.

What Difference did it make?

Embedding Adult Safeguarding into core service delivery promotes an environment which ensures adult safeguarding is everybody’s business and staff recognise and access support to address safeguarding concerns. Embedding Making Safeguarding Personal into SCFT Enquiry Officer documentation ensures wishes and outcome are appropriately captured and evidenced throughout multiagency working.

**Priority area 1:
Care Act 2014 and the Mental Capacity Act 2005**

During 2015-2016 Sussex Community NHS Foundation Trust Adult Safeguarding Team have implemented the safeguarding changes within the Care Act (2014). The ever changing environments in our communities and the demographics of our practice population demands that SCFT staff are well supported, well trained and aware of adult safeguarding concerns in areas of the safeguarding agenda and these include anti-radicalisation, Domestic Abuse, Modern Day Slavery and Mental Capacity. Areas of safeguarding overlap between children and adults and it is important for staff to recognise safeguarding on a continuum, for example in Domestic Abuse, FGM and Prevent.

We are enhancing the multi-professional networking offered within the pan-Sussex Safeguarding Adults Boards and ensuring that SCFT are involved in areas of SAB sub-committee work that will support current Care Act evidence-based adult safeguarding. This ensures that we can support all staff in the delivery of adult safeguarding care and patient focused support that meets the six safeguarding principles and the CQC five key questions of safe, effective, caring, responsive and well-led care.

Competent and well-informed workforce

In July 2015 current compliance for adult safeguarding was 72% and there was a plan in place for improving training performance to 85% by March 2016. As indicated in the table below (Q4 training data) 87% of all bank and substantive staff have attended Level 2 Adult Safeguarding training:

Staff Group	Total	in date training	Percentage
Add Prof Scientific and Technic	99	98	99%
Additional Clinical Services	1256	1037	83%
Administrative and Clerical	1166	994	85%
Allied Health Professionals	766	696	91%
Estates and Ancillary	337	275	82%

Healthcare Scientists	22	21	95%
Medical and Dental	95	91	96%
Nursing and Midwifery Registered	1838	1652	90%
Students	46	46	100%
Grand Total	5625	4910	87%

Source: SCFT Education and Training Department

Going forward from 1st April 2016 Level 2 Adult Safeguarding Training, which includes MCA and DoLS, is incorporated into statutory annual training.

Priority area 2: Develop and strengthen quality assurance

SCFT Adult Safeguarding team have embedded a process and structure S42 Reports governance and information sharing: All adult safeguarding work is presented and discussed at a monthly clinical governance meeting chaired by the Deputy Chief Nurse and this ensures that Senior Locality Nurses are cited on safeguarding issues within their area.

Priority area 3: Focus on Prevention and Early Intervention

SCFT are committed to the ongoing development of an outcomes focus to adult safeguarding work and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people and all SCFT adult safeguarding documentation has been reviewed to ensure that the wants and wishes of patients can be captured. The safeguarding team work in partnership with Adult Social Care and SCFT staff to ensure that a patient centred focus is at the heart of all safeguarding work and this is enhanced further with accessing pan-Sussex SAB Are You Confident training which focuses in detail on the MCA and DoLS process.

Future plans / priority areas for 2016/17

The Head of Service has devised a three year plan for safeguarding adults which has been aligned to CQC domains and key drivers. Areas include:-

- Adult Safeguarding Policy review
- Annual training reviews
- Safeguarding supervision, audit and development
- Making safeguarding personnel
- Phase 2 roll-out of the Orchid View SCR recommendations
- Increasing the multi-agency working in relation to domestic violence
- Implementation of Lampard and Goddard Inquiry recommendations and continued assurance
- PREVENT policy review, training review and roll-out
- Single Assurance Process for all SCFT safeguarding agendas.
- Audit plan
- Section 42 interventions
- Closing the loop on learning from SCRs and SIs across the Trust operations

David Feakes

Head of Safeguarding & Looked After Children
Sussex Community Foundation NHS Trust

4.10 **Sussex Partnership NHS Foundation Trust (SPFT)**

What have we done?

Enquiry Supervisor (EO) and Lead Enquiry Officer (LEO) roles are embedded within the service and lead on the revised safeguarding procedures. Teams continue to hold regular forums to discuss cases and monitor activity.

Social Workers attend the Practice Development Groups run by BHCC.

We have appointed a Social Care Practice Manager who will be responsible for reviewing the local safeguarding protocols within the operational teams and developing pathways for MCA – to include Restrictive Practice and Termination of Tenancy procedures.

The Quality Committee and the Board received briefings on the implications of the Care Act for Adult Safeguarding and the Quality committee receives regular reports including data reports that focus on the safeguarding concerns in relation to Sussex Partnership staff or services.

How well did we do it?

The biggest challenge has been how the role of social workers in S75 services has changed since the introduction of the Care Act. Increased statutory responsibilities have impacted upon the social workers ability to carry a full caseload as they were previously doing. Caseloads of the social workers were reduced to support the introduction of the Care Act.

SPFT directly employed social workers who would previously manage safeguarding cases were no longer able to do so under the new procedures. This has had a significant impact in some areas of service where there is only one BHCC employed social worker (such as AOT / MHHT).

There has been a significant turnover of social work staff in 15/16 across ATS. A new cohort of staff are coming into post now which will help the service stabilise and continue to develop with regards to how safeguarding is managed.

The volume of DOLS objections has been very high in the Specialist Older Adult Mental Health service (SOAMHS), impacting upon their ability to complete safeguarding enquiries in a timelier manner. An additional social work post is being created to help with this pressure.

Following on from a high number of concerns that were raised earlier in 2015/16, the two managers from Brunswick Ward and SOAMHS have been meeting on a regular basis to discuss incidents / safeguarding so as to improve communication and also to enhance the understanding of safeguarding for inpatient staff. This has been very well received and the two managers have developed a robust working relationship as a result of this improved communication.

What difference did it make?

Priority area 1: Care Act 2014 and the Mental Capacity Act 2005

ES and LEO roles are embedded within the service and lead on the revised safeguarding procedures. Teams continue to hold regular forums to discuss cases and monitor activity.

Social Workers attend the Practice Development Groups run by BHCC.

We have appointed a Social Care Practice Manager who will be responsible for reviewing the local safeguarding protocols within the operational teams and developing pathways for MCA – to include Restrictive Practice and Termination of Tenancy procedures.

Priority area 1: Competent and well-informed workforce

With regards to Adult Safeguarding a new E Learning programme has been developed for all Sussex Partnership staff including seconded staff. This ensures Care Act compliance and operates at 2 levels. All staff have to undertake the Level One basic awareness training. Clinical staff have to also undertake the Level 2 training which is aimed at all staff with responsibilities for safeguarding. This corresponds to Staff group B in the National Competency Framework: *“All staff who are in regular direct contact with people who may be an ‘adult at risk’ and who may need to undertake a Safeguarding Adults referral and/or complete a Safeguarding Adults referral form”.*

2015/16 Brighton and Hove completions

- Safeguarding Adults Level 1: 180 completions
- Safeguarding Adults level 2: 69 completions
- MCA and DOLS: 141

Brighton and Hove Compliance (including 2014/15)

- Safeguarding Adults Level 1: 61% compliant
- Safeguarding Adults level 2: 56% compliant
- MCA and DOLS : 60% compliant

Social workers in the S75 services have specific responsibilities for safeguarding and undertake additional specialist training with the local authority.

A full review of training for BHCC staff within S75 services is being undertaken by the Practice Manager. This will include all mandatory training recognised by both BHCC and also SPFT, how this is accessed and monitored. My Learning and the newly launched BHCC Learning Gateway are accessible by BHCC staff. However, it is not currently possible to monitor all training via these means. This is currently being investigated further by the Practice Manager so that Managers have a clear understanding of the training being undertaken by their staff and how we can demonstrate this activity throughout the year and how this links into staff appraisals.

Priority area 2: Develop and strengthen quality assurance

The Assessment and Treatment service (ATS) and SOAMHS have regular local forums to look at current safeguarding activity, monitor data and provide a space to discuss cases.

Staff attend the Practice Development Groups offered by BHCC.

We have introduced the Social Care Practice Manager post who will be responsible for the following areas:

1. Professional Supervision for BHCC social workers. The Practice Manager (PM) will be offering this to senior staff and developing Supervision ‘trees’ across the service to ensure all staff are offered regular clinical supervision.
2. Safeguarding – the PM will oversee safeguarding within the local teams, be a point of contact for SPFT and Senior Managers in BHCC and will be responsible for monitoring & improving data collection.
3. MCA – The PM will be undertaking a review of MCA training needs, local procedures and compliance across the s75 services.

Priority area 3: Focus on Prevention and Early Intervention

The service continues to engage well with local care providers. The Care Home In-Reach team works very closely with the care home sector, as does the Mental Health Liaison Nurse.

We now have a representative from SOAMHS who attends the Service Improvement Panel meetings that are run by BHCC. This is an opportunity to highlight any particular concerns that teams may raise

in relation to local providers of care, with a view to proactive engagement and to offer support and intervention where needed.

Future plans / priority areas for 2016/17

Trust wide:

- We will review our safeguarding governance and training to take into account the National Competency Framework and new guidance from NHS England in the Inter-Collegiate document.
- We will continue to develop a 'train the trainer' approach to Prevent training and ensure access to training across all of our services
- We will publish a Prevent strategy in line with the 2015 Counter Terrorism Act
- We will continue to play an active role as a member of the Safeguarding Boards in the promotion of safeguarding across Sussex

Brighton and Hove

- To improve data collection surrounding the S42 enquiries that are undertaken within S75 services. We are currently exploring the option of embedding the S42 form into Care Notes. This will not only provide the data reports but will also be more efficient for staff to complete.
- A robust clinical supervision structure will be in place for all BHCC social workers within S75 services.
- A review of MCA compliance for S75 service with training & development needs to be identified.
- Clearer monitoring of mandatory training.

Andy Porter

Deputy Director of Social Work and Principal Social Worker
Sussex Partnership NHS Foundation Trust

4.11 East Sussex Fire and Rescue Service (ESFRS)

General Overview of the year 2015-16

ESFRS has conducted 3,772 Home Safety Visits (HSV) in Brighton and Hove and 86 organisations are signed up to our Care Providers Scheme. Links have been developed with several other partner organisations to ensure safety messaging reaches vulnerable members of the community and to gain HSV referrals including the BRC Hospital Discharge Team, Library Home Delivery Service, and Know My Neighbour project. ESFRS continues to be a key partner at City meetings including MARAC and the Modern Slavery Meeting Group, seeking to safeguard vulnerable adults.

ESFRS has undertaken a Watch Empowerment programme working with Watch and Crew Managers in the City to empower them to be the drivers of community safety work building capacity to reach vulnerable sections of the community. This programme has consolidated Junior Officers' ability to lead their Watches and take appropriate actions in relation to safeguarding and the Junior Officers handbook contains specific guidance for them on safeguarding and modern slavery. Each Watch is undertaking a themed project relating to a specific area of vulnerability including Dementia, Rough Sleeping, Supported Housing, Disability and BME Engagement. Relevant awareness training is being rolled out to frontline workers and Watches are building related partnership and community links to identify safety visits.

The Community Initiatives Partnership (CIP) chaired by ESFRS has consolidated membership including representation from Sussex Police, CCG, Seniors Housing and Adult Social Care. Each

meeting takes a themed approach to an area of vulnerability inviting relevant third sector partners working together to build partnership links, identify referral pathways and fill gaps in ensuring that services reach those who need them regardless of which organisation goes through the door. The group has an action-based approach under the mission statement of “preventing people from coming to harm in their living environment”.

Evaluation in relation to goals set in 2014-15 report

1. ESFRS has continued to focus on undertaking HSVs to vulnerable members of the community. Our definition of vulnerability itself has been reviewed to take into account the demographic of the City and understanding of partners. 91% of our visits have been to vulnerable adults.
2. The CIP completed the Carelink pilot leading to an ongoing direct referral mechanism, a hoarding sub-group has been set up which is at the mature stages of drafting a Brighton & Hove Hoarding Partnership Framework, a joint asset register and partnership understanding of vulnerability document has been created, sub-groups are currently being set up to progress the Dementia Initiative and Resettlement Initiative.
3. ESFRS has focussed on raising awareness of the risks associated with age, reduced mobility and smoking, having presented to many organisations on this topic including to 150 frontline workers via the Citywide Connect Hubs. Preventative advice and specialist equipment such as fire retardant blankets and bedding is offered on relevant Home Safety Visits. 227 lap blankets and 69 bedding sets have been supplied to those who are more at risk from fire due to smoking in bed or in a chair and showing signs of burn marks on carpets or bedding. City crews have been briefed on the specialist equipment to be offered to residents and all City fire engines now carry the fire retardant lap blankets enabling prompt distribution to vulnerable community members. Awareness raising has continued via partnership events such as No Smoking Day. Information packs have been sent to pharmacies offering the domiciliary Stop Smoking service. ESFRS community safety advisors also offer smoking cessation brief intervention alongside fire safety advice and Smoking Cessation training is currently being rolled out to all crews.

Information and referrals received from partner agencies continues to be central to the preventative services of ESFRS. We receive referrals from a wide and increasing range of partners with consent of the clients, for example Rise, Brighton Oasis Project, BRC Hospital Discharge Team. Via the CIP Carelink and Hoarding initiatives referrals have been received for vulnerable adults not previously identified to us. An information sharing protocol will be central to the Hoarding Partnership Framework. We use GP data to identify older adults to whom we offer our service and also have an information sharing agreement with Sussex Recovery College. We use Public Health England data to identify older adults to whom we offer our service and are working towards developing a data sharing agreement with Sussex Partnership Trust.

How well did we do it?

The service has worked well to develop key partnership arrangements allowing preventative services to reach a large number of vulnerable adults. The Carelink Initiative led to an increase from 3 referrals 2013/14 to 66 2014/15 allowing more vulnerable adults to benefit from key fire safety advice. The Watch Empowerment programme and development of community safety themes has increased the awareness of frontline staff and widened the range of vulnerable groups being targeted for **HSV**s.

It is a constant challenge to ensure that the importance of prevention in relation to fire risk, including where this links to self-neglect and safeguarding issues, remains at the top of the agenda for partners and that appropriate referrals are made and information shared so that the Service can undertake vital prevention work to reduce the risk to these residents. ESFRS works continually to raise awareness and maintain these vital partnership links. In addition there are challenges associated with developing new partnership frameworks including on Hoarding and Dementia where there are complexities with existing referral mechanisms for example into secondary mental health care. The frameworks will seek to clarify (and where possible simplify) mechanisms and the mental health referral pathway in relation to hoarding is currently being worked through.

What difference did it make?

We have specific case study examples of where the partnership links and referrals developed via CIP have had a positive impact in gaining the engagement of vulnerable adults in services to meet their needs where there had previously been barriers. Feedback relating to safeguarding referrals is held in a file for each safeguarding case. ESFRS in Brighton and Hove has close relations with ASC liaising directly regarding referrals and feedback as appropriate. Of 133 Health and Wellbeing Visits, this resulted in 2 safeguarding referrals being made.

Priority area 1: Care Act 2014 and the Mental Capacity Act 2005

Empowerment

The preventative approach and advice of the HSV empowers residents to manage their own risk in relation to fire and home safety and the approach of signposting empowers them to seek further services for themselves as needed. Staff are empowered with knowledge to make appropriate safeguarding referrals

Prevention

A large focus of ESFRS work is preventative including awareness raising work, HSV with preventative advice in the home, referring on for further help including health and wellbeing visits at the early stages, and in the preventative partnership work of the CIP, for example the approach of identifying hoarding and self-neglect at the lower risk levels to put into places measures to prevent escalation.

Proportionality

The advice of the HSV is proportional to each client based on risk. Alongside the general HSV, an enhanced HSV is offered to those deemed at high risk, for example due to hate crime or domestic violence with tailored advice and equipment offered. Specialist equipment is offered giving consideration to proportionality in each case and fitted where it will meet a specific identified need of the client. There are two levels of onward referrals made by ESFRS, the health and wellbeing referrals made with the consent of the client and the Safeguarding referrals where the higher safeguarding threshold is met.

Protection

As an emergency service protection is a central principle of ESFRS, including protecting life when responding to incidents which may have a safeguarding or self-neglect element. ESFRS also has a range of protective equipment for vulnerable clients in their own home.

Partnership

ESFRS employs a Partnership and Inclusion Coordinator in Brighton and Hove with a specific remit to build partnership links. ESFRS works with a wide range of partners to raise awareness and preventative messages, share information to reach people with appropriate services, drive partnership projects on topics relevant to safeguarding, and hold multi-agency discussions in relation to high risk clients to ensure the best outcome, for example via the CIP.

Accountability

The Borough Commander for the City publishes targets/stats in the Borough Plan in consultation with the Director of Safer Communities which is signed off by the Corporate Management Team and The Fire Authority

Competent and well-informed workforce

There is a number of courses available under the e-learning Quango courses for all staff, which include the following:

- Mental Capacity Act

- Deprivation of Liberty
- Safeguarding Vulnerable Adults
- Dementia
- Self Directed Support
- Understanding Autism
- Safeguarding Children
- Domestic Abuse Awareness

86 members of staff who are in contact with Vulnerable Adults or Children on a day to day basis, attended the Advanced Safeguarding Adult and CSE training. 115 completed the Quango courses.

In addition City crews have all received Suicide Prevention awareness sessions.

Quango training will still be available to all and advanced training will be sourced in the near future.

Training is planned in for all City watches relating to hoarding, and awareness raising sessions on the Wellbeing Service. Tailored training for Watch themes is now being booked including Dementia Friends training.

Priority area 2: Develop and strengthen quality assurance

On a quarterly basis checks are made to ensure policies and procures are being followed. A full audit is carried out and any changes or improvements are made.

Priority area 3: Focus on Prevention and Early Intervention

ESFRS works to identify vulnerability at an early stage making onwards health and wellbeing referrals. The aim of this is to ensure appropriate support is in place to allow the client to remain independent and reduce likelihood of abuse or of escalating self-neglect. This is a key theme of the Watch Empowerment programme and an awareness session has been held at Preston Circus Fire Station to assist frontline crew to identify social isolation and have a conversation with the client to put measures into place and reduce the likelihood of this developing into greater vulnerability. Early intervention is a key theme of the Hoarding Partnership Framework with a toolbox being developed for the lower risk referrals aimed at preventing escalation of hoarding and self-neglect.

Future plans / priority areas for 2016/17

- Continue to increase the number and proportion of Home Safety Visits delivered to vulnerable adults
- Continue to develop effective and appropriate data sharing with other agencies
- Implement the specific projects currently under development by the CIP sub-groups including sign-off by the SAB of Brighton and Hove Partnership Hoarding Framework
- Continue to raise staff awareness and increase number of health and wellbeing referrals being made and signposting to other services by frontline staff ensuring those with vulnerabilities receive help at the early stages.
- Ensure ESFRS preventative services are reaching those who need them across all sections of the community via our community safety initiatives and in particular focus on reducing fire risk associated with alcohol, substance misuse and mental health and for those in vulnerable living environments including rough sleeping.

Andy Reynolds

Director of Prevention & Protection
East Sussex Rescue & Fire Service

4.12 Practitioner Alliance for Safeguarding Adults (PASA)

The Practitioners Alliance for Safeguarding Adults (PASA) is made up of practitioners from the statutory, voluntary and private sectors. It is a forum for debate, support, updates and discussion about safeguarding adults.

The Brighton and Hove PASA Group is in its 10th year and meets quarterly. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

The terms of reference of the Group include increasing skills, knowledge and awareness of Safeguarding Adult issues. Input from the Brighton & Hove City Council's Head of Adult Safeguarding provides an opportunity for practitioners to liaise, raise concerns and share local practice. A PASA group representative sits on the Safeguarding Adults Board.

Activities in the year

PASA had member representation at the Safeguarding Adults Board review day in September 2015.

The Chair of the Brighton & Hove Safeguarding Adults Board (SAB) attended a PASA meeting, to discuss developments of the SAB and how PASA can support the work of the Board.

Updates were given on the Care Act and the new safeguarding procedures.
PASA members attended events at the Learning Together fortnight.

Discussion topics included; issues around gaining consent from the person when raising a safeguarding concern, and how to make safeguarding personal at alerting stage; feedback on alerting and enquiries, training, and Deprivation of Liberty Safeguards.

PASA Members

4.13 Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC)

Over this last year KSS CRC has been embedding its operating model to ensure its three core functions, Assessment, Rehabilitation and Resettlement support the service users journey from court to rehabilitation. The Senior Management Team has been consolidated with Suki Binning being appointed as the Chief Executive. Heads of Service roles have now been established with Debbie Piggott taking over as KSS CRC Strategic Safeguarding Lead.

The main aim of KSS CRC is to reduce reoffending and thereby protect the public. Recognising that safeguarding of children and adults is an important aspect to public protection KSS CRC has revised its policies so that it now brings together all the key documents that fall within the safeguarding of children and adults under one set of overarching principles. In addition, to support clarity and best practice we have added, extremism, modern slavery, sex working, gangs, child sexual exploitation and trafficking (CSE) and female genital mutilation (FGM) as key strands to the policy. We have also included an overview of the Care Act and a factsheet on protecting adults from abuse or neglect. All of these documents with key links to local Safeguarding Boards are available to all staff on the Intranet, our communication tool.

KSS CRC has also revised its Continuous Professional Development & Supervision policy which applies to all staff across the organisation. Whilst this policy has been developed to ensure all staff are supervised appropriately and their professional development is reviewed, it also clearly outlines an expected regular review of safeguarding practice to ensure every staff member reflects on the quality

of their practice, receives appropriate support and attends the required training.

KSS CRC has developed a Quality Assurance Audit and Performance Strategy which outlines the purpose, principles, strategies and key deliverables for quality assurance.

There have been three external inspections carried out by HM Inspectorate of Probation over the year. The most recent the HMIP Quality & Effectiveness Inspection completed at the end of July. We have received some feedback concerning the consistency of initial safeguarding checks being completed with Children's Services and other agencies which we are in the process of addressing. We have also received excellent feedback from the Ministry of Justice following our inaugural annual service review with them in July. Our operating model, use of management information and, in particular, performance improvements were highlighted as being impressive achievements.

How well did we do it?

The review and development of our safeguarding policies have worked well in supporting and directing staff to work in partnership with other agencies in the management of risk of harm.

We have developed the Intranet site to create a Safeguarding Department to make access to safeguarding policies and other relevant documents both internally and externally, easily available to staff. Alongside this, key training links for safeguarding have also been incorporated within the Intranet site to encourage greater use of local safeguarding training opportunities.

The challenge this year has been embedding an operating model and developing inroads with the National Probation Service to ensure continuity of the service user's journey from sentence to the end of their community order or licence. This includes outlining and reinforcing responsibilities in managing safeguarding concerns from the moment the service user enters the Criminal Justice System. In achieving this we are meeting regularly at an operational and strategic level with our NPS colleagues to work together to ensure clear communication and agree a plan of action to move forward.

What difference did it make?

Whilst we have ensured safeguarding remains at the forefront of practice and also improved access to internal policies and procedures, we have also reviewed and developed our policies to ensure they are contemporary with practice and current legislation.

As a consequence of HMIP Probation Inspection, KSS CRC Excellence and Effectiveness Team prioritised safeguarding with instigating its first quality assurance check on safeguarding procedures. Its findings supported some of the inspection findings but also highlighted some developments.

In summary the importance of safeguarding of both children and vulnerable adults has been enhanced across the whole of the organisation and for the first time included a direct link to safeguarding KSS CRC staff. Both external and internal inspections and audits and the development of safeguarding department on our Intranet platform, has ensured a consistent focus on safeguarding and commitment to the continual development of safeguarding practices.

Priority area 1: Care Act 2014 and the Mental Capacity Act 2005

A separate policy for vulnerable adults has been developed in line with the Care Act and MCA and promoted to ensure all staff are aware of the principles and their responsibilities in managing vulnerable adults. We have also as an invited party ensured attendance at all Adult Safeguarding boards across Kent, Surrey and Sussex by senior managers to support the development of safeguarding practices for vulnerable adults.

Competent and well-informed workforce

All operational staff have access to Local Safeguarding Board events and all staff are aware of how to

check course availability and book online. Whilst mandatory safeguarding training is required every two years, staff are also prompted to attend the various safeguarding training events by their line managers and through the weekly Learning and Development bulletin on the Intranet. Whilst KSS CRC does not set targets for the number of staff to be trained, it does ensure through line manager responsibilities that staff attend the mandatory requirement safeguarding training. Safeguarding is also a mandatory requirement to be discussed in regular supervision. I can also confirm eleven safeguarding workshops were held in-house to introduce changes to our policies and procedures. All new staff are required to attend safeguarding training internally within the first six months as part of their induction. I can also confirm that 41 staff attended safeguarding training provided by the Safeguarding Boards.

KSS CRC run in-house Domestic Violence and Abuse training and workshops. All operational staff have completed this training with the exception of temporary staff and new starters

Mental Capacity Act training is available to all staff on line.

Domestic Abuse, Personality Disorder and substance misuse training has been facilitated over the last year. Mental Capacity Act training has also been made available online.

Priority area 2: Develop and strengthen quality assurance

As part of Quality Assurance Strategy, KSS CRC undertook a safeguarding audit in July 2016 which focused on safeguarding practice for both children and adults. The Safeguarding Audit sample included at least one case from each responsible officer but due to the IT issues not all proposed cases were audited. 155 cases were audited in total which represented 83.3%. Half of the sample included known safeguarding cases, the other half did not, so that the extent that issues were being identified could be assessed. The majority of cases audited were community orders where the service user was assessed as posing a medium risk of serious harm. Cases from every office were audited.

Priority area 3: Focus on Prevention and Early Intervention

The KSS CRC delivery model has now been implemented with operational staff working within three functional teams: Assessment, Rehabilitation and Resettlement. My Solution Rehabilitation Programme (MSRP), a flexible tailor made programme through which the sentence of the court and rehabilitative services are delivered, is available as a practitioner toolkit and will be further developed during the coming year.

With the aim of reducing reoffending and recognising the unique needs of female service users KSS CRC is committed to delivering services which meet these needs and which address the issues that matter to women.

In Brighton and Hove KSS CRC set up a contract with Brighton Women's Centre (BWC) to offer speciality support for victims of physical, sexual and emotional abuse; escaping violent relationships; sex workers; family and parenting support and support with other reducing re-offending pathways. Service Users referred to BWC are then able to access additional services available at the Centre such as the crèche, counselling and healthy eating services.

The Community Payback team are committed to developing bespoke female only provision for women sentenced to community payback and have set up a female only placement with the Brighton Oasis Project.

As part of the Supply Chain Strategy, KSS CRC has worked on implementing a Housing Brokerage service to be implemented in October 2016 to increase service users' access to suitable and sustainable accommodation. 16% of service users have a housing need linked to their offending behaviour with 35% released on licence. Service users in the community and custody will be referred

for help following an assessment of housing need.

KSS CRC has implemented the Through the Gate provision which ensures that for the first time all those who receive a custodial sentence of one day or more can access resettlement services. These include the induction of service users into custody, provision of resettlement services before release and supervision in the community. Delivery focuses on four key areas: accommodation, employment finance, benefit & debt support and support for sex workers and victims of domestic and sexual violence.

KSS CRC continues to work with service users sentenced to attend the Domestic Violence Building Better Relationships Accredited Programme and Domestic Abuse 1:1 Programme.

Future plans / priority areas for 2015/16

QA activities planned for 2016-17 include management case audit; an internal quality and impact inspection; internal operational assurance audits on risk management, enforcement, sentence planning; programmes and child safeguarding. As part of the supervision process, managers are carrying out observations of the quality of responsible officer and receptionist interactions with service users. This work as stated above has been supported by the revised Continuous Professional Development Policy. Further work is planned to improve our safeguarding practice.

In collaboration with the Service User Council, the CRC has recruited three Case Support Workers who have personal experience of the Criminal Justice System to work with the hardest to reach service users to support engagement. This will run as a pilot during the coming year to test the efficacy of the role.

Samuel Newbold

Head of Service (Resettlement)

Kent, Surrey & Sussex Community Rehabilitation Company

4.14 Healthwatch Brighton & Hove

What have we done?

We did not formally set any goals through the 2014-15 report. However we did identify the need to review and revise our policy and procedures in relation to safeguarding adults.

How well did we do it?

Our policy and procedures have been amended to reflect the new emphasis on making safeguarding personal. We have ensured that our new document is short, accessible and in line with the current Pan-Sussex policy and procedures.

What difference did it make?

It is too early to measure any immediate impacts but we have recognised the need to now overhaul our briefing and training materials, tailored to the needs of paid staff, directors and our many volunteers. This work will continue in 2016-17.

Priority area 1:

Care Act 2014 and the Mental Capacity Act 2005

We will ensure that all of our briefing and training materials in relation to adult safeguarding are aligned to Care Act 2014 and the Pan-Sussex procedures. We will also audit the training needs of staff, directors and volunteers to ensure that everyone is up to date with our new policy and procedures.

Competent and well-informed workforce

We did not deliver services.

Priority area 3: Focus on Prevention and Early Intervention

We did not deliver services.

Future plans / priority areas for 2015/16

Healthwatch Brighton & Hove will publicly report on its 'Enter and View' activities and any themed studies carried out in 2016/7. Where there are concerns over the safety of patients/service users, they will be raised directly with service providers and/or raised formally as safeguarding concerns.

David Liley

Chief Executive Officer,
Brighton & Hove Healthwatch

4.15 National Probation Service (NPS)

It has been one year since the National Probation Service became a statutory partner of the Safeguarding Adults Board. Over this time we have been establishing our partnership working through attendance at quarterly SAB meetings and associated relevant sub committees. We have begun the process of updating our Safeguarding Adults policy and procedures and have focussed on ensuring we are meeting our obligations and responsibilities set out in the Care Act 2014. In that regard we have also commenced a training programme for our staff to support their understanding, role and responsibilities associated with adult Safeguarding. This programme of training underpins our commitment to providing a service delivery that has Safeguarding at the centre of all offender and public facing activities.

Over the coming year, we will continue to develop our operational services to ensure we continue to provide consistent good practise in Safeguarding adults across Brighton and Hove.

Andrea Saunders

Head of the Sussex Local Delivery Unit & South East & Eastern strategic lead for Counter Terrorism, Domestic Extremism and Serious Organised Crime.

4.16 Safeguarding Adults Multi-Agency Training Strategy Sub Group

The Safeguarding Adults Multi Agency Training Strategy Sub Group is under review and has therefore not met in full during this period. The future of this group will be considered as part of the review of the infrastructure of the B&H Safeguarding Adults Board. It is expected that the sub group will be reformed, with new Terms of Reference, with opportunities to link with the Local Children's safeguarding Board, and the adult boards in East and West Sussex being explored. Training data continues to be available, as shown in the table below.

The year 2014-2015 saw 1213 places commissioned by the BHCC workforce development team covering safeguarding adults, the Mental Capacity Act and related subjects (e.g. self-neglect). This is a reduction of 7% from the preceding year. The year saw implementation of the Care Act and Care and Support Statutory Guidance and consequential re-write of the safeguarding procedures. The safeguarding courses have been updated, with training reflecting the new procedures being delivered from April 2015.

274 people from across a range of agencies attended the Learning Together to Safeguard the City

event held during December. The programme comprised of a range of workshops covering topics such as Modern Slavery, Learning from Domestic Homicide Reviews, An introduction to Police Safeguarding Investigation Unit, working Together with Parents with a Learning Disability, and Historical Allegations.

For 2015/17 the Learning Together event will continue, with a planned additional of a half day adult safeguarding conference, so as to enable networking for people working with adults from a range of services.

Tim Wilson

Development Manager
Organisational and Workforce Development
Brighton & Hove City Council

	Adults Assessment	Adults Provider	Children & Families	Children External	Children Internal	External	Health	Housing	Housing & Social Inclusion	Housing Commissioning	HR & Organisational Development	Planning & Public Protection	Grand Total
Self Neglect - Senior Practitioners & Lead Agencies	4					2	5		1				12
Self Neglect - basic awareness	11	2				7			6				26
Safeguarding for Provider Managers	1	13				73	2		5				94
Safeguarding Children - basic awareness (level 2)						2	16						18
Safeguarding Adults - Lead Enquiry Officers	63	1	1				9				2		76
Safeguarding Adults - basic awareness	18	103	1	2	1	392	3		3	1	2	1	527
Safeguarding Adult - update	1	52				30			5				88
Safeguarding Person Centred Values & Safeguarding Adults at Risk - basic	1	5				6		1	3	3			19
Domestic Violence and Abuse - Basic Awareness	4	3	2		1	1	1						12
Domestic Violence & Abuse - Working with Risk	1	1			1	2	3			1			9
Grand Total	105	206	4	3	3	528	39	1	23	5	4	1	922

	Adults Assessment	Adults Provider	Children Internal	External	Health	Housing & Social Inclusion	Grand Total
Deprivation of Liberty Safeguards briefing	5	7		10			22
Managing Risk & Behaviours Safely with the least Restrictive Practices	9	23		15		1	48
MCA & DoLS - Combined Briefing	16	32	4	138	6		196
Restrictive Practices & DoLS for Provider Managers		4		21			25
Grand Total	30	66	4	184	6	1	291

4.17 Mental Capacity Act / Deprivation of Liberty Safeguards (MCA / DoLS)

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provide protection for vulnerable people who are accommodated in hospitals or care homes in circumstances that amount to a deprivation of their liberty and who lack the capacity to consent to the care or treatment they need.

On 19 March 2014, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council.

This judgment clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. This means that a much greater number of service users/patients will now be subject to a deprivation of liberty and will come under the protection of the DoLS procedure.

DoLS Data for Brighton & Hove

- In 2015/16 there were 1504 DoLS applications (this is more than double the total number applications for 2014/15)
- In 2014/15 there were 693 DoLS applications.
- In 2013/14 there were 37 DoLS applications.
- The proportion of applications where the Deprivation of liberty is authorised has also increased following the Supreme Court judgement
- In 2013/14 43% of applications processed were granted
- In 2014/15 91% of applications processed were **granted**
- **In 2015/16 95% of applications processed were granted**

The local increase reflects the national trend of a significant increase in DoLS applications since the Supreme Court judgement.

In 2014/15 there were 62,645 completed applications nationally. This is almost five times as many as in 2013/14 when there were 13,000.

Under the Care Act, Local Authority Social Workers have a new statutory duty to authorise planned restrictive practices, where a person lacks mental capacity. In 2015/16 training on Restrictive Practice was undertaken for all adult social care social work and assessment staff, and mechanisms were put in place where by restrictions can be authorised by the appropriate worker.

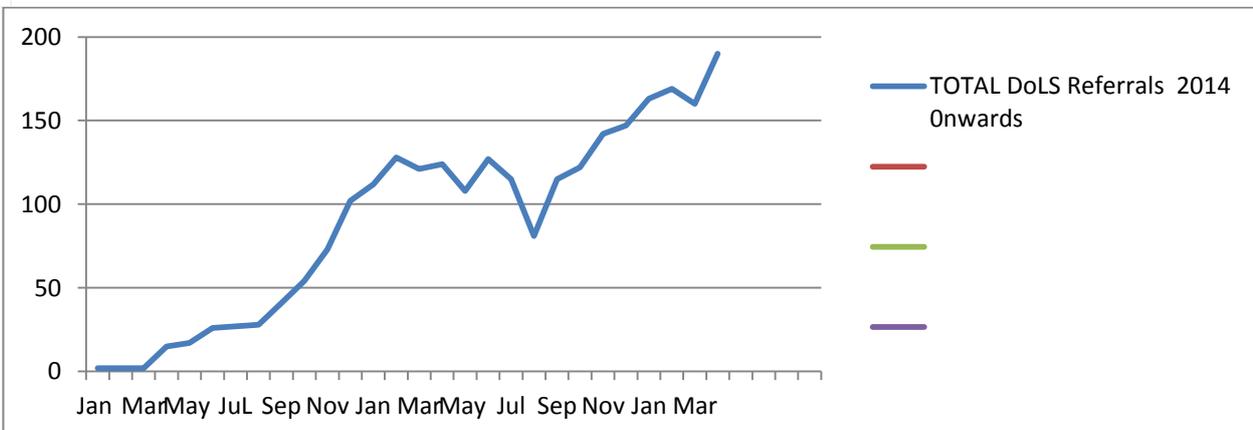


Figure 11 DoLS Referrals Jan 2014- April 2016

5. Brighton & Hove Safeguarding Adults Board Members 2015/16

Name	Title	Representing
Andrea Saunders	Head of Probation, Sussex	National Probation Service
Andy Reynolds	Director of Protection and Prevention	East Sussex Fire & Rescue Service
Anne Hagan	Lead Commissioner Adult Social Care	Brighton & Hove City Council
Annie Alexander	Public Health Programme Manager	Public Health, BHCC
Brian Doughty	Head of Assessment Services	Brighton & Hove City Council
Cllr Karen Barford	Lead Member Adult Social Care	Brighton & Hove City Council
Deb Austin	Head of Safeguarding (Children)	Brighton & Hove City Council
Denise D'Souza	Executive Director Adult Social	Brighton & Hove City Council
Gail Gray	CEO, RISE	Domestic Violence Forum
Graham Bartlett	CHAIR B&H Safeguarding Adults Board	Independent Chair
Jackie Grigg Simon Hughes Beatrice Gahagan	Money Advice & Community Support Brighton Housing Trust Age UK	PASA Group
Jane Mitchell	Safeguarding Lead	South East Coast Ambulance Service NHS Foundation Trust
Karin Divall	Head of Provider Services	Brighton & Hove City Council
Katrina Lake	Assistant Director Patient Experience and Safeguarding	NHS England
Michelle Jenkins	Head of Safeguarding & Professional Standards	Brighton & Hove City Council
Paul Furnell	Detective Superintendent	Sussex Police
Peter Castleton	Commissioner – Community Safety	Partnership Community Safety Team
Richard Cattell	Principal Social Worker (Adults)	Brighton & Hove City Council
Samuel Newbould	Head of Service (Resettlement)	Kent Surrey and Sussex Community Rehabilitation Company
Sherree Fagge	Director of Nursing	Brighton & Sussex University Hospital NHS Trust
Soline Jerram	Lead Nurse, Executive Director of Clinical Quality and Primary Care	Brighton & Hove Clinical Commissioning Group
Susan Marshall	Chief Nurse	Sussex Community NHS Foundation Trust
Tony Benton	Brighton & Hove Healthwatch	Brighton & Hove Healthwatch
Tracy John	Head of Housing	Brighton & Hove City Council
Vincent Badu	Strategic Director of Social Care & Partnerships	Sussex Partnership NHS Foundation Trust

Appendix 1: Brighton & Hove Safeguarding Adults Board Budget 2015-16

Income

Brighton & Hove City Council	£16,000.00
Sussex Police	£10,000.00
Brighton & Hove Clinical Commissioning Group	£12,000.00
East Sussex Fire & Rescue Service (one off payment)	£ 5,000.00
Total	£43,000.00

Expenditure

Independent Chair	£ 9496.48
Staffing: Business Manager & Admin	£16,100.00
Total	£25,596.48

There was an underspend of £17403.52 carried over to 2016-17 to cover the costs of the Safeguarding Adults Review that was initiated in this year.