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Brighton & Hove

**SAB**

Safeguarding  
Adults Board

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# Brighton & Hove Safeguarding Adults Board



## Annual Report 2016/17

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



I am very pleased to introduce the Annual Report of the Brighton & Hove Safeguarding Adult Board. This report covers the second year of operation under the Care Act 2014 and highlights the work carried out by the Board and its subgroups in 2016/17.

This annual report recognises the achievements and progress being made, as well as the identified challenges that still remain for partners in safeguarding adults with care and support needs in Brighton & Hove. It also comments on collaborative working with the Brighton & Hove Safeguarding Children Board as well as the East and West Safeguarding Adult Boards, where closer working between the Boards has provided further safeguarding opportunities. This is a new and exciting developing area of the Board's business.

During the year the SAB has completed a Safeguarding Adults Review (SAR). This concerned a homeless individual who died in December 2014. A Homelessness Deaths Task & Finish Group was established to run alongside the SAR, looking retrospectively at the characteristics of homeless people who died in the City in 2015 (You can read more about this work on page 23). Both these work streams recommended a multi-agency audit to take a closer look at service provision to actively homeless individuals currently in receipt of the city's services and page 20 talks more about this activity. These pieces of work are indicative of the journey the SAB has been on over the past year developing a range of approaches to quality assurance to monitor the effectiveness both of our own work together, and that of our partners.

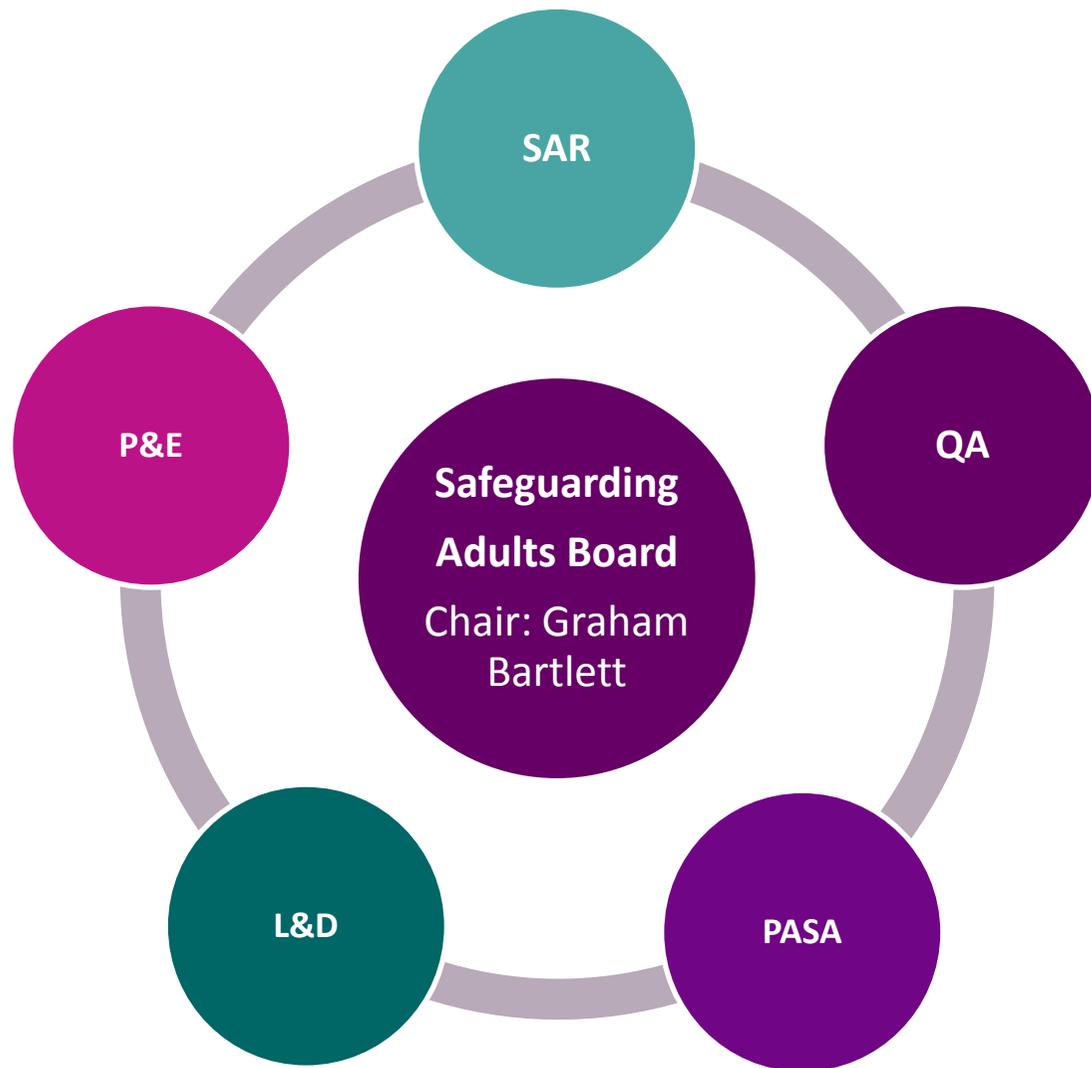
There is clearly a great deal of enthusiasm for the partnership work in the City to safeguard and protect adults with care and support needs, and the commitment of all Board members was demonstrated on 31 January 2017 when the SAB held its Development Day, read more on page 28.

Whilst, as reported in last year's annual report, we do not have a full time business manager and our financial resources are restricted, I believe we are headed in the right direction to have a highly functioning Board which is delivering in accordance with the statutory requirements set out by the Care Act 2014.

I am confident that this report reflects significant development in the area of adult safeguarding in Brighton & Hove over the reporting period and I would like to thank all those people who support the effectiveness of the Board, but importantly who make a difference to our residents, because of their passion for improving services for the adults who need them.

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

<p><b>2</b></p> <p>2.1</p>	<p><b>Introduction</b></p>  <p>Each Safeguarding Adult Board is required to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.</p> <p>This Annual Report provides a transparent assessment of the performance and effectiveness of the partnership arrangements to safeguard and promote the wellbeing of adults with care and support needs in Brighton &amp; Hove during 31 March 2016 to 1 April 17.</p> <p>The report examines how the Brighton &amp; Hove Local Safeguarding Adults Board has discharged its statutory role and functions as set out by the Care Act 2014.</p>
<p><b>3</b></p> <p>3.1</p>	<p><b>Our vision and mission</b></p> <p>The <b>vision</b> of the Board is that partners will: <b>work together to enable people in Brighton &amp; Hove to live a life free from fear, harm and abuse.</b></p> <p>The <b>mission</b> of the Board is to ensure there is <b>strong strategic leadership</b> to safeguard adults with care and support needs in Brighton &amp; Hove and that <b>preventing, detecting</b> and <b>reporting</b> neglect and abuse is <b>'everyone's business'</b>.</p> <p>This will be achieved by the continued development of Safeguarding policy and practice across all partner agencies and communities consistent with the Care Act 2014 and other National Policy and 'best practice' guidance.</p>
<p><b>4</b></p> <p>4.1</p>	<p><b>Who we are and what we do</b></p> <p>The Brighton &amp; Hove Safeguarding Adult Board (SAB) is a group of statutory, private, voluntary, and independent organisations across Brighton &amp; Hove who work together to empower and protect some of the most vulnerable members of our community.</p> <p>Our purpose is to raise awareness and promote the welfare of adults with care and support needs. We are a multi-agency partnership. We have a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for adults with care and support needs.</p> <p><b>We coordinate local work by:</b></p> <ul style="list-style-type: none"> <li>• Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority safeguarding issues together</li> <li>• Developing robust policies and procedures</li> </ul> <p><b>We ensure the effectiveness of local work by:</b></p> <ul style="list-style-type: none"> <li>• Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs</li> <li>• Undertaking safeguarding adult reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities</li> <li>• Collecting and analysing safeguarding information</li> <li>• Drawing evidence from the testimony of clients, carers and families</li> <li>• Publishing this Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of adults with care and support in the city</li> </ul>



## Safeguarding Adults Board Sub Groups 2017

**\*Further information**

### Practitioners Alliance of Safeguarding Adults (PASA)

Chair: Jackie Grigg, Money Advice Plus

### Safeguarding Adult Review (SAR)

Chair: Roland Marden, Healthwatch

### Participation & Engagement (P&E)

Chair: Richard Bates, Sussex Police (joint with LSCB)

### Quality Assurance (QA)

Chair: Michelle Jenkins, Head of Safeguarding & Professional Standards, HASC BHCC

### Learning & Development (L&E)

Chair: David Kemp, East Sussex Fire & Rescue Service

### **Safeguarding Adult Review**

Responsible for commissioning and monitoring safeguarding adult reviews and other multi agency learning review activities in cases where there have been poor outcomes for service users to ensure that lessons are learned to improve partnership working

### **Brighton & Hove Practitioners Alliance for Safeguarding Adults**

Comprised of representatives from the independent, voluntary and statutory sector. Meets to increase skill, knowledge and awareness of safeguarding adults, and to raise concerns about guidelines, local practice and training.

### **Quality Assurance**

Monitors, reports and evaluates performance across organisations with regards to Adult Safeguarding.

### **Learning & Development**

Responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision.

### **Participation & Engagement**

To lead on communications for the SAB, ensuring that safeguarding messages are shared with professionals and improving how the Board and partners gather and respond to service user feedback

<b>5</b>	<b>Summary of achievements</b>											
5.1	<ul style="list-style-type: none"> <li>• Developed robust multi-agency quality assurance functions.</li> <li>• Developed assurance mechanisms to test partner compliance with safeguarding duties, responsibilities and ethos.</li> <li>• Established a Learning &amp; Development Subgroup to support furthering expectations set out in the Care &amp; Support Statutory Guidance.<sup>1</sup></li> <li>• Carried out assurance work to confirm that all partner agencies have briefing and awareness mechanisms that provide staff with emerging local and national developments regarding the protection and support of adults with care and support needs.</li> <li>• Joined forces with the Brighton &amp; Hove Local Safeguarding Children Board (LSCB) to form a joint Participation &amp; Engagement Subcommittee to 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.</li> <li>• Developed communication and accountability mechanisms between the SAB Chair and Chief Officers / governance bodies of the SAB's constituent agencies.</li> <li>• Began developing arrangements with neighbouring SABs and LSCBs to enhance cross border and cross phase collaboration engendering a culture that reduces the risk of the negative impacts of any variable approaches to safeguarding.</li> </ul>	•										
<b>6</b>	<b>Summary of challenges</b>											
6.1	<ul style="list-style-type: none"> <li>• Financial constraints and lack of business support has limited progress.</li> <li>• We need to better assure ourselves that safeguarding practice is person-centred and outcome-focused by embedding mechanisms to gain feedback on safeguarding outcomes from clients, carers and professionals – both singularly and collectively.</li> <li>• We have not had capacity to progress our ambition to develop a multi-agency suite of management information.</li> <li>• Over the year an Information Sharing Protocol, Constitution and Memorandum of Understanding have been developed to clarify roles and responsibilities but due to capacity issues within the Brighton &amp; Hove City Council's Data Protection Team these had not been formally accepted as at 31 March 2017.</li> <li>• We have not been able to formally develop the external and internal communication strategies in this business planning year.</li> <li>• Mechanisms to assure that the Safeguarding Competencies and DoLS Gold Standards are being met within and across all agencies are underdeveloped.</li> <li>• We are not currently able to evidence we are enabling independent living.</li> </ul>	•										
<b>7</b>	<b>Review of Finances</b>											
7.1	<p>Board partners continue to contribute to the SAB budget in addition to providing a variety of resources in kind. Uplifts in funds were requested by the Board but partners advised there were unable to provide any additional resources to increase the capacity of the SAB this year.</p> <table data-bbox="223 1646 1021 1814"> <tr> <td colspan="2"><b>Income</b></td> </tr> <tr> <td>Brighton &amp; Hove City Council</td> <td>£22,000</td> </tr> <tr> <td>Sussex Police</td> <td>£25,000</td> </tr> <tr> <td>Brighton &amp; Hove Clinical Commissioning Group</td> <td>£12,000</td> </tr> <tr> <td><b>Total</b></td> <td><b>£59,000<sup>2</sup></b></td> </tr> </table>	<b>Income</b>		Brighton & Hove City Council	£22,000	Sussex Police	£25,000	Brighton & Hove Clinical Commissioning Group	£12,000	<b>Total</b>	<b>£59,000<sup>2</sup></b>	
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Brighton & Hove City Council	£22,000											
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<b>Total</b>	<b>£59,000<sup>2</sup></b>											

<sup>1</sup> Care & Support Statutory Guidance provides SABs must, 'promote multi-agency training and consider any specialist training that may be required [to safeguard vulnerable adults], consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.'

<sup>2</sup> The SAB carried forward some of the BHCC and third party income from the 2015/16 budget into 2016/17 and has been carried forward again into 2017/18.

**Expenditure**

Independent Chair	£7,125
Safeguarding Adult Review (X)	£4,800
Staffing: Business Manager & Admin	£4,040
Homelessness Review	£2,750
ESCC Policy & Procedures	£2,500
<b>Total</b>	<b>£21,215</b>

In 2017/ Sussex Community NHS Foundation Trust will provide a one off payment of £5,750 for a shared part-time quality assurance post and Brighton & Hove City Council have agreed a one-off £30,000 allocation for Safeguarding Adult Reviews and £19,000 as an ongoing amount of a part time administrative post<sup>3</sup>. East Sussex Fire and Rescue Service also committed to a one off payment of £5,000 this year.

The forecast for the 2017/18 budget is currently showing that it will spend the full allocation for 2017/18 with no under/overspend being reported.

## 8 Safeguarding Statistics for 2016-2017

### 8.1 Summary of Main Points to Note

1) In 2016/17 **1,011** enquiries have been started during 2015/16, and **887** completed. All enquiries will be completed, rolling into the following year's data. These figures are very similar to last year, with 868 enquiries completed during 2015/16.

887 completed enquiries breaks down to 17 safeguarding enquiries undertaken per week during this year, co-ordinated by the Adult Social Care Assessment Service.

2) 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

<sup>3</sup> The funding for the admin post will increase to £25k for 2018/19 and 2019/20 to cover the full year cost of the post.

or not. The outcome recorded now is whether the individual's identified desired outcome was met.

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?	8
Is this Enquiry linked to domestic violence?	114
Is this Enquiry linked to hate crime?	2
Is this Enquiry linked to anti-social behaviour?	24
Is Enquiry related to care from the main informal carer?	64

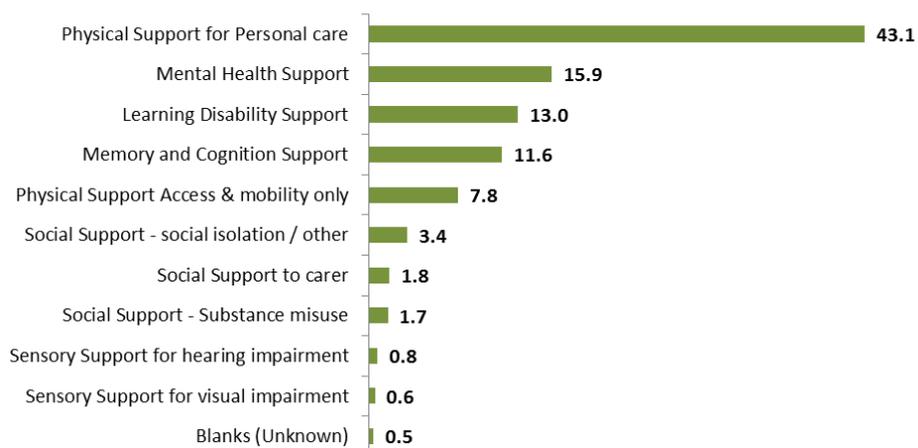
5) The following data below is taken from 887 completed enquiries during the period of 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 inclusive.

2016-17 End of Year DATA	
	Total
Number of Enquiries	1011
Completed Enquiries	887

2015-16 End of Year DATA	
	Total
Number of Enquiries	1064
Completed Enquiries	868

## 8.2 Performance Data 2016– 2017

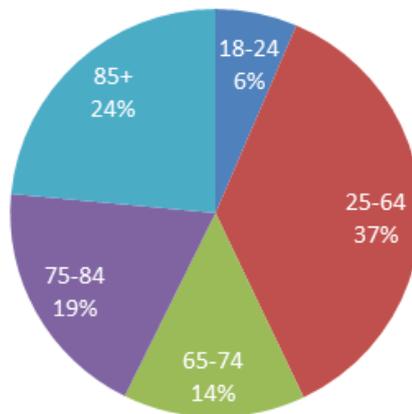
### Percentage of Completed Enquiries by Primary Support Reason



**Figure 1: Percentage of Completed Enquiries by Primary support Reasons of Adult at Risk**

Figure 1 shows the primary support need for the adult for whom the enquiry is undertaken. These are very similar figures recorded in 2015/16.

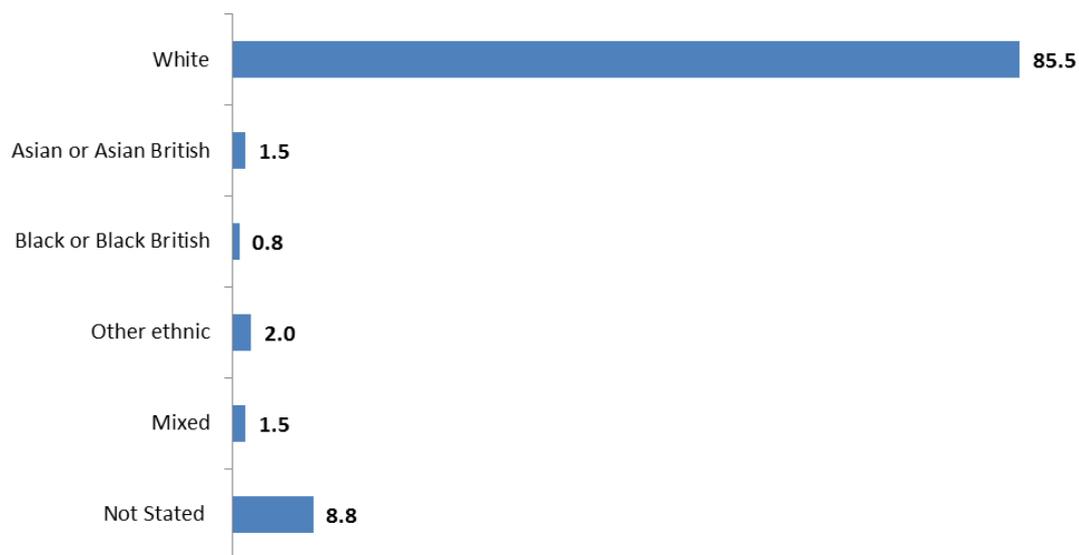
### Completed Investigation by age groups



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

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

### Percentage of Completed Enquiries by Ethnicity



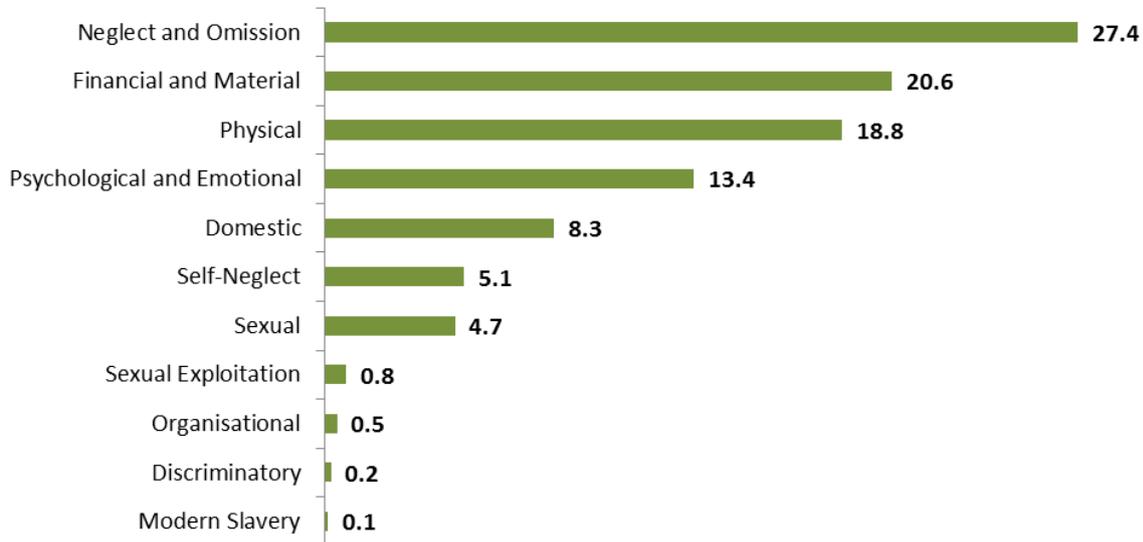
**Figure 3: Number of Enquiries by Ethnicity of the Adult at Risk**

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 3 enquiries for adults at risk White British ethnicity category from obtained data stand at 85.5%, all others 5.7%. Not Stated 8.8%.

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%.

## Percentage of Completed Enquiries by Nature of Alleged Abuse



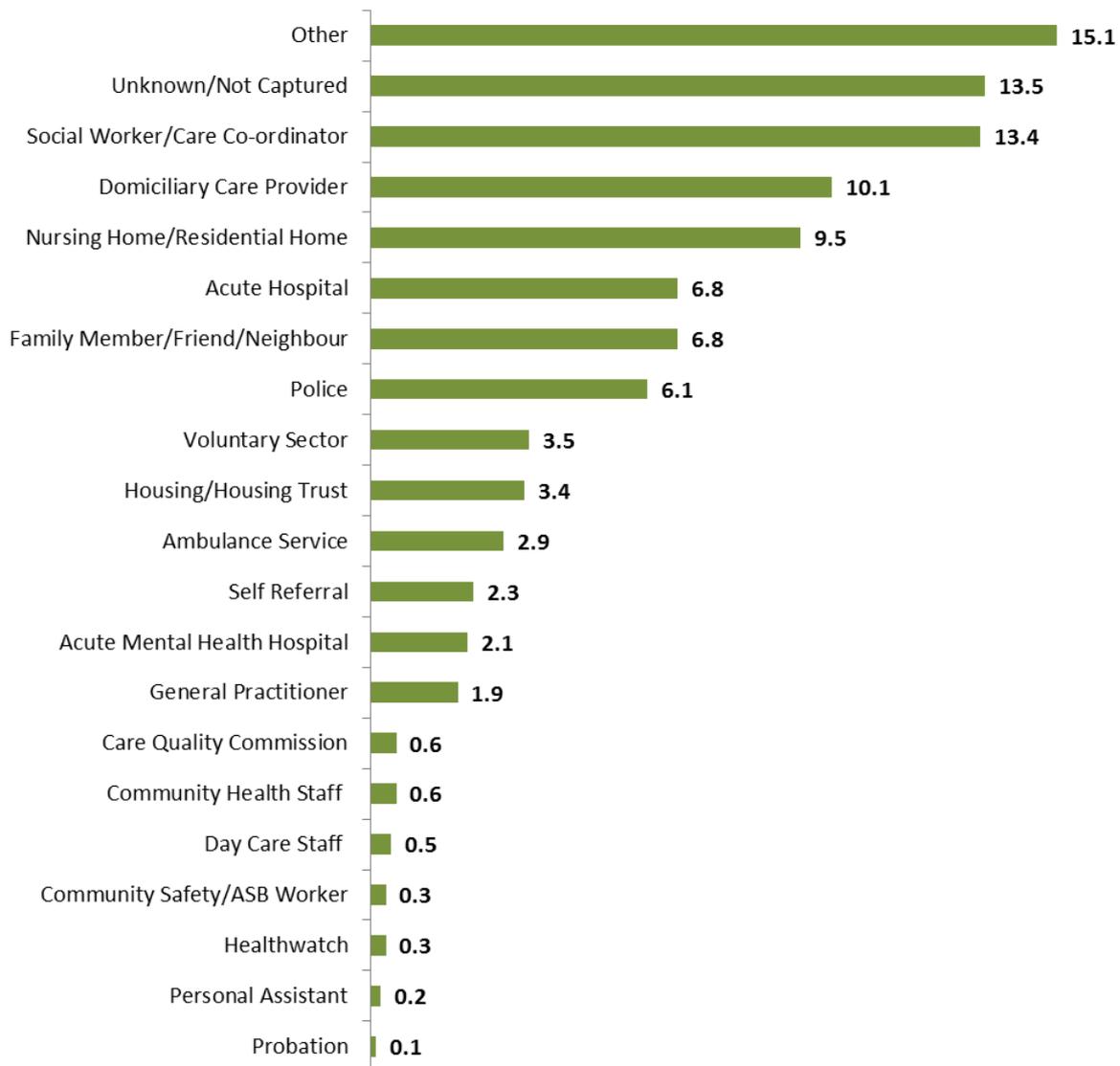
**Figure 4: Percentage of Enquiries by the nature of the alleged abuse**

Figure 4 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 since the Care Act came into force.

Compared to last year neglect and omission remains the highest category of harm. Financial, Physical and Psychological abuse remain at similar proportions. There has been a slight increase in the proportion of enquiries regarding domestic abuse, 8.3% this year compared to 6% last 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.

## Percentage of Completed Enquiries by Referral Source



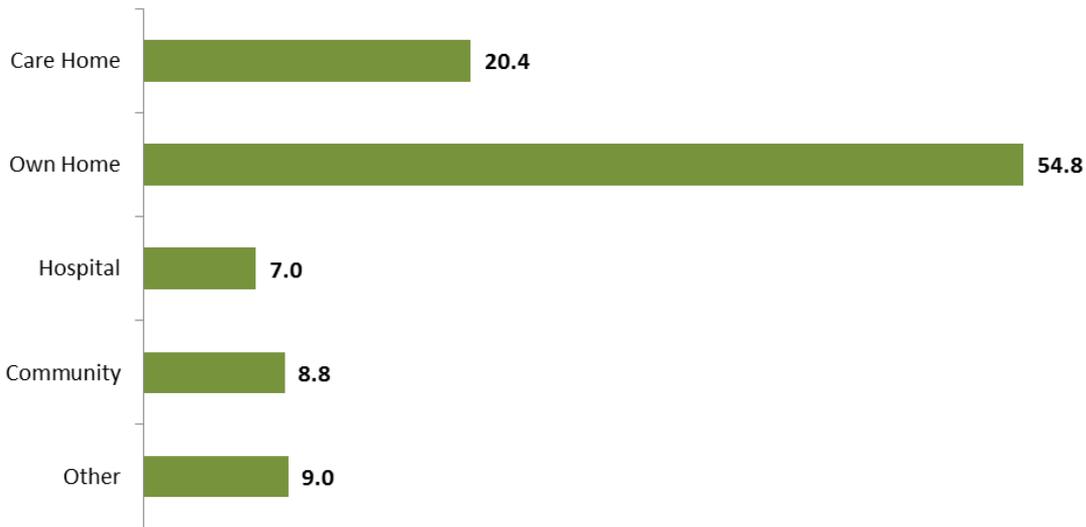
**Figure 5: Percentage of Enquiries by Referral Source.**

This graph shows us where concerns which come to the Local Authority are generated from. This data was not available in 2015/16.

Further work is required with this information, so as to understand the high percentage of referrals from a source noted as 'other', so as to clarify if we have the data categories set correctly. It also needs to be established how the source of 13.5% of concerns are not captured, and whether this data collection could be made mandatory to improve data collection.

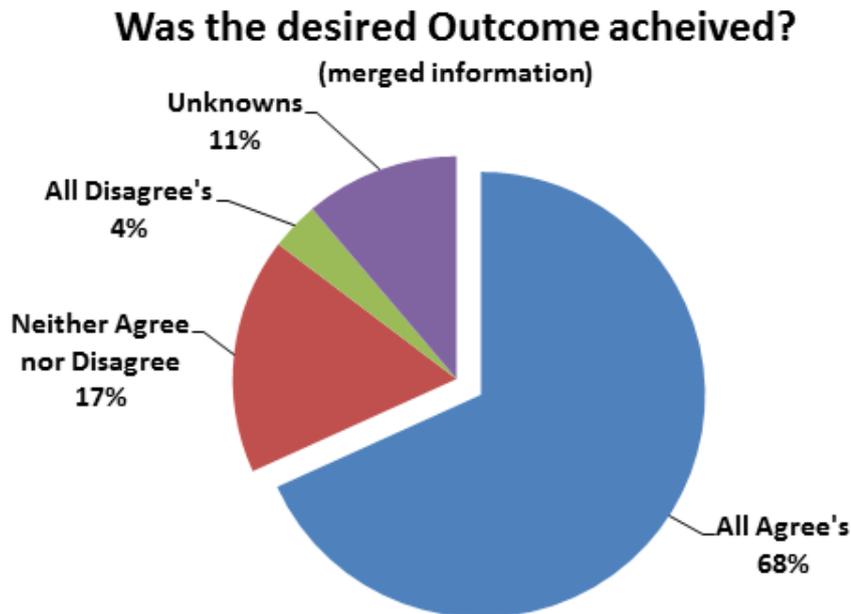
It is to be noted that this is not a statutory data requirement, but has been requested locally so as to be able to analyse where concerns are being picked up and shared with the Local Authority.

## Percentage of Completed Enquiries by Location of Alleged Abuse/Harm



**Figure 6: Number of Completed Enquiries by Location Alleged of Abuse/Harm**

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 54.8% of all other logged locations. Last year this figure was 56%.



**Figure 7: Was the desired outcome achieved for the individual**

Since the Care Act came into force in April 2015, 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 2nd 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.

This data collection has now been made mandatory, so as to ensure this is collected in all cases, so future data will not show any 'unknowns' as is the case this year.

## 9 Progress against our business plan

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

This year we have been focusing on developing our structure and practice change (in line with developments within the Care Act 2014 and the Mental Capacity Act 2005) 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.**

#### Progress

- We have sought assurance that all partners have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
- A subgroup of the SAB looking at compliance with the Mental Capacity Act and Deprivation of Liberties Standards has been running throughout 2016/17. Plans to subsume the functions of this group within the core business of the Board began to be discussed in the latter part of 2016/17.
- A Learning & Development Subgroup was established in 2016/17, responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding training provision. This group, although newly formed, has supported the SAB to assure itself that partners have a competent and well-informed workforce.
- The Pan Sussex Procedures, through a group consisting of heads of safeguarding, other agencies and service user representatives, have been refreshed to take into account national and local developments over the year as well as client and professionals' feedback.

#### Still to do

- We need to formally test, via the Strategic Safeguarding Self-Assessment, that partners have structures and accountabilities which meet the requirements of the Care Act 2014.
- We also need to tighten up and formally test that those agencies which may be required to implement the MCA/ DOLs arrangements, have achieved or are working towards the MCA/ DoLs Gold Standards.
- We need to develop a Complex Abuse Protocol to make sure that in all safeguarding 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

#### Looking ahead

In 2017/18 the Learning & Development Subgroup, alongside the Local Safeguarding Children Board, will plan & develop a multi-agency training needs analysis, to seek assurances that both single agency, including the Community & Voluntary Sector, and multi-agency training, meets local needs.

### 9.2 Priority Area 2: Develop and strengthen quality assurance

This year we have really concentrated on assuring the quality and focus of multi and single agency



practice. This is one of our major statutory responsibilities. Our unique position to take a holistic view of the quality of services across agencies enables us to find 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.**

### **Progress**

- Our Quality Assurance Subcommittee is now well established and meeting quarterly. It is well attended by managers from key agencies with responsibility for quality assurance. The group is making steady progress against its workplan.
- The group has developed a Quality Assurance Framework to give assurance that the Board and its constituent partner agencies have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk.
- The group has also developed a multi-agency audit programme. This is informed by the Business Plan as well as themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, national concerns and/or performance gaps. It ensures that needs arising from equality and diversity issues for adults are taken into account and includes a system of follow up and re-audit on audit findings and/ or recommendations.
- This year has seen a multi-agency audit looking at services provided to four actively homeless individuals. See page 20. This multi-agency audit focused on joint working to achieve the six safeguarding principles<sup>4</sup>.
- The SAB, via the Quality Assurance subgroup, now has an overview of the outcomes of single agency audits carried out within member agencies.
- Audit findings and/ or recommendations are now shared widely with staff across the safeguarding partnership.
- The Quality Assurance subgroup has devised a system for performance improvement actions to be incorporated into the annual work programme, allowing us to better monitor progress on recommendations from audit.
- Reports from Quality Governance Group (BHCC), Quality Review Meetings (CCG), Safeguarding Committee (CCG), MARAC, & internal safeguarding audit reports from Sussex Police are now also shared with the Quality Assurance Subgroup for improved quality surveillance.

For progress relating to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) see page 24.

### **Still to do**

- We continue our efforts to develop a truly multi-agency data set to inform safeguarding practice. Currently all boards in Sussex are looking at what multi-agency safeguarding data is collected. There is an appetite to ensure this is the same across the piste, with local information added for specific areas of business – as per local business plans.
- 
- We continue to concentrate efforts on better considering outcomes from the experiences of

clients and carers to ensure they influence service improvements.

### Looking ahead

During the early part of 2017/18, to follow on from the multi-agency audit focused on homelessness, the SAB will be undertaking a survey to ask those actively experiencing homelessness their views and opinions of services, to help us improve safeguarding in Brighton & Hove.

In 2017/18 the SAB, alongside our counterparts in East and West Sussex, will be undertaking a Strategic Safeguarding Self-Assessment. This is designed for use by partner agencies to check whether or not their internal safeguarding arrangements are robust and to identify any aspects of their safeguarding arrangements in need of further development. We will hold a series of challenge events to test our partner's self-assessments.

Also in 2017/18 the Quality Assurance subgroup will undertake a multi-agency audit focused on sexual violence, we will be looking at section 42s where 'Sexual Abuse' is noted as category of harm and assessing whether the needs of adults with care and support needs, who are known / alleged to be victims of sexual abuse are appropriately addressed.

## 9.3 Priority Area 3: Focus on Prevention and Early Intervention

This priority area focuses on ensuring that partner agencies and the whole community focus on preventing abuse happening in the first place and providing the right support at an early stage.

**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.**

### Progress

- The Quality Assurance Framework, developed this year, is the key mechanism by which the SAB holds local agencies to account for their safeguarding work, including prevention and risk management.
- Training and awareness raising activities have taken place throughout the year.
- The Strategic Self-Assessment and subsequent Challenge Event activities have supported a focus on prevention
- Safeguarding training offered across the partnership has also assisted prevention and early intervention.

### Still to do

We need to fine tune mechanisms and relationships which enable people to live independently by being supported to manage risk to themselves. We will do this by engaging with all agencies, commissioners and bodies to ensure that resourcing and priorities are focused towards enabling independent living, where possible.

### Looking forward

In 2017/18 the SAB, through a range of communications and engagement activities will raise the profile of the nature of abuse and neglect with clients and carers, as well as within the financial sector, businesses, third sector organisations and statutory bodies, to develop community resilience and awareness to promote effective early support and intervention and reporting / referral where necessary.

## 9.4 Priority Area 4: Community Awareness and Capacity Building



Raising the profile and resilience against safeguarding is an important area of business for the Board. 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.

“The Safeguarding Adult Board can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms”

“SABs must understand the many and potentially different concerns of the various groups that make up its local community.”<sup>5</sup>

Care Act 2014

**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.**

### Progress

- In January 2017 the SAB joined forces with the LSCB to recruit lay members. Two lay members were recruited to join the SAB. This allows greater capacity for Board arrangements to be further opened up to increased public scrutiny and the new lay members are continuing to support stronger public engagement in, and understanding of, adult safeguarding issues.
- In February 2017 the SAB launched new content on a shared Safeguarding website with the LSCB. The website is designed to supply easily accessible information for professionals on a variety of safeguarding issues and links directly through to both the Safeguarding Adults Policy and Procedures and the Pan Sussex Child Protection and Safeguarding Procedures Manual so all safeguarding guidance is accessible in one place.  
<http://www.brightonandhovelscb.org.uk/safeguarding-adults-board/>
- In March 2017 the SAB joined forces with the LSCB to set up a joint Participation & Engagement Subcommittee. In 2016/17 the group have been developing a communication strategy on behalf of both Boards.
- The Participation & Engagement Subcommittee have agreed a series of child and vulnerable adult protection & safeguarding messages that throughout 2016/17 have been used by the Boards and partner agencies.
  - To help parents, carers, members of the public, staff and managers to have an improved understanding of the function of the SAB we developed Board Briefings, as already established within the LSCB. These summarise the discussions held at each main SAB meeting, are distributed by partner agencies and hosted on the SAB website. These are aimed at both professionals and general members of the public and can be read [here](#)

<sup>5</sup> These might include such things as scams targeted at older householders, bullying and harassment of disabled people, hate crime directed at those with mental health problems, cyber bullying and the sexual exploitation of people who may lack the capacity to understand that they have the right to say no.

- Professionals Briefings have been developed in 2016/17 for the SAB. These short briefings are aimed at professionals who work with adults with care and support needs in Brighton & Hove. It presents the key findings and recommendations from quality assurance activity. They can be read [here](#)
- SAR Briefings have also been developed this year. Following the X SAR a short briefing summarising learning was produced and disseminated across the safeguarding partnership. This can be read [here](#).

#### Still to do

- Deliver fully on the communication strategy
- Develop and deliver an engagement strategy that seeks the view/opinion of clients and carers and practitioners in respect of Board business priorities.
- Identify and coordinate a programme of adult safeguarding campaigns based on the Boards business priorities and other opportunities.

#### Looking forward

The Participation & Engagement Subcommittee will be supporting and promoting the Boards multi-agency learning and development programme, forums, conferences and other planned learning events in 2017/18.

It will also prioritise scoping out and working 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.

### 9.5 Priority Area 5: Locate the work of the SAB in wider structures

It is crucial that decision makers and commissioners understand the role of the Board, the nature of abuse and neglect, to support 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.**

#### Progress

- The SAB continues to have 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 SAB has expanded its networks with neighbouring SABs and LSCBs to scope collaboration of functions and harmonisation of business, including joint meetings, training events and sharing of resources.
- The Lead Member for Adult Services and the Director of Adult Services has provided political and operational direction to the SAB throughout the year.

#### Still to do

- We need to better firm up Sussex or bi-lateral arrangements around areas that promote effective common approaches, e.g., Honour Based Violence, to ensure adults are safeguarded to the same standard across Sussex.

#### Looking forward

In 2017/18 a 'Partnership Protocol' will be developed. This will set out expectations of the

relationship and working arrangements between the relevant partnerships concerned with the safety and wellbeing of the community, including: Brighton & Hove Safeguarding Children Board, Brighton & Hove Health and Wellbeing Board, Brighton & Hove Safe in the City Partnership and Children, Young People & Skills Committee. It will cover their respective roles and functions, membership of the partnerships, arrangements for challenge and oversight scrutiny.

## 10 Our Activity: Quality Assurance

The Care Act 2014 provides that the SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Quality Assurance subgroup is the vehicle for this work.

### 10.1 Multi-agency Auditing

#### Domestic violence and abuse

As reported in last year's annual report a multi-agency audit regarding safeguarding enquiries for individuals subject to domestic violence and/or abuse was undertaken. This year we have been monitoring the progress of actions arising from this work:

- Amendments have been made in edition three of the Sussex Safeguarding Policy and Procedures to ensure they are in line with Care Act guidance, and refreshed in relation to the needs of older people experiencing abuse.
- In 2016 the Strategic Assessment of Crime and Community Safety and the Joint Strategic Needs Assessment were refreshed. These establish the prevalence of domestic violence and abuse among older people and have provided a baseline for the profile of domestic and sexual violence in the City
- Training for all staff working with adults at risk of domestic violence and abuse has been reviewed to better equip professionals to respond effectively
- The Multi-Agency Risk Assessment Conference (MARAC) has been reviewed and a new model implemented to better enable links to safeguarding arrangements

#### Looking forward

- The Community Safety team will be leading a review of the Violence against Women and Girls Strategy and will be using the NICE public health guidance to assess service responses to people experiencing domestic violence and abuse.
- In 2017/18 there will be targeted communications for older people, who are less likely to report or disclose domestic abuse.

#### Multi-Agency Homeless Audit

**Cases audited:** Four actively homeless clients<sup>6</sup> were selected. The sample included both women and men of various ages and ethnicities. Clients were known or suspected to be at risk due to a combination of the following; self-neglect, poor mental health, substance misuse, chronic ill health, coming to the attention of police, recent health crisis and / or a victim of hate crime.

<sup>6</sup> <b>Accommodation Status</b>
emergency accommodation
No Fixed Abode
Resident in Hostel
Sheltered scheme and rough sleeping



### What we tested

- Evidence of multi-agency partnership working
- Quality of information sharing
- Evidence of client involvement in decision making and care planning
- Evidence of appropriate safeguarding actions taken - referrals, escalation and consistency
- Adherence to self-neglect procedures
- Information sharing

### What we learnt

- Services are using person-centred approaches

- Flexible outreach and persistence was evident, with Creative (and tenacious) approaches to motivate and engage clients
- Pockets of good joint working
- Agencies are not consistently utilising 'safeguarding' as a mechanism to hold multi-agency/ strategy/ professionals meetings to draw professionals across agencies together to improve outcomes for homeless adults with complex needs (as is the case in children's safeguarding).
- There are missed opportunities for joint agency decision making in care planning.
- Multi-agency working would benefit from improved coordination of care. Support/ safety plans and risk assessments are drawn up in silos and not shared across the partnership
- There is normalisation of behaviours through repetition. Do Brighton & Hove tolerate a higher level of risk than neighbouring local authority due to the demographic of high risk vulnerable people rough sleeping being higher?
- It appears that when the client is at crisis point that agencies support well. However, when the crisis abates services fall away resulting in the client requiring support again.
- Agencies could improve on reviewing their approaches and service offer when there is no change/ client deteriorating.

### Still to do

- The report put forward a number of recommendations to be considered by the Quality Assurance subgroup in July 2017. The group will develop and oversee an action plan against these recommendations and an update on progress will be reported in next year's annual report.
- 
- As mentioned earlier, the SAB Quality Assurance subgroup will commission an exercise to gather service user feedback on their experiences of safeguarding services.

## 10.2 Single Agency Auditing

The SAB must also ensure that partner organisations have arrangements for the quality assurance of the effectiveness of their safeguarding work.

Throughout 2016/17 partners told us what safeguarding quality assurance they had undertaken in the previous financial year and what was planned for the year ahead. This provided assurance that quality assurance activity was being carried out, and also afforded an opportunity to challenge if and how partners include client and carers feedback in such exercises.

### Looking forward

In 2017/18 our multi-agency quality assurance activity will better assess how well personalisation and effective joint working are embedded in all safeguarding enquiries across all agencies.

## 11 Our Activity: Safeguarding Adult Reviews & Associated Activity

The Care Act 2014 (Section 44) requires SABs to carry out Safeguarding Adults Reviews (SARs)

when there is reasonable cause for concern about partner organisations worked together to safeguard the adult and a) the adult died, and the SAB knows or suspects, that the death resulted from abuse or neglect, or if b) the adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The overall purpose of a Safeguarding Adults Review is to promote learning and improve practice, not to re-investigate or to apportion blame. These reviews provide an opportunity to improve inter-agency working.

## 11.1 Safeguarding Adult Review

### SAR: X

In December 2014 X was found dead and the Coroner recorded a verdict of 'misadventure to which self-neglect contributed'.

At the time of their death X was in contact with and / or known to a number of local services in Brighton & Hove. The review was commissioned to establish whether there were lessons that needed to be learnt in order to better support people experiencing homelessness in the City.

X had mental health problems, a learning difficulty, presented as transgender on occasion, and history of violent offending. X was a very difficult and potentially dangerous person for staff to engage with. X had been living in another part of the country before arriving in Brighton.

### Learning

1. **Safeguarding Alerts when a client arrives from another authority.**
2. **Homelessness & Housing eligibility**
3. **Community Care Assessment**
4. **'Engagement'**
5. **Care Pathways for people with a Personality Disorder**
6. **Self-neglect**

### Action

- Learning from this review has been formally shared with the Adult Social Care Modernisation Board so as lessons are incorporated in upcoming social work re-design. The Rough Sleepers Strategy Board will also be formally presented with its findings in 2017/18
- The SAB continues to seek clarification from commissioners about the efficacy of the current commissioned personality disorder evidenced pathway for homeless people
- A reminder has been circulated, via the Association of Directors of Adult Social Service, to all SABs in the country about the need under the Care Act 2014, for LA's (where possible) to notify receiving LA when an adult receiving care and support moves (Section 37)
- The Pan Sussex Safeguarding Adults Policy and Procedures are in the process of being updated to reflect learning highlighted by this case
- The SAB Learning & Development Subgroup are reviewing training offers which support a basic awareness and understanding of working effectively with service users with a diagnosis of personality disorder.
- The SAB Participation & Engagement Subgroup are developing a short awareness raising resource for staff to improve knowledge and understanding of personality disorders.

### Looking ahead

- In 2017/18 partners will be reviewing and quality assuring their own approaches, protocols and strategies for working with clients who are hard to engage/ persistently dis-engage with services / treatment. Within the context of this case, this will include strategies for engaging clients who self-neglect, as well as clients who are diagnosed with or suspected of having a

personality disorder.

- The SAB Quality Assurance Subgroup will be undertaking an audit in 2017/18 exploring recognition and response to self-neglect.

## Associated Activity

### Desktop Review Homelessness Deaths

In June 2016 the SAB heard results from a desktop review which explored whether there were any commonalities in the deaths of homeless individuals<sup>7</sup> during the period of February 2015 to April 2016. Undertaking this work surfaced issues around multi-agency activity and relationships across services. Crucially, it found a lack of co-ordinated care for those experiencing homelessness.

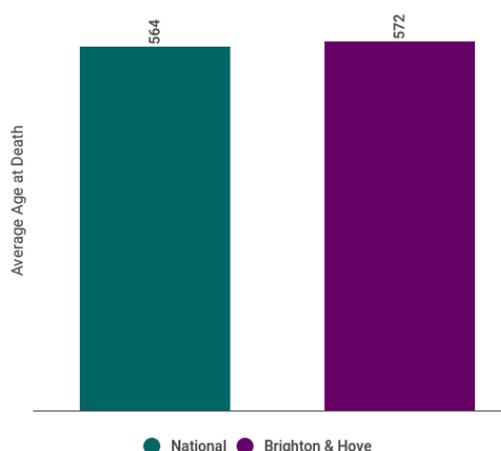
This work also found that the current safeguarding system does not hold data/ commission case management in such a way that enables the multi-agency safeguarding network to understand 'their story'. This work highlighted that there was a wealth of strategic activity committed to improving outcomes for this vulnerable cohort but leadership of the agenda was not clear.

The ambition to look at any cross cutting characteristics between the deaths was not able to be realised within the scope of this work. This led to the establishment of a Homelessness Deaths: Task and Finish Group.

### Homelessness Deaths: Task and Finish Group

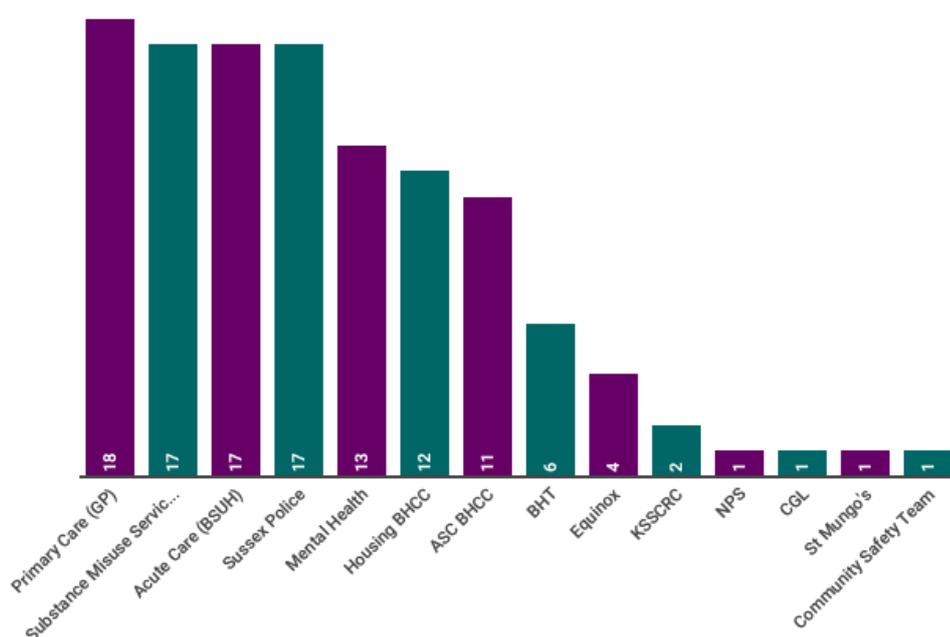
In December 2016 the SAB heard the results of the work undertaken by the Homelessness Deaths Task & Finish Group which looked at Characteristics of homeless people who died in Brighton & Hove 2015. The findings informed the development of the multi-agency audit into homelessness, see page 20. Key learning included:

- The average age at death was **47 years, 8 months**. This figure is comparable with National statistical data on deaths of people who are homeless which is estimated at **47 years**.
- **4** deaths were recorded as suicides and **5** deaths were recorded as being drugs related.
- **Ten** of the 16 cases where there was a cause of death included details of other health problems.



<sup>7</sup> Statutory Definition of Homelessness - An individual and any members of their household should be considered homeless if they have no home in the UK or anywhere else in the world available and which is reasonable to occupy. A person doesn't have to be sleeping on the streets to be considered homeless. In this instance the review considered clients with a housing status suspected to be either 'No Fixed Abode', resident in a Hostel or supported accommodation.

- Substance misuse service (SMS), Acute care (Brighton and Sussex University Hospital, BSUH) and Sussex Police reported they knew all but one of the deceased.
- Mental health, Housing and Adult Social Care, reported they knew 13, 12 and 11 individuals respectively. Fewer of the deceased were known to Equinox, Kent, Surrey, Sussex Community Rehabilitation Community (KSSCRC), CGL and St Mungo's. One individual was known to the Community Safety Team.
- Individuals who lived in a hostel or emergency accommodation were more likely to have been known to services who took part in this review.



- Sixteen services took part in this review. **All of the deceased were known to three services or more.** Seventeen of the 18 individuals who died were known to six or more services.
- We know from the earlier analysis that the services that clients were most likely to be known to were primary care, BSUH, SMS and Sussex Police. This might imply that in most cases clients were known to **four 'core services'**, plus an additional 2 to 7 other services.

### Looking ahead

The initiation of the SAR and the results of the desktop review and task and finish group all pointed to the fact that multi-agency work in this area is not as robust as it can and should be, with a lack of clarity on a multi-agency level regarding strategic ownership of the problem. 2017/18 will see continued efforts by the SAB to challenge multi-agency co-ordination of the delivery of the homelessness strategy.

## 12 Our Activity: Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 (the Act) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for



themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions for acting for that person, when the person lacks the capacity to make a particular decision for themselves.

'Everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.

### Article 5 of the Human Rights Act

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

### Progress

- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) subgroup of the SAB set up in 2014/15, pre Care Act has developed the Gold Standards and monitored multi-agency compliance with these. The subgroup has run throughout the year and agencies have brought queries and cases to the group for discussion.
- Information and guidance about the responsibilities and implications of the Mental Capacity Act and the Deprivation of Liberties Safeguards has been disseminated across the safeguarding partnership and hosted on the SAB website.

### Still to do

- We need to put in place effective mechanisms to assure ourselves that the Deprivation of Liberty safeguards are embedded and effective within and across relevant agencies.
- We need assurance that communication regarding adults under a deprivation of liberty is effective as they move from setting to setting.

### Looking ahead

In 2017/18 the MCA DOLs subgroup will be disbanded and the Quality Assurance Subgroup will pick up monitoring compliance with the Gold standards, with Task and Finish Groups established if specific concerns are identified for agencies. The Learning & Development subgroup will incorporate MCA DOLs within the work plan and monitor consistency, quality and compliance of training across the agencies. The Safeguarding Adult Review subgroup will identify any MCA Dols learning/recommendations from reviews.

## 13 Our Activity: Development Half Day

On 31 January 2017 the SAB held a development half day to revisit membership, reflect on achievements and challenges and review its performance and effectiveness. Person centred practice and community awareness provided the focus for the second half of the session.

### 13.1 Membership

Over-representation and gaps were identified in membership. Attendance for Adult Health and Social Care was clarified and agreement reached that Public Health would retain separate membership. Representation from adult learning disability services, which now sits within the Families, Children & Learning Directorate, was agreed. An invite was extended to Cranstoun / Pavilions and the Divisional Lead, within Sussex Police. The Board acknowledge the challenge of representation from the broad range of home care and care home providers; a standing safeguarding item has since been added to the Home Care Forum and the Care Homes Forums. The importance of representation from Healthwatch and the Practitioner Alliance for Safeguarding Adults was noted.

### 13.2 Achievements & Challenges

See page 26.

### 13.3 Performance & Effectiveness

A Performance and Effectiveness Survey was undertaken to gauge how Board members rate the efficacy of the Board. 18 Board members completed the survey. 12 from a statutory agency, 1 was an advisor to the Board and 4 were in a designated role. 1 skipped the answer.

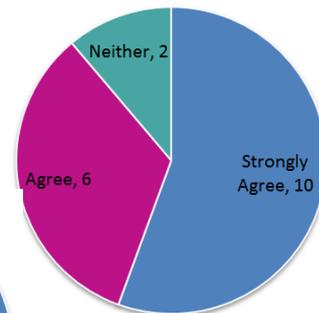
They were from the following agencies:

BHCC Health & Adult Social Care	Practitioner Alliance for Safeguarding Adults
BHCC Housing	Public Health
B&H Clinical Commissioning Group	NHS England
National Probation Service	Domestic Violence Forum
East Sussex Fire & Rescue Service	Community Safety
Sussex Police	Sussex Partnership NHS Foundation Trust
Kent Surrey & Sussex Community Rehabilitation Company	Healthwatch
Brighton & Sussex University Hospital Trust	Lead Member
South East Coast Ambulance Service	Sussex Community NHS Foundation Trust

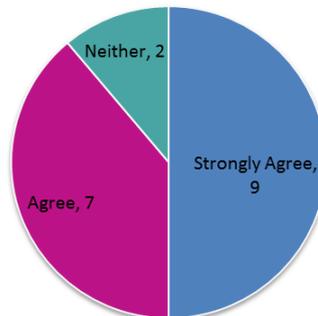
### 13.4 Chairing Arrangements & Board Structure

**89%** of members either strongly agreed or agreed and **11%** neither agreed or disagreed with the following statements

- Independent Chair provides decisive leadership & keeps partnership focused on key tasks

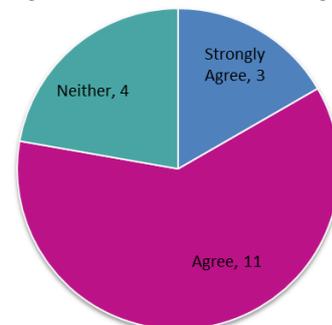


- Independent Chair provides challenge to the multi-agency arrangements in relation to safeguarding

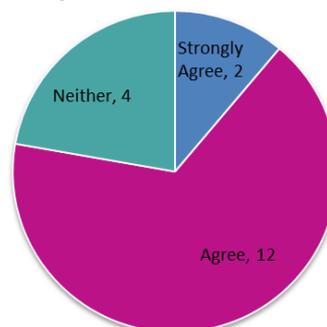


**77%** strongly agreed or agreed and **23%** neither agreed or disagreed with the following statements

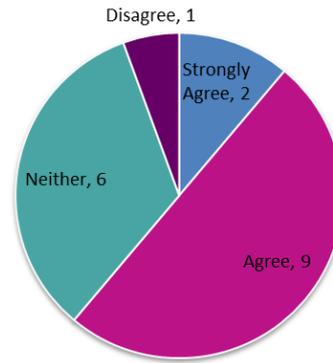
- The SAB has a clear set of strategic aims & objectives in relation to safeguarding.



- Communication between & within Agencies is open and constructive

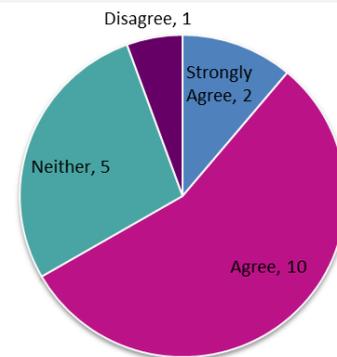


- Members have a clear vision about the purpose of the SAB.
  - 62% strongly agreed or agreed
  - 6% (1 person) disagreed
  - And the rest neither agreed nor disagreed

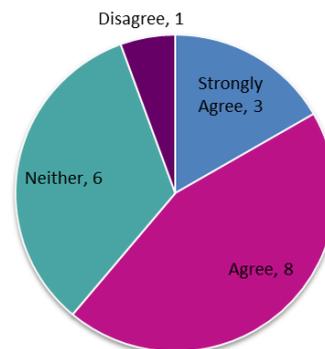


### 13.5 Roles & Responsibilities

- Frontline professionals have a clear understanding of roles and responsibilities in terms of safeguarding:
  - 67% strongly agreed or agreed
  - 6% (1 person) disagreed
  - and the rest neither agreed nor disagreed

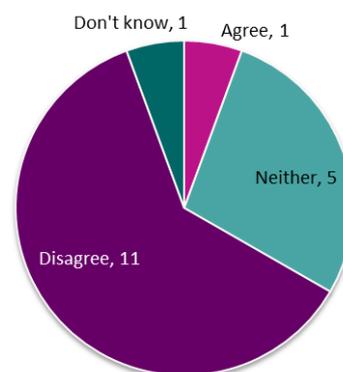


- Board decisions are clearly understood in terms of what will be done, by whom and by when
  - 61% strongly agreed or agreed
  - 6% (1 person) disagreed
  - and the rest neither agreed nor disagreed

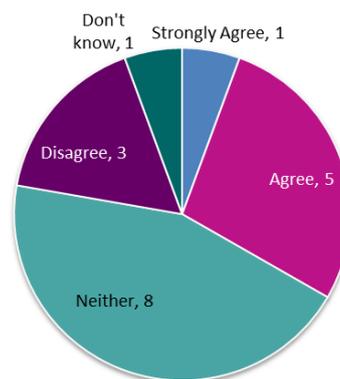


### 13.6 Infrastructure to support the operation of the Board

- The SAB is adequately financially resourced to fulfil its statutory function
  - 61% disagreed with this statement
  - 6% (1 person) didn't know
  - 6% (1 person) agreed with the statement
  - the rest neither agreed nor disagreed



- The SAB has sufficient business support to function effectively
  - 44% neither agreed nor disagreed
  - 33% strongly agreed or agreed
  - 17% disagreed
  - 6% (1 person) didn't know



Some members were unsure if the role of the SAB, and its current work, was being circulated widely enough. A few members discussed increasing our efforts to gain feedback from adults at risk where enquiries and interventions have been made on their behalf. It is clear as a Board we need to know more about people's experiences of the safeguarding process, if it's made a difference, if people feel safer, what has worked well and what could improve.

Whilst to date the SAB has been able to fulfil its statutory function, there is concern that not fully resourcing quality assurance and business support may impact negatively on the operation of the Board.

### 13.7 Actions arising from the development day

- Board now receives feedback from all subgroup chairs, comprising a brief update on their work plans and key issues/ achievements/ challenges
- There is now a quarterly in-depth look at subgroup activity (on a rolling basis), consisting of issues addressed by the group, key learning that quarter and any wider Board agreements needed
- There has been a review the purpose and function of the MCA / DoLS Sub group to avoid duplication and in readiness for the update from the Law Commission
- There was a commitment to ensuring that all quality assurance activity undertaken by the SAB and partners seeks evidence of client experience and on Making Safeguarding Personal.
- There was re-commitment to developing a meaningful multi-agency dataset - to include user/carer experience, to support identification of risk.

#### Looking ahead

The following will be actioned in 2017/18:

- Recruitment to a part-time administrative post to support the part time SAB Business Manger.
- Recruitment to a part-time Quality Assurance & Learning Development Officer (shared with East Sussex Country Council) – to lead on Quality Assurance activity and supporting training and workforce development.
- Applying a risk based approach to determining priorities, costing out Business Plan priority areas over next 3 years to support focus and realise ambition and RAG rating progress

### 14 Our Activity: Challenge and scrutiny

A culture of challenge and scrutiny exists not only between the SAB and partners, but between the Health and Wellbeing and LSCB as well. Board and subgroup meetings provide the opportunities for partners and Board Members to challenge as well as support one another's safeguarding arrangements and performance. This reciprocal scrutiny and challenge enables partners and Boards to feed any improvement and development needs into the planning process for future years'

strategies and plans.

**14.1 Examples of challenge made in 2016/17 include:**

- To **pharmacists**, by the SAB, regarding the safe disposal of information on medication packs/ labels, including names, addresses and key safe numbers. Pharmacists have been urged to reconsider how drivers are provided with the information they need to access patient’s homes so that they can do so in a way that does not compromise people’s security.
- To **patient transport services**, by Healthwatch, about issues in relation to transport failures and the impact on adults with care and support needs.
- To **Clinical Commissioning Group**, by Healthwatch, regarding the numbers of patients who have been required to re-register due to GP closures in the City and how primary care quality assure and maintain their safeguarding practice. NHS England confirmed that vulnerable patients are placed higher on dispersal lists for registering with new surgeries. The CCG will update the SAB via the Quality Assurance Subgroup if GP surgeries have had a Care Quality Commission inspection which has highlighted any deficit areas touching on safeguarding.
- To **GPs, community health and probation providers**, by the Independent Chairperson, about the low numbers of safeguarding referrals.
- To **Adult Social Care**, by the Clinical Commissioning Group, about the process and scrutiny of how carer’s abilities to take on the role of carer are assessed and followed up.
- To the **SAB**, by the Clinical Commissioning Group, regarding duplication and cost-effectiveness of training offers. A multi-agency and cross Board training needs analysis was proposed for 2017/18.
- To the **SAB**, by Brighton Housing Trust, about how partners obtain the views of clients/ carers in their safeguarding work.

**14.2 Examples of scrutiny in 2016/17 include:**

**South East Coast Ambulance Service (SECAMB)** have been under special measures since May 2016 with observations about ‘weak’ safeguarding arrangements. Due to the large geographical spread of the agency a Sussex /Surrey approach has been adopted with Surrey SAB responsible for consistent oversight and scrutiny of improvement action.

In April 2016 **Brighton & Sussex University Hospitals NHS Trust** were inspected by the CQC who judged the overall quality of care to be inadequate with concerns about both child and adult safeguarding arrangements. The agency has also commissioned an internal review looking at their safeguarding systems. The LSCB have been overseeing progress against the Trusts CQC Improvement Programme.

**15 Our Activity: Learning & Development Offers**

**15.1 Safeguarding Training**

**Safeguarding Adults Multi-Agency Learning & Development Subgroup**

The Learning & Development Subgroup was established this year. This group is responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision.

This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and ensuring the regular review and evaluation of the training provision in line with the Brighton & Hove SAB Business Plan.

**15.2 Learning Together to Safeguard the City**

Following on from the success of last years Learning Together to Safeguard the City, this year, once again the SAB, in partnership with the LSCB and the Safe in the City Partnership Board, as well as Brighton & Hove City Council and other statutory partners and a range of charities and community groups came together to offer a week long series of awareness raising events for professionals working with individuals, their families and the wider community.

Once again it brought together work around Safeguarding Adults, Safeguarding Children, 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 professionals recorded as attending.

Sessions on offer during the week included:

- Safeguarding Allegations regarding People in a Position of trust
- How do we support People who self-neglect?
- Supporting Adult Survivors of Childhood Sexual Abuse
- Better Safe than Sorry? Exploring Person Centred and Less Restrictive Approaches to Providing Care and Support
- Safeguarding Adults Conference – focussing on the SAB review into X.
- Workshop to Raise Awareness of Prevent

The following sessions were run under the auspices of the Violence Against Women and Girls Programme Board:

- Learning together to Safeguard Victims of Sexual Violence and Rape
- Safeguarding the Trans Community
- Understanding how Child Sexual Exploitation affects Boys and Young Men in Sussex

**Looking forward**

In 2017/18 the Safeguarding Adult Board conference will be held on 1 December with two keynote speeches and a series of workshops, which will cover the Disclosure & Barring Service, Making Safeguarding Personal, Personality Disorder, and more.

**16 Safeguarding Adults Board Member Organisation Reports**

**16.1 Brighton & Hove City Council Health & Adult Social Care**

**Empowerment and Prevention**

We are developing our approach to making safeguarding personal such as initiating a small scale pilot of introducing Family Group Conferences to test the viability to extend this model across the service. This will support individuals, with their extended family and friends, to make decisions and plan to resolve issues that have been identified by the person as a problem or a risk.

Funding has been agreed to commission a Restorative Practices Development Officer to work with HASC to develop this work, which draws on people strengths and enables people to seek resolution through restorative approaches following a safeguarding concern.

A pilot regarding Asset Based Social Work is being developed to enable Social Workers to work with people’s strengths as opposed to a deficit model, in finding solutions to care and support needs which are not solely

based in commissioned services. The pilot will road test this approach to broader Care Act duties such as assessment, support planning and prevention.

These all marks a significant change in direction from traditional models of care and support and safeguarding and will be in development over the next 18 months.

### **Protection and Proportionality**

Audits of Safeguarding enquiries continue to be undertaken every quarter, and scrutinised by Senior Management within HASC so as to ensure quality of work is maintained and Practice Standards are met.

In Brighton & Hove Deprivation of Liberty Safeguards (DoLs) requirements are being met, and are scrutinised and assured through a DoLs Governance Group ensuring the most vulnerable are protected by the safeguards.

A framework and process is now in place to collate information regarding concerns about people in a position of trust in line with the requirements in the Care and Support Statutory Guidance, and data regarding this is now shared with the Safeguarding Adults Board.

### **Partnership and Accountability**

HASC continue to lead and develop the Service Improvement Panel for quality monitoring of care services in the City. This is a partnership panel, which shares information regarding care quality, and agreed actions across organisations to support improved quality.

HASC have been key members this year in joint work across Sussex in reviewing and revising the Sussex Multi Agency Safeguarding Adults Policy and Procedures, which are due to be launched in Spring 2018.

We participated in the SAR X review, and HASC was represented on the review panel, and was involved in all action planning meetings to support improvements. Staff briefings were disseminated, and practice improvements tested via safeguarding audits.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

#### **Plans for continued inter-agency work in 2017/18**

HASC Chair the Quality Assurance sub Group of the SAB, so are fully involved in the multi agency audit programme and other quality assurance processes in place.

HASC participated in the Homeless Multi Agency Audit undertaken in May 2017.

HASC plan to be fully engaged in the future audit programme, as agreed in the Quality Assurance sub group.

Other joint working currently being undertaken

- Joint work with CQC and CCG regarding provider quality monitoring, including leading Service Improvement Panel for information sharing, joint quality audit visits with CCG, and quarterly meetings with CQC/CCG/BHCC to ensure optimum joint working.
- Working with Sussex Police to improve information sharing e.g. review of use of Single Combined Assessment of Risk Forms.
- Safeguarding Conference development for December 2017.
- Attendance on all SAB Sub Groups
- Support of Practitioners Alliance for Safeguarding Adults Group e.g. provide Practice Manager led workshops

- Support of Provider Forums e.g. MCA/DoLs session at Care Home Forum
- Ongoing links with CCG regarding Health Enquiry process development

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

See Training plan attached



Strategic Objectives  
2017-18.docx

**Name & type of training package used or commissioned**

See Training Plan attached above

**Areas of good practice**

See Audit Summary 2016/17 attached



S42 audit Annual  
report 1617.docx

**Progress against 2015-2016 priorities for 2016-17:**

**Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

**What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

A statutory annual survey is undertaken, taking a large sample of ASC clients from across all client groups. Within this there are questions regarding the person's perception of feeling safe, having support which enables them to feel safe, and questions regarding their understanding of how to raise concerns or complaints regarding the services they are receiving.

This information is collated and used to identify risk, and to identify areas of awareness raising. This year this information will be shared with the QA sub Group of the SAB, as part of a wider multi agency data set, which will influence priority setting for the SAB.

There is a statutory bi-annual survey for carers, which similarly looks at safety and prevention issues.

A review of the Engagement Strategy is currently underway, and is being completed jointly with the CCG as part of Caring Together, so as to develop a joint engagement plan.

There is engagement linked to every commission, which would be used as part of prevention of harm when services are being commissioned.

**Safeguarding Priorities identified for your agency/organisation for 2017-18**

1. To pilot Assessment Service audit which includes direct feedback from those individuals who were subject to a safeguarding enquiry.
2. Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All

relevant staff to have attended training by April 2019. Aim 50% coverage by April 2018, full completion by April 2019.

3. Promote the take up of prevent e-learning for all commissioning staff and contracted providers, through provider forums and contract management discussions
4. Develop guidance and training for recording and monitoring allegations against individuals in a position of trust, as per the functions and requirements in the Care and Support Statutory Guidance.
5. Support co-ordination of the multi agency launch of the revised Sussex Safeguarding Adults Policy and procedures, including a review of the Self Neglect guidance.
6. Support the completion of the review of the MARAC and completion of MARAC Action Plan
7. Maintain MCA Gold Standards for adult social care
8. Review Best Interest Assessor training and post qualifying regulatory requirements
9. Continuous review of processes and capacity required to ensure compliance with statutory duties of Deprivation of Liberty Safeguards
10. Establish consistent contract and performance processes to ensure all safeguarding and quality aspects of contract management are applied consistently
11. Establish a single set of Health and Social Care contractual Terms and Conditions which contains all relevant safeguarding and associated clauses to ensure these are consistently applied and monitored through all contracted services
12. Development of a joint (BHCC & CCG) formal engagement plan to ensure individuals have their say about services.
13. Support the development of a provider portal with the aim of producing a single system that collates relevant quality and contractual performance data at provider level.

### **Michelle Jenkins**

Head of Professional Standards, Safeguarding & Quality Monitoring  
Health and Adult Social Care  
Brighton & Hove City Council

## **16.2 Sussex Police**

### **Empowerment and Prevention**

#### **Vulnerability Awareness Campaign:**

Sussex Police are currently working on an awareness campaign to help recognise vulnerability. This campaign will run internally over the summer, supporting officers and staff to recognise vulnerability before becoming an external campaign towards the end of the year.

### **Protection and Proportionality**

**Operation Signature:** 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.

**Safeguarding Toolkit:** Sussex Police has created a new safeguarding plan template to supplement the Initial Investigation template. The Safeguarding Plan has been developed to support how officers understand vulnerability and risk and ensure consistency across the force in recording safeguarding plans.

The Safeguarding Plan has been designed to be simple to use and is based around the principles of Remove, Avoid, Reduce and Accept (RARA).

### **Partnership and Accountability**

#### **Mobile Terminals for Frontline Staff.**

Steps are being taken to issue front line officers with mobile devices with the capability of completing the Single Combined Assessment of Risk Form (SCARF) at the scene. This will improve safeguarding and speed of referrals as forms will be completed instantly, opposed to when Officers return to the office.

#### **Multi Agency Safeguarding Hubs (MASH)**

Some of the force's MASH teams are now looking to support vulnerable adults as well as children.

#### **DA Matters Training (Safe Lives); Stalking Training – Partnership agencies (Paladin and Veritas).**

Training to be hosted by Safe Lives to all front line officers, to support them with dealing with incidents of Domestic Abuse. Stalking training has already been delivered by partner agencies Paladin and Veritas in order to further the knowledge of Officers and Staff.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

A representative from the force Public Protection Branch has attended the Safeguarding Adults Board and relevant sub groups throughout the year.

Sussex Police have worked closely with the Local Safeguarding Adults Boards for West Sussex, Brighton & Hove and East Sussex. In addition, they have worked with local and national NGOs and other South East regional Police forces on various areas of safeguarding including domestic abuse and modern slavery.

### **Plans for continued inter-agency work in 2017/18**

Sussex Police intend to continue working with partner agencies such as Paladin, Veritas and Safe Lives to improve the specialist knowledge of staff and Officers.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

All new Police Officers and staff undertake comprehensive training during their induction period. This training covers Public Protection and in particular adult safeguarding.

All Police Staff receive an induction and are subject to a 6 month probationary period.

Refresher training is identified by the Learning and Development Team. Staff can also request further training through their Personal Development Record (PDR). Requirements for training are also identified as a part of the learning from reviews and audits.

Sussex Police do not follow the safeguarding competencies as agreed by ESCC as all training is led by Police descriptors.

### **Name & type of training package used or commissioned**

Not Applicable.

### **Areas of good practice**

Sussex Police have specifically focused on training staff and officers in relation to domestic abuse and stalking. This specialist training will continue throughout 2017/2018.

#### **Progress against 2015-2016 priorities for 2016-17:**

**Domestic Abuse:** Sussex Police have reviewed and streamlined their internal processes in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN). These changes aim to increase the number of DVPN'S and DVPO's, helping to safeguard victims of domestic abuse.

**Modern slavery:** Internal communications have increased within the force surrounding modern slavery which has helped to promote awareness. Additional training in modern slavery has been provided and has been completed by just over 80% of the force. Processes relating to modern slavery have been streamlined, which in turn has positively impacted on the accuracy of recording.

**Care Act Awareness:** The Care Act is thoroughly detailed within the Safeguarding Adults Policy and is a part of the Safeguarding Investigations Unit routine working.

**Harmful Practices:** An internal assessment was carried out by Sussex Police in order to understand the scope of harmful practices in Sussex. This assessment was sent to the Harmful Practice Management Board. Sussex Police are currently awaiting a response from the executive board.

#### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

**Domestic Abuse** remains a focus for Sussex Police, with an increased focus on Stalking in line with new legislation.

**Vulnerable Elderly Missing Persons:** Sussex Police are looking into creating a process which informs Local Authorities if a Vulnerable Adult is missing. This process aims to improve information sharing and partnership working across multi-agencies.

**Raising awareness in relation to Dementia (Dementia Friends champions):** Sussex Police are currently offering the opportunity for 5 staff and Officers per division to become Dementia Friends champions, a scheme run by the Alzheimer's Society. This will help to gain an understanding of Dementia and become a named point of contact for the division.

#### **Richard Bates**

Detective Chief Inspector - Head of Safeguarding  
Sussex Police

### **16.3 Brighton & Hove Clinical Commissioning Group**

#### **Empowerment and Prevention**

Designated nurse is a member of SAR sub group and has been involved in developing the action plan from the recommendations across agencies for X SAR. Work in the sub group has also included reviewing other SAR referrals and seeking further information for these. The CCG has represented primary care for the SAR including presenting the IMR findings. The Designated Nurse was involved in the homeless deaths task and finish group and recently facilitated a multi-agency table top audit of current cases.

Actions from the SAR X have been discussed with the mental health commissioners and clinical leads.

Joint refresher training sessions with Named GP for safeguarding children planned for Safeguarding Leads in Primary Care specifically around learning from SCR's SAR's and DHR's.

#### **Protection and Proportionality**

The Designated Nurse supports the commissioning process and recommendations and findings from SAR's will be fed into the process. Actions from SAR's are monitored with providers and reported on to the CCG via the exception reporting process.

### **Partnership and Accountability**

CCG works in closed partnership with the board and fellow members. The CCG is accountable to NHS England for safeguarding and has robust assurance processes in place with providers.

CCG are currently carrying out an audit in partnership with GP's to monitor how MARAC information is being stored and flagged on systems.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

The CCG has worked with all partners on the SAB throughout 2016/17 on safeguarding projects through the sub group work. The CCG will continue to work with the sub groups through 2017/18. This will include multi agency work. We have recently planned the World Elder Abuse Awareness Day which has been organised through the Designated Nurse and the Named Nurse from BSUH, this has involved working with many Third sector and voluntary organisations.

### **Plans for continued inter-agency work in 2017/18**

During 2017/18 the CCG's will be working in partnership with the local authorities in taking forward MCA and DOLS work to remain compliant.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Current statistics:

- Level 1 Adult Safeguarding Training CCG Staff completed 85%
- Level 3 Safeguarding Adult Training CCG staff completed 83%
- Level 3 Safeguarding Adults Primary Care Safeguarding Leads completed 70% (further session booked May 25th 2017).

### **Name & type of training package used or commissioned**

Training Package developed in line with NHSE Draft intercollegiate document.

### **Areas of good practice**

Workshop to raise awareness of Prevent (WRAP) delivered to Primary Care Leads as part of Level 3 training. Training delivered within surgeries to enable more staff to attend. Bespoke sessions given at surgeries for example session delivered to surgery regarding Domestic Violence due to high level of patients being referred to MARAC.

### **Progress against 2015-2016 priorities for 2016-17:**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

*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.

#### Progress to date Assurance

- Visits have taken place with all providers who completed the assurance tool in 2015. These were carried out with the quality team. We also completed a visit with Pavilions drug service on behalf of Public Health and fed back to the commissioner.
- Over the year x3 Safeguarding Adults Level 3 training sessions have been delivered. A further 3 refresher Level 3 adult training sessions have been delivered jointly with the children's Named GP.
- Quarterly exception reporting incorporates data re MCA & Dols. BSUH is able to provide this information but other providers do not currently capture the data requested. We will continue to work with providers over 2017/18 to improve this.
- The Safeguarding Assurance Tool, Safeguarding Adult training and exception reporting assures the CCG on providers' compliance with the Care Act.
- WRAP train the trainer was delivered by the designated nurse to the SCFT lead and independent provider leads. This has increased the capacity for training to be rolled out. WRAP training has been delivered to Primary Care Leads and CCG staff as needed. The CCG continue to attend Channel.
- The multi-agency 'Are you confident' training continued throughout 2016/17 (Numbers attended in Annual report). This training has now discontinued as planned.
- The safeguarding adult leads role has been developed and has taken on the responsibilities of Designated Nurse.

#### Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions

Not Applicable as a CCG

Continued Health Care team has mechanisms in place to receive feedback from patients and carers through the CCG complaints system. If the complaint was specific to safeguarding the CCG would liaise with Local Authority.

#### What has that feedback been in 2015-16 and what changes to safeguarding services / inventions have been made in response to this feedback?

Not Applicable

#### Safeguarding Priorities identified for your agency/organisation for 2017-18

Priorities identified in B&H CCG Safeguarding Adults Annual Report



Safeguarding Adults  
& Mental Capacity Act

#### 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

#### 16.4 Brighton and Sussex University Hospital NHS Trust (BSUH)

#### Empowerment and Prevention

SAR: 'X' - SAB professionals briefing circulated via Comms to all staff

Multi-agency homeless audit - completion of individual client audit tool to share information and participation in case mapping session / identification of good practice and lessons learned. Action plan to be confirmed

### **Protection and Proportionality**

Learning disseminated to staff.

Themes to be used as focus for clinical mandatory training / raising awareness at Senior Nurse Practice Improvement meeting / Nursing and Midwifery Management Board  
e.g. Self-neglect

### **Partnership and Accountability**

Updates provided to Safeguarding Committee

Annual Board report  
Safeguarding Adults presentation to Executive Board to include case study

### **Thematic areas of inter-agency safeguarding work in 2016/17**

### **Plans for continued inter-agency work in 2017/18**

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Level 2 – 3754 / 78%

### **Name & type of training package used or commissioned**

Face to face / e-learning for health

### **Areas of good practice**

Training audit  
Implementation of Safeguarding Day to include MCA & DoLS, HIDVA  
Supporting People with a Learning Disability

### **Progress against 2015-2016 priorities for 2016-17:**

[B&H SAB Safeguarding Annual Report 2015-16](#)

Training:  
L&D Strategy approved  
Nursing and Midwifery Induction Safeguarding Day implemented  
Level 2 Clinical Safeguarding Day implemented

### **Mouthcare Matters:**

Trust Lead appointed – action plan developed, ongoing implementation – over 900 nursing staff trained in the past 6 months

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

Enquiry officer will involve during enquiry if appropriate.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

Training reviewed as appropriate – use of anonymised case study and images with consent  
Experiences shared at PIM

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

- Implementation of Datix / identifying themes and development of Directorate action plans
- MCA /DoLS audit
- Development and implementation of training to improve awareness of mental health – ‘Treat as One’ NCEPOD 2017
- LeDeR mortality review
- Implementation of Safeguarding L&D Strategy to improve training – ongoing

### **Joanna Henderson**

Lead Nurse Safeguarding Adults  
Brighton and Sussex University Hospitals NHS Trust

## **16.5 Brighton & Hove City Council Housing**

### **Empowerment and Prevention**

We aim to work more closely with Tenants and Residents Associations to make them more aware of safeguarding issues.

We have recently written an enhanced child protection procedure.

### **Protection and Proportionality**

We have re-structured the management of frontline Housing staff to allow for more time spent in supervision – allowing full weight to be given to proportionality in any actions taken.

### **Partnership and Accountability**

Housing attends all the safeguarding committees – and the Practitioners Alliance for Safeguarding Adults - PASA. Through PASA we have been involving in asking for a review of safeguarding alerts not accepted under Section 42 of the Care Act.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

Housing caseworkers engage in multi-agency meetings on a frequent basis – this includes MAPPA, MARAC, case conferences, professionals’ meetings, contacting MASH and Access Point, and working with the police. We also sit on the SAB and all its sub committees – and share best practice with all the agencies involved with them.

### **Plans for continued inter-agency work in 2017/18**

We aim to continue meeting with the above agencies in 2017/18.

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Aim is 100% - in reality it is closer to 95%.

**Name & type of training package used or commissioned**

BHCC Workforce Development.

**Areas of good practice**

Self-neglect and Hoarding. Housing has done extensive work in this area.

**Progress against 2015-2016 priorities for 2016-17:**

[B&H SAB Safeguarding Annual Report 2015-16](#)

We aimed to be a leading role in PASA – which we have done (see below).

We aim to improve communication to staff through the use of interdepartmental meetings for sharing of best practice and lessons learnt.

**Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We have customer feedback from a variety of sources including - the STAR survey (Survey of Tenants and Residents); Housing Customer Service – monthly customer surveys; service feedback – e.g. – case closure.

**What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

We continue to work with clients who alerts are not accepted under Section 42 of the Care Act – but who we feel are still at risk.

**Safeguarding Priorities identified for your agency/organisation for 2017-18**

Housing has asked for a comprehensive review of those cases put forward as alerts but not accepted under Section 42 of the Care Act.

More briefings for Tenants and residents to increase awareness of safeguarding.

**Tracy John**

Head of Housing  
Brighton & Hove City Council

**16.6 South East Coast Ambulance Service (SECamb)**

Due to recent concerning Care Quality Commission inspection feedback of the agency, a meeting with the Interim Director of Nursing and Quality at SECAMB and Graham Bartlett (Independent Chair East Sussex, and Brighton and Hove SABs) and David Cooper (Independent chair West Sussex SAB) took place on 11 August 2017 to provide assurance to the Kent, Surrey and Sussex Safeguarding Adult Boards that SECamb's improvement journey is headed in the right direction.

Recruitment for a permanent Director of Nursing and Quality had not been successful in 2017. The majority of the Executive team at SECamb are new, and this had provided an opportunity of making an independent review of the organisation, which had identified a number of challenges in the safeguarding culture of the organisation.

An interim Nurse Consultant was appointed to develop a safeguarding strategy for the organisation, with a Safeguarding Group established to hold oversight of the plan, and whose membership includes the Interim Director of Nursing and Quality and the new Chief Executive.

The agency have commissioned consultants to support the CQC Recovery Plan, and they also have in-put to the safeguarding strategic plan.

During the meeting the agency were taken through their responses to the Safeguarding Strategic Self-Assessment and the Interim Director of Nursing and Quality outlined the following progress in safeguarding governance and practice;

- Board level oversight had been strengthened , with lead Non- Executive Director
- Consulting staff on various policy and practice changes
- Review and plan to develop agency website,, with clear links to Pan Sussex Safeguarding Boards, policies and procedures
- MCA training of workforce is currently at 50%, with aim to reach 95% of staff by the end of the year.

The Surrey Safeguarding Adult Board has acted as the primary monitor of the agency's CQC Recovery plan (as relating to Safeguarding) on behalf of the four local SAB's. However, it is understood that there are proposed changes with CCG commissioning oversight (of SECAMB safeguarding) being transferred from Surrey to one of the West Sussex Clinical Commissioning Groups.

## **16.7 Sussex Community NHS Foundation Trust (SCFT)**

### **Empowerment and Prevention**

Ongoing support to Pan Sussex staff involved in safeguarding process via the SCFT Adult Safeguarding Advice Line which gives frontline staff live supervision to facilitate safeguarding support to adults with SCFT care:

- Staff contacts to Adult Safeguarding Advice Line: 332

In addition, consideration is made to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (2007) within all care delivery settings and legislative process is followed regarding applications that consider a deprivation of liberty. This supports staff with evidencing Principle 5 of the MCA (2005): that the patient's best interests are at the centre of the decision making process and that the least restrictive options have been considered:

- Detailed MCA advice: 71
- Detailed DoLS support: 52

Access to live supervision via the Advice Line also supports staff with the emotional aspect of adult safeguarding and will continue in 2017-2018

### **Protection and Proportionality**

Number of safeguarding concerns raised 2016/17

- Pan Sussex: 210

Numbers that became s42 enquiries

- Pan Sussex: 32

### **Partnership and Accountability**

2016-2017 SOI Returns from the SCFT Adult Safeguarding Team:

- BHSAB- 29

Working together in effective partnerships using a multi-disciplinary approach ensures that keeping people safe is effectively delivered: To support multi-agency working SCFT are represented by the Adult Safeguarding Team at all pan-Sussex Safeguarding Adult Board Meetings and actively participate in sub-groups when invited to attend. Timely and appropriate response to pan-Sussex Safeguarding Adult Board requests within the information gathering process of Safeguarding Adults Reviews further supports multi-agency working.

In addition, partnership working with Pan Sussex Local Authorities supports the timely completion of proportionate and robust enquiry reports in line with the Care Act (2014), and this partnership work will continue in 2017-2018.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

In November 2016, as a follow up to the recommendations within the Surrey Safeguarding Adults Board “Mr J and Mr Y” Serious Case Review (January 2016) Serious Case Review, an audit was commissioned by the SAB Safeguarding Adults Case Review Sub Group to audit of a sample of patients who on discharge were transferred to a residential/nursing care home as a new admission. SCFT fully participated in this audit and findings, when delivered to SCFT, will support actions and recommendations that may be required for consideration by SCFT to enhance discharge planning. Any required work will be taken forward into 2017-2018.

West Sussex Safeguarding Adults Board commissioned a Safeguarding Adult Review for “Alan”, a vulnerable adult who had been in receipt of community services. Within the Serious Case Review SCFT were not identified as having involvement with Alan but the SCFT Adult Safeguarding Team have reviewed the fifteen recommendations made to a Community Mental Health provider to consider those which are pertinent to SCFT as a provider of general community health services to adults.

The Orchid View Serious Case Review recommendations and actions were grouped under six outcomes and SCFT Adult Safeguarding Team have reviewed each outcome to ensure best practice can be aligned to the six outcomes.

Partnership working with pan-Sussex Safeguarding Adults Boards to maintain safe services ensures that Serious Case Review lessons are learned and safeguarding processes are developed in line with the recommendations and this will continue within 2017-2018.

### **Plans for continued inter-agency work in 2017/18**

Refer to final paragraph in section above.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

L2: 97.1%

L3: 88.2%

### **Name & type of training package used or commissioned**

WSCC Enquiry Officer Training for Named Nurse and Specialist Nurses in the adult safeguarding team.

SCFT designed L2 and L3 adult safeguarding training packages which have been

### **Areas of good practice**

Adult Safeguarding Advice Line for all staff to have access to support, advice, live supervision and signposting.

Robust data collection of adult safeguarding concerns raised by staff and S42 requests from ASC to determine

trends and themes.

Designing and embedding Mental Capacity Assessment Tool and Best Interest Decision Tool into a ratified document accessible to all Nursing and Allied Health Professional staff via SCFT intranet.

Partnership working with the Quality and Improvement Patient Safety Leads within the NHS Serious Incident process to support an Enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.

### **Progress against 2015-2016 priorities for 2016-17:**

#### **[B&H SAB Safeguarding Annual Report 2015-16](#)**

SCFT Item 3: Amber

Develop Health Enquiry Officers (HEO) training and documentation: 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.

Update: Green.

The SCFT Adult Safeguarding Specialist Nurses maintain an overview of all information gathering by local teams thereby providing assurance that information gathering within the report completion is in line with the expectations of the Care Act (2014) Enquiry process.

SCFT Item 4: Amber

Develop a supervision model for HEO and all SCT involved in serious safeguarding cases: Linking the Supervision Policy and the Adult Safeguarding Policy will support full achievement and this will be taken forward.

Update: Amber

The SCFT Adult Safeguarding Policy has a planned review in 2017-2018 and linking bespoke adult safeguarding supervision with reference to mandatory supervision as highlighted within the Supervision Policy will complete Item 4.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

The aim of Making Safeguarding Personal is to gather the views, wants and wishes of the individual and/or families to enable the safeguarding process to be as person-led and as person-centred as possible. To support evidence that *Making Safeguarding Personal* (Care Act 2014) has been considered, and that the wishes and outcomes of patients and family/carers has been met, the Adult Safeguarding team have completed an audit of all requests to enquire received from Local Authority within 2015-2016 and 2016-2017 to establish whether the Making Safeguarding Personal (MSP) element had been met.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / inventions have been made in response to this feedback?**

2015-2016 findings indicated MSP was appropriately captured within 44% of enquiries which could be as an impact the new Care Act adult safeguarding process.

- 2016-2017 findings evidenced a positive increase with MSP being appropriately captured within 68% of enquiries.
- MSP will now be included as part of the Quality Account 2017-2018 and will be reported on quarterly utilising the 2016-2017 data as our measurement baseline of success to evidence:
- The quality and effectiveness of communication, and appropriately capturing MSP within safeguarding adults' process to demonstrate a further positive increase in data.
- 2017-2018 data will reflect S42 Duty to Enquire and will not include data on deceased adults.

## Safeguarding Priorities identified for your agency/organisation for 2017-18

- MSP ongoing audit in line with the Quality Account
- Continue to monitor and develop Advice Line processes
- Develop further assurance and governance processes of S42 and IMR

### David Feakes

Head of Safeguarding & Looked After Children

Sussex Community Foundation NHS Trust

## 16.8 Sussex Partnership NHS Foundation Trust (SPFT)

### Empowerment and Prevention

Policies, procedures and training emphasise the importance of Making Safeguarding Personal and of the person centred approach in the Care Act. The new Domestic Abuse policy was developed in 2016.

We are active participants in the MAPPA, MARAC and Channel Panels.

### Protection and Proportionality

We work closely with the local authority and other SAB partners including involvement in Safeguarding Adult Reviews, and audits. We have played an active role in the SAR re: X and in the Homeless audits that were undertaken to follow this up.

Audits continue to be undertaken on a quarterly basis and are completed by the Service and Practice Managers. The General Manager sits on the moderation panel to discuss the outcome of the audits and identify any areas of learning and development.

In 17/18 we will also start to monitor the cases that are brought to our attention under safeguarding but are not considered to meet the criteria. This will be undertaken by the General Manager on a quarterly basis as part of the audit process and will provide an opportunity to reflect upon how the procedures and thresholds are being applied.

We hold a quarterly Quality & Assurance meeting that provides an opportunity to feedback the outcome of the audits and focus on safeguarding activity within the City.

A local action plan has been developed that encompasses areas of the X SAR action plan, to review our thresholds in terms of self-neglect. The purpose of this will be to provide operational guidance to staff and a briefing that focusses on lessons learnt (from X).

### Partnership and Accountability

We are an active member of the SAB and key sub-groups.

Adult mental health services are integrated with the local authority through a Section 75 agreement and the local authority responsibility for safeguarding in mental health is undertaken within our multi-disciplinary teams with the seconded social workers undertaking the lead role.

In 2016/17 we were successful in recruiting a dedicated Practice Manager for s75 services. This post provides clinical supervision to the Senior Social Workers who are carrying out the Enquiry Supervisor function. Additionally the Practice Manager holds regular practice forums across Assessment and Treatment Service (ATS) and Specialist Older Adult Mental Health Services (SOAMHS) for the purpose of S42 cases. The purpose of this is to review current cases, retain an overview of activity and a forum for case discussion and practice

development.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

Active involvement in the SAR in relation to X, and subsequent focus on vulnerable homeless population. This has led to a focus on self-neglect within safeguarding. We are undertaking work with operational teams to take forward learning from the SAR with a particular emphasis on clarifying expectations with regards to Self-neglect under safeguarding.

In addition to the X case we have also taken part in a review of a Serious Incident with primary care services and leads within the CCG (a post death clinicians meeting). We continue to develop our working relationship with the CCG in relation to current safeguarding enquiries. We have an established pathway with the CCG and health providers where clinical expertise is required for s42 enquiries. This provides operational staff with access to CCG colleagues and also SCFT staff where clinical support and advice is needed.

We are actively involved in the Service Improvement Panel which is held by the BHCC Quality Monitoring Team. This has always been attended by ASC staff however s75 services have only recently been represented. This has provided a helpful link between operational staff and our provider services.

### **Plans for continued inter-agency work in 2017/18**

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Safeguarding adults level one: 78% compliant ( 818 out of 1049 staff)

Safeguarding adults level two: 80% compliant( 484 out of 604 staff)

### **Name & type of training package used or commissioned**

Health Education England e learning modules

### **Areas of good practice**

The Practice Manager is now in post and is able to provide clinical supervision to the staff leading on safeguarding.

This post also provides regular s42 operational forums with the staff.

The Practice Manager enables us to increase awareness and raise the profile of safeguarding across the Care Delivery Service. This includes teams that sit outside of the s75 teams such as Early Intervention in Psychosis (EIP) and also promotional work on our inpatient units.

Practice Development groups are attended by Lead Enquiry Officers (LEO) and Enquiry Supervisors ( ES) that are run by BHCC and s75 staff are encouraged and supported to attend.

In 17/18 the General and Practice Manager will be completing a s75 Training Strategy to set out the requirements of the integrated workforce. This will include BHCC staff and also SPFT staff within the integrated teams and will consider training provided by both organisations.

### **Progress against 2015-2016 priorities 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

In relation to these:

- 1) A review of Adult and Children's Safeguarding taking into account the NHS England guidance was undertaken and it was recognised that both functions were under-resourced. Funding for new posts has been identified and it is anticipated that the new team will be in place during 2017/18. With regards to training it is recognised that consistent face to face training to meet Level 3 competency requirements needs to be developed.
- 2) Approx. a third of all clinical staff have undertaken the Prevent WRAP training, and basic awareness of Prevent forms part of the induction for all staff. There is a need to review the approach to Prevent training to ensure higher compliance.
- 3) Prevent forms a part of both the Adult and Children's Safeguarding policies and we are following NHS England guidelines but a specific Prevent strategy has not been developed. This will be undertaken in 2017.

As above we are an active member of the three SABs 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.

In relation to these:

- 1) We are continuing to develop the s42 form within Care Notes and this is already partially built. This will continue to be developed in 17/18.
- 2) The Practice Manager holds regular forums with the operational teams; part of this meeting is to focus on the data collection. These meetings are well established and will continue into 17/18.
- 3) Clinical supervision structure is fully embedded within the s75 teams and is led by the Practice Manager.
- 4) A training strategy for s75 teams is being developed that will give consideration to MCA and training needs across the operational teams the Training Strategy.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We do not collect data from clients and carers in relation to s42 enquiries, however BHCC are keen to develop this as part of the quarterly audit process and this is being discussed further.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

A pilot in Family Group Conferencing will provide us with an opportunity to gather feedback from people and their families / networks in relation to the safeguarding intervention and process.

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

- Planned improvements to the clinical record system (Carenotes) with regard to the recording of safeguarding activity including the development of a specific safeguarding Flag.
- Improvements to data collection and reporting to ensure data is both more accessible and more accurate

- Development of new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff
- Ensuring learning from SARS and other reviews is prioritised and undertaken
- Review of Safeguarding Adults Policy and development of specific Prevent Strategy
- Development of identified safeguarding leads in all care groups and areas
- Training needs identified above to be addressed

Brighton specific actions:

- BHCC staff to attend LEO training in 17/18
- Monitor and improve attendance at Practice Development Groups
- BHCC to undertake awareness training of 'causing others' for SPFT staff
- Improve use of Protection Plans across the s75 teams

### **Andy Porter**

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

## **16.9 East Sussex Fire and Rescue Service (ESFRS)**

### **Empowerment and Prevention**

1. ESFRS was not directly involved in the X Safeguarding Review, however a number of the key considerations are relevant to ESFRS:
  - KC2: Ensure that ESFRS makes its Home Safety Visit service available to all vulnerable clients
  - KC4: Should ESFRS have been an agency that could have effected a better engagement utilising its unique brand
  - KC6: ESFRS usually engages with clients whose self-neglect involves hoarding. However, the service is open to wider engagement where the involvement of Fire Fighters could be beneficial.
2. Development of the multi-agency Hoarding Framework through a task and finish work group. The framework has been adopted across all partners with oversight through the SAB

### **Protection and Proportionality**

ESFRS rarely features within SARs but is an available asset to provide support and mentoring for vulnerable clients.

### **Partnership and Accountability**

As a non-statutory partner ESFRS participates fully within the SAB. ESFRS contributes resources, undertakes audits and adopts best practice where appropriate. ESFRS has an established internal audit process for Safeguarding chaired by an Assistant Director with oversight from the Chief Officer Group.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

Scams prevention: ESFRS works collaboratively with E/S ASC&H, Trading Standards, Sussex Police and the National Scams Team

Modern Slavery: ESFRS works alongside agencies including the SE Migration Board, Safe in the City, Sussex Police, Red Cross

### **Plans for continued inter-agency work in 2017/18**

MCA: ESFRS is a member of the E/S Mental Capacity sub-group and will be developing the training requirements for its workforce and volunteers in 2017/18

Self-neglect: ESFRS is developing the multi-agency Hoarding Framework based on the pilot from B&H for 2017/18 which will involve ASC&H, CCGs, Housing providers, Sussex Police.

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

1. 152 trained to Level 2 (25%)
2. Number of staff trained in basic KWANGO yet to be determined.

**Name & type of training package used or commissioned**

1. Level 2 Safeguarding (ESCC)
2. KWANGO (ESCC)

**Areas of good practice**

[B&H SAB Safeguarding Annual Report 2015-16](#)

To seek further training resources for Modern slavery, self-neglect and domestic abuse. Resources have been identified and training is to commence during 2017/18

We have increased the number and proportion of Home Safety Visits delivered to vulnerable adults  
Are developing effective and appropriate data sharing with other agencies.

Have implemented projects through the CIP sub-groups including the Brighton and Hove Partnership Hoarding Framework for sign-off by the SAB.

**Progress against 2015-2016 priorities for 2016-17:**

Continuing 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. Ensured 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.

**Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

Feedback is received periodically from clients following home safety visits but we have not received any in relation to Safeguarding.

**Safeguarding Priorities identified for your agency/organisation for 2017-18**

1. Continued training for staff involved in decision making
2. Develop the Safeguarding audit process to provide improved internal reporting
3. Embed training for Modern Slavery
4. Embed training for identification and classification of hoarding

**David Kemp**

Head of Community Safety  
East Sussex Rescue & Fire Service

**16.10 Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC) Ltd**

**Empowerment and Prevention**

We have revised the safeguarding accountability structure within the organisation to ensure clear lines of responsibility and pathway to escalation. We have facilitated a safeguarding week to enhance staff awareness and confidence in identifying and managing safeguarding concerns. We have also ensured that safeguarding

policies have been read by all operational staff in supervision and team meetings. We have issued mental health guidance for managers to support staff wellbeing. We have also insisted that all front line staff, where appropriate, received up to-date safeguarding training through the local Safeguarding Children Boards. We have also attended safeguarding multi-agency learning reviews where required including homicide review reports and processes.

### **Protection and Proportionality**

### **Partnership and Accountability**

Where we have formal arrangements in partnerships we ensure that their safeguarding policies and procedures are relevant and are contemporary to current legislation and practice needs.

Safeguarding Risk of Harm Policy sets out clear lines of accountability and best practice when working in partnership to manage risk and safeguarding concerns to service users.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

As an organisation we are working with prisons to ensure the seamless process of release back into the community and referrals to mental health services are in place before release. Work across the prisons has continued to support particular focus on sex workers, women and victims of domestic and sexual violence

We have focussed on cross group safeguarding approach with reviewed policies and procedures across the UK and Ireland to ensure best practice in safeguarding all who come into contact with KSS CRC and the Seetec Group.

### **Plans for continued inter-agency work in 2017/18**

In addition much work across Kent, Surrey and Sussex has been focussed on the preparation of a joint targeted area inspection specific to the themes identified by the Inspectorate.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

- KSS CRC staff - 286
- CRC Staff based in Sussex – 75
- CRC Staff based in Brighton -37

100% of the workforce were trained to appropriate safeguarding standard in the last three years; the majority of staff attended 3-4 events in this period.

### **Name & type of training package used or commissioned**

Staff attended 73 different types of safeguarding courses which included:

- Child Sexual Exploitation
- Domestic Violence and Abuse
- Female Genital Mutilation
- Safeguarding Adults

### **Areas of good practice**

HMIP Quality & Effectiveness Inspection reported that KSS CRC's overall performance was acknowledged to be 'among the best of any CRC nationally' and the inspectors were particularly impressed with the CRC's 'commitment to working with individuals fully in planning their own route away from crime'.

KSS CRC's development and delivery is 'impressive in many respects'.

### **Progress against 2015-2016 priorities for 2016-17:**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

The CRC established an Excellence & Effectiveness Team in 2016 with the remit of conducting thematic audits across the business, with internally published observation and recommendations. To-date five thematic audits have been carried out: Compliance and Enforcement; Working with Women; Integrated Offender Management and Safeguarding. An area of improvement action plan to address issues highlighted has been produced.

Two case support workers were employed by KSS CRC in September 2016, one based in Guildford and one based in Brighton. The Senior Probation Officer at Brighton reported that the scheme is going really well. The Case Support Worker is a good resource to work with service users who, for a number of reasons, are hard to engage and she is seen as a valued member of the Team.

### **KSS CRC safeguarding priorities 2017/18:**

- To ensure front line staff access to Safeguarding Board Training to consolidate prior learning and experience.
- To embed the updated Safeguarding Policies and Procedures to ensure staff feel confident in managing safeguarding concerns.
- To continue to inform and update staff on identified safeguarding strands such as FGM, child exploitation and changes in relevant legislation.
- Strategic Lead to review how serious case review and serious further offence learning is shared across the organisation and incorporated at local team level

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

The Service User Council remains the key mechanism by which we gather service user feedback in relation to the impact of service deliver on service users and their families. Surgeries are carried out for service users in each office by members of the Service User Council who report back issues and recommendations. The employment of the Case Support Workers was a recommendation by the Service User Council to improve levels of engagement and motivation. We are in the process of implementing a recommendation that a service user is on the interview panel for every operational staff interview and have recruited peer mentors to work with service users.

#### **Debbie Piggott**

Head of Policy Development and Safeguarding Strategic Lead  
Kent, Surrey & Sussex Community Rehabilitation Company

## **16.11 National Probation Service (NPS)**

### **Empowerment and Prevention**

Our primary purpose is to protect the public from harm and all our services are geared around this objective. We will support empowerment of our offenders where appropriate in securing services in the community to meet their needs.

### **Protection and Proportionality**

Our frontline staff are alert to potential safeguarding issues and are aware of the procedures to follow to make either an adult safeguarding referral or to take steps to ensure the prevention of harm to another.

### **Partnership and Accountability**

We attend the SAB and sub groups and have participated in agency challenge events.

We continue to be fully committed to partnership working with our key statutory, duty to co-operate and voluntary agencies.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

We work closely on Safeguarding matters with Sussex Police colleagues through our work in MAPPA and MARAC. Alongside Police we have worked with the Kent Surrey Sussex Community Rehabilitation Company and a range of voluntary groups working with adults who have experienced and or recovering from domestic abuse. We continue to provide a service to victims of serious crime following conviction of the offender.

We have worked with colleagues from the Local Authority in relation to learning from DHR's and case reviews.

### **Plans for continued inter-agency work in 2017/18**

For 2017/18 we will continue to cement our partnership working with existing partners and look to create new working relationships with organisations from the voluntary sector.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Our training records are held Divisionally and we are constantly recruiting new staff. All frontline practitioners must complete Adult Safeguarding training, either provided by the NPS or a local provider at least once every 3 years.

### **Name & type of training package used or commissioned**

NPS Adult Safeguarding.

### **Areas of good practice**

Our Safeguarding practice in our work concerning public protection is recognised as effective in reviews of our work as well as our contributions to MARAC.

### **Progress against 2015-2016 priorities for 2016-17:**

Our priority alongside training has been to consolidate practice, systems and processes as the new National Probation Service has evolved. We have made steady and consistent progress in this area.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We conduct an annual service user survey of their experience of all the services we have provided with them and act on the results.

All service users are involved in the planning of their sentence and given access to all assessments.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / inventions have been made in response to this feedback?**

We continue to develop ways of responding quickly to service user feedback, provide a comprehensive complaints and disputes process

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

To ensure our staff continue to be fully trained in safeguarding developments in good practice.

To continue to provide the highest quality practice in protecting the public, especially individuals particularly at risk as a result of their vulnerability to being targeted by criminals.

**Mark Burden**

Acting Head of NPS Sussex  
National Probation Service

**16.12 National Health Service England (NHSE)**

**Empowerment and Prevention**

**NHSE do not have direct contact with patient and therefore the principles are applied in a system wide approach.**

NHSE has and will continue to undertake an number of training events –PREVENT, Safeguarding in health and justice settings in relation to LD, and a further conference is planned in Nov/December to further enhance Prevent and modern day slavery. We continue to work with colleagues across the health economy to raise risk and support learning for areas identified.

Safeguarding money will be utilised across the SE to support the national safeguarding priority areas.

**Protection and Proportionality**

NHSE continue to seek assurance from the system as a whole to ensure that providers of health are well trained and able to provide the right care at the right time –this is monitored and will continue to be monitored through quality surveillance groups, triangulation of data and where required risk assessment interventions. The nursing and quality team in conjunction with NHSI continue to be the system leads for quality assurance of key areas such as CHC, care homes and LD.

**Partnership and Accountability**

NHSE have set up networks to support the designated professionals in their role as system leads. We have commissioned leadership programme for Designates to ensure they are supported and have the correct skills needed for the role.

We continue to align and support the development of the STPs across the system.

**Thematic areas of inter-agency safeguarding work in 2016/17**

NHSE work across the whole health system in addition to working with our own national and regional teams. We work with multi-agency partners to deliver training e.g. PREVENT event May 2017 and will continue to develop relationships to progress areas of safeguarding identified as national priorities.

**Plans for continued inter-agency work in 2017/18**

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

**Name & type of training package used or commissioned**

**Areas of good practice**

### **Progress against 2015-2016 priorities for 2016-17:**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

NHSE did not provide any report to the annual report.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

NHSE has a central complaints team (policies previously attached) which receive any patient feedback. Safeguarding issues are managed on an individual basis.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

#### **Objectives**

- NHSE South East has a defined safeguarding governance structure which supports effective assurance and identification of risk. (September 2017)
- NHSE South East have a clearly defined system and process to ensure safeguarding messaging and communications are consistent and timely across the system through from central to regional and local teams. (September 2017).
- South East will have effective safeguarding assurance arrangements for both CCGs and directly commissioned services (December 2017).
- All staff in NHSE South East will have received safeguarding training appropriate to their role (September 2017).
- NHSE South East will provide leadership across the NHSE systems to ensure that agreed national priorities are developed and embedded into practice. (Complete by April 2018)

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

#### **Domenica Basini**

Assistant Director of Safeguarding and Quality  
National Health Service England

## 17 Brighton & Hove Safeguarding Adults Board Members 2016/17

Name	Title	Representing
<b>Peter Wilkinson</b>	Interim Director of Public Health	Brighton & Hove City Council
<b>Soline Jerram</b>	Chief Nurse	Brighton & Hove Clinical Commissioning Group
<b>Andrea Saunders</b>	Head of Probation, Sussex	National Probation Service
<b>Andrew Witham</b>	Head of Commissioning	Brighton & Hove City Council
<b>Andy Porter</b>	Deputy Director of Social Work and Principal Social Worker	Sussex Partnership NHS Foundation trust
<b>Brian Doughty</b>	Head of Adult Assessment Services	Brighton & Hove City Council
<b>Candy Gallinagh</b>	Designated Nurse Safeguarding Adults and MCA Lead	Brighton and Hove Clinical Commissioning Group
<b>Caroline Davies</b>	Safeguarding Lead	Brighton & Sussex University Hospital NHS Trust
<b>Christina Chatfield</b>	Lay Member	
<b>Cllr Karen Barford</b>	Lead Member Adult Social Care	Brighton & Hove City Council
<b>David Feakes</b>	Head of Safeguarding and Looked After Children	Sussex Community NHS Foundation Trust
<b>David Kemp</b>	Head of Community Safety	East Sussex Fire & Rescue Service
<b>Deb Austin</b>	Head of Safeguarding (Children)	Brighton & Hove City Council
<b>Debbie Piggott</b>	Head of Policy Development and Safeguarding Strategic Lead	KSS CRC Ltd
<b>Domenica Basini</b>	Assistant Director Safeguarding Adults	NHS England
<b>Eleanor Battie</b>	Lay Member	
<b>Fiona Macpherson</b>	Super Intendent	Sussex Police
<b>Graham Bartlett</b>	B&H Safeguarding Adults Board	Independent Chair
<b>Jackie Grigg</b>	Money Advice & Community Support	PASA Group
<b>Simon Hughes</b>	Brighton Housing Trust	
<b>Beatrice Gahagan</b>	Age UK	
<b>James Rowlands</b>	Violence Against Women & Girls Commissioner	Brighton & Hove City Council Partnership Community Safety Team
<b>Jane Jewell</b>	Inspection Manager, South East-Hub 2	Care Quality Commission
<b>Jane Mitchell</b>	Safeguarding Lead	South East Coast Ambulance Service NHS Foundation Trust
<b>Jason Tingley</b>	Detective Superintendent, Public Protection	Sussex Police
<b>Jo Henderson</b>	Lead Nurse, Safeguarding Adults	Brighton & Sussex University Hospital NHS Trust
<b>Jo-Anne Welsh</b>	Director	Brighton Oasis Project (VAWG Forum)
<b>Katrina Lake</b>	Assistant Director Patient Experience and Safeguarding	NHS England
<b>Mia Brown</b>	B&H SAB Business Manager	Brighton & Hove City Council
<b>Michelle Jenkins</b>	Head of Safeguarding & Professional Standards	Brighton & Hove City Council
<b>Peter Castleton</b>	Commissioner – Community Safety	Partnership Community Safety Team
<b>Regan Delf</b>	Assistant Director - Health SEN & Disabilities	Brighton & Hove City Council
<b>Richard Bates</b>	Detective Chief Inspector, Head of Safeguarding	Sussex Police
<b>Richard Cattell</b>	Principal Social Worker (Adults)	Brighton & Hove City Council
<b>Rob Persey</b>	Executive Director, Health & Adult Social Care	Brighton & Hove City Council
<b>Robert Sobotka</b>	Lead Inspector	Care Quality Commission
<b>Roland Marden</b>	Evidence & Insight Manager	Healthwatch
<b>Simon Hughes</b>	Senior Manager, Support Services	Brighton Housing Trust
<b>Steve Lennox</b>	Executive Director of Nursing and Quality	South East Coast Ambulance Service NHS Foundation Trust
<b>Tony Benton</b>	Safeguarding Adviser	Brighton & Hove Healthwatch
<b>Tracy John</b>	Head of Housing	Brighton & Hove City Council
<b>Wendy Taylor</b>	Deputy Director of Operations	Cranstoun

