

Brighton & Hove Safeguarding Adults Board

Annual Report 2014/15

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1. Foreword from Denise D'Souza, Chair Brighton & Hove Safeguarding Adults Board.



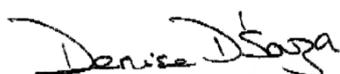
It is my pleasure to introduce the 2014/15 Safeguarding Adults Annual Report on behalf of the Brighton & Hove Safeguarding Adults Board. I hope that you find it an interesting and useful document. The annual report outlines the work of the Board during 2014 to 2015, and how partner agencies have worked together to improve the safety of adults at risk of harm and abuse. It also recognises issues for future work and sets out the future priorities of the Board. The report describes how the Board's agencies work, both jointly and independently, to ensure the safety of those adults within Brighton & Hove who are deemed to be most at risk of harm. It contains statistical breakdowns which show the number, type, source and demography of safeguarding referrals, and the outcomes of the subsequent investigations.

2015 is a very significant year for safeguarding adults. The Care Act comes into force and with it come new legal duties for Local Authorities and partners in protecting adults at risk of abuse or neglect. It is now a statutory duty for the Local Authority to make enquiries if it believes someone with care and support needs is at risk of harm or abuse, and they are unable to protect themselves. However, I think it is important to say that this new legislation brings with it wider changes than the new duties. The Statutory guidance for the Care Act indicates a real step change in the whole approach to adult safeguarding practice, with an enhanced focus on the individual's outcomes, on prevention and on the well-being of the person. This has meant continuing the work from last year's Making Safeguarding Personal pilot, and embedding that change in practice.

Much of the Board's focus, therefore, this year has been on preparing for the Care Act, ensuring the Board is well placed to meet its new duties, but also ensuring the start of this new approach. In order to be able to meet these new legislative requirements, but also new practice expectations, it was agreed across all 3 Sussex Safeguarding Adults Boards that the safeguarding procedures were to be rewritten and relaunched. This piece of work has been completed, and the task for the year ahead is to evaluate the impact of this, and to ensure genuine practice change and evaluate the impact of this in making a difference to the experience of people we work with and support.

The Care Act also puts safeguarding adults boards on a strong statutory basis, better equipped both to prevent abuse and to respond when it occurs. Following the review of the Board in 2014, the Board has committed to having an Independent Chair. I am very pleased to announce that Graham Bartlett, who is currently the Chair for our Local Children's Safeguarding Board, has taken up this role for the adults board too, and will start his Chairing duties this year. He has also taken up the Chairing role in East Sussex for their adults' board. This brings with it lots of positive opportunities for joint working with the B&H Children's Board and the East Sussex Safeguarding Adults Board, as well as giving us independent scrutiny for our board and the work that it does.

I see this as a new beginning for adult safeguarding, and a real opportunity for change. We can build on the foundations we have of good partnership working, in order to stretch ourselves further to meet the new challenges and new approach. We have started well with a real commitment to meet new requirements and in the year ahead we must all continue with this opportunity. These are challenging times for adult safeguarding, but I believe we have the commitment and foundations in place to achieve our goals.

A handwritten signature in black ink that reads "Denise D'Souza". The signature is written in a cursive, flowing style.

Executive Director Adult Services / Chair Brighton & Hove Safeguarding Adults Board

2. National Developments

2.1 A number of key developments related to health and social care have had a major impact on adults safeguarding work nationally and locally.

The Care Act

The Care Act received royal assent in May 2014, and came into force in April 2015. It modernises and consolidates the laws on adult care into one statute. Key changes include the introduction of a national eligibility criteria, a right to independent advocacy, and a strengthening of the rights of carers. The Care Act also places adult safeguarding on a statutory basis for the first time. New Duties include the Local Authority's duty to make enquiries, or cause them to be made, where abuse of an adult with care and support needs is suspected or known to have taken place, and the person is unable to protect themselves. There is a Duty for a Local Safeguarding Adults Board to be established, statutory members being the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Boards must publish an annual report and a strategic plan, and must arrange Safeguarding Adult Reviews in specific circumstances to learn lessons for the future, with a duty on agencies to co-operate with the review. The statutory guidance for the Care Act replaces the 'No Secrets' guidance, and describes in detail the expectations on all partner organisations in working together to prevent and stop the risk and experience of abuse and neglect, whilst promoting the person's wellbeing and rights.

Deprivation of Liberty Safeguards (DoLS)

The Supreme Court Judgment at the end of 2013/14 clarified the criteria for assessing whether a person lacking capacity regarding decisions for their care and support is being 'deprived of their liberty' in a care home, hospital or other care setting. This has resulted in a significant increase in authorised deprivations nationally and locally. The judgment also widened the scope for DoLS to include adults living in the community, requiring such cases to be put to the Court of Protection.

Nationally DoLS applications have increased by 10 times since the ruling. Locally referrals have risen proportionally higher than national figures, from 2 in March 2014 to 121 in March 2015. This has had a huge impact on workload and resources, and has required a speedy reaction locally in order to meet this increasing demand, through reallocating and identifying specific resources, and increasing training and awareness.

Care Quality Commission (CQC)

In 2014/15 the Care Quality Commission started delivering on their planned new approach to regulation and inspection of health and social care providers: NHS acute, mental health and community trusts; adult social care; and GP practices. This includes a sector-specific approach to inspection, including specialist advisors with expertise in the area being inspected. The new approach is a shift in focus from judging only whether providers meet legal standards, to increased professional judgement and encouraging providers to improve, with a focus on services being safe, effective, caring, responsive and well-led. Following each inspection, each service is rated: Outstanding, Good, requires Improvement or Inadequate. The new standards of care launched on 1 April 2015 include new enforcement powers for the CQC that allows them to go straight to prosecution when they find the most serious failings in care, without issuing a Warning Notice first. They also include new requirements; the 'duty of candour' and 'fit and proper person' for directors, to hold leadership to account for poor care. Where they identify serious failures in care CQC will place a provider in special measures, to ensure improvement.

Social Work Reform Agenda

"Social workers in adult services are working with greater complexity, increasing demand and higher expectations of the citizens with whom we work. The present public sector financial challenges require, more than ever, creative and innovative social work approaches to empower people to achieve the best outcomes." (Lyn Romeo, Chief Social Worker For Adults, October 2014)

There have been a number of developments both nationally and locally within the profession. 2014-15 saw the first full year of the Chief Social Worker for Adults, providing a new platform for driving

forward social work reform and development and providing independent expert advice to ministers on social work reform and the contribution of social work and social workers to policy implementation more generally. We have seen social work taking a prominent role in the Care and Support Statutory Guidance to the Care Act 2014 and this year also saw a strengthening of the national network of Principal Social Workers, led by the Chief Social Worker and providing a national influential forum for improving standards and practice.

Locally, and in response to these national drivers, the primary focus has been on social work practice development in order to meet expectations of the Care Act and its statutory guidance. Social Workers in Brighton and Hove have led the development of a more personalised approach to safeguarding practice in line with the principles of 'Making Safeguarding Personal' (Local Government Association 2014). We have developed the social work role to ensure that our statutory duties under Section 42 of the Act are professionally led to ensure that the social work skills and knowledge are at the heart of new practice models designed to improve the experience and outcomes of people using safeguarding services in Brighton and Hove. The appointment of two Advanced Social Workers has enabled practitioners in adult services to develop and embed the practice development strategy and to drive forward a significant grass roots and practice led movement. The priority for the year ahead is to continue to support social workers to develop the skills, knowledge and confidence to undertake the Council's statutory safeguarding duties and to respond to related areas of complex practice such as the Mental Capacity Act and Care Act duties. This will be achieved through a programme of practice development groups (led by the Advanced Social Workers) and the embedding of new local standards for professional supervision and practice governance which align more closely with the Social Work Reform partner's 'Standards for Employers of Social Workers' (Local Government Association 2014).

The important role of social work in the successful delivery of services which safeguard adults is reflected in the 'Knowledge and Skills Statement' for Adult Social Workers (Department of Health 2015) which, for the first time, articulates the expectations of Social Work in this area of practice. The statement provides a blueprint for practice development for newly qualified social workers and a baseline for all social workers undertaking the new safeguarding duties on behalf of the council.

Prevent Duties

The Counter Terrorism and Security Bill was introduced in the Parliament on 26th November 2014 and received Royal Assent on 12th February 2015. The Counter Terrorism and Security Act, 2015 has created a general Prevent Duty on specified authorities, which 'must in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism'. The Prevent Duty comes into effect in July 2015. The Act creates a new 'Prevent Duty' for 'specified authorities', which 'must in the exercise of its functions, have due regard to the need to prevent people from being drawn into terrorism'.

Unitary authorities are included in the list of specified authorities, as are county and district local authorities, schools, colleges, universities, police, probation, prisons, young offenders' institutions and the health sector.

Modern Slavery

The Modern Slavery Act received Royal Assent on 26th March 2015.

The Act consolidates the current offences relating to trafficking and slavery. The act will give law enforcement the tools to fight modern slavery, ensure perpetrators can receive suitably severe punishments and enhance support and protection for victims. The Act establishes an Anti-Slavery Commissioner, appointed by the Home Office, with a UK-wide remit, ensuring that modern slavery issues are tackled in a coordinated and effective manner across the whole of the UK.

Serious Crime Act

The Serious Crime Act 2015 received Royal Assent on 3 March 2015.

The Act brings in new powers in dealing with organised, serious and gang related crime, and makes a number of changes to the civil and criminal law to enhance the protection of vulnerable children and adults, including strengthening the law to tackle female genital mutilation (FGM) and domestic abuse. It brings in FGM Protection Orders to protect potential victims. These orders will operate in a similar

way to Forced Marriage Protection Orders.

The Crime Act also includes criminalising patterns of repeated or continuous coercive or controlling behaviour where perpetrated against an intimate partner or family member, causing victims to feel fear, alarm or distress. The new offence comes after the government ran a consultation over the summer seeking views on whether the law on domestic abuse needed to be strengthened. The Home Office said that 85% of the participants in that consultation said domestic violence law at the time did not provide sufficient protection to victims. Coercive and controlling behaviour can include the abuser preventing their victim from having friendships or hobbies, refusing them access to money and determining many aspects of their everyday life, such as when they are allowed to eat, sleep and go to the toilet.

Clare's Law

The Domestic Violence Disclosure Scheme (known as Clare's Law), a scheme allowing police to disclose details of an abusive partners' past, was rolled out across England and Wales on International Women's Day, March 2014. Clare's Law provides victims with information that may protect them from an abusive situation before it ends in tragedy. The scheme allows the police to disclose information about a partner's previous history of domestic violence or violent acts. The roll out followed a 14 month pilot in 4 police force areas.

Domestic Violence Protection Orders (DVPOs) were introduced on the same day, also following a pilot. This new power enables police and magistrates' courts to provide protection to victims in the immediate aftermath of a domestic violence incident, by preventing perpetrators of domestic violence from returning to their home for up to 28 days, giving the victim time to consider their options.

The Anti-Social Behaviour, Crime and Policing Act 2014

The Anti-social Behaviour, Crime and Policing Act received royal assent on 13 March 2014. The act introduces simple, more streamlined powers to tackle anti-social behaviour. The new community trigger and community remedy empowers victims and communities by giving them a greater say in how agencies respond to complaints of anti-social behaviour, and in out-of-court sanctions for offenders. It strengthens the protection afforded to the victims of forced marriage by making forced marriage a criminal offence and criminalising the breach of a forced marriage protection order.

2.2 Progress on Key Priorities Identified by the Safeguarding Adults Board for 2014-15

Implementation of the Care Act was the key priority for this year. The safeguarding sections of the Act brought in new legislation and duties for safeguarding adults, making local changes a priority to ensure that we are meeting legal requirements. The statutory guidance brought in new expectations as to how adults are supported to keep safe from harm and abuse. All the safeguarding statutory requirements were met for 1st April 2015.

Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk required a full review so as to reflect the new duty to enquire, and other duties under the Act such as the right for an adult at risk to have access to advocacy in certain circumstances, as well as the new expectations under the statutory guidance. This review significantly changes the process for safeguarding adults locally, changing not only the language used, such as 'investigation' to 'enquiry', but also the process and pathway for safeguarding concerns. The revised Policy and Procedure has been agreed by all 3 Safeguarding Adults Boards across Sussex, and from April 2015 replaces the previous procedures.

'Making Safeguarding Personal'; the Care Act statutory guidance puts an emphasis on safeguarding being individual to each person's need, engaging with the person in how best to respond to their situation. The new Policy and Procedures reflect this throughout and ensure that the focus is not on the process but on the person, how to ascertain and meet their goals and desired outcomes.

Staff Training and Awareness; the new Policy and Procedures have been launched through the B&H Safeguarding Adults Board to all stakeholders. All Board member organisations have considered and revised internal Policy and Procedures accordingly. Changes have been made to staff training programmes, to the recording and documentation for safeguarding adults and to quality monitoring and audit processes.

Brighton & Hove Safeguarding Adults Board; the Care Act puts Local Safeguarding Adults Boards on a statutory footing in line with Safeguarding Children's Boards. This includes a duty for certain organisations to be represented, a statutory requirement for the Board to publish a yearly strategy and to produce a yearly progress report on this strategy. Safeguarding Adults Boards must also conduct Safeguarding Adults Reviews either under specific circumstances such as if an adult in its area dies as a result of abuse or neglect (known previously as Serious Case Reviews) or any case the Board considers appropriate. A key recommendation from a review of the Brighton & Hove Board was for the recruitment of an Independent Chair to be considered. This was agreed by the Board this year, with funding from statutory Board members (BHCC, CCG, Police). An Independent Chair for the Safeguarding Adults Board has been recruited, Graham Bartlett. Graham is also the chair for B&H Safeguarding Children's Board, and for East Sussex Safeguarding Adults Board, which offers good opportunities for learning from other areas, as well as joint working.

2.3 Key Priorities for 2015-16

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

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

Brighton & Hove Safeguarding Adults Board (SAB)

Graham Bartlett is starting in the role of Independent Chair for the Board in June 2015. A key priority for the year ahead will be for the Board to work together with the Independent Chair to develop the Board in order to ensure it meets its new statutory requirements, and work on continued assurance of local safeguarding arrangements. This will include developing and confirming the Board strategy, agreeing the new business plan, reviewing the Board governance and infrastructure, and agreeing resourcing of the Board. Opportunities for joint working within the Board partnerships, and with the Local Children's Board, and the East Sussex Adults Board, will also be explored. This will consider joint opportunities for training, for development of practice, and for taking forward key priorities.

Safeguarding Statutory Requirements and Quality Assurance

All the safeguarding statutory requirements were met by the 1st April, with new processes and procedures starting on that day. The task for the year ahead will be to monitor compliance with the procedures, and to evaluate the impact of this. A new quality assurance framework is to be developed for assessing the quality of safeguarding enquiries undertaken. This will inform ongoing training requirements. The Care Act Statutory guidance and the Sussex Safeguarding Adults procedures put an expectation on safeguarding being person centred, and outcome focussed. Feedback from individuals worked with will need to be sought and used as part of practice development.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

Local arrangements for DoLS will continue to be developed so as to continue to meet legal requirements, and best practice, and to meet ongoing increased demand. Training and awareness will

continue, with opportunities for joint training and joint working being explored, such as increasing numbers of Health staff becoming Best Interest Assessors. There will be a focus on training in regards to Restrictive Practice, ensuring compliance with the Mental Capacity Act and the principles of least restriction.

A review of current DoLS Legislation is being undertaken by the Law Commission. We will supply a local response to the consultation on the proposals, and consider how any future changes to the law can be prepared for locally.

3. Performance and Practice 2014-15

3.1 Summary of Main Points to Note

- 1) The total number of safeguarding alerts raised due to suspected harm or abuse of an adult at risk in Brighton and Hove for the year 2014-15 (April –end March) is **1,716**. Last year the total was 1,861, so this is a decrease from 2013-14 of 7.8%. Last year there was a very slight decrease of 0.8%, which started the trend of decrease in numbers. Previously to that, and in general since 2004, when data collection started, there has been a yearly increase of between 20-60%.
- 2) Alerts and investigations are logged in Adult Social Care teams, such as teams working with people with a learning disability, or people with physical disabilities or frailty, and in Mental Health and Substance Misuse teams, which includes people with dementia. Mental Health and Substance Misuse Services are integrated teams, and have been managed within Sussex Partnership Foundation Trust (SPFT). This year the number of alerts received in Adult Social Care services (ASC) is 1,137, a 2.3% increase from last year. The number of alerts received in Mental Health and Substance Misuse Services is 579, a 22% decrease from last year. This continues the trend of an increase of alerts logged as received in ASC services, and a decrease in alerts logged in Mental Health and Substance Misuse Services.
- 3) The number of alerts which required a safeguarding investigation this year totalled **738**. Last year there were 845 investigations, so a 12.6% decrease. Last year there was a 1.5% decrease, so the trend of a decrease in investigations undertaken under the safeguarding procedures has continued. Previous years have shown between a 5% - 20% increase. 738 investigations breaks down to 14.1 safeguarding investigations per week.
- 4) The percentage of alerts which required to be investigated under the safeguarding procedures last year was 45%. This year it is **43%**, showing a fairly steady approach, and has remained near this figure for the last few years. In Adult Social Care Services (ASC) 384 investigations were undertaken. Therefore 34% of alerts received by ASC services required an investigation under the safeguarding procedures, exactly the same percentage as last year. In Mental Health and Substance Misuse Services 354 investigations were undertaken. Therefore 61% of alerts received by these services required an investigation under the safeguarding procedures. This was 62% last year, so again a similar proportion to the previous year.
- 5) In summary, last year's trend of an overall decrease in number of alerts and investigations has continued, but more sharply. This last 2 years has bucked the previous several years trend of ongoing increases in numbers. Changes to the safeguarding procedures in 2015 will make any future comparison difficult, and there will no longer be reporting on number of alerts and investigation, but on number of 'enquiries' for which there is a different threshold to previous expectations. The Brighton & Hove Safeguarding Adults Board will be considering what additional data is required and how this is to be analysed, and what ongoing quality monitoring is needed to ensure consistency. The trend of a higher proportion of alerts requiring investigation with SPFT teams has continued. This was first shown last year, and some quality monitoring was undertaken to ensure consistency. This did not find any concerns with practice. Alerts raised within dementia services result in a higher number of investigations, which is to be expected given the vulnerability of this client group, and the number of people who may lack capacity to protect themselves. Improved data collection within these services over the last 2 years is likely to have revealed the truer numbers of investigations than in previous years.

6) The table below shows some additional information available from alerts which resulted in an investigation.

Additional Information	Total
Is alert related to care delivered via a Direct Payment?	14
Is this alert linked to domestic violence?	59
Is this alert linked to hate crime?	9
Is this alert linked to anti-social behaviour?	21
Is the adult at risk an informal carer?	20
Is the person alleged responsible the main informal carer?	83
Does the person alleged responsible live with adult at risk?	70
What was the result of action taken under safeguarding?	
Criminal investigation / prosecution	11
Serious incident investigation (Health Process)	5
Referral to professional body	17
Referral to Disclosure and Barring Service	11
GP / Health Notified	198

The number of investigations regarding care delivered via a Direct Payment has increased since last year, from 7 to 14.

There has been a drop in number of investigations related to Domestic Violence, from 78 to 59. This requires exploration through audit, and figures may continue to change due to the new safeguarding procedures, though it is not clear at this point what the impact may be.

The number of investigations which resulted in a criminal investigation has significantly dropped, from 44 to 11. Criminal investigation will be defined as a much more separate process from enquiries under the new procedures, and numbers will no longer be monitored by Adult Social Care, so additional monitoring will be required if this data is to be collected.

The number of safeguarding investigations for which there was also a Health led Serious Incident investigation continue to be low, 10 last year and 5 this year. This will require further local decisions as to how clinical investigations will relate to enquiries, and how this will be monitored.

The Care Act creates new expectations regarding monitoring concerns which involve members of staff, with new Designated Adult Safeguarding Manager (DASM) roles within key organisations. Locally it will need to be decided how the DASM's will collate any relevant information such as referrals to the Disclosure and Barring service, or to professional bodies, and how this information is shared and acted upon.

7) The following data below is taken from 560 completed investigations during the period of 1st April 2014 to 31st March 2015 inclusive.

2014-15 End of Year DATA				
	Care Assess	SPT	SMS	Total
Number of Alerts in period	1137	505	74	1716
Number of alerts that went into investigation	384	311	43	738
Completed Investigations	297	223	40	560

2013-14 End of Year DATA

	Care Assess	SPT	Total
Number of Alerts in period	1130	752	1882
Number of alerts that went into investigation	397	469	866
Completed Investigations	305	295	600

3.2 Performance Data 2014 – 2015

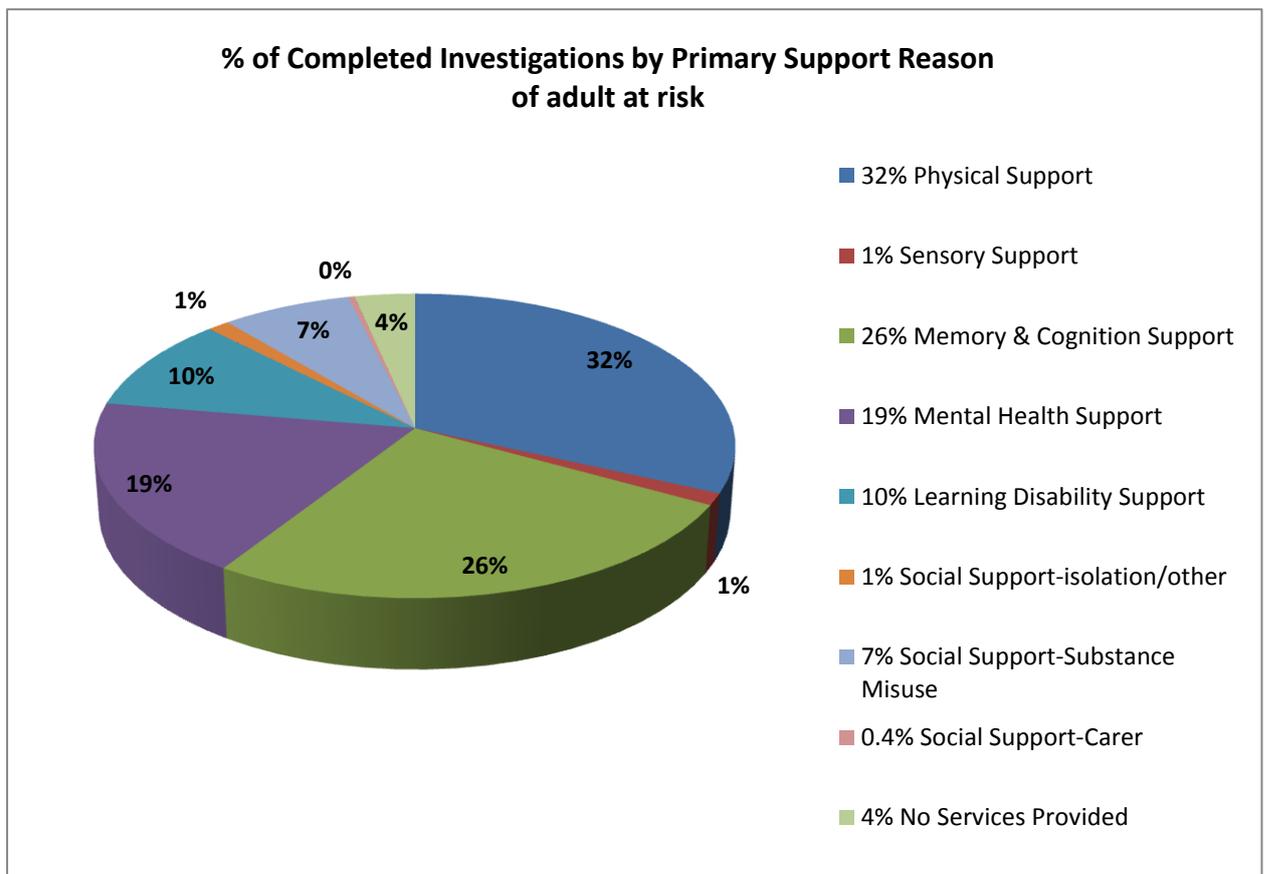


Figure 1: Percentage of Investigations by Primary support Reasons of Adult at Risk

Since last year new reporting requirements have changed the reporting categories for this graph from Primary Need to Primary Support Reason, so direct comparisons are not possible. However, people who require physical support and memory cognition support remain the largest group of adults for whom a safeguarding investigation is required. Although some of the categories have changed, and the terminology has changed, in the main proportion of investigations for support reasons remains very similar from the previous year.

In 0.4% of all client groups the adult at risk was receiving services for their caring role only. In 3.6% of investigations, the adult at risk was also an informal carer, though they may also be receiving services for their own care and support needs.

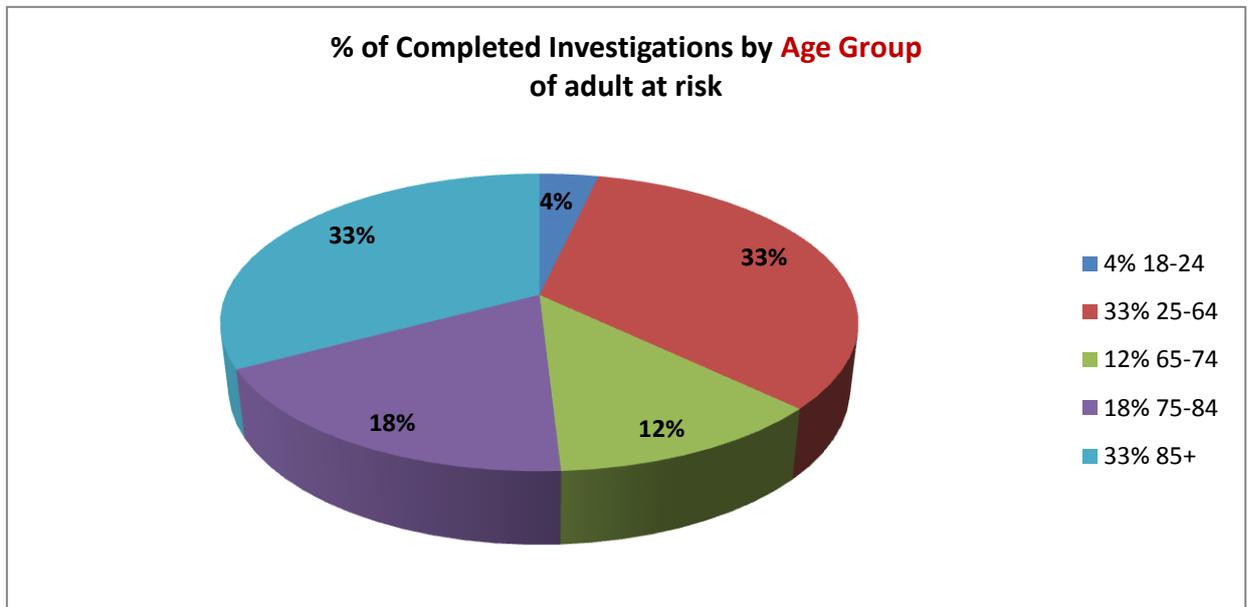


Figure 2: Percentage of Investigations by age group of adult at risk

In figure 2 we can see that risk of harm increases proportionately into older age, particularly for those over 85 years.

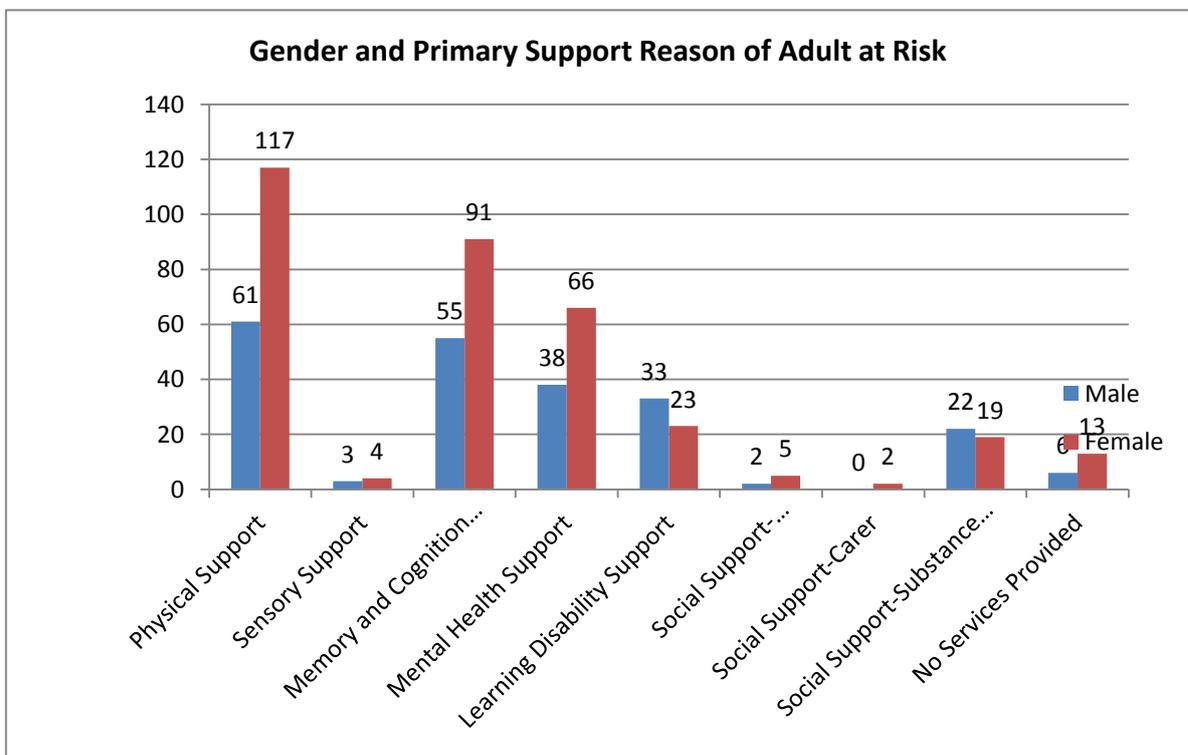


Figure 3: Number of Investigations by Gender and Support Reason of Adults at Risk

In figure 3 we can see the number of investigations undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 560 completed investigations 340 of the adults at risk were female, and 220 were male. As a percentage that is 61% women, 39% men. This is a very slight increase of men to women (last year 67% women, 33% men).

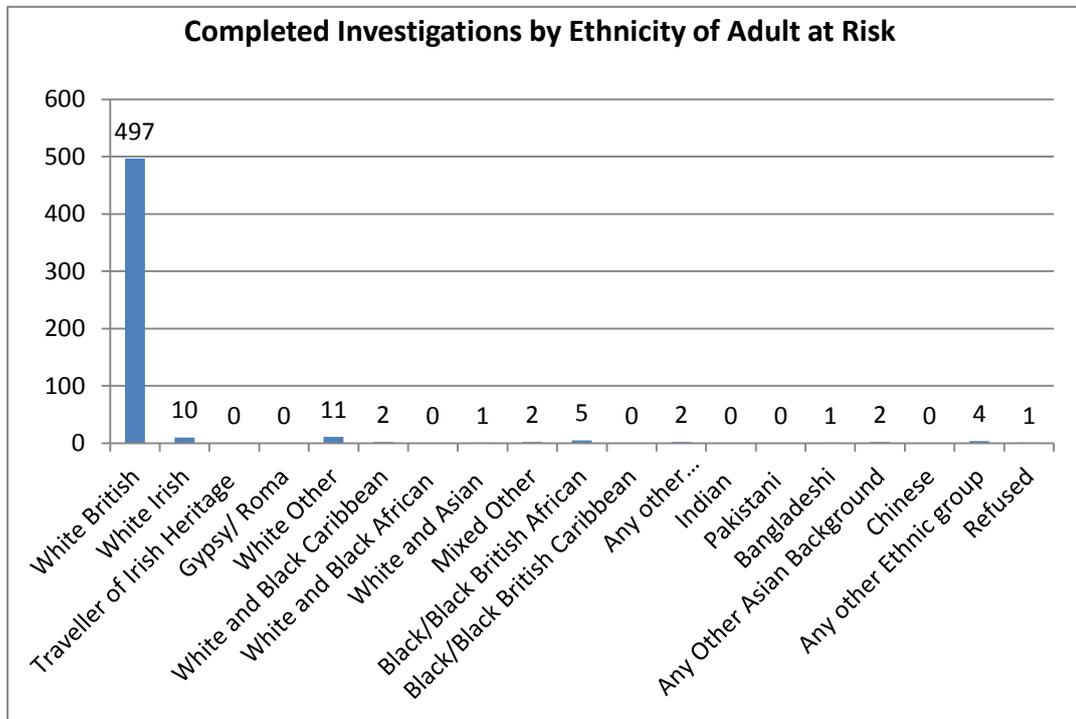


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

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

In figure 4 investigations for adults at risk White British ethnicity category from obtained data stand at 89%, all others 7%. Not obtained/Refused 4%

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 investigations is regarding people of 65 years and over, and this age group locally includes fewer people from BME groups. Census data shows BME groups for 80-84 years is at 6.4%, and for over 85 years is at 5.3%.

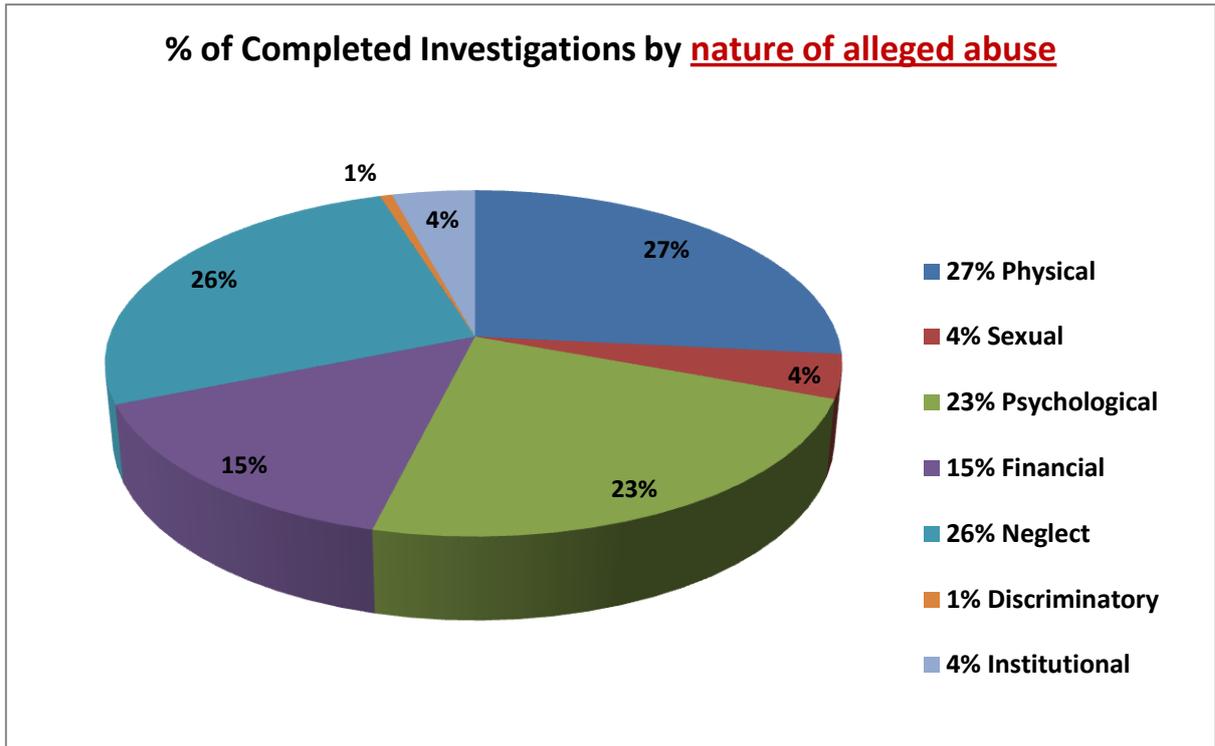


Figure 5: Percentage of Investigations by the nature of the alleged abuse

Figure 5 shows investigations by category of harm or abuse. Categories of harm or abuse remain proportionate to the previous year.

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

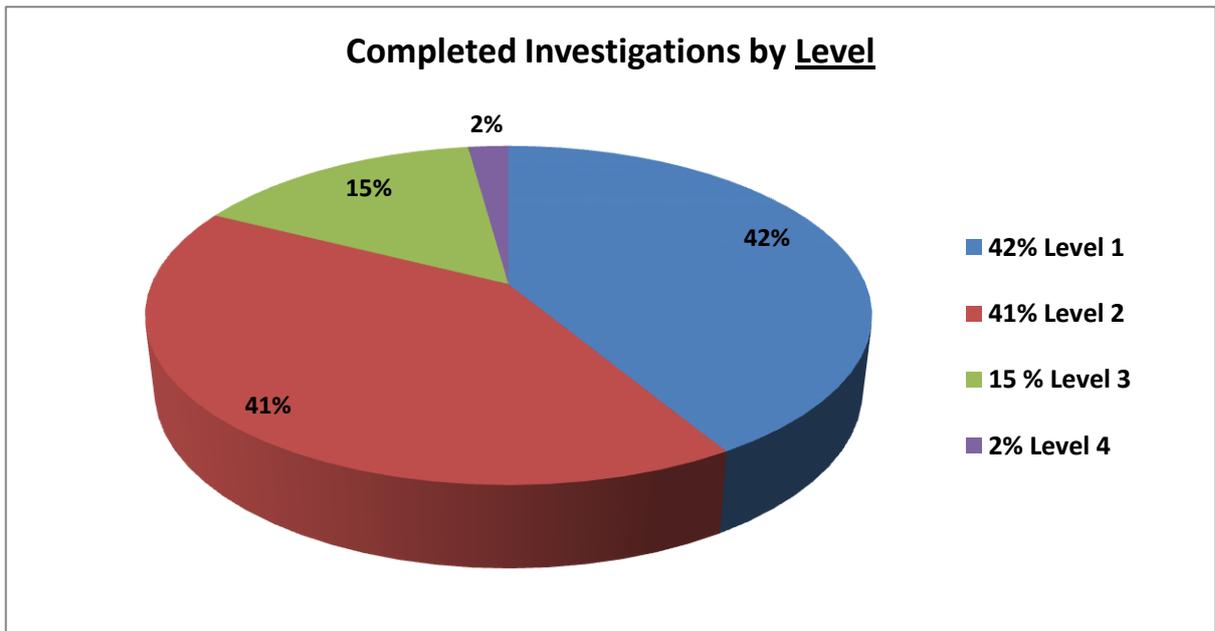
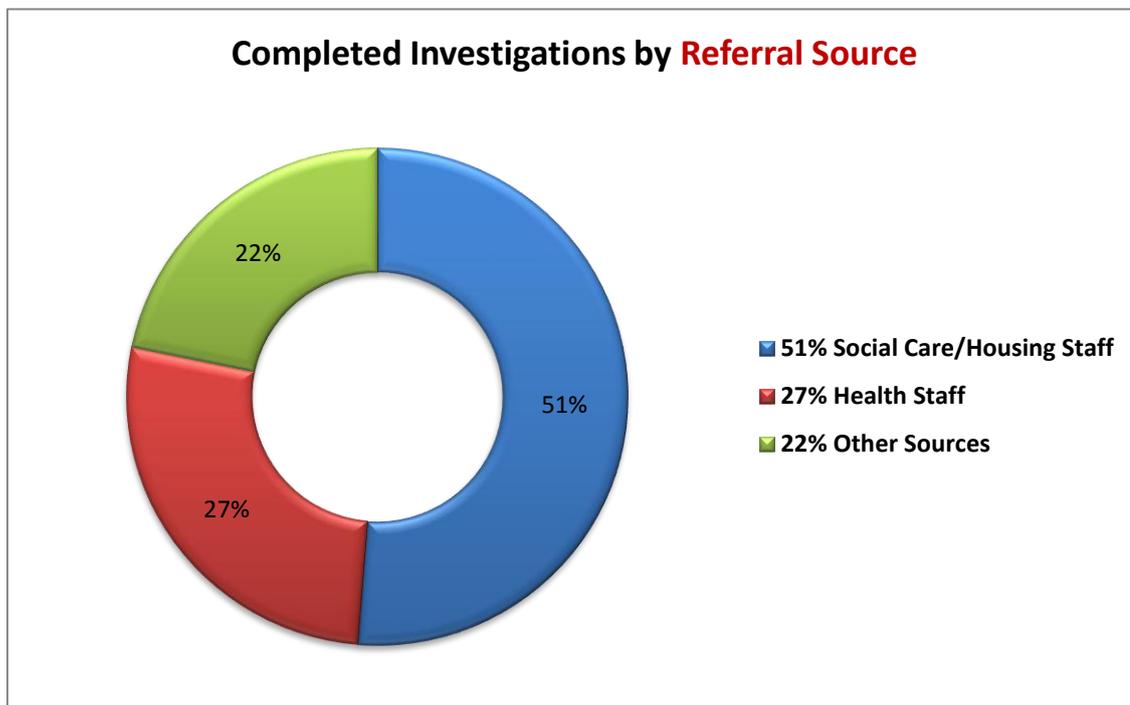


Figure 6: Percentage of investigations by level of investigation.

In 2014/15 Sussex safeguarding investigations procedures require each investigation to be assigned a level of investigation. Levels are 1 to 4, with Level 1 and 2 indicating harm, Level 3 indicating significant harm. Level 4 is an allegation that requires an investigation for more than 1 adult at risk. This year Level 1 and level 2 investigations stand at 83% of all investigations, which is in line with last year's figures. From April 2015 Sussex safeguarding procedures have changed, to meet the requirements of the Care Act. Levels of investigation are no longer part of the safeguarding procedures, so this is the last year that this information has been gathered.



Number of Investigations by Referral Source	Total	%
Domiciliary Staff	30	5.4
Residential Care Staff	70	12.5
Nursing Home care Staff	46	8.2
Day Care Staff	10	1.8
Social Worker / Care Manager	91	16.3
Housing Staff	39	7
Personal Assistant	1	0.1
Acute Hospital Staff	64	11.4
Acute Mental Health Hospital Staff	27	4.8
Community Health Staff	38	6.8
General Practitioner	12	2.1
Ambulance Service	10	1.8
Police	21	3.8
Self- referral	14	2.5
Family Member	16	2.9
Friend/Neighbour	3	0.5
Care Quality Commission	12	2.1
Other	56	10

Figure 7: Completed Investigations by Referral source

In figure 7 the data shows the source of alerts which went on to be investigated under the safeguarding procedures.

51% alerts came from Social Care and Housing staff, which includes the voluntary and independent sector.

27% came from Health Staff, 3.8% police.

2.5% were self-referrals from the adult at risk, which is a decrease from last year (4.5%). When alerts from family members/friends are included it makes 5.9% of all alerts (11.5% last year).

The category of 'other' at 10% includes;

- Anonymous referrals
- Other local authorities
- Probation
- Independent Community Services such as Citizens Advice Service

These proportions remain similar in the main to last year's data, with some exceptions.

A decrease to consider is self-referrals and referrals from family members. This had slightly increased over the last 2 years, possibly due to an awareness campaign in 2012/13. This year the numbers have started to decrease quite rapidly, so further awareness of how to raise concerns for the public will need to be considered.

The category of 'other' has increased again this year, from 4% to 10%. This requires some scrutiny, as may be a staff training issue regarding understanding of the categories, or may be that the category choices do not adequately reflect the true situation of where concerns are being referred from.

Last year there were no alerts raised by Personal Assistants, this year 1, so work will need to continue regarding raising awareness amongst Personal Assistants. As these arrangements are generally organised between the person and the carer directly, training and awareness of safeguarding is not always assured. However, work has been done in this area, with additional support now being offered from The Fed, the Centre for Independent Living, to people employing carers via Direct Payments, which will hopefully increase awareness in this area.

Alerts from GP's have increase from 1% to 2.1%.

This data will no longer a requirement for collection in 2015/16 for the Local Authority. The Safeguarding Adults Board will consider what local information is required.

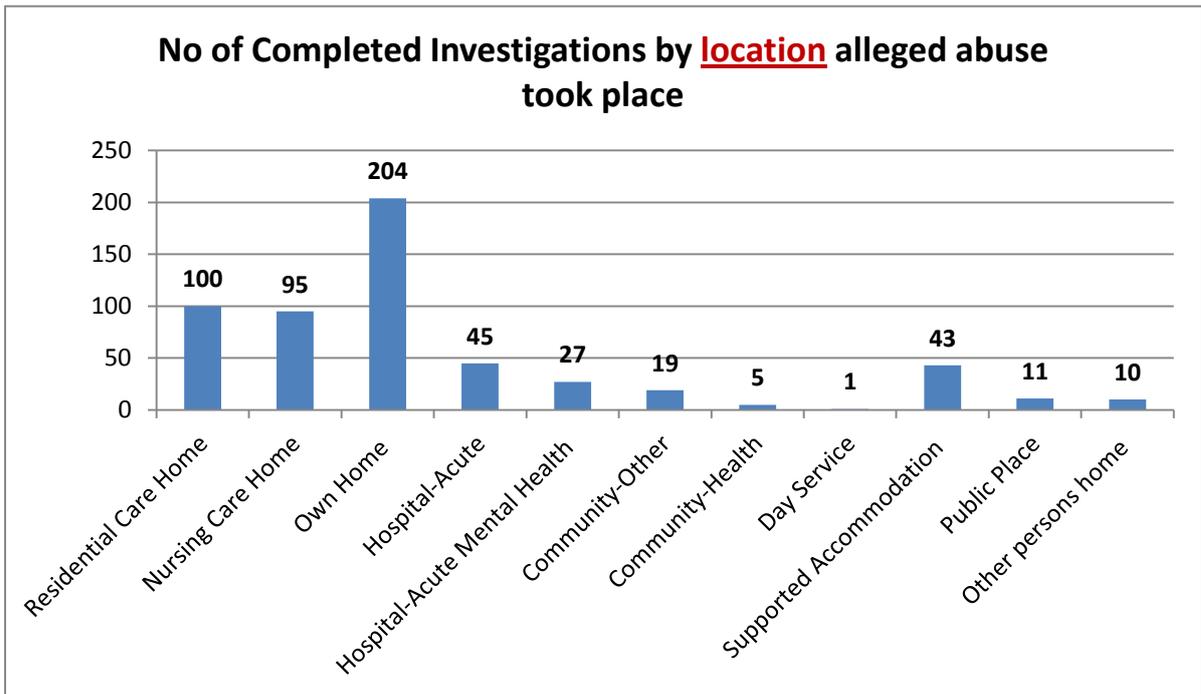


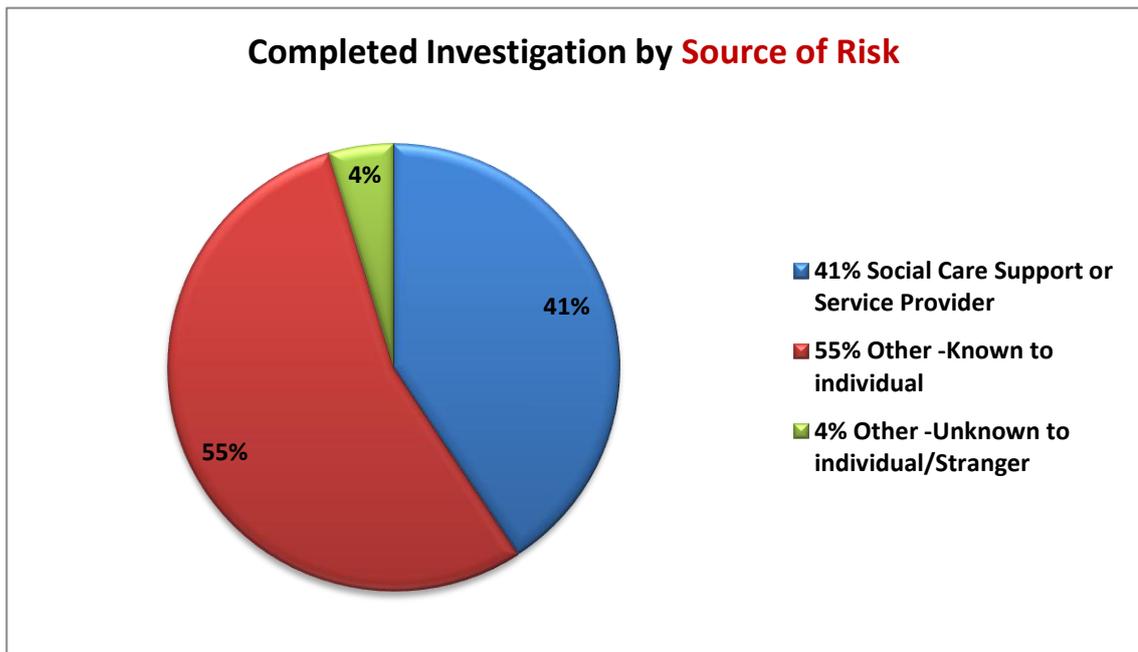
Figure 8: Number of Completed Investigations by Location Alleged Abuse Took Place

In figure 8 we can see that the person's own home is the most likely place for abuse to be alleged to have taken place, at 36% of all other logged locations. Last year this figure was 33%.

If Care Homes and Care Homes with Nursing are combined, they come to 34.8%. (2013/14 26% 2012/13 30% 2011/12 30%, 2010/11 31%).

Acute and Community Hospitals are at 8% (7% last year), Acute Mental Health at 4.8% (5% last year). Supported accommodation 7.6% (6% last year).

The Safeguarding Adults Board may need to consider how best to collect this information in future, so that it gives meaningful information in relation to an enquiry, as opposed to an investigation. An enquiry is likely to be considering a variety of factors which affect a person, and is less likely to be regarding an incident in a particular location. For example, if someone is being exploited by people they know in their community in a variety of ways, the location may not be so easily defined, and could be a combination of locations such as 'own home', 'public place' and 'other person's home.'



Completed Investigations by alleged source of risk		
	Total	
Social care Support or Service provider	220	Social care Support or Service Provider
Social care Support or Service provider-voluntary	8	
Relative/ family carer	85	Other -Known to individual
Individual-known but not related	40	
Primary Health Care	33	
Secondary Health Care	16	
Other Private Sector	8	
Other Adult at risk	124	Other -Unknown to individual/Stranger
Stranger	9	
Primary Health Care	1	
Secondary Health Care	2	
Other Public sector	3	
Other Private sector	1	
Other Voluntary	2	
Other Adult at risk	8	

Figure 9: Percentage of Investigations by Alleged Source of Risk

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

The data collection required has significantly changed from 2013/14, thus giving only 2 years of comparison.

If the data regarding alleged abuse from a partner, family member, neighbour or friend are combined, this comes to 22% of all investigations. (28% last year)

Allegations about Social Care Staff, including staff from the independent and voluntary sector come to 40% (last year 32%), and Health Care Workers 8.7% (last year 7.5%).

The source of risk being another adult at risk was 18.5% last year, this year 22%.
 The risk alleged from a person unknown to the adult affected is 4.6%. (4.8% last year).

Another way to consider this data is to break down the figures of source of risk, whether known to the individual or not into a professional relationship, which comes to 52.5%, and a non-professional relationship such as family member or another adult at risk is 47.5%.

This information is specified by national data reporting requirements. It currently lacks any local detail, so the Safeguarding Adults Board will need to decide what further information is required to aid local decision making and priorities.

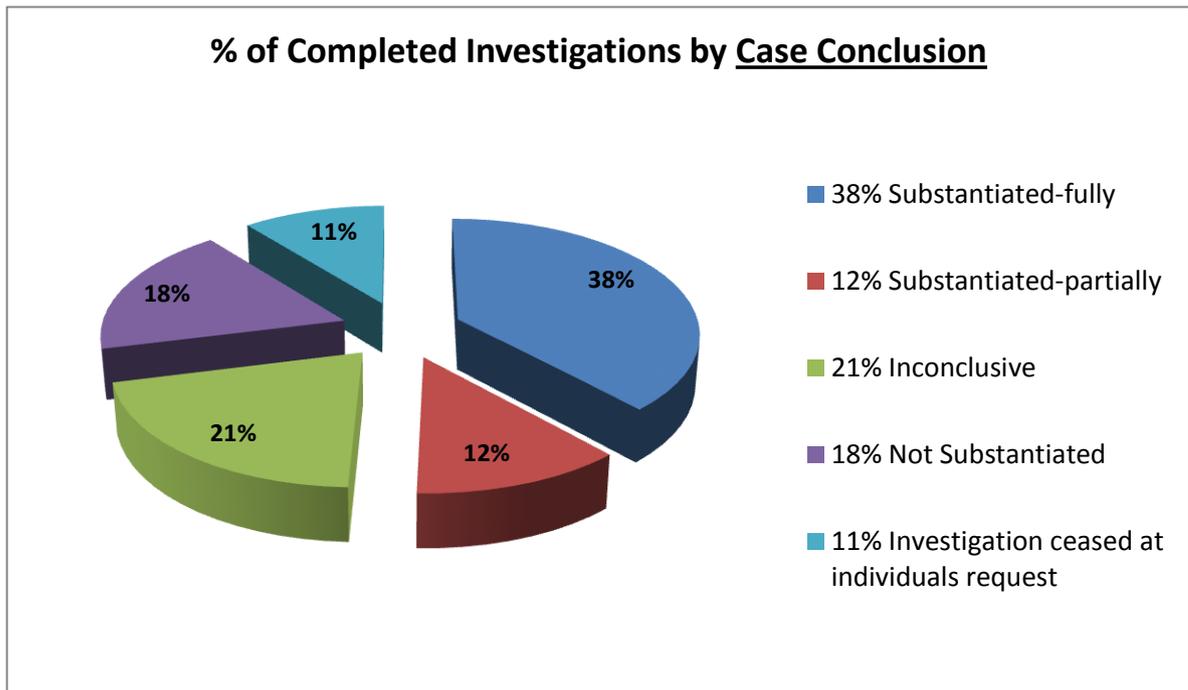


Figure 10: Percentage of Completed Investigations by Case Conclusion

Case conclusions of safeguarding investigations under the safeguarding adults procedures are based on the 'balance of probabilities' and an allegation will have one of four possible outcomes determined:

- Substantiated: the allegation has been founded 38% (last year 33%)
- Partially Substantiated: where more than one concern of harm/abuse was investigated, at least one is founded 12% (last year 14%)
- Not substantiated: the allegation has not been founded 18% (last year 19%)
- Inconclusive: it is not possible to determine from the information gathered whether the allegation is founded or unfounded 21% (last year 23%)
- Investigation ceased at individuals request, 11% (last year 11%)

Investigations that were Inconclusive have decreased slightly from 23% to 21%. This figure is being monitored as part of the performance indicators for the Assessment Service, and the target last year was 25% or less, which has been achieved.

This is the last year that this data will be collected, as under the new procedures the outcomes for safeguarding work will no longer be 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.

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

General overview of the year 2014-15:

The year was a story of out with the old and in with the new! The year being dominated by preparation for new duties and responsibilities with the Care Act being implemented in April 2015, and the continued focus on meeting our statutory responsibilities in relation to Deprivation of Liberty Safeguards (DoLS)

Against this background of increasing amount of complex work and increasing demands and activity around DoLS, we have continued to strengthen our response by bolstering management and social work capacity throughout assessment services with a particular focus upon the Access Point. In addition we have seconded an experienced Mental Health Social Worker to work within Access to provide effective triage of Mental Health cases and to provide advice and support to colleagues on Mental Health issues. A decision was taken that all appropriately experienced and qualified workers should qualify as Best Interest Assessors (BIA's) and a rolling programme of training and qualifying is underway. This will place the Council in a good position to meet the expected demands when the Law Commission produces its proposals in 2017. Numbers of DoLS applications for authorisation remains high averaging at around 30 per week and it is a credit to all staff involved that we have been able to keep on top of this important area of work with minimal breaches of timescales. Deprivations in Community settings will provide a new and ongoing demand as we move forward. Additional funding has been made available to employ additional BIA's and legal staff to meet this demand

We began preparation for implementation of the Care Act which means review and restructure our workforce to meet the new demands, including the new focus on Safeguarding Enquiries and related duties under the Act. This will require, in Brighton & Hove, a strengthening of our qualified and registered social work complement. The Care Act also highlights the importance of the Mental Capacity Act (MCA) as a key component in work as we move forward, so will require an increased focus on this area, and ongoing training for staff. The experience of being involved in the Making Safeguarding Personal (MSP) pilot has proved invaluable as a precursor to the Care Act which focusses on outcomes for the user rather than process and procedure

We have continued the process of undertaking audits of safeguarding investigations, with one quarter dedicated to evaluating alerts which do not result in an investigation. It is pleasing to note 100% compliance with the process. The outcome of audits are discussed by the Management Team on a quarterly basis with the Head of Safeguarding. The general quality of the work being audited has demonstrated increased compliance with procedures and the quality of work. In light of this and the implementation of the Care Act it is now timely to review this process with a greater focus on outcomes and MSP, and this will be taken forward this year.

Future plans / priority areas for 2015/16:

- Ensuring Care Act compliance
- Continue to respond to DoLS and training of BIA's
- Implement new audit arrangements
- Workforce redesign to meet implication of the Care Act and new duties and responsibilities.
- Workforce development focus upon the new duties and responsibilities enshrined in the Care Act, MCA, and DoLS.
- Disseminate learning from complex cases

Brian Doughty

Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

General overview of the year 2014-15:

- Over the last year, Sussex Police have invested in experts to work alongside serving officers and staff to create a vision for our new local policing model. One of our challenges is financial. We have already had to make savings of around £50 million and further savings of £57 million may be required over the next four years. But we also know that policing has to adapt to changing demands. Sussex has long been a safe place to live and work – levels of reported crime, including burglary and vehicle crime have fallen considerably over the last 10 years. However, reporting of other crime types, including domestic violence and abuse and sexual abuse, have increased suggesting that victims may be more confident in reporting to police.
- To ensure that we can continue to provide an effective response these serious crimes, including working with partners to support those who have experienced or been impacted by them, we have undertaken a major piece of work to restructure our Public Protection teams. This has involved the creation of single Safeguarding Investigation Units (SIUs) in each Division, combining the previous Child Protection, Adult Protection, and Anti-victimisation teams. During the final phase of this work, the SIUs will take on responsibility for the investigation of all reports of Rape and Serious Sexual Offences, while the creation of a Complex Abuse Investigation Unit (CAIU) will improve our ability to manage larger, more complex, investigations.
- Each of the force's three Safeguarding Investigation Units is headed by a Detective Chief Inspector (DCI) reporting to the Head of Public Protection, Detective Superintendent Paul Furnell. This central line management enables us to share good practice and encourages consistency. Each of the SIU DCIs also holds a force-wide portfolio - DCI Richard Bates is responsible for the Brighton and Hove SIU and is also Head of Adult Safeguarding.
- In addition to our organisational change, Sussex Police developed a Domestic Abuse Improvement Plan following the HMIC audit last year. The objective of this plan is to set out a vision and ambition for Sussex police to provide an effective service and response to victims of domestic abuse and recognising that to do so requires a sustained, robust and dynamic approach from the organisation and our partners. Most of the actions and recommendations have been completed. However we will continue to monitor the progress of these.
- One of many key focuses for 2014 – 2015 is raising awareness of Harmful Practices, this includes: Female Genital Mutilation (FGM), Honour Based Abuse (HBA), Force Marriage and Modern Slavery. We have already carried out a considerable amount of work in accomplishing this, such as training and awareness events. These have been challenging areas of business to tackle due to the lack of people within the communities willing to talk about the cultural practices; however with the correct approach this has improved.

Specific developments, achievements & work undertaken in 2014-15:

- A representative from the force Public Protection Branch has attended the Safeguarding Adults Board and relevant sub groups throughout the year.
- The force has developed a domestic abuse training package for front line officers. This is to help officers get a better understanding of positive action and safety planning. We are half way through the roll out of this course; positive feedback has been received so far.

- We have developed police operations to provide an enhanced response to Domestic Abuse over key times of the year. Operation Cureen was run over the period of the World Cup in June – July 2014 and Operation Ribbon was run over Christmas, New Year, and Easter. With the support and active involvement of partners, these operations enabled us to provide effective police response to reports of domestic abuse, whilst also improving the support we were able to offer to victims and survivors.
- Sussex Police introduced the Single Combined Assessment of Risk Form (SCARF) in August. This has replaced the Vulnerable Adult at Risk (VAAR) form and once completed by an officer or member of staff will be forwarded to the relevant Local Authority. The Vulnerable Adult section of the form implemented several of the recommendations from the VAAR audit. Positive feedback has been received about the new form. The new form avoids any duplication and double keying and allows officers and staff the opportunity to provide more information about the adult at risk. The Policy and Audit Team undertake regular dip checks to ensure the forms are being completed and sent to partner agencies.
- Last year Sussex Police introduced Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) as the force's operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. There is a section on the SCARF for Operation Signature so referrals can be made and we also have a dedicated Police Constable within the Economic Crime Unit who solely focuses on this Operation. Information about Operation Signature is available for victims on the Sussex Police internet page. The Public Protection branch also takes part in Safeguarding road-shows organised by the local authorities to raise awareness of these crimes and the support available to victims.
- Sussex Police have taken steps to raise awareness of Harmful Practices within the force and in the local communities. This includes updates to our intranet pages and training of both specialist officers and front line officers. We have also organised awareness events at universities and colleges which received excellent feedback.

Future plans / priority areas for 2015/16:

- We will review the force's Safeguarding Vulnerable Adults policy and procedures to ensure that it aligns with the new Care Act.
- The Care Act establishes a new role of Designated Adult Safeguarding Manager (DASM). DCI Richard Bates is the DASM for Sussex Police and will be working with DASMs from our statutory partners to develop this role and embed it into our safeguarding approach. Work will also be undertaken to raise awareness of the new act amongst officers and staff, particularly specialist officers and new officers.
- The domestic abuse training is to be completed and we will continue monitor actions from the Domestic Abuse Improvement Plan.
- Sussex Police will continue to raise awareness of Harmful Practices. We recognise the importance of raising this awareness amongst our officers and staff as well as our local communities. We will also ensure our force policy is aligned with the new legislation.

Future plans for staff competency through training and other means:

In support of the wider restructure of Public Protection teams into single Safeguarding and Investigation Units, a training review is currently underway. This review will inform a future training strategy to ensure that our officers and staff have the necessary core skills, whilst also ensuring the appropriate spread of specialist skills within the unit.

Detective Chief Inspector Richard Bates

Head of Adult Safeguarding

Sussex Police

4.3 Brighton & Hove Clinical Commissioning Group (CCG)

1. Executive summary

NHS Brighton and Hove CCG safeguarding named leads and professionals have worked closely throughout the year with partners on the Safeguarding Adult Board (SAB), as a member of the Safe in the City Partnership Board and on the relevant subgroups for Violence and Against Women and Girls (VAWG), and Mental Capacity and Deprivation of Liberty.

Throughout the year we have been working in preparation for the new responsibilities encompassed in the Care Act 2014 enacted on 1st April 2015.

There has been publication of a new Assurance and accountability Framework for the NHS regarding the monitoring of compliance with safeguarding adults and children which is linked to the CCG assurance process.

Although accountability for the Deprivation of Liberty Safeguards (DoLS) Authorisation process passed to local authorities on 1st April 2013, CCGs remain responsible for assuring that NHS contracted providers were compliant with the Mental Capacity Act (MCA) (2005) including the appropriate application of the DoLS, and are knowledgeable regarding the Act and its application.

B&H CCG as a NHS statutory body also has responsibilities to comply with the requirements by having a Named Lead for safeguarding adults and MCA, and to ensure its own staff are appropriately trained to competently undertake their roles and to have safeguarding policies and procedures in place relevant to its function.

This report is a summary of B&H CCG activity in the field of safeguarding adults and MCA (2005) over the 2014/15.

2. Brighton & Hove CCG – Activity and Achievements 2014/15:

The CCG has now increased its capacity and expertise to support the Adult Safeguarding agenda by employing a Safeguarding Adult Practitioner with a specific focus on supporting primary care and to support the processes for providing a collaborative whole system approach to support those at risk or having suffered from Domestic Violence (DV).

All CCG staff are required to complete an introduction to adult safeguarding level 1 and Mental Capacity Act training with further training requirements according to roles and responsibilities.

Training is available as e-learning. Face to face sessions combine Children and Adult safeguarding and MCA awareness, provided by the Designated Children's and Adult Safeguarding leads. The Governing Body received a specific session during the year.

The importance of the PREVENT agenda has increased with the unrest across the world with increased incidents of radicalisation. The Quality and Governance Team has an accredited Prevent trainer.* NHSE had disbanded their regional PREVENT support however this has now been reinstated and we are working closely with the lead.

*PREVENT is one of the work strands of CONTEST, the United Kingdom counter terrorism strategy. The PREVENT strategy focuses on stopping people becoming terrorists or supporting terrorism. PREVENT in health is aligned to the safeguarding process. The health sector's contribution to PREVENT focuses on objectives 2 and 3:

- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
- Work with sectors and institutions where there are risks of radicalisation which we need to address.

NHSE has now restructured again and we are now a part of the Kent Surrey Sussex area which is part of the South East Region that continues to have a safeguarding network.

3. Adult Safeguarding alerts and investigations

Brighton and Hove CCG has continued to work with Brighton and Hove City Council (BHCC) supporting the safeguarding team with clinical expertise for Health Investigations throughout the year. Alongside this we have been working to ensure the Safeguarding Adults Board and its partners would be compliant with the Care Act 2014 enacted 1st April 2015.

3.1 Health Officer Investigations undertaken by B&H CCG 14/15

Referrals are received by the Quality team from the Local Authority requesting a Health Investigating Officer (HIO), where significant Safeguarding concerns are raised that need clinical oversight, e.g. medicines related, pressure damage, nutrition, end of life care etc. A member of the team is assigned to each case and attends a strategy meeting which is facilitated by the Local Authority Investigating Manager. This meeting sets out responsibilities for each member of the team to carry out their part of the investigation. For the Quality team this usually includes visiting the Home concerned and the hospital records if appropriate. A report is produced on the findings and a Case Conference is held with the inclusion of relatives, the resident concerned, CQC and the Home Manager. It is decided whether from all the evidence if the case is substantiated, unsubstantiated or inconclusive.

22 HIO investigations have been undertaken by the team during the year. The majority of these have been in Care Homes with Nursing, with a small number of cases requiring investigation in other independent providers such as IC24. Large organisations such as NHS Trusts have their own investigation systems in place, and the Quality team therefore do not carry out investigations, although may be involved in strategy meetings and case conferences in their role as commissioners of these services.

The team are often contacted in cases where Safeguarding concerns have been raised in relation to GPs. These cases are passed onto NHS England as they have responsibility for ensuring engagement of Primary Care in Safeguarding investigations.

3.2 Preparation for the implementation of the Care Act 2014 from 1st April 2015

BHCC commissioned on behalf of the SAB an external review of the processes and effectiveness of the Board.

All partners contributed to the review and the review of the key findings

A workshop with members of the Board, local council members and partner organisations was held in February to consider the implications of the Care Act on the local SAB and its workings.

A meeting of representative of the three statutory partners of the SAB – Police, Health (CCG) and Local Authority was held in February to agree the recruitment of an independent Chair of the B&H SAB. This is advisory under the Care Act Guidance not compulsory however it was also supported as best practice from our external review. The CCG agreed a financial contribution of £12,000.

4. Mental Capacity Act (2005) & Deprivation of Liberty Safeguards (DoLS)

4.1 CCG statutory responsibilities

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

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

4.2 Recent case law implications for health providers

Recent rulings in the court of protection continue to have implications for health providers in relation to the cohort of patients receiving care in health environments who may now be considered to require an assessment under the DoLS legislation. In brief the ruling resulted in an increase in individuals who would need to have an assessment. The Department of Health & NHS England reviewed the ruling and the Ministry of Justice is reviewing the findings. A final determination of recommendation of any changes is not anticipated before 2016.

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

B&H CCG was successful in a bid for £112,500k from the Chief Nursing Officer for England's fund for MCA/DoLS training in 2014, and from October 2014 it has been working with partners to develop a city wide training program which is accessible to acute, community, primary care, local authority and independent providers and we have secured funding to continue the program through until March 2015.

5. Wider safeguarding adults' initiatives

Other elements of the safeguarding agenda are supported via subgroups of the Safe in the City Partnership Board.

5.1 Violence against Women and Girls (VAWG) Program Board

Working in collaboration with City partners the pathways to support individuals who have been affected or are at risk of domestic or sexual violence have been reviewed. The service is out to Tender to ensure a more comprehensive joined up approach. Trauma pathways provided by the NHS have also been reviewed to ensure that resources committed right across the journey of an individual are

cost effective and collaborative.

5.2 The Brighton & Hove Black and Minority Ethnic Domestic Violence Peer Education Project

The CCG contributed to commissioning, with community partners, to support the second stage of a project and its evaluation aimed at empowering and informing Black and Ethnic Minority communities about domestic violence. This project has now been completed and published with some very positive results. Further work informed by this project is being taken forward by BHCC.

6. Domestic Homicide Review (DHR)

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

6.1 DHR Activity 14/15

3 DHR and 1 near miss DHR in the City were completed during 14/15

7. Mental Health Homicide Investigation (MHHI)

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

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

8. Care Act 2014, implications for the NHS

Previously mentioned is the impact the changes implemented with the Care Act will have on the Safeguarding Adults Board and its statutory partners of which the NHS Brighton and Hove CCG are one. However there are further implications in a number of areas which will require work over the next few months.

- The role of Health Investigators will change significantly in light of the personalisation of safeguarding. This will need to be considered in relation to the proactive support and monitoring of quality.
- The role of case management and its relationship to the Care Act 2014 and safeguarding and Mental capacity Act for the Continuing Health care team.
- The increased focus on commissioning services and supporting vulnerable individuals in particular the quality and patient safety monitoring of services for people with learning disability, autism and or challenging behaviours – Transforming Care programme.
- Work with partners to ensure robust response via Serious Case Review referral panel to referrals
- Work with partners including NHSE Mental health Homicide investigation team to ensure robust put proportionate responses to incident which complement existing investigation processes established in the NHS.

9. Discussion

The increased demand for safeguarding resources and expertise has continued to grow through 2014/15, requirements for safeguarding adults has been more extensive than was originally expected and we have responded by increasing the teams capacity. B&H CCG Quality team continues to hold a good level of expertise within it and has developed good working relationships with other colleagues across CCGs, Local Authorities and NHSE.

The evidence continues to support that healthcare delivery will increasingly be to a population who are frail and vulnerable, with increasing levels of cognitive disability and dementia not only in hospital and care home environments but in their own homes, this brings with it increased safeguarding risks and issues.

Recent CQC inspections across all organisations including Primary care continue to note issues with capacity and compliance with safeguarding and MCA (2005) but feedback and evaluation of our system wide MCA DoLS training is positive.

The elements and crimes which come under adult safeguarding is extensive, the focus on crime types such as sexual exploitation, female genital mutilation and radicalisation has increased through the year and been informed by the world and national policy and UK investigations such as but not exclusively by the Rotherham inquiry (Rotherham Metropolitan Borough Council 2015) <https://www.rotherham.gov.uk/inquiry>

Health providers and commissioners will increasingly need to consider how supporting preventative initiatives and early intervention reduces the burden of physical and mental ill health in the population and the positive impact that early recognition and support could have on quality of life of individuals and the financial burden to statutory providers.

9. B&H CCG Priorities 15/16

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

- **Agree a Sussex Safeguarding Benchmarking Policy setting in place rigorous quality and safety systems and processes in order to achieve continuous improvement. (Completed and awaiting ratification at time of writing report)**
- **Further improve data capture of NHS commissioned services application of DoLS**
- **Further Improve data capture of NHS commissioned services use of Independent Mental Capacity Advocate (IMCA) Services**
- **Implement the assurance framework with all commissioned services**
- **Continue to deliver in partnership with providers focused multi-agency training in Dementia, MCA & DoLS across the City with measurable outcomes.**
- **Work with providers to build expertise with increased numbers of Health Best Interest assessors**
- **Ensure continued focus and support for initiatives which prevent safeguarding alerts by commissioning services which support individuals and carers in a way which reduces stressors known to increase incidents and invests in staff training.**

10. Conclusion

This is a summary of the activity B&H CCG has been involved or lead in the field of safeguarding adults over the 14/15. There has been a large amount of work undertaken but we know there is still more to do. Our priorities listed for 15/16 aim to continue to move us to the ambition of being a partner with patients, carers, and providers working together to provide safe and proactive services to the most vulnerable populations.

Soline Jerram

Lead Nurse, Executive Director of Clinical Quality and Primary Care
Brighton and Hove CCG

4.4 Adult Social Care Commissioning & Performance Team

General overview of the year 2014-15:

What has worked well:

- There are a range of key themes across the sector where there is an opportunity for improvement actions. In 2014/15 this included continence promotion, falls prevention, MCA, Restrictive Practices and Deprivation of Liberty Safeguards (DoLS). There has been extensive work or training delivered to providers in these areas.
- A programme of actively promoting quality through Dignity Champion groups and Quality Assurance groups has continued. These groups have addressed the topic areas of dignity in care for people with sensory loss, social and recreational activity, hydration, working with carers and families as full care partners, continence promotion; sex, personal relationships and sexuality in care homes; communication within care homes; risk assessing whilst respecting rights; nutrition and menus for special diets; and infection control.
- The Care Quality Commission (CQC) Compliance reports have now introduced ratings, and these reports inform the Team's level of monitoring activity on the services these reports relate to, as do all other forms of intelligence coming into the Unit.
- Healthwatch have been undertaking more enter and view visits comprising two older people care homes, one learning disability care home, a nursing home and a mental health day centre. The purpose of these visits is to get a 'service user perspective' on the services. The primary focus of these particular visits was on the provision of meaningful activities for the users of the services, and suggestions in the reports as to how these could be improved.
- The risk based approach to monitoring providers has continued, with reactive visits to services where there are concerns given priority within the timetable of visits. Through 2014/15 there were 29 monitoring visits to care homes, 14 to nursing homes, and 13 to home care providers. Other providers were also visited, including supported living providers (19), community support providers (9), and a range of Council run services (12).

Challenges:

- The Electronic Care Monitoring System (ECMS) continues to be a significant component in the monitoring of home care provision, with the production of quarterly reports which cover a range of quality areas including continuity of care and timekeeping. However, the compliance levels have not improved significantly, and in some instances have got worse. The Team will continue to adopt corrective action to improve compliance levels.
- The number of services suspended due to poor quality in 2014/15 comprised three nursing homes, and two home care services. However, with the support of the Contracts Unit, improvements were made in these services and the suspensions were eventually lifted.

Specific developments, achievements & work undertaken in 2014-15:

- The benchmarking tools have been finalised to work with providers around the various quality areas, e.g. staffing, medication, care planning; along with a series of templates to support audit activity and create more consistency of report writing throughout the team.
- The Team is yet to publish quality information about care providers in City in line with the Care Act

2014, as the consistency of written reports is still being worked through. Though the number of written reports is predicted to fall in the coming year following the restructure of the Team (see below), this remains an important priority and is included on the Unit's Business Plan.

- Information sharing processes with Healthwatch have been confirmed, and a rep from Healthwatch is routinely invited to the Care Governance Board.
- The delivery of draft audit reports to provider within 10 working days to 85 percent, has been achieved, and exceeded in 2014/15.
- The quarterly quality reports produced for the Care Governance Board have been reviewed and now include additional information on quality themes emerging from audit activity, the activity of the Quality Monitoring Officer, and activity in the Service Improvement Panel.
- A key quality theme for 2015/16 will be the promotion of continence in care homes, and this has been taken up more strategically through the Care Governance Board so that all partner agencies are involved in promoting this.
- Intended improvement themes for 2015/6 will also include, risk assessing whilst ensuring minimal restrictive practices, communication with service users, communication within services and the provision of information about the quality of services.

Future plans / priority areas for 2015/16:

- To publish quality information about care providers on in City providers on the Council Website in line with the Care Act 2014.
- To further review the quality monitoring reports produced for the Care Governance Board to specifically look at what impact the quality monitoring activity of the Unit has had on the quality of adult social care services in the City.
- To move towards intelligence led risk based monitoring comprising a desk top review of services. This may or may not prompt further intervention, including a visit to the provider to monitor the service further. The above will need to allow for reactive visits to care homes where quality concerns arise.
- The continued development of joint working and robust communication links between the Team, and the CCG regarding quality information
- The continued development of joint working and robust communication links between the Team, and the CQC regarding quality information
- To rationalise the provision of provider forums.
- To continue to log Safeguarding activity, and also to log those quality concerns which historically would have been dealt with under the Safeguarding umbrella, in order to evaluate the impact this is having on the workload in the Unit.

Review of staff competency through training and development during year 2014/15:

- Commissioned services continue to access Council training. This is monitored by the Unit through their audit activity.
- Competency of staff working in the Commissioning & Contracts Team is reviewed each year through Professional Development Plans (PDP) and supervision with the expectation that all staff are competent and training and development are facilitated where required.

Future plans for staff competency through training and other means:

All staff in the Unit have received mandatory training, e.g. MCA, DoLS, Safeguarding, and will continue to do so at the point this requires updating. As the needs of the Unit change following the implementation of the new structure, further training needs will be identified around the changing needs of the service.

Anne Hagan

Head of Commissioning & Contracts Adult Social Care
Brighton & Hove City Council

4.5 Partnership Community Safety Team (PCST)

General overview of the year 2014/15

The Partnership Community Safety Team, along with other partners, support the Safe in the City Partnership in Brighton & Hove to:

- reduce crime and anti-social behaviour, especially around issues that matter most to people;
- improve feelings of safety and meet the needs of victims;
- take early action to prevent crime and disorder;
- tackle underlying causes of offending and reduce harm from drugs and alcohol; and
- reduce reoffending and achieve visible justice, including offenders participating in restorative justice

In the last year, we have continued to develop shared priorities and outcomes and expand integrated working practices, specifically in relation to:

- Maintained and developed partnership working across Sussex with the Sussex Police and Crime Commissioner and through the Sussex Criminal Justice Board
- Working towards joint commissioning of victim and witness services and Restorative Justice
- Establishing a new model of working for responding to domestic and sexual violence & abuse, as well as other forms of violence against women & girls (including female genital mutilation, forced marriage and so-called 'honour based violence')
- Supported pan-Sussex commissioning, including of the Adult Sexual Assault Referral Centre (SARC) and the development of a Child SARC
- Realigning the structure for managing offenders so it is 'fit for purpose' in light of national policy changes (Transforming Rehabilitation)
- Establishing victim & witness service standards to reduce vulnerability around anti-social behaviour and hate incidents and extending the use of a risk-based case management system (E-CINS) across partners city-wide
- Supporting the Racial Harassment Forum and the Black and Ethnic Minority Community Partnership to manage the development of city-wide services for BME communities

Specific developments, achievements & work undertaken in 14/15

The provision of an immediate access duty service by the community safety casework team is improving access to reporting and support for victims. It has also been promoted to professionals for specialist advice and guidance on how to manage Anti-Social Behaviour (ASB) and hate cases and is regularly being used by them.

During 2014/15 the Partnership Community Safety Team (PCST) has developed a pooled budget to support a domestic violence & abuse, rape, sexual violence & abuse service across Brighton & Hove and East Sussex¹. In addition to contributions from across the council, there are a number of other Associate Commissioners are participating in the pooled budget, including: East Sussex County Council, Brighton & Hove Clinical Commissioning Group (CCG), Kent, Surrey and Sussex Community Rehabilitation Company (CRC) and Sussex Police & Crime Commissioner (PCC).

¹ <http://www.brighton-hove.gov.uk/content/press-release/new-domestic-violence-abuse-rape-sexual-violence-abuse-service-unveiled>

Future plans / priority areas for 15/16

- Continue to support the development of local partnership working to resolve local crime and safety problems.
- Carry out a project to enhance the existing Local Action Team framework and resilience, assisting with early intervention and prompt resolution of local community concerns and priorities.
- Disrupt drug markets through targeted enforcement. Increase intelligence and keep abreast of developments and local markets in new psychoactive substances to better inform education, treatment services and police activity.
- Sustain Operation Reduction which disrupts drug supply and engages users and offenders to encourage them into treatment.
- Develop a partnership 'Through the Gate' strategy, working closely with local prisons for men and women.
- Extend casework standards to all agencies to risk assess, reduce vulnerability and harm (incl. Registered Social Landlords)
- Continue case management of high risk victims through Multi-Agency Risk Assessment Tasking Group, linking with the Youth Offending Service, housing, the Integrated Team for Families, mental health and adult social care, and achieve behaviour change of perpetrators
- Introduce and promote a new smartphone app which makes reporting (of hate crimes) easier and more effective
- Create a 'due diligence' process to prevent use of public resources for extremist purposes.
- Provide consistent, high quality care in safe environments for victims of modern slavery, whether they are adults or children, male or female.
- Provide accessible and integrated services for victims/survivors of domestic and sexual violence & abuse and their children. To include meeting safety needs, support through the criminal justice system and access to therapeutic interventions.

Peter Castleton

Temporary Head of Community Safety,
Partnership Community Safety Team

4.6 Brighton & Hove City Council Adult Social Care Provider Services

General overview of the year 2014-15:

We have improved our management team over-sight of safeguarding practice and training for all staff, including our in-house agency staff, by our management team. We have also improved practice and training for staff in DoLS/MCA in response to the Supreme Court Judgement.

Our challenge has been to change our practice in relation to the requirements for depriving people of their liberty and the additional significant workload that this has created especially in our short term and mental health services.

Specific developments, achievements & work undertaken in 2014-15:

During 2014/15 we have:

- Trained and briefed staff in preparation for changes to practice brought about by The Care Act.
- Reviewed our medication policy and practice
- Reviewed mandatory training and frequency of refresher training
- Trained staff in line with the changes brought about by DoLS case law, and reviewed our policies and practice in line with these changes.
- Started our work to achieve autism accreditation for some specialist Learning Disability Homes.

Future plans / priority areas for 2015/16:

- To ensure all staff are trained in the new safeguarding policies and procedures and that we are working in compliance with the Care Act.
- To ensure that staff are trained as appropriate in deprivation of liberties and that we are making appropriate referrals where DoLS apply.
- To introduce a new medication policy in line with NICE guidance.
- Achieve autism accreditation within our specialist residential homes.

Review of staff competency through training and development during year 2014/15:

223 staff attended safeguarding training and 3 staff attended self-neglect awareness training.

27 staff attended DoLS briefings/update training.

2 staff attended Domestic Violence and Abuse training

18 staff attended “managing risk and behaviours safely with least restrictive practice” training

78 staff attended MCA training

Future plans for staff competency through training and other means:

Training targets 2015/16:

- Safeguarding Basic Awareness Training- target 85% of all staff
- MCA training- 60% of all staff
- DoLS- 60% of all staff.

Karin Dival

Head of Provider Services

Brighton & Hove City Council

4.7 Brighton and Sussex University Hospital NHS Trust (BSUH)

General overview of the year 2014-15:

- The Adult Safeguarding Team worked well with other partner organisations in readiness for 1st April 2015 and The Care Act 2014, with regular discussions about the changes to safeguarding and learning from cases as they occur.
- In readiness for 1st April 2015 a **Making Safeguarding Personal – RSCH Raising Adult Safeguarding Concerns** template has been developed in conjunction with the Lead Nurse, Safeguarding Adults and B&H Adult Social Care Team. The template focuses staff to engage with the patient regarding outcome from the outset and to consider any concerns regarding capacity to consent.
- Governance arrangements have been reviewed with the Deputy Chief Nurse to ensure they are fit for purpose and support a timely and proportionate response to all concerns.
- Brighton and Sussex University Hospital's Safeguarding Adults Policy is being updated to ensure it complies with the Care Act. This will be approved by the appropriate committee on 07/07/2015. The new Sussex Safeguarding Adults Policy and Procedures are available for staff on the BSUH intranet.
- In common with many Acute trusts Brighton and Sussex University Hospital has faced significant challenges with regard to bed occupancy, patient flow and staffing over the winter months. Safeguarding concerns relating to the Acute Medical Unit, which has been exceptionally busy and acute due to the issues outlined above, has used the learning from these incidents to develop a 6 month improvement plan with actions for nursing, medical and operational staff. Positive changes have been made and ongoing improvements continue to take place.
- An overseas and national nurse recruitment programme has successfully offered employment to 350 nurses.
- The Learning Disability services have highlighted the difficulties for the transition of patients from child to adult services. People with a learning disability sometimes remain in the Royal Alexandra Children's Hospital after the age of 18 years due to them remaining in education. This is agreed individually for each patient by their consultant. To develop a clear protocol for transition is part of their work plan for 2015 / 16. The Learning Disability Liaison nurses and the Adult Safeguarding Team provide monthly training for staff in the Royal Alexander Children's Hospital in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The Adult Safeguarding Team continues to work closely with the Dementia Champion / Nurse Specialist. They provide joint training and support for staff in bespoke areas to implement the learning from safeguarding investigations, complaints and Serious Incidents.
- The impact of 'Cheshire West' ruling has seen an increase in the need for Deprivation of Liberty Safeguards authorisations. The Adult Safeguarding Team continues to deliver training and provide direct support to staff in clinical areas. For the period 01/04/2014 to 31/03/2015 Brighton and Sussex University Hospital applied 90 Deprivation of Liberty Safeguards authorisations

Specific developments, achievements & work undertaken in 2014-15:

Learning and Improvement:

- The Adult Safeguarding Team, Dementia Champion and Learning Disability Liaison team in conjunction with Sussex Partnership were actively involved in the development and implementation of the Joint Health Economy 'Are you confident' training for the Mental Capacity Act and Deprivation of Liberty Safeguards. A full time Safeguarding/Mental Capacity Act trainer has been successfully appointed and continues to support the ongoing delivery of the Joint Health Economy training as well as internal training for all clinical staff.
- A draft template to improve the quality of documentation regarding capacity assessments and best interest decision has been developed. This is to be taken forward as an ongoing piece of work supported by the medico legal team.
- Both the Adult and Children's safeguarding leads have been working together to develop an action plan following the recommendations and learning from 4 Domestic Homicide Reviews.
- Following the recommendations of a Serious Case review a new policy for the Observation of Adult Patients with Mental Health Problems has been developed. Training for staff will be implemented by the Safeguarding/Mental Capacity Act Trainer in conjunction with the Mental Health Liaison Team – Older People's Mental Health.

Governance:

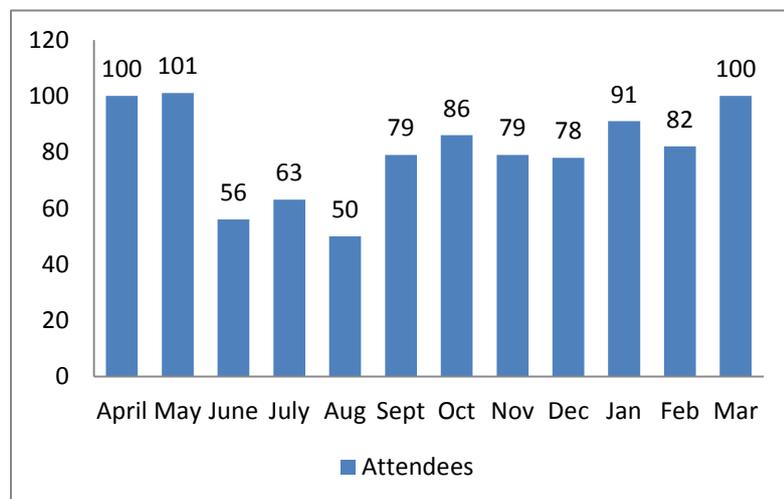
- A joint monthly Serious Safeguarding and Complaints Meeting has been implemented to review serious and complex cases, actions and learning. The meeting is attended by the Chief Nurse; Deputy Chief Nurse Patient Experience; Deputy Medical Director Safety; Head of Complaints; and the Lead Nurse Safeguarding Adults. This committee reports to the Trust Executive Safety and Quality Committee.
- All directorates discuss Safeguarding as part of their Safety and Quality meetings. Learning from Safeguarding is shared at the Nursing and Midwifery Management Board.
- The Adult Safeguarding Team continues to work closely with Adult Social Care, often in discussion on a daily basis, and both organisations attend monthly joint case review meetings.
- Monthly review meetings of all current cases in the Adult Safeguarding Team is being commenced with the Deputy Chief Nurse from July 2015
- Attendance at the quarterly Safeguarding Committee has been reviewed to ensure senior nurse representation from all directorates.

Future plans / priority areas for 2015/16:

- A programme for site and service reconfiguration is now underway. Initial changes include the Neck of Femur pathway from Royal Sussex County Hospital to Twineham Ward Princess Royal Hospital. Twineham have implemented a dedicated bay for patients with dementia. The Dementia Specialist Nurse and Adult Safeguarding Team have provided focused training for staff regarding The Butterfly Scheme and the Mental Capacity Act / Deprivation of Liberty Safeguards. Dementia Competences are in development for pilot on Twineham.
- Richard Beard 3Ts Head of Communication and Engagement will present the hospital new build to the Best of Health Event for People with a Learning Disability on 25th June at The King Alfred Leisure Centre, Hove.
- Ongoing work to improve the data collection and monitoring of the use of Deprivation of Liberty Safeguards authorisations within Brighton and Sussex University Hospital, in partnership with the Local Authority. An internal BSUH DoLS in-box is being set up and the Safeguarding Adults Team are developing a 'Handy Hints' guide to support staff with the completion of DoLS paperwork.
- Ongoing training for clinical staff regarding Adult Safeguarding and the Mental Capacity Act/Deprivation of Liberty Safeguards. Two members of the Adult Safeguarding Team have

undertaken WRAP 3 training. A PREVENT training strategy is currently in development in conjunction with NHS England.

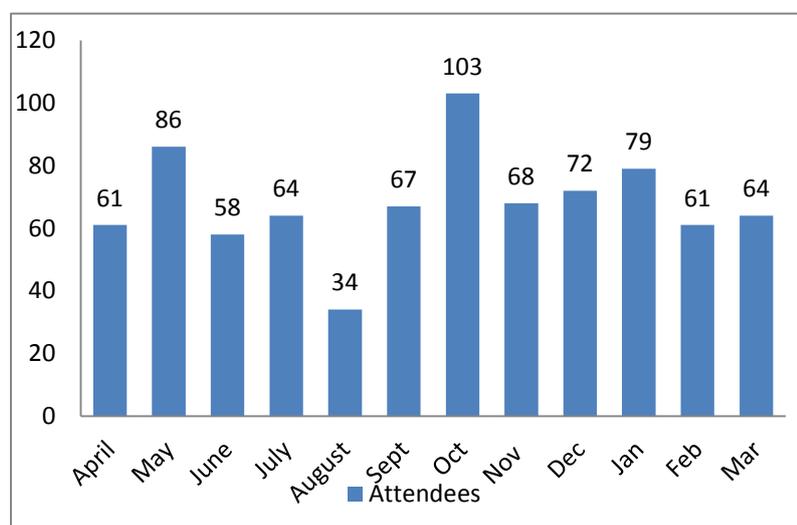
Review of staff competency through training and development during year 2014/15:
Numbers of staff trained in Safeguarding Adults



Safeguarding Adults awareness is provided during the induction programme for new volunteers within BSUH

PREVENT awareness continues to be included in Safeguarding Adults training.

Number of staff trained in Mental Capacity Act and Deprivation of Liberty Safeguards



In addition to the above internal training, the Lead Nurse Safeguarding Adults, the Safeguarding/MCA trainer and the Learning Disability Liaison Nurse continue to be actively involved in the delivery of the Joint Health Economy 'Are you confident' training for Mental Capacity Act and DoLS. BSUH staff are encouraged to attend although availability of spaces has been highlighted as an issue.

Future plans for staff competency through training and other means:

Safeguarding Adults:

- Face to face Safeguarding Adults training continues to be provided during Nursing and Midwifery Induction and as part of mandatory training for doctors. A workbook is available for all staff requiring update training.

- Bespoke departmental training is provided on request and as an outcome of safeguarding investigations to enhance opportunities for learning.
- Training is being revised to reflect changes in relation to The Care Act – revised workbook and e-learning module in development
- Safeguarding Adults team to attend WRAP 3 training. Prevent training strategy in line with NHS England competency framework to be developed.
- Safeguarding module for health care assistants to be incorporated into the competencies for the Care Certificate

Mental Capacity Act and Deprivation of Liberty Safeguards

- Face to face MCA and DoLS training continue to be provided during Nursing and Midwifery Induction and as part of mandatory training for doctors.
- Additional Mental Capacity Act & DOLS training for all staff is provided monthly across RSCH and PRH sites.
- Bespoke departmental sessions provided on request or as an outcome following safeguarding concerns or feedback from HM Coroner
- Review of Joint Health Economy 'Are you confident' training - revise presentation and fulfil training requirements as agreed

Any other information / areas / issues:

The Lead Nurse Safeguarding Adults and the Learning Disability Liaison Nurse attended the RCN Older Persons conference in March 2015. In conjunction with CCG colleagues they presented the Joint Health Economy 'Are you confident' MCA and DoLS training as a good practice example of multidisciplinary partnership education and learning.

In line with the service reconfiguration programme Twineham Ward will have a dedicated bay for patients with dementia requiring orthopaedic surgery. A dementia focused individual risk assessment and care plan is in development - to be piloted on Twineham Ward from July 2015.

A bruising protocol for staff and a pressure damage booklet for wards to give to patients are being developed

Sherree Fagge

Chief Nurse

Brighton and Sussex University Hospital NHS Trust

4.8 Brighton & Hove City Council Housing

General overview of the year 2014-15:

- Housing continued to meet regularly with the Head of Adult Safeguarding to get updates on changes to procedures - especially in light of the Care Act.
- Housing completed a review of safeguarding procedures and training.

Seniors Housing

- The new policies and procedures have been welcomed by staff and attendances by Adult Social Care staff at seniors housing staff meetings have embedded the change within the service.

- The challenge for staffs has been to cope with the sense that some people may make unwise decisions and may still wish to engage with risky activity or relationships. The former procedure had a greater sense of certainty for professionals.

Specific developments, achievements & work undertaken in 2014-15:

- A new action plan for safeguarding was written to update goals.
- An autism champion was appointed.
- New procedures were written regarding adult safeguarding and child protection.
- We signed the information sharing protocol for the Safeguarding Adults Board.
- Regular articles about the Care Act have appeared in Housing Update (the staff magazine).
- We worked closely with the Fire Service to improve safeguarding.
- Specific training on the Care Act has been provided for staff in Housing Needs.

Seniors Housing

- Seniors housing staff attended the safeguarding conference in December 2014 and posters and carry cards have been circulated to staffs to promote issues of safeguarding.
- The seniors housing service has promoted the Care Act amongst staff and all staff have access to the new policies and procedures. Local administration has been changed to reflect the changes. Staff from Adult Social Care have been visiting staff meetings to promote the new act and its implications for safeguarding issues.
- The seniors housing service has promoted the council's self-neglect policy and used this in two cases of complex need where older tenants were at risk of harm through self-neglect. The inter-agency approach has helped address issues of risk and in one case, the resident has re-engaged with the deep cleaning of their home.
- The seniors housing service has recognised the importance of strengthening the support to carers, particularly as many residents in schemes are carers themselves. The service has promoted carer's week through its internal staff bulletins and attendance at the carers event at the Brighthelm Centre in May 2015. The service is now ensuring that all staff are in contact with the Carer's Centre, with meetings being arranged at coffee mornings to promote carers support.

Future plans / priority areas for 2015/16:

- Briefings on the Care Act to be given to frontline teams that are involved in raising safeguarding concerns.
- Training for managers that will work with Adult Social Care on implementing the new safeguarding procedures.
- Training and meetings with Adult Social Care to work towards making safeguarding more personal and outcome focused.
- Housing Management will embark on an extensive communication strategy in regard to the Care Act with all staff and their partners. This will include printing posters and giving every employee a 'credit card' style reminder of the how to raise safeguarding concerns.
- Plans for a more integrated 'risk management' action plan will be examined.

Review of staff competency through training and development during year 2014/15:

- A review of staff training was undertaken (over 90% of staff have attended safeguarding training).
- Reminders were sent (via Housing Update) to employees who had started recently that safeguarding training is mandatory and must be arranged.
- We worked with the Lead Practitioner for the Mental Capacity Act to provide more information on issues of mental capacity.

Future plans for staff competency through training and other means:

- The take up of training will be monitored with workforce development to make sure the numbers of trained staff remain very high (over 90% of Housing Management staff).
- Managers involved in the enquiry process with Adult Social Care are to undertake training in undertaking an enquiry under the Care Act and improve multi-agency working.
- Training in dementia will be rolled out to selected staff in general needs housing - not just in seniors schemes.
- Competence remains the responsibility of the individual team manager.

Any other information / areas / issues:

Housing has designated casework teams who are used to working with clients to achieve agreed safeguarding outcomes. We have a close working relationship with Adult Social Care which should ensure the successful implementation of the Care Act within Housing.

Safeguarding procedures are embedded within Temporary Accommodation and Housing Support Service processes. We work in partnership with our emergency accommodation providers to ensure awareness of adult safeguarding issues and alerts raised as appropriate.

Housing Support Service attached to Temporary accommodation provide immediate support and referral to other services for those households at high risk and who have complex needs.

Patrick Odling-Smee

Head of Housing

Brighton & Hove City Council

4.9 South East Coast Ambulance Service (SECamb)

An Overview of 2014/15:

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties. During 2014/15 the Trust has undertaken a review of its safeguarding arrangements and the safeguarding team has seen an increase in capacity during this period. Referral rates have continued to rise with an overall increase of 18% from 2013/14 across the whole Trust area. Unfortunately it is not possible to break down the reporting figures by local authority area due to data entry challenges, however, it is anticipated this will be addressed during 2015/16.

Three Key Achievements in 2014/15:

- a) Appointment of a full-time Safeguarding Support Officer adding resilience and capacity to the safeguarding team
- b) Re-introduction of a Domestic Abuse (DA) pilot in Sussex with increased DA awareness training across the whole Trust
- c) Successful pilot for an on-line reporting process across the whole Trust

Impact of Achievements on Service Users:

The additional capacity in the team has enabled the Trust to have a greater presence at the local Safeguarding Boards which has the benefit of ensuring that the Trust continues to play an active role within each local area.

The Trust undertook a Domestic Abuse (DA) project in 2012/13 which ended due to the cessation of short term project funding. However, with the support of the Office of the Police and Crime Commissioner, and associate commissioners in East Sussex County Council and West Sussex County Council, additional funding was secured enabling the project to be re-introduced from December 2014 for a twelve month period, and expanded to cover the whole of Sussex (previously this was restricted to West Sussex and Brighton and Hove). As a result, all areas of the Trust have benefitted from DA training and the post-holder has secured referral pathways to specialist DA organisations across Sussex (with signposting to the national helpline in non-pilot areas) and made direct contact with a number of patients identified through the referral process.

The Trusts on-line referral process was successfully piloted in Kent during 2014 and subsequently rolled out to all staff across the Trust from April 2015. Improved clarity of concerns and data being gathered will enable greater scrutiny of demographics and ensure that training needs can be identified and mapped to enable targeted training to be delivered in future.

Three Key Challenges in 2014/15:

- a) A significant backlog of data entry for vulnerable person (VP referrals) due to legacy departmental capacity issues made reporting and analysing referrals for the year challenging. This has since been rectified at the end of Q4 and into Q1 2015/16.
- b) Lack of capacity within the team during the first half of the year meant it wasn't possible to properly engage with local safeguarding boards across the region. This has improved following the appointment of additional staff in the team.
- c) Understanding how the 111 service differed from the 999 service provided across the Trust and the unique challenges faced by staff who do not see the patient with regards to making referrals was a core requirement.

Future Plans 2015/16:

The safeguarding team will continue to roll out the electronic reporting across all Trust sites (including both 111 sites) leading to improved monitoring and analysis of the information being gathered.

The DA pilot will continue as per the commissioned plan, including project review and evaluation to assist the development of business case proposals for its sustained continuity beyond December 2015.

The team will continue to work with 111 to improve the understanding of safeguarding referral requirements and referral data analysis.

A significant volume of safeguarding and DA reporting metrics have been agreed with lead commissioners for reporting where possible during 2015/16.

In partnership with learning and development colleagues, the team will progress the delivery of MCA training to all clinical staff in accordance with the Trusts key skills plan (including application of capacity assessments, obtaining consent to treatment and use of control and restraint techniques) supported if appropriate by a tier of Mental Health expertise available to operational staff.

Jane Mitchell

Safeguarding Lead

South East Coast Ambulance Service NHS Foundation Trust

4.10 Sussex Community NHS Trust (SCT)

During August 2014 the Chief Nurse commissioned an independent review of safeguarding to consider what current systems and processes exist to safeguard both adults and children and if the systems already in place are robust, effective and sufficient for future requirements. The review also considered how the Trust worked in partnership with Brighton and Hove Adult Safeguarding Board. The review identified good work undertaken in children safeguarding this was not always reflected in adults due to lack of identifiable resources and a dedicated team to support SCT staff.

The independent review used mixed methodologies of evidence from SCT policies and procedures, national and local evidence of good practice, research findings and 29 interviews with internal and external stakeholders. A total of 22 recommendations were made, all accepted by the Trust as part of the Quality Improvements in line with preparation for CQC inspection. The Chief Nurse included adult safeguarding training on the risk register. As a result after a successful business case additional resource of a Head of Safeguarding (children and adults) and 2 specialist nurse posts for adult safeguarding were identified. During the year the senior locality nurses led on adult safeguarding, supporting staff on concerns and liaising with partners in the local authority during investigations.

This year SCT have identified both the depth and breadth of safeguarding changes, this is most evident with the implementation of the Care Act 2014. Changes in our communities demands that SCT staff are supported, well trained and aware of safeguarding concerns in areas such as anti-radicalisation, dementia, Modern Day Slavery and Mental Capacity. Areas of safeguarding overlap between children and adults and it is important for staff to see safeguarding on a continuum, for example in Domestic Abuse and Mental Capacity.

The Adult Safeguarding model of delivery for Sussex Community NHS Trust is:

1. Clinical Leadership

The Director with responsibility for safeguarding is the Chief Nurse. The Head of Safeguarding reports to the Chief Nurse and deputises in Local Safeguarding Adult Boards.

2. Safeguarding Adult Advice & Case Consultation

The senior locality nurses continued to support frontline staff in safeguarding. During the year as the Head of Safeguarding and a specialist nurse in safeguarding adults were in post, the advice and support has increased to staff.

3. Supervision

All SCT frontline staff has supervision, additional supervision is being offered where SCT staff has direct contact with safeguarding concerns. These may be as a result of care home closures or specific individual cases and by their nature can be distressing for those in direct contact.

4. Safeguarding Training & Development

SCT staff have mandatory training in adult safeguarding, the content has been reviewed and updated during the year to prepare of the implementation of the Care Act 2014.

5. Safeguarding Adults Inspections

The CQC inspection in December found the trust had in place policies and procedures to Safeguard adults together with key contact numbers. CQC reported the Trust worked in partnership with statutory agencies. The CQC had not received any direct notification of safeguarding events or concerns raised by staff in the past year.

6. Clinical Audits

SCT has been involved in the multi-agency case files audits from the West Sussex Safeguarding Adults Board. An audit of the Rapid Response teams in SCT was completed in January 2015.

7. Quality & Governance

The Safeguarding Adults Delivery Groups are well established and meet monthly. Reporting to the Safeguarding Steering Committee, chaired by the Chief Nurse

Mental Capacity and Deprivation of Liberty

A policy for Mental Capacity and Deprivation of Liberty has been established for SCT staff during 2014 alongside additional training has been offered for all frontline SCT staff. There was an increase of 12 applications authorised in 2014/15 compared to 4 applications authorised in 2013/14

Safeguarding Standards for Adults

A task and finish group of frontline staff and Head of safeguarding established the standards that the Trust will embed into the work of all frontline staff. These are:

1. Acknowledging that neglect and abuse of an adult can happen and that it is every person's right to live free from abuse and neglect.
2. Having good systems in place for effective identification of neglect and abuse of an adult, taking prompt action.
3. Ensuring staff are aware of their responsibilities and know who they can access for support, guidance and advice and use reflective practice in supervision.
4. Have supportive policies and procedures in place to assist staff through safeguarding processes
5. Develop a culture where staff feel able to discuss the abuse of vulnerable adults with partner organisations in an open and transparent way, within the scope of Trust confidentiality guidelines.
6. Providing a training programme that equips staff with the knowledge and skills to safeguard adults in line with the Sussex Policy and Procedures for Safeguarding Adults
7. Sharing and learning from incidents and developing change to improve future outcomes
8. Develop and strengthen relationships with partner organisations to enhance service provision, working together to keep adults safe from harm by training health enquiry officers.
9. To work towards a culture of prevention to keep adults at risk safe from harm
10. Provide information for service users to help them understand the process and how they can be involved to make safeguarding personal.

Jennie Harmston

Head of Safeguarding (Adults & Children)
Sussex Community NHS Trust

4.11 Sussex Partnership NHS Foundation Trust (SPFT)

General overview of the year 2014-15:

In 2014/15 we continued to undertake adult safeguarding activity on behalf of the local authority as a part of the section 75 agreement that establishes integrated health and social care provision in mental health services. We have an established structure to support this with a local management and quality assurance group meeting regularly and bringing together managers and safeguarding leads. In addition we have a Trust wide governance structure and provide regular reports including data reports to our Quality Committee. An annual safeguarding report is presented to the Trust Board.

We worked closely with the local authority and other key partners in preparing for the implementation of the Care Act 2014 including a significant number of staff attending local authority and in-house training.

We are a signatory to the new Sussex Safeguarding Adults Policy and Procedures, and have representation on the 3 Sussex Safeguarding Adults Boards.

A comprehensive and independent internal audit of safeguarding was undertaken by Baker Tilly and completed in October 2014. The report covering both Adult and Children's Safeguarding gave an overall rating of amber/green and concluded that 'the Trust Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.'

Regular audits of safeguarding investigations were undertaken and the outcomes fed back to Investigating Managers and Investigating Officers. These are used to improve quality and are directly reported back to the Quality Review meetings which are chaired by the Service Director and attended by the Head of Safeguarding at Brighton and Hove City Council. The audit process is currently being reviewed in the light of the Care Act and a qualitative audit of cases will be undertaken in Quarter One.

With regards to the MCA a full review of local procedures covering restrictive practice is being undertaken by BHCC. The BHCC policy has been updated in the light of the Care Act and local training is being held for all social workers and care managers, and this will include staff in the integrated mental health service. MCA champion roles are being identified.

We are continuing to work very closely with the private residential and nursing home sector in relation to safeguarding work. Sussex Partnership work collaboratively with BHCC colleagues to undertake safeguarding investigations, and were heavily involved in two high level extensive investigations in 2014/15. This required a coordinated and sensitive approach and the service managed to work successfully with the providers, CQC and primary care colleagues to facilitate an effective outcome. Sussex Partnership continues to work closely with the residential and nursing home providers in the locality by offering specific support via our Care Home In-Reach Service and also our Care Homes Mental Health Liaison Nurse.

The CQC inspection of services in January 2015 provided positive feedback around the systems we have in place to support safeguarding of vulnerable adults. As part of the visit inspectors spoke to staff across local services to test their knowledge and understanding and found a good level of assurance. Further work is required to raise awareness of MCA and DoLS and to ensure information about staff accessing and completing mandatory safeguarding training is more robust. Actions around both these areas are being taken forward as a priority as part of our improvement plans. The "My Learning" learning management system has now been introduced to support completion and recoding of all mandatory training for our staff. In addition to this there is a specific commitment with regards to Brunswick Dementia ward to ensure MCA and DoLS awareness training is reviewed and a more comprehensive programme introduced and completed during 2015.

Specific developments, achievements & work undertaken in 2014-15:

Working closely with the Local Authority we have revised all Adult Safeguarding policies and procedures to ensure Care Act compliance. Training and briefing sessions have been provided to staff

at all levels, and briefing papers have been presented to our Quality Committee and Board. Information available on our internal website has been updated.

In 2014 we were selected to be one of two Mental Health Trusts nationally to host a project led by AVA (Against Violence and Abuse) Stella to improve our policy and practice with regards to Domestic Abuse. A Trust wide steering group has been established with representation across all care groups. Initial training sessions have been provided and a training plan is being developed including a specific induction slot. A new and comprehensive Domestic Abuse policy has been drawn up and is currently at the committee approval stage.

There were 579 alerts received by adult mental health, substance misuse and dementia services city wide in 2014/15, of these 10 related to Sussex Partnership (5 in adult mental health and 5 in dementia services). There were no alerts at levels 3 or 4 relating to Sussex Partnership.

Future plans / priority areas for 2015/16:

- To ensure compliance with the Care Act 2014
- To embed the principles of Making Safeguarding Personal into safeguarding practice
- To raise staff awareness in relation to domestic abuse, self-neglect and modern slavery
- To raise staff awareness in relation to the Prevent Duty and the Channel process
- To develop more integrated systems for recording and monitoring safeguarding concerns and MCA work linking to the new Sussex Partnership clinical recording system – Carenotes.

A forum for Social Workers involved in Safeguarding work is being established across all BHCC assessment services and social workers from the integrated mental health service will be included in this.

Review of staff competency through training and development during year 2014/15:

Adult Safeguarding is part of the Induction training for all Sussex Partnership staff. In addition an e-learning module re: safeguarding is available. Staff in the integrated services are also able to access the safeguarding training provided by BHCC and this has included extensive training with regards to new roles and responsibilities as outlined in the Care Act.

Trust wide training is provided in relation to MCA and DoLS. In addition we have taken part in the Joint Health Economy project led by the Brighton and Hove CCG which provided further training re: MCA and DoLS Sussex wide. Our essential training programme has been revised and the new My Learning system will ensure accurate reporting and compliance with training requirements

A social work supervision policy is being developed by the BHCC Principal social worker this will be rolled out to all social workers including in the integrated mental health service and will ensure that the Professional Capability Framework is embedded with supervision and professional development.

Future plans for staff competency through training and other means:

The Induction training module is being developed to include extended elements in relation to the Prevent duty and also in relation to domestic abuse. Training for Mental Capacity Act and DoLS will be provided Trust wide. Staff will have access to BHCC safeguarding training and MCA training. Safeguarding training is currently being reviewed in the light of the Care Act. The first round of Lead Enquiry Officer training was rolled out in May and the feedback is being used to develop further training sessions. MCA awareness training is being reviewed and a bespoke programme developed for staff in the integrated mental health service.

Andy Porter

Deputy Director of Social Work
Sussex Partnership NHS Foundation Trust

4.12 East Sussex Fire and Rescue Service (ESFRS)

General overview of the year 2014-15:

ESFRS has appointed a Partnership and Inclusion Coordinator in the City specifically to develop joint working and ensure the service reaches vulnerable groups. 60 Partners are signed up to the Care Providers Scheme. This year ESFRS has conducted 9346 Home Safety Visits, with 2895 in Brighton and Hove, 85% of which were delivered to vulnerable adults.

The ESFRS Health and Wellbeing Volunteer Scheme, in conjunction with 3VA, is now up and running. This project has 3 year funding and is focussed on reducing social isolation and health inequality within the deprived areas of Brighton and Hove. ESFRS volunteers visit clients over the age of 50 and have a guided conversation, and support them to access an activity or service. They can also refer for the Home Safety Visit, and are trained to identify safeguarding issues.

A new operational meeting group has been set up, the Community Initiatives Meeting, chaired by the ESFRS City Borough Commander, which has brought partners together to develop a shared understanding of the nature of vulnerability within our City and develop specific projects to ensure appropriate services reach those who need them.

Specific developments, achievements & work undertaken in 2014-15:

ESFRS has continued to work with partners sharing information for those who are most vulnerable to fire risk in our communities. Referrals for home safety visits are now received from the hospital smoking cessation team, Federation hospital link-worker, and Integrated Team for Families. Learning from incidents where there has been death or injury in result of a fire are shared with appropriate partners including Adult Social Care.

ESFRS provides a range of equipment for vulnerable adults including lap blankets and flame retardant bedding where appropriate to reduce risk. Sprinklers have been fitted in the homes of those considered at highest risk. In an initiative with BHCC sprinklers are being retro-fitted into a block of flats where there are a number of vulnerable residents.

ESFRS works closely with Public Health via the Safer Homes Networks and now delivers smoking cessation messages and promotes Health Checks during Home Safety Visits. Where fire crews encounter health and wellbeing issues these can now be referred into the ESFRS volunteer scheme for a visit.

ESFRS continues to attend the MARAC, Modern Slavery Meeting, Suicide Prevention Meeting, Safe in the City Meeting, Citywide Connect Board and Safeguarding Adults Board. This joint working has led to information sharing and increased proportions of visits to vulnerable adults.

Suicide Prevention Training is being rolled out for all fire crews. Crews have been briefed on modern slavery and a referral mechanism is in place.

Future plans / priority areas for 2015/16:

- Continue to increase the number and proportion of Home Safety Visits delivered to vulnerable adults.
- Develop specific projects with partners via the City Initiatives group to identify and respond to risk in relation to hoarding; Alzheimer's and dementia; and resettlement into the community
- Continue to raise awareness of the specific risks associated with age, reduced mobility and smoking, ensuring effective prevention services are delivered.
- Continue to develop effective and appropriate data sharing with other agencies.

Review of staff competency through training and development during year 2014/15:

Service wide training to key members of staff has been delivered to improve awareness in safeguarding and wellbeing. In 2014/15, 31 staff were trained on Safeguarding by an External

trainer and 24 members of staff completed the Kwango e-learning course, which will continue on a rolling programme. The training has given confidence to staff to report safeguarding issues to the correct staff within ESFRS and to know what to look for when concerns are shown. 2014/15 proved to be a difficult year to organise training due to a large number of occasions when there was periods of industrial action.

ESFRS do not cover the Mental Capacity Act and Deprivation of Liberty Safeguards and look to partner providers for their expertise.

Future plans for staff competency through training and other means:

A number of courses are being sought for 2015/16 from external providers for key staff within the organisation.

Andy Reynolds

Director of Prevention and Protection
East Sussex Fire and Rescue Service

4.13 Practitioners Alliance for Safeguarding Adults (PASA)

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

The Brighton and Hove PASA Group is in its 9th year and meets quarterly. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

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

Activities in the year

The group was involved in supporting workshops for the yearly safeguarding conference.

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

A PASA member attended a Senior Social Work Forum, to enhance links between the Independent and Voluntary sector and the assessment team.

Updates were given on the Care Act and the new safeguarding procedures, with group members participating in feedback at draft stage.

Discussion topics included; feedback on alerting and investigations, training, Deprivation of Liberty Safeguards and a briefing on Safer Care Networks.

4.14 Mental Capacity Act

MCA DoLS sub group

This group (established 2007) continues to be a useful forum for networking, information sharing and identifying areas for development. The year 2014/5 followed the landmark Deprivation of Liberty Supreme Court judgment ruling in March 2014 leading to a significant increase in demands on resources for some core member organisations. Also of significance for member representatives was the outcome of the House of Lords scrutiny of the Mental Capacity which evidenced inconsistent understanding and application of the Act in Practice across organisations, and the

challenges of responding to this.

The group continues to be facilitated and chaired by BHCC with a structure of core membership and additional specialist contributors by arrangement with a task and finish group approach outside of group meetings to complete specific pieces of work. Identifying/securing appropriate representation needs further consideration. The independent review of the SAB may lead to a further review of governance and remit.

In May 2014 a task and finish group was set up with a focus on MCA/ DoLS awareness in provider settings (May 2014). Following this, a series of 4 Managing Authority and Supervisory Body 1 day DoLS update 'learning events' took place between October 2014 and January 2015, with a total of 76 participants made up of Best Interest assessors, provider managers, and signatories which both supported greater understanding of different roles within and across agencies and also reinforced compliance of Mental Capacity Act as the responsibility of all organisations. Further events for Managing authorities are being planned following the success of these sessions.

A task and finish group was also set up to consider 'best practice' approach to potential deprivations of liberty in hospital settings – in particular dementia wards and ITU at BSUH. There has been an initial meeting and subsequent sharing and seeking of information, and further work is needed in this area to include SPFT partners, in relation to informal patients who are deprived of liberty in psychiatric wards.

In the previous year 2013/14 the group developed a set of Gold Standards for MCA/DoLS as a bench mark for future audit and qualitative analysis. The standards were ratified by the Safeguarding Board in March 2014, and Board member organisations are working towards meeting the standards in their areas.

Data Collection

Mental Capacity Assessments (MCA'S)

A system is in place to collect MCA data from Care Assess (Adult Social Care database) on a monthly basis. This shows a small increase in mental capacity assessments formally recorded across Adult Social Care from 309 (2012/2013) to 335 in 2013/2014, and 341 in 2014-2015. These figures do not include assessments undertaken by staff seconded to Sussex Partnership Trust (SPFT) who do not use Care Assess. A manual data collection process for MCAs undertaken by SPFT seconded staff was established but could not be resourced and an alternative reporting system is to be developed.

A method of and arrangement for qualitative analysis and audit has not yet been introduced so interpretation remains superficial.

Assessments under the Deprivation of Liberty Safeguards (DoLS) (figures in brackets show the 2013 – 2014 figures as a comparison)

The Supreme Court Judgement in P v Cheshire West and Chester Council and P & Q v Surrey County Council handed down in March 2014 led, as anticipated, to a considerable increase in the numbers of people considered to be deprived of their liberty for the purpose of receiving care and treatment.

In 2014-2015, the 6th Year of the Safeguards, there were a total of 693 (38) requests for authorisation under DoLS. 117 (17) were from hospital settings and 576 (20) requests were from nursing and residential homes.

Of the requests processed in 2014/5 a total of 9% of applications were not authorised compared to 43% in 2013/14. Further details can be provided on request.

This significant increase in requests for authorisations led to an urgent review of resources and systems to meet the demand. As a result the pool of Best Interest assessors was increased from 22 to 30, including the appointment of 2 full time Best Interests Assessors. An operational manager, senior social worker for DoLS, and admin staff are in post. This, combined with commissioning Independent BIA's, has led to the number of breaches (assessments not completed within prescribed timescales) to being below 5%, compared to a significantly higher (40% +) national average. BHCC is supporting an approach where all experienced registered social workers will undertake Best Interest Assessor training. A DoLS governance group made up of senior managers, the Principal Social Worker and MCA DoLS Practice Manager has been established to oversee arrangements and manage competing demands and related risks.

PoHwer continues to provide the Independent Mental Capacity Advocacy (IMCA) service for the City. The increase in eligibility for IMCA support following the Supreme Court Judgement exceeded resources available to meet the demand and following work with commissioners in BHCC West and East Sussex, and PoHwer to address the implications of this, funding for additional advocacy was agreed.

Training

BHCC continues to offer a suite of MCA and DoLS related training including ½ day briefings, and 1 day more in in depth programmes for practitioners involved in the more complex aspects of this work.

Whilst there has not been a formal audit process established, there continues (consistent with the findings of the House of Lords' scrutiny) to be variation in how practitioners have experienced training in terms of increasing skills and confidence in this area of work. The Care Act 2014 has augmented the position of the Mental Capacity Act within wider statutory duties, and a review of training to incorporate this is underway.

Brighton and Hove continues to actively support, with our South East regional colleagues via the 2 x yearly South East Best Interest Assessor Forum as an important platform for networking, legal updates practice development and learning for Best Interest Assessors who are both social care and health professionals. In September 2014 BHCC hosted the forum with speakers from CQC and a Court of Protection judge.

The council also continues to subscribe to MHA and MCA law on line which both BHCC and SPFT staff can access for regular updates on case law and related guidance notes. It also provides a discussion forum where practitioners can explore issues with a wide pool of other subscribers from different disciplines and backgrounds.

Future plans / priority areas for 2014/2015:

- Review of terms of reference of the MCA/ DoLS sub group in light of the independent review of the safeguarding adults board.
- Securing of consistent multi- agency representation on the MCA Sub group
- Informal carer and general public awareness raising of the MCA and DoLS
- MCA related data reports (BHCC and SPFT seconded staff)
- Review of application of the MCA Capability Framework across BHCC and seconded staff and development of the MCA Gold standards across agencies.
- Further development and evaluation of the MCA gold standards across agencies.
- Securing of appropriate and consistent multi- agency representation on the MCA Sub group

Edwina Sabine

Practice Manager (DoLS/MCA)
Brighton & Hove City Council

4.15 Safeguarding Adults Multi-Agency Training Strategy Sub Group

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

The year 2014-2015 saw 1646 places commissioned by the BHCC workforce development team covering safeguarding adults, the Mental Capacity Act and related subjects (e.g. self-neglect). This is a reduction of 7% from the preceding year. The year saw the publication of the Care Act statutory guidance and consequential re-write of the safeguarding procedures. There was an agreed reduction in training delivery at the end of 2014 whilst the course content was revised and re-written to reflect the new procedures. The safeguarding courses have been updated, with training reflecting the new procedures being delivered from April 2015.

The year also saw the Supreme Court ruling on Cheshire West and Mig & Meg. This led to a huge increase in deprivation of liberty safeguards applications. Four learning events were held bringing together managing and supervisory authorities to provide an update on the safeguards, encourage effective working between the managing and supervisory authorities and to clarify roles and responsibilities. Additionally the course content on the deprivation of liberty safeguards was updated to reflect the Supreme Court ruling.

136 people from across a range of agencies attended the annual safeguarding adults conference. Speakers included Claire Crawley from the Department of Health considering the Care Act; the Care Quality Commission as well as a range of workshops including self-neglect, health investigations, violence against women and girls, DoLs and making safeguarding personal. For 2015/16 the usual safeguarding conference event will be delivered in a different way. The Safeguarding Adults Board, Safeguarding Children's Board and the Safe in the City Partnership are working together to hold a fortnight of learning events in November and December in 2015.

Tim Wilson

Development Manager
Organisational and Workforce Development
Brighton & Hove City Council

4.16 Safeguarding, MCA, DoLS and related training places provided by BHCC Workforce Development Team 2014 - 2015

Course Description	BHC C	BSU H	CC G	Children's workforce	Independent homecare	Independent LD	Independent MH	Independent OP	Independent other	Partners/Others	PAs, Family Carers, Shared Lives	Police	SC T	SPF T	Grand Total
Safeguarding															
Safeguarding Adults - basic awareness	118			18	52	121	8	197	37	2	2		1	8	564
Safeguarding Adults at Risk basic (single team)	0							24							24
Safeguarding Adult - update	113				5	13	3	48	1	1			1	2	187
Safeguarding for Provider Managers	13				1	19	6	33	11						83
Admin Support for SAR Meetings	8												1	1	10
Understanding the Levels & Level 2 Investigations	22													7	29
Undertaking Multi-Agency Safeguarding Adults - Investigating Officers	8													1	9
Undertaking Multi-Agency Safeguarding Adults - Investigating Managers	5													1	6
Safeguarding Adults at Risk Conference	35	3	1	2	1	8	4	36	18	9		6	5	8	136
Safeguarding Totals	322	3	1	20	59	161	21	338	67	12	2	6	8	28	1048
MCA & DoLS															

Course Description	BHC C	BSU H	CC G	Children's workforce	Independent homecare	Independent LD	Independent MH	Independent OP	Independent other	Partners/Others	PAs, Family Carers, Shared Lives	Police	SC T	SPF T	Grand Total
Mental Capacity Act Briefing	92			3	2	48	2	87	3		2			6	245
MCA in Practice	35					6	3	5						4	53
MCA Advanced Training: Assessment of Mental Capacity	14													5	19
DoLS briefing	45					20	6	25			1			5	102
DoLS Update: Joint Managing & Supervisory Authority Event	26	1	1			5	5	26	3					9	76
MCA & DoLS Total	212	1	1	3	2	79	16	143	6	0	3	0	0	29	495
Related															
Domestic Violence and Abuse - Basic Awareness	10						1								11
Domestic Violence & Abuse - Working with Risk	3						2	1	3						9
Self-Neglect - basic awareness	28					2	1	2	2						35
Self-Neglect - Senior Practitioners & Lead Agencies	22			1									3	7	33
Charing Complex Meetings in Adult Social Care	10													5	15
Related Total	73	0	0	1	0	2	4	3	5	0	0	0	3	12	103
Grand Total	607	4	2	24	61	242	41	484	78	12	5	6	11	69	1646

5. Brighton & Hove Safeguarding Adults Board Members 2015

The Safeguarding Adults Board is the multi-agency partnership that leads the strategic development of safeguarding adults work in Brighton & Hove.

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