



Brighton & Hove Safeguarding Adults Board Annual Report 2017-18

Brighton & Hove
SAB
Safeguarding
Adults Board



1. Foreword

It is my pleasure to introduce the 2017-18 Brighton & Hove Safeguarding Adults Board (SAB) annual report.

It has been another busy year for the Board. Reflecting on our achievements and challenges over the past year, I am pleased that through this annual report I am able to demonstrate the great strength of our multi-agency commitment to safeguarding and promoting the welfare of those in the city who have care and support needs.

We have made some very real progress against the majority of our priorities. The most notable being our quality assurance activity, aptly supported by the new Quality Assurance & Learning Development Officer whose commitment and skill has taken our auditing arrangements from strength to strength. Areas where we have made less progress include our community awareness and capacity building, and may be reflective of the board's reduced capacity with a part time manager, unlike other areas who have this as a full-time role. We recognise that there is more that we can do in these areas and intend to renew our focus on this next year.

We remain concerned about the number of people experiencing homelessness in our city. Whilst this does not feature as one of our original priorities, our focus this year shows how responsive the board is to emerging safeguarding threats. We need to acknowledge new challenges and develop ways to address them, but must at the same time ensure that previously identified priorities do not fall by the wayside. This can be a difficult balance to strike.

We did not initiate or publish any safeguarding adult reviews in 18-19, but we did initiate a local learning review into the care provided to a local resident with a learning disability who had experiences of rough sleeping. We commit to sharing findings from this work in next year's annual report.

This year all our partners completed a Sussex Strategic Safeguarding Self-Assessment, designed to provide partners with a consistent framework to monitor, assess and improve their own adult safeguarding arrangements. It included key considerations of the Care Act 2014, and the principles of Making Safeguarding Personal. For the first time, partners who work across Sussex were invited to present their self-assessments to a 'challenge panel', consisting of lay members and senior representatives from other agencies, including the community and voluntary sector. You can read more about the outcome of these on page 26.

Finally, I would like to acknowledge the commitment of all our partners, who continue to strive to improve the way we all work together to protect adults with care and support needs. I would also like to acknowledge the commitment of all front-line practitioners who work to safeguard adults. Next year we will commence the final year of our 3-year strategic plan and I remain enthusiastic and committed to taking this agenda forward.



Graham Bartlett, Independent Chair, Brighton & Hove Safeguarding Adults Board



2. Comments from Healthwatch

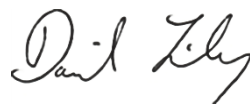
Healthwatch Brighton and Hove have worked closely with the B&H SAB over the last year. Our focus is to improve how people experience health and social care services, particularly vulnerable people and communities who do not have a strong voice.

The SAB has helped Healthwatch make a real impact in highlighting difficulties faced by vulnerable people undergoing assessments for benefits, particularly Personal Independence Payments (PIP) and Employment Support Allowance (ESA). Case studies of people who have been severely disadvantaged by insensitive and discriminatory practices have been brought to the attention of the public, press and politicians. That includes local Councillors, MPs and the Minister for Social Security.

This work has made a real impact and helped local voluntary and statutory organisations work more closely with some of the private sector organisations who provide these assessment services. This work is not complete and continues into next year. It is a joint challenge to improve quality and safety into a system that seems to be publicly funded but lacking in public accountability.

Safeguarding adult issues are routinely raised by Healthwatch Brighton and Hove as part of our service reviews, including feedback about hospital, community and mental health services. Healthwatch has undertaken joint work with the Care Quality Commission, for example, improving Patient Transport Services, and in Health Complaints Advocacy provided locally by our close partners Impetus.

The Brighton and Hove Adult Safeguarding Board provide excellent leadership, coordination, and a focus for partnership to promote high standards of safety and quality in health and social care in our City



David Liley, CEO, Healthwatch Brighton & Hove



"The flags show the way" by Justin Frisch, CC BY-NC-ND 2.0

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3. Introduction

This annual report covers the period 1st April 2017 to 31st March 2018. It provides an assessment of how well local services are improving the lives of our residents with care and support needs and sets out how the Brighton & Hove Safeguarding Adults Board has helped to create better outcomes through improving multi-agency processes and coordination.

4. Our vision and mission

The vision of the Board is that partners will:

Work together to enable people in Brighton & Hove to live a life free from fear, harm and abuse.

The mission of the Board is to ensure there is strong strategic leadership to safeguard adults with care and support needs in Brighton & Hove and that preventing, detecting and reporting neglect and abuse is 'everyone's business'.

5. Who we are and what we do

The SAB is made up of senior representatives from statutory and non-statutory agencies and organisations with a responsibility for keeping adults in Brighton & Hove with care and support needs safe. This includes, for example, the City Council, the Police, Health partners, Probation partners and the Community and Voluntary Sector. Appendix B lists board members and their agencies.

The board ensures the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs

- Undertaking safeguarding adult and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing this annual report



6. Our Finances

The SAB budget is pooled, and our partner agencies contribute to the running of the board, not only financially, but by offering to chair or vice-chair meetings, providing use of their buildings and facilities, or hosting learning events.

Income

Brighton & Hove City Council	£18,040
Sussex Police	£10,000
East Sussex Fire & Rescue Services	£10,000
Brighton & Hove Clinical Commissioning Group	£12,000
Total	£50,040

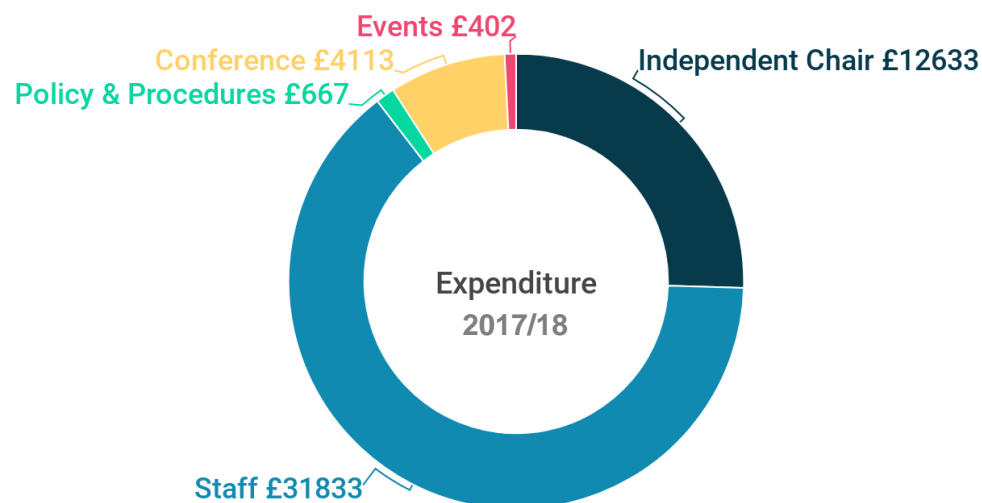
The board carried forward some of the Brighton & Hove City Council and third party income from the 2016/17 budget into 2017/18, and some has again been carried forward into 2018/19.

Expenditure

Independent Chair	£12,633
Safeguarding Adult Reviews	£Zero
Staffing Total:	£31,833
<i>Business Manager</i>	£21,000
<i>Quality Assurance</i>	£10,406
<i>Recruitment costs</i>	£427

ESCC Policy & Procedures (website licence)	£667
Safeguarding Adults Conference	£4,113
Events sundry costs	£402
Total	£49,648

The current forecast for the 2018/19 budget estimates that the board will spend the full budget allocation, with no under or overspend being reported.



7. Summary of Achievements

- We have continued to learn from reviews of practice. Progress on actions from our local reviews and quality assurance activity is positive, with tangible changes to local safeguarding practice readily evidenced.
- As a result of our quality assurance activity there has been a review of city's Multi-Agency forums for discussing complex cases, and agreement that for homeless clients there should be a robust risk management plan developed by a lead agency.
- Also as a result of quality assurance activity, all partner agencies have been considering their needs and risk assessment procedures and support policies to assess the effectiveness of:
- Existing guidance provided to staff on:
 - recognising indicators of sexual abuse and sexual exploitation
 - supporting clients to disclose sexual abuse and exploitation
 - responding to disclosures
 - the specialist agencies available for referrals
- We have made some very real progress on advancing our ambition to develop a multi-agency suite of safeguarding information.
- We have developed an Information Sharing Protocol, Constitution and Memorandum of Understanding which better support us to carry out our statutory functions.
- The strategic safeguarding self-assessment and subsequent challenge events have provided us with a fantastic opportunity to properly scrutinise partner compliance with safeguarding duties, responsibilities and ethos.
- Through our structured multi-agency auditing we have been able to test whether partner agencies are delivering safeguarding outcomes that reflect the choices and expectations of clients.
- We have tested, and are assured, that all agencies have briefing and awareness mechanisms that inform staff of emerging local and national developments regarding the protection and support of vulnerable adults. This is vital to effective safeguarding.
- We are fully sighted on our partners' safeguarding training needs and gaps, and better able to monitor and scrutinise their progress.

8. Summary of Challenges

- Part-time business support has limited progress against some priority areas.
- As a priority in 2018-19, we will be assuring ourselves that all relevant agencies are achieving and maintaining the Mental Capacity Act (MCA) Gold Standards
- Similarly, we need to improve our mechanisms for assuring that the Deprivation of Liberty Safeguards (DoLS) are embedded and effective within and across relevant agencies, and that communication regarding adults who are under a deprivation of liberty is effective as they move from setting to setting.
- We need to better assure ourselves that safeguarding practice across the partnership is consistently person-centred and outcome-focused.
- We are not currently able to evidence that we are enabling independent living.
- We need to develop a complex abuse protocol which will ensure that agencies work together seamlessly in all safeguarding enquires
- Unavoidable capacity issues led to the delays in the development of a Pan-Sussex Self-Neglect Procedure. This will addressed as a priority in 2018-19.

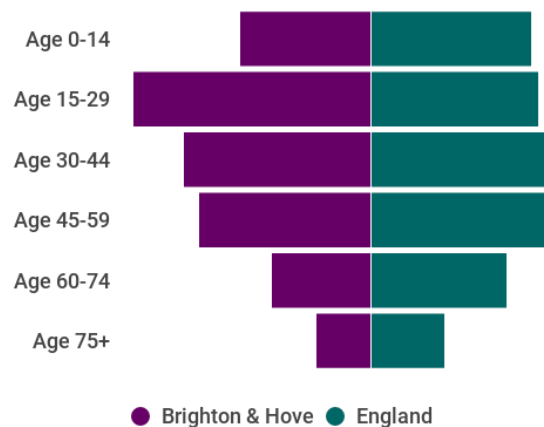
- We have not had an opportunity to test that each agency has methods to gather feedback from clients on the outcomes of the service they have provided, and that this feedback then informs policy, procedure and practice.
- Changes in legislation around child safeguarding delayed our attempts to agree a Partnership Protocol between the SAB, LSCB, Safe in the City Partnership, Health and Wellbeing Board, and the Children, Family and Skills Committee.



9. Local Background and Context

Population

The city of Brighton & Hove sits on the South East coast of England. The city's population was estimated to be 288,155 in 2017, an 11.62% increase from 2007. This is a larger increase than across the South East (8.73%) or England (8.25%). The city has relatively fewer children and older residents, and a far larger proportion of working-age adults and student population.



Percentage of population by age group (2017 Estimates)

The city is estimated to have an even number of male and female residents, although this varies by age group.

11-15% Estimated percentage of adults who are **lesbian, gay or bisexual**
2,875 Estimated number of adults who are **transgender**

Neighbourhoods

The city's population density is 7 times the average for the South East.

- BAME communities are mostly concentrated in city centre wards.
- The student population live mostly in wards around Lewes Road.
- Single person households are most concentrated in the city centre wards.
- Families are predominantly found to the east and north of the city



Adults with Care and Support Needs



44,569

Residents with health problems or disability affecting daily activities (16%)



17,367

Estimate of working-age adults with a moderate or serious physical disability



4,746

Estimate of residents with a learning disability



23,987

Residents provide unpaid care for a relative, friend or neighbour (9%)



1 in 10

Adults registered with a GP with depression (9.3%)



1 in 100

Around 1% of working age residents use opiates



1 in 100

Around 1% of Individuals registered with a GP on the Mental Health Registers

From 2015-2017 there were 8.6 drug-related deaths per 100,000 city residents. This compares to 3.9 in the South East and an average of 4.3 across England.

Older Residents

The city's population is relatively young. However, the number of over 65s is predicted to increase by 30% by 2030. Brighton & Hove has double the national average proportion of independent & active older people. Yet 2 in 5 of our older residents live alone, compared to less than a third nationally.



Ethnicity & Immigration

In 2011, 19.5% or 1 in 5 residents identified as belonging to a minority ethnic group, an increase from 12% in 2001.

In 2016, 18% of residents were born outside the UK. Of these, 42% in were born in EU countries, 6% elsewhere in Europe, and 26% in Asia. 1/5 of students come from abroad to study at the two Universities.



There are an estimated 200 asylum seekers in the city. As of August 2017, the city received 10 households under the government's scheme to bring Syrian refugees to the UK. Undocumented migrants are not visible in these statistics, although the city's coastal location, proximity to London, major transport hubs,

and the transient nature of the population make it likely that there are migrants – some vulnerable – living 'below the radar'.

Languages

In 89% of households, English is the main language of all working-age residents. This is lower than average for the South East (93%) and England (91%). 4.9% of households had no occupants with English as a main language, higher than the South East (3%) and England (4%).

Languages spoken in the city include; Arabic, Polish, Chinese, Spanish, French, Italian, German, Portuguese, Greek, and Bengali.



Poverty

Deprivation is more acute in the city than in neighbouring counties. Of 152 Upper tier Local Authorities, Brighton & Hove ranks 76th most deprived. (East and West Sussex rank 99th and 130th respectively). On income deprivation affecting older people, Brighton & Hove ranks 46th most deprived.

6% of adults in the city are unemployed, higher than average for the South East.

City residents are also more likely to live in private rented housing than the national average. In 2008, up to 37,000 homes in the city were considered to be "non-decent". 2013 estimates show 12% of households were living in fuel poverty, putting older and younger residents at risk of ill health during the colder months.

Homelessness

Rates of homelessness are high in Brighton & Hove. The council commissions accommodation and support services. In the year from April 2017, 1192 clients were supported by council commissioned support services, and 631 cases were closed. From July 2017 to April 2018, 518 cases remain open.

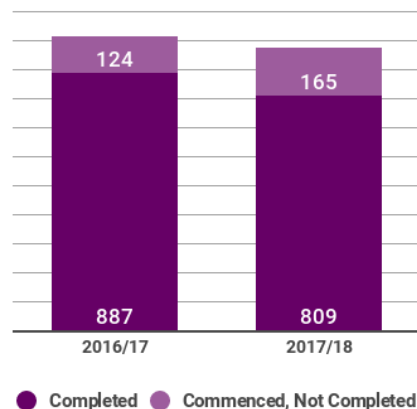


By Arild Vågen - Own work, CC BY-SA 4.0

10. Safeguarding Statistics

10.1. Safeguarding Enquiries

In 2017/18 **974** safeguarding enquiries were commenced, down from 1,011 in 16/17. 809 enquiries were completed, compared to 887 in 16/17.



1: Number of safeguarding enquiries commenced and/or completed in 2016/17 and 2017/18

This reduction could be due to fewer concerns being raised, or fewer cases being taken into enquiry. This is something we hope to look into further.

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

- establish the facts

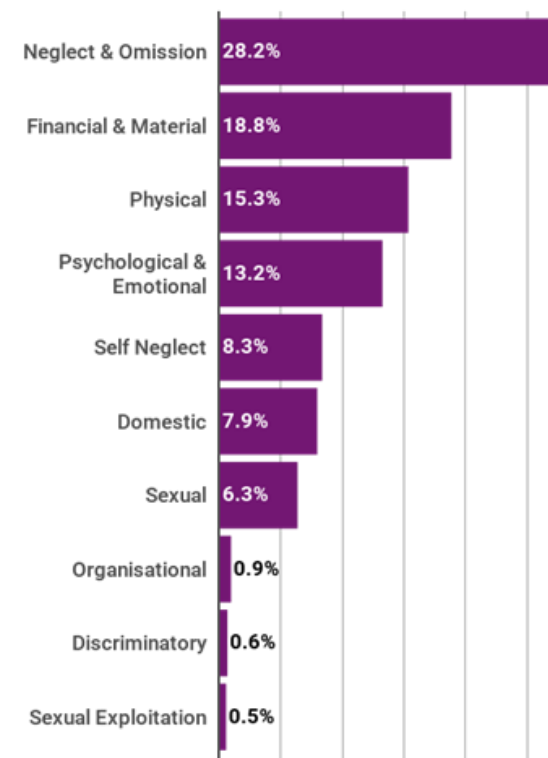
- ascertain the adult's views and wishes
- assess the need of the adult for protection, support and redress
- protect from the abuse and neglect, in accordance with the adult's wishes
- make decisions as to what follow-up action should be taken, with regard to the person or organisation responsible for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

Category of Harm or Abuse

The largest category of enquiries remains neglect and omission, followed by financial & material abuse. The number of enquiries relating to physical abuse (15.3%) has slightly decreased from 18.8% in 2016/17. The proportion of enquiries relating to self-neglect has increased from 5.1% to 8.3%. This could be due to increased awareness and improved identification of self-neglect. Enquiries relating to domestic abuse increased from 4.7% to 6.3%

These categories are defined in the Care and Support Statutory guidance (§14.16-14.25).

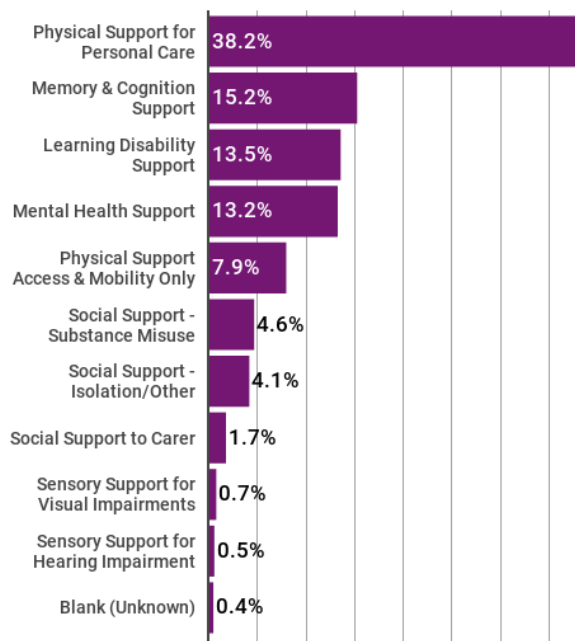
It should be noted that these figures include safeguarding enquiries conducted by Sussex Partnership Foundation NHS Trust (SPFT) under a Section 75 (Care Act) agreement with the local authority.



2: Percentage of safeguarding enquiries in 2017/18 by category of harm or abuse

Primary Support Need

The proportions of safeguarding enquiries by primary support need are broadly in line with 16/17. However there has been a decrease in the percentage of enquiries where the primary support need was physical support for personal care, from 43.1% to 38.2%.

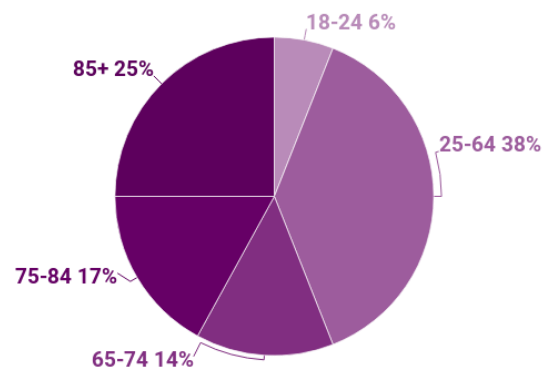


3: Percentage of safeguarding enquiries in 2017/18 by primary support need

Conversely, the proportion of enquiries relating to memory and cognition support has increased from 11.6% to 15.2%.

Age Group

Figure 4 shows the proportion of safeguarding enquiries broken down by age group. It can be seen that the risk of harm and abuses increases from the age of 65.

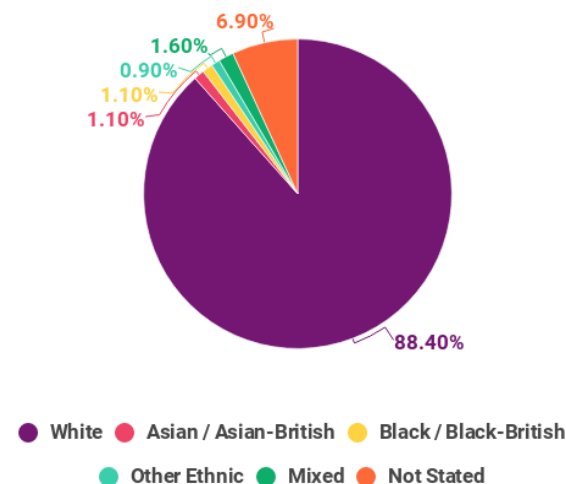


4: Percentage of safeguarding enquiries in 2017/18 by age group

Ethnicity

The latest data on ethnicity, from the 2011 census, shows that 1 in 5 residents (53,351 people (19.5%)) are from a BME background. This is an increase of 23,668 (79.7%) compared to the 2001 census.

Figure 5 shows that the proportion of enquiries involving BAME adults remains low when compared to census data, although there has been a slight increase from 16/17.



5: Percentage of safeguarding enquiries in 2017/18 by ethnic background

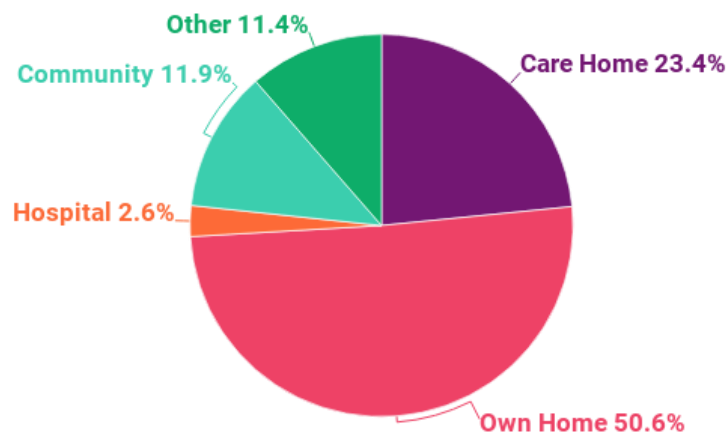
However, this data does not take age into account. As discussed, most enquiries relate to over 65s. We know locally that this age group includes fewer people from BME groups. The board is working with the LSCB to raise awareness and to improve recording of abuse affecting BAME individuals.

Source of Referral

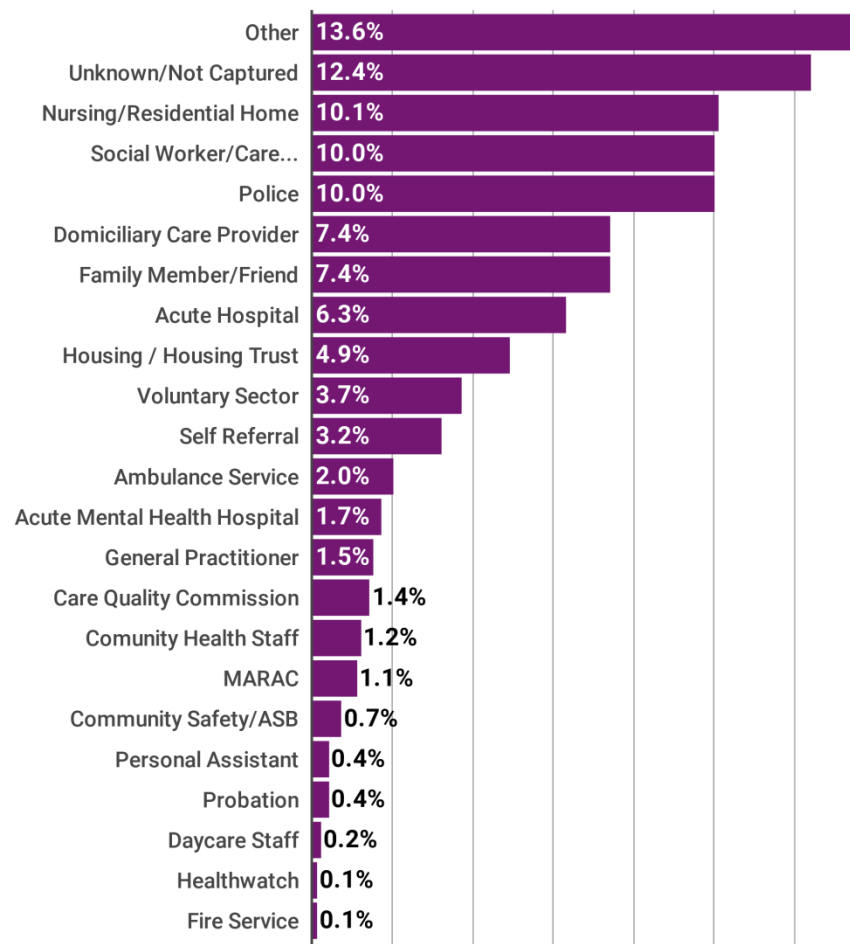
Figure 7 shows a breakdown of safeguarding enquiries by the source of referral. The number of enquiries recorded with an unknown or not captured referral source has reduced from 2016/17. Improvement is needed to ensure this information is captured more comprehensively. While this is not a statutory requirement, accurate recording helps the local authority to identify potential gaps in identification of safeguarding concerns.

Location

As in 2016/17, the majority of enquiries related to alleged abuse occurring in the person's own home, although this has decreased slightly from 54.8% to 50.6%. The number of enquiries relating to alleged abuse in hospital settings has reduced significantly from 7% to 2.6%, whereas the proportion relating to alleged abuse in Care Homes has increased from 20.4% to 23.4%.



6: Percentage of safeguarding enquiries in 2017/18 by location of alleged abuse

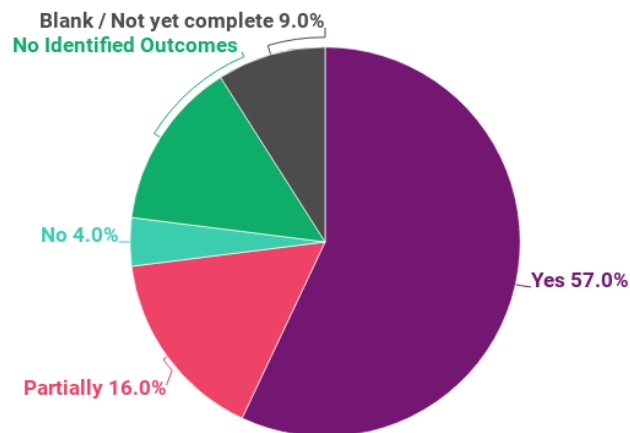


7: Percentage of safeguarding enquiries in 2017/18 by source of referral

Making Safeguarding Personal

Following the introduction of the Care Act 2014, and in accordance with the Making Safeguarding Personal principle, safeguarding enquires must be person-centred rather than process-driven. An enquiry can range from a conversation with the adult, to a more formal multi-agency plan or course of action. There are no set timescales for completion though local procedures are clear that there should be a 'principle of no delay'. Adults who are the subject of safeguarding enquires are asked what outcomes they want to achieve, and asked at the conclusion of the enquiry whether they feel their identified outcomes have been met.

Figure 8 shows that of enquiries completed in 17/18, 57% of individuals felt their outcomes had been achieved, while a further 16% felt their outcomes had been partly achieved.



8: Safeguarding enquiries completed in 17/18 by whether the individual's preferred outcome was achieved.



10.2. Safeguarding Data from Partner Agencies

The SAB through its Quality Assurance (QA) Sub-Group is in a unique position to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment of services can be identified. The QA Subgroup has been working to develop a multi-agency dataset and now receives a multi-agency data report twice a year.

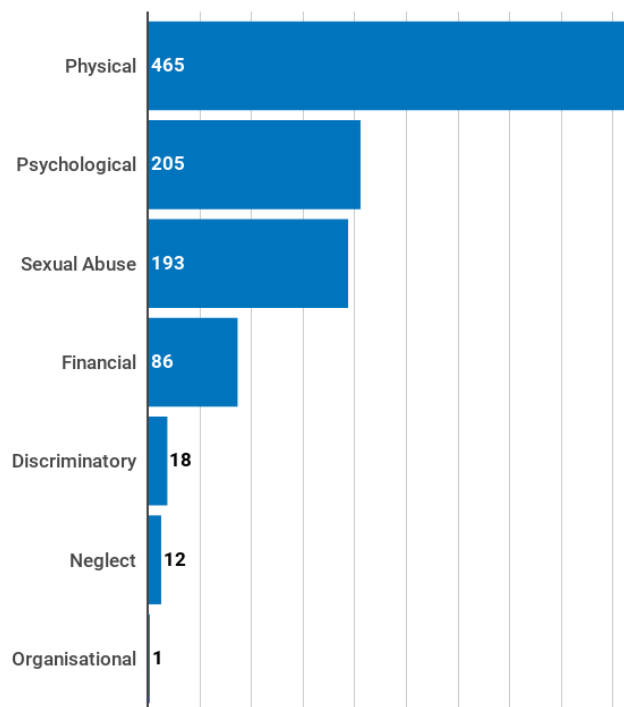
The following pages contain a summary of the data collected by some of the SAB partner agencies for the period 1st April 2017 - 31st March 2018. Further information about safeguarding work undertaken by SAB partner agencies is included later in this report (page 32).



Sussex Police

Figure 9 shows the number of crimes recorded by Sussex Police in 2017/18, where abuse was recorded and the victim was a vulnerable adult.

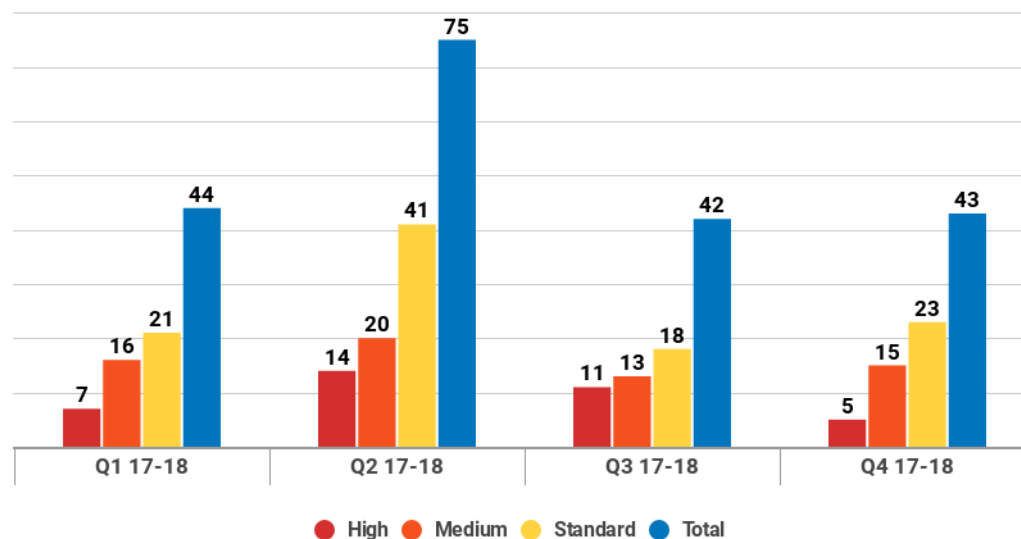
In crimes where abuse was recorded, the majority of reported abuse related to physical, psychological and sexual abuse.



9: Recorded crimes in 17/18 involving abuse of vulnerable adults, by type of abuse

Operation Signature is the force's operational response to identify and support vulnerable and often elderly victims of fraud within Sussex. Local Prevention Teams work with victims to implement safety plans. Specialist officers in each SIU assist in safeguarding those victims who are most vulnerable. You can read more about Operation Signature [here](#).

Figure 10 shows the total number of Operation Signature cases in Brighton & Hove in each quarter in 2017/18 (in blue), broken down by risk level. This is first time this data has been included in the board's annual report. In future we should be able to include annual figures for comparison.

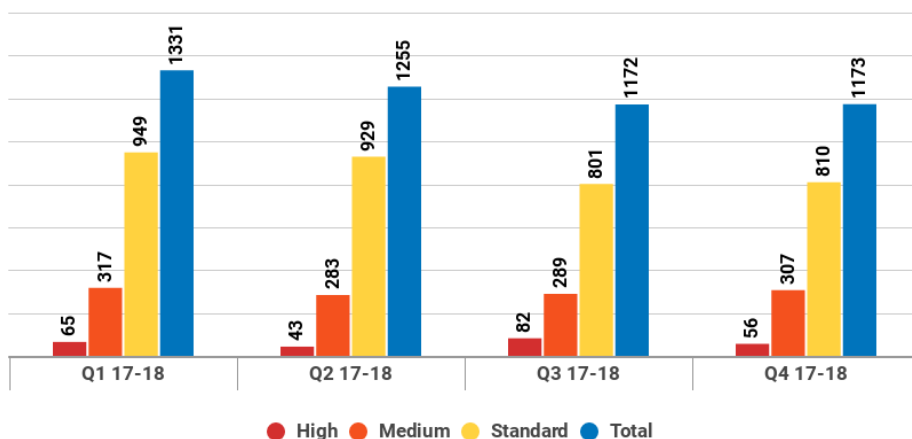


10: Operation Signature cases in Brighton & Hove in Q1-4 17/18, by risk level

DASH Referrals

Incidents of Domestic Abuse are subject to a risk assessment, as part of the Single Combined Assessment of Risk Form (SCARF). An officer completes the form with the victim, assessing the level of risk and taking initial steps to manage it. This referral is reviewed and forwarded to the Safeguarding Investigations Unit (SIU). High and medium risk cases are subject to a secondary risk assessment. High-risk cases (risk of serious injury or death) are referred to the monthly Multi-Agency Risk Assessment Conference (MARAC). SIU will refer all cases of Domestic Abuse involving a vulnerable adult to Adult Social Care in the local authority.

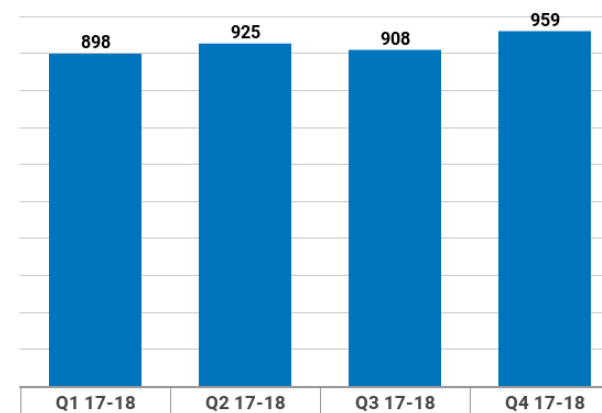
Figure 11 shows the number of DASH (Domestic Abuse Stalking and Harassment) referrals made in Brighton & Hove in each quarter of 2017/18. These are also broken down by risk level.



11: DASH Referrals in Brighton & Hove in Q1-4 17/18, by risk level

VAAR Referrals

The Vulnerable Adult at Risk (VAAR) section of the SCARF should be completed for every safeguarding concern, with sufficient and accurate detail to allow specialist teams and the Local Authority to act on it. It will also state why the referral is being made and whether the adult at risk is aware of it.



12: VAR Referrals in Brighton & Hove in Q1-4 17/18

Figure 12 shows the number of VAAR referrals made by Sussex Police in Brighton & Hove, in each quarter in 2017/18.

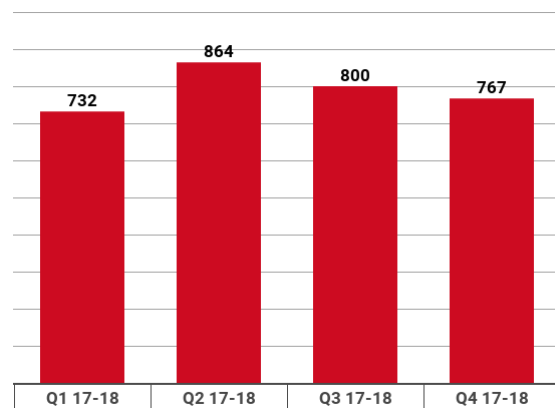
It should be noted that not all VAAR referrals will involve a recorded crime. The level of VAAR referrals is therefore higher than the number of crimes where abuse of a vulnerable adult was reported, as shown in the figure on page 16.



East Sussex Fire & Rescue Service (ESFRS)

ESFRS offer Home Safety Visits to people who are most at risk from fires in their homes. This includes those with reduced mobility and with hearing or sight impairments.

Figure 13 shows the number of Home Safety Visits conducted by ESFRS in each quarter in 2017/18.



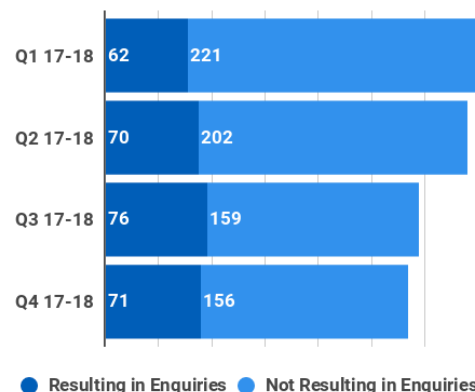
13: Home Safety visits conducted by ESFRS in Q1-4 17/18



Sussex Partnership NHS Foundation Trust (SPFT)

Adult Mental Health services are provided jointly by the local authority and SPFT under a Section 75 (Care Act) agreement, allowing for the integration of Health and Social Care services. SPFT undertakes mental health safeguarding enquiries on behalf of the local authority.

Figure 14 shows the number of safeguarding concerns raised by SPFT in 2017/18, and how many resulted in safeguarding enquiries under the Section 75 agreement.



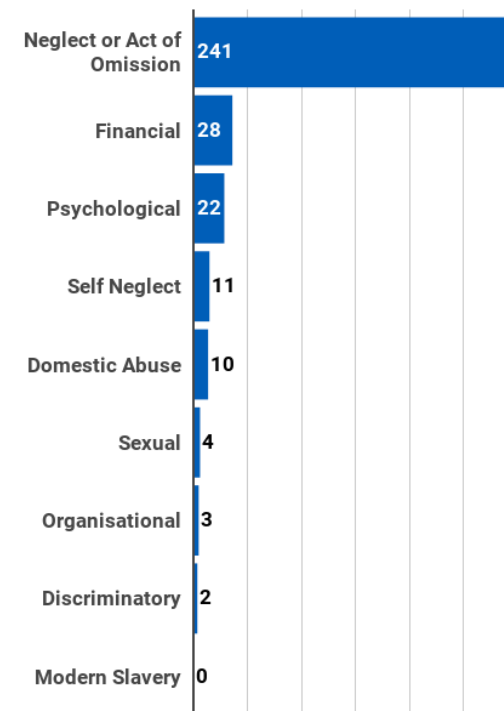
14: Safeguarding concerns raised by SPFT in 17/18, by resulting enquiry



Sussex Community NHS Foundation Trust (SCFT)

The next chart shows the number of safeguarding concerns raised by SCFT in 2017/18, by category of abuse.

It should be noted that SCFT cover a large geographical area and this data also includes East and West Sussex.



15: Safeguarding concerns raised by SCFT in 17/18, by category of abuse

11. Progress against our business plan

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

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

- We have again this year sought assurance that all partners have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
- The Learning & Development Subgroup has met 4 times this year and has supported our understanding of how competent and well-informed the safeguarding workforce is across the city.
- Throughout the year the Sussex Safeguarding Adults Policy and Procedures have been rewritten (official launch outside the time period of this report). The rewrite aims to reduce repetition, incorporate policy and legal updates and learning from Safeguarding Adult Reviews, audits and developments in practice
- We have formally tested, via the Strategic Safeguarding Self-Assessment, that partners have structures and

accountabilities which meet the requirements of the Care Act 2014 – see page 26

Conclusion

We have made great progress on this priority area. Next year we will be auditing to test that those agencies which may be required to implement the MCA/ DOLs arrangements, have achieved or are working towards the Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) Gold Standards. We will also be looking to develop a local Mental Capacity Act Competency Framework, and to test compliance against this in future strategic safeguarding self-assessments.

There remains one piece of outstanding work against this priority area. This is the development of a Complex Abuse Protocol to make sure that all our partners work seamlessly together in such instances where there is abuse involving one or more abusers and a number of adults with care and support needs (related or non-related). This was delayed at the request of the West Sussex Safeguarding Adults Board so that the learning from a recently published Safeguarding Adults Review could be considered.

11.2. Priority Area 2: Develop and strengthen quality assurance

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

- Our Quality Assurance Subcommittee and framework is very well established.
- The audit programme is informed by the Business Plan as well as themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, national concerns and/or performance gaps.
- This year has seen a multi-agency audit examining safeguarding responses to adults who had experienced sexual assault or abuse. Read more about this work on page 25.
- Throughout the year we have received assurance that partners are quality assuring their own safeguarding arrangements. You can read more about what our partner agencies have been doing on pages 15, and 32.
- We have developed a robust process to easily share audit findings and/ or recommendations widely with staff across the safeguarding partnership which is both quick to digest and informative.
- We have devised a tracking system to monitor progress of actions arising from multi-agency audit.
- Throughout the year we have received updates from Brighton & Hove Clinical Commissioning Group on efforts to ensure that GP practices with safeguarding challenges,

identified during Care Quality Commission inspections, are followed up to make sure they are now either working towards or meeting fundamental safeguarding standards.

- We have continued our efforts to develop a truly multi-agency data set to inform safeguarding practice

Conclusion

This is one of our major statutory responsibilities. Our unique position to take a holistic view of the quality of services across agencies enables us to find any gaps, overlaps or misalignment of services. We have made very encouraging progress. In 2018-19 we will be putting in place mechanisms to assure ourselves that feedback from clients, carers and professionals informs policy, procedure and practice at a single agency level. We will also be undertaking a multi-agency audit to test how well personalisation and effective joint working is embedded in all safeguarding enquiries across all agencies.

Last year we reported that we would be undertaking a survey to ask those actively experiencing homelessness their views and opinions of services. This work was superseded in November 2017 when GalvaniseBH¹ undertook a Vulnerability Index Assessment Tool with homeless people. At the time of writing feedback from this activity has not yet been collated. We hope to report on this within next year's annual report.

¹ GalvaniseBH is a campaign run by volunteers from many organisations across the city, with funds raised currently held by YMCA Downlink Group (YMCA DLG).

One area we have made limited progress on is assuring ourselves that Deprivation of Liberty Safeguards are embedded and effective, both within and across the relevant agencies. Next year we intend to incorporate this into the strategic safeguarding self-assessment.

11.3. Priority Area 3: Focus on Prevention and Early Intervention

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

- Through the strategic safeguarding self-assessment process, we have tested how agencies embed in their services the enablement of adults to identify and manage risk of abuse and neglect for themselves.
- Throughout the year we have encouraged partners to promote their own pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity.
- Both the strategic safeguarding self-assessment and our quality assurance frameworks have been our key mechanisms to hold partners to account for their safeguarding work, including prevention and risk management.

- Our annual safeguarding conference and single agency safeguarding training offered across the partnership has also assisted prevention and early intervention.

Conclusion

This is an area we would have liked to do more around. Many of the objectives and success criteria for this priority area overlap with priority area 4. Similarly to last year, our focus has again been on coordinating and evaluating the effectiveness of safeguarding responses to the homeless population and people with a personality disorder, thus reducing our capacity to test the local mechanisms which enable people to live independently. Going forward we will need to consider whether the objectives for prevention and early intervention sit more comfortably under priority area 4, empowering both communities and professionals to recognise safeguarding concerns as they emerge and to precipitate activity which prevents or stalls abuse or neglect from the outset.

11.4. Priority Area 4: Community Awareness and Capacity Building

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

- The joint LSCB and SAB Participation & Engagement Subcommittee have been developing a communication strategy on behalf of both safeguarding Boards.

- Via the strategic safeguarding self-assessment, we have been assured that all partners have briefing and awareness mechanisms that provide staff with emerging local and national developments about the protection and support of vulnerable adults.
- Board briefings which summarise the discussions held at each main SAB meeting continue to be distributed by partner agencies. These can also be read [here](#).
- Quality Assurance briefings have also been developed this year. Following the sexual abuse audit a short briefing summarising learning was produced and disseminated across the safeguarding partnership. This can be read [here](#).
- The SAB Website and our Twitter have gone some way to supporting the public to understand the role and remit of the board. We have continued to share news and links about good safeguarding practice on Twitter.
- We have promoted awareness campaigns to raise the profile of the nature of abuse and neglect this has included World Mental Health Day, Anti-Slavery Day, National Hate Crime Awareness Week and Get Safe Online Week.
- We have promoted the use of the Stop, Look & Care booklet, which was developed by Brighton & Hove Clinical Commissioning Group. Whilst this is aimed at care workers to ensure effective standards of care provision, we think it is

also a useful tool for people receiving care and support and their relatives.

- We have supported the development of the following resources:
 1. [What to do if you or someone you know may be being neglected or abused – Leaflet](#)
 2. [What is Abuse? Where Can I Get Help? – Easy Read Leaflet](#)

Conclusion

Previous good progress on this priority has continued. Thanks to the strategic safeguarding self-assessment we are better sighted on the methods by which our partners gather feedback from clients on the outcomes of the service they have provided. What we now need to test is how well this is informing their policy, procedure and practice. Via our multi-agency auditing programme, we have been able to independently assure ourselves that the wishes and views of clients are being routinely sought in safeguarding work.

It is our intention next year to work with the Advice Services Partnership to promote information about what to do when capacity is lost, i.e. power of attorney. We will also be undertaking a scoping exercise with Brighton Crime Reduction Partnership to examine how we can engage local businesses with safeguarding. We also hope to work more closely with the Learning Disability Partnership Board to involve them in our future business planning

11.5. Priority Area 5: Locate the work of the SAB in wider structures.

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

- The SAB continues to have a clear and influential role on the Health and Wellbeing Board, evidenced by constructive challenge, an independent voice, the reflection of safeguarding throughout the Board's business and escalation of SAB matters where required.
- We have continued to expand our networks with regional SABs and LSCBs to scope collaboration of functions and harmonisation of business, including joint meetings, training events and sharing of resources.
- The Lead Member for Adult Services and the Director of Adult Services have provided political and operational direction to the SAB throughout the year.
- The Police and Crime Commissioner has been represented at several board meetings and briefed the SAB on relevant commissioned services.
- We have developed a Board Constitution and Information Sharing Agreement. The constitution; articulates the role of the Board, our membership & expectations, details how we

are organised and financed, and also sets out how the chair is appointed. The Information Sharing Protocol sets out the principals of partners sharing information amongst themselves and with the Board to promote the safeguarding of adults with care and support needs.

- We have also developed a Memorandum of Understanding for multi-agency safeguarding audits. This provides a framework and defines roles and responsibilities of agencies when participating in the multi-agency audit programme.

Conclusion

Communication and accountability mechanisms between the SAB, and the chief officers and governing bodies of the SAB's constituent agencies, are robust. Our arrangements with neighbouring SABs, in activities such as the pan Sussex strategic self-assessment and subsequent challenge event, have enhanced cross-border collaboration engendering a culture that reduces the risk of the negative impacts of any variable approaches to safeguarding.

This year we began work on a Partnership Protocol. This is a proposed framework outlining the relationship between the SAB, LSCB, the Health and Wellbeing Board (HWB) and the Safe in the City Partnership Board, and the Children, Young People & Skills Committee. These are the key partnerships in the city who share a commitment to ensuring the safety and wellbeing of the community. This document aimed to confirm; membership, accountability and governance arrangements and arrangements for conflict resolution, challenge and scrutiny. However, this work was stalled by the announcement that LSCBs were to be abolished. We will revisit this

piece of work when the city's child safeguarding partnership arrangements are confirmed.

Next year we will be joining with the LSCB Leadership Group to support collaboration in work streams that are of interest to both safeguarding boards. We will also be exploring the possibility of a joint safeguarding learning and development strategy across the county.

11.6. Safeguarding Adult Reviews

The Care Act 2014 (Section 44) requires SABs to carry out a Safeguarding Adult Review (SAR) when there is reasonable cause for concern about how partner organisations worked together to safeguard the adult and a) the adult died, and the SAB knows or suspects, that the death resulted from abuse or neglect, or if b) the adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. These reviews provide us with a view as to how effective the multi-agency response is to the identification and response to clients' needs.

No safeguarding reviews have been initiated or published this year. Three referrals for reviews were received. After careful consideration one of these led to a single agency review as there were concerns about how one agency worked to safeguard the adult.

Last year we told you about a safeguarding adult review we had published, [SAR X](#). This year we have been making progress against the action plan and can report:

- Social work capacity in Health and Adult Social Care has increased, with an additional ten social work posts recruited to across services
- A 'Trailblazer' social worker has been in post in Health and Adult Social Care since July 2017 (funded for two years). This social worker supports people whose tenancies are under threat, assessing needs under the Care Act and finding solutions to help them maintain their accommodation.
- With the exception of Health and Adult Social Care, all statutory partners have reviewed/ quality assured their approaches, protocols and strategies for working with clients who are hard to engage/ persistently dis-engage with services / treatment (specifically clients who self-neglect, as well as clients who are diagnosed with or suspected of having a Personality Disorder (PD). Health and Adult Social Care will have completed their review by Autumn 2018.
- We hosted a workshop to support frontline staff across the partnership with a basic awareness and understanding of working effectively with service users with a diagnosis of PD.
- The Quality Assurance Subgroup is overseeing progress on learning from a multi-agency case file audit of a sample of

cases regarding homeless individuals who were, at that time, actively in receipt of city services.

Work in progress:

- Commissioners continue to review the effectiveness of the current commissioned PD evidenced pathway to better meet the complex needs of the homeless population
- The SAB Participation & Engagement Subgroup, in consultation with the PD review group are developing a short awareness-raising resource for frontline staff to improve knowledge and understanding of personality disorders.
- The SAB has identified a need to better equip staff when working with transgender and non-binary clients. Initial plans for the Community Safety Partnership to host a workshop during Safeguarding Week in 2017 to supplement practitioners' knowledge were not realised. A staff briefing paper is in development instead.

11.7. SAR Protocol Event

On 14 March 2018 the Sussex SABs ran an event to support staff to understand the Safeguarding Adult Review criteria and share learning from local reviews. Staff were provided with a number of case studies and asked to consider whether a SAR should be conducted, to explain their decision making and to advise on what action/s they would take if the decision was not to conduct a SAR.

We were fortunate to be joined by experienced reviewer, Michael Preston-Shoot who discussed the benefit and challenges of the different models for undertaking a SAR, the importance of family and practitioner involvement, how to run SARs alongside parallel processes/investigations and how best to embed organisational change. The event was really well attended and evaluated.

"Very comprehensive. A good balance between 'lecture' style, group discussion, Q&A, and the promotion of reflection."

"It was very useful looking at case studies, understanding what other reviews may be used alongside or instead of SARs, as well as being helped to understand the statutory criteria for SARs to be triggered."



11.8. Assuring the quality of safeguarding practice

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

11.9. Multi-agency auditing

This year we have undertaken a [Sexual Abuse Audit](#), which examined safeguarding responses to adults who had experienced sexual assault or abuse. The audit was led by the Strategic Commissioner, Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (VAWG) Unit and a Detective Inspector from Sussex Police.

The audit looked at four cases involving adults who had experienced sexual abuse. All four adults included in the audit had multiple or complex support needs.

Examples of what is working well

- Several cases highlighted good support to clients with multiple and complex support needs, including clients with substance misuse and mental health support needs.
- There were examples of effective joint working between agencies.
- Where there were specific language support needs these were generally addressed well.
- Safeguarding awareness and professional curiosity among staff was generally good.

Examples of what needs to be improved

- There was a lack of clarity and consistency in the recording and sharing of information in relation to the risk of sexual abuse.
- Greater awareness of the role of the MARAC (Multi-agency Risk Assessment Conference) and the role of specialist sexual abuse services e.g. Survivors' Network and the Sexual Assault Referral Centre (SARC) is needed.
- In some cases, staff were not fully aware of the correct process for assessing clients' mental capacity under the Mental Capacity Act.
- In some cases the response to a client who had experienced sexual abuse was 'incident based' where a more 'trauma-informed approach' might have been more appropriate.
- There remain challenges in supporting clients with multiple and complex support needs who are difficult to engage.

Recommendations

- All agencies to review their needs and risk assessment procedures to improve how clients are supported to disclose sexual abuse and exploitation so that appropriate support can be provided, and appropriate specialist referrals made.
- All agencies to be reminded of the referral process for specialist sexual abuse support services including SARC and Survivors' Network
- Agencies to consider how a 'trauma-informed approach' might be used to improve support to clients who have experienced sexual abuse, including identifying appropriate staff training.

- The SAB to request the MARAC to review its information sharing arrangements to ensure agencies who cannot attend MARAC meetings are kept informed about clients they are involved with.

11.10. Single Agency Auditing

This year agencies have shared their safeguarding audit schedules. This helps to assure us that partners are quality assuring their own safeguarding practice. To support agencies with this we developed a ['good practice for agencies when conducting single agency audits'](#) guide.

11.11. Strategic safeguarding self-assessment

All of our partners undertook a strategic safeguarding self-assessment in July 2017. This exercise required agencies to reflect on how well they meet expected safeguarding standards.

Standards for the self-assessment

- Senior management commitment to the importance of safeguarding, making safeguarding personal and promoting the wellbeing of adults with care and support needs
- Organisation's responsibilities towards adults & accountability
- Staff training
- Safe recruitment practice
- Effective inter-agency working to safeguard and promote the wellbeing of adults
- Information sharing

- Allegations against staff

Headlines

- All agencies have a senior staff member who has responsibility to "champion" safeguarding adults throughout.
- All agencies had, or were in the process of updating, procedures and written information which reflect the Care Act, Making Safeguarding Personal, and Sussex Safeguarding Adults Procedures.
- The majority of agencies were able to describe how new staff members are made aware of their responsibilities to safeguard adults through clear induction or had actions in place to meet expected standards.
- All agencies confirmed arrangements to raise organisational concerns to the SAB that may be relevant to safeguarding.
- The majority of agencies felt confident that their workforce are trained as appropriate to their roles and responsibilities, including undertaking safeguarding enquiries where required
- Agencies provided assurance that they undertake DBS checks, prior to appointment.
- All agencies described with confidence their internal systems to ensure information is cascaded successfully to frontline workers
- Commitment to inter-agency working was well evidenced in partner's strategy documents, policies and procedures.

- On the whole agencies were able to talk knowledgeably to their policy/ procedure concerning information sharing, consent and confidentiality.
- Whistle-blowing policies are in place and agencies were able to describe these with confidence.

Themes

- A number of agencies struggled to demonstrate compliance with the requirements of the safer recruitment standard. A practice reminder was circulated by the SAB across the partnership.
- A number of agencies were not sufficiently able to evidence how they take steps in line with the Mental Capacity Act. Whilst some agencies explained this well, for some it proved more of a challenge. Addressing this will be a priority for us in 2018-19.

Areas for development

All agencies have action plans in place to address deficit areas. All agencies have reported on progress against these on page 33. Whilst there was evidence that staff working with adults receive regular supervision and appraisal this is something that we will want to test out further in the future.

Similarly, although assurances were given that staff are aware of both the Safeguarding Adult Review protocol and referral mechanisms, this is not being borne out in the number of referrals

received. Again, this is an area of focus for us over the coming months.



11.12. Managing Allegations of People in Positions of Trust

The [Care and support statutory guidance](#) advises that the board develop a framework for how allegations against those working with adults with care and support needs should be notified and responded to. Board partners and care providers should have equivalent policies for dealing with such allegations.

Locally, the council's Health and Adult Social Care (HASC) directorate has oversight of positions of trust. This function is provided both by the Professional Standards, Safeguarding, and Quality Monitoring Team, and by Children's Services. Operational advice for practitioners is provided on a case-by-case basis, however specific input and management of individual cases is 'the responsibility of the employer. Information is monitored, collated, and fed back annually to the SAB.

Achievements

- Increased awareness of importance of considering such cases
- Effective communication between local agencies, and across Sussex as necessary
- Multi-agency work supports balance between safeguarding vulnerable adults, data protection, and information governance requirements.

Work in 2017/2018

- Practice guidance has been provided for Local Authority Social Work staff

- The section 42 Safeguarding statutory enquiry tool was amended, enabling frontline staff to check historical information where needed.
- An information safekeeping and sharing protocol for Professional Standards and Safeguarding is in development.

Challenges

Further consideration is needed around cases where people in positions of trust have not been notified that their information will be shared between partners in order to consider safeguarding and risk. Partners should work together to consider this issue further.

11.13. Safeguarding training

The Safeguarding Adults Board Learning & Development Subgroup met 4 times in 17-18. This group is responsible for providing us with assurance that single agency safeguarding training is fit for purpose, as well as facilitating and commissioning any multi-agency training which reflects priorities of the SAB business plan and which complements the training provided by each agency to their own staff.

This year we have asked our partners to provide assurances regarding the following training standards:

- Staff members are trained as appropriate to their roles and responsibilities, including undertaking safeguarding enquiries where required

- Safeguarding adults is integrated into all training and the training needs analysis/plan. This includes Domestic Violence and Abuse, Self-neglect, Modern Slavery and the PREVENT Agenda.
- Safeguarding training is measured to ensure knowledge and competency in recognising abuse and how to raise a concern. This forms part of existing supervision and appraisal systems.
- Safeguarding training is compliant with Sussex Safeguarding Adults Procedures.
- The outcomes of Safeguarding Adult Reviews (SARs) are shared with all to promote learning and sharing of outcomes

Partners were able to evidence compliance against these standards to differing degrees. All partners who identified sup-optimal or deficit areas of compliance have an improvement plan in place. The Quality Assurance & Learning Development Officer has sought routine updates on progress through the year. The Learning & Development Subgroup has been monitoring advancement.

11.14. Safeguarding Conference 2017

At this year's conference we were joined by two keynote speakers:

- Alison Powney from Daybreak presented on *Family Group Conferencing*

- Lynne Phair, Independent Consultant Nurse, spoke passionately about *Showing Care and Compassion in Difficult Situations*.

Participants were also able to attend two workshops to further explore and complement the learning from the presentations.

Workshops included such themes as self-neglect, modern slavery, working with clients with personality disorder and safeguarding and consent.

The speakers were well chosen and workshops were current and educational

It was useful to meet colleagues from a wide range of agencies including the council, voluntary sector organisations and other providers. It was also useful to refresh my knowledge of how the Care Act has changed things and how processes now work

The range of workshops available, both workshops I attended were really useful and definitely gave me some thoughts as to best practice that I can bring in to my everyday work

12. Challenge and scrutiny

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

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

12.1. Examples of challenge in 2017-18 include:

Primary Care Safeguarding

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

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

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

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

Impact of changes to Universal Credit

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

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

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

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

12.2. Examples of scrutiny in 2017-18 include:

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

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

Organisational Abuse

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

Repeat Safeguarding Referrals

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

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

Gender

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



BHCCG

- ✓ **Evidencing compliance** with pan-Sussex Safeguarding assurance tool
- ✓ **Improved assurance** tool returns from primary care (28 to 61%)
- ✓ 94% of Primary Care Safeguarding leads completing level-3 training
- Identify **named leads** for contracted providers, reduce duplication
- Continue working to **improve compliance** of primary care
- Develop role of **Best Interests Assessor**
- Continue **sharing clinical knowledge**

BSUH

- ✓ Improved mandatory **training compliance** and implemented targeted **education programme**
- ✓ Good practice highlighted by **independent audit**
- Implement **audit action plan**
- Implement learning & development strategy, and meet 90% **training compliance** target
- Undertake an **audit of MCA** assessments, documentation and DoLS referrals

ESFRS

- ✓ New online Safeguarding Essentials **training** with wider range of risk areas
- ✓ Training **oversight** programme
- ✓ Increase in **safeguarding alerts**
- ✓ **Review** of ESFRS Safeguarding Panel and role in oversight
- Continued implementation of **training**, ensuring safeguarding understanding
- Monitor safeguarding alert levels
- Developing skills of **Safeguarding Coordinators**, ensuring safeguarding alerts requiring action are identified
- Delivering a 'Safeguarding roadshow', ensuring operational staff understanding

HASC, BHCC

- ✓ Piloted **Family Group Conferences**
- ✓ BHCC now an accredited **restorative practices** training provider
- ✓ Series of **training events** to raise practitioners' awareness of RP
- ✓ **Improved reporting pathways** for information about Position of Trust (PoT) concerns

- ✓ Audit Practice Development Group run for operational managers, to enhance audit process quality
- ✓ Joint template for **quality monitoring audits**, with the CCG
- ✓ Revised Sussex Safeguarding Procedures; held awareness sessions for staff
- Devise **training for care providers** caused to undertake a safeguarding enquiry
- Review guidance for **Health Enquiry** work in partnership with CCG
- Review **MCA training** and **pilot audit process** for work undertaken by attendees to be assured of learning
- Include **PREVENT** agenda in the development programme for all Newly Qualified Social Workers
- Respond to government's review of the **DoL Safeguards**, and develop a strategy to meet emergent demands of their replacement, the 'Liberty Protection Safeguards'

Healthwatch

- ✓ **Investigation of PIP & ESA** assessments

- ✓ **Ensuring GP compliance** to CQC safeguarding standards
- ✓ **Monitoring** safeguarding practice in audit of RSCH
- Provide an **independent voice**
- **Consider safeguarding** as part of service reviews undertaken
- Act as a **point of contact** for those with concerns about safeguarding in the city

Housing, BHCC

No return received

KSS CRC

- ✓ MC added to Adult Safeguarding Policy, ensuring **clearer guidance**
- ✓ **Articles** on neglect, MSP and stalking included in staff magazine
- ✓ **Sharing themes and learning** from reviews across teams, and cascading
- Ascertain frontline **practitioners' safeguarding needs**
- Review **safeguarding policies** to include stalking behaviours

- Continue providing safeguarding articles to raise **staff awareness**

NHS England

No return received

NPS

- ✓ Improved **risk assessments** and risk management plans
- ✓ Continued development of **MAPPA** practice and management
- ✓ Increased **staff awareness**
- Implement **Safeguarding Practice Improvement tool**
- **Increase partnership working** and community presence
- **Promote reflective practice** and peer learning

Pavillions

- ✓ Implemented multi-agency **audit recommendations**
- ✓ Ran a series of **workshops for care coordinators** on safeguarding and MCA
- Run **refresher workshops** on person-centred formulation of concerns
- Devise a **process for participating in case reviews**

- Ensure team leaders and service managers attend **Safer Recruiting training**

Safer Communities, BHCC

- ✓ **Home visits** to victims of scams, and participated in Scams Awareness week
- ✓ Cuckooing **briefing disseminated** to staff, partner agencies, and landlords
- ✓ Delivering **Prevent training** to staff
- Appoint a **VVE co-ordinator**
- Further **home visits** of victims of scams
- **Continue commissioning services** for victims of DV/SV
- Continue **Prevent** work and **Channel Programme**

SCFT

- ✓ **MSP audit** showed increase in enquiries appropriately capturing MSP (68 to 74%)
- ✓ **Effective multi-agency working:** Active participation in board, Timely responses to requests and completion of enquiry reports
- Undertake internal **rolling audit of MSP**

- Continue to **evidence care and support delivered** to patients
- Continue staff access to **live supervision**
- **Extend L3 training cohort** to all bands of nursing and AHP staff

SECamb

- ✓ Improved **training compliance**
- ✓ 8% **increase in referral** activity
- ✓ Improved links between HR and safeguarding **ensuring allegations oversight**
- Continue embedding **HR links**
- Engage with trust's **culture change work**
- Oversee **harmful behaviours training** delivery to patient-facing staff
- Improve staff support, put in place **named safeguarding links** and **Freedom to Speak Up Guardian**

SPFT

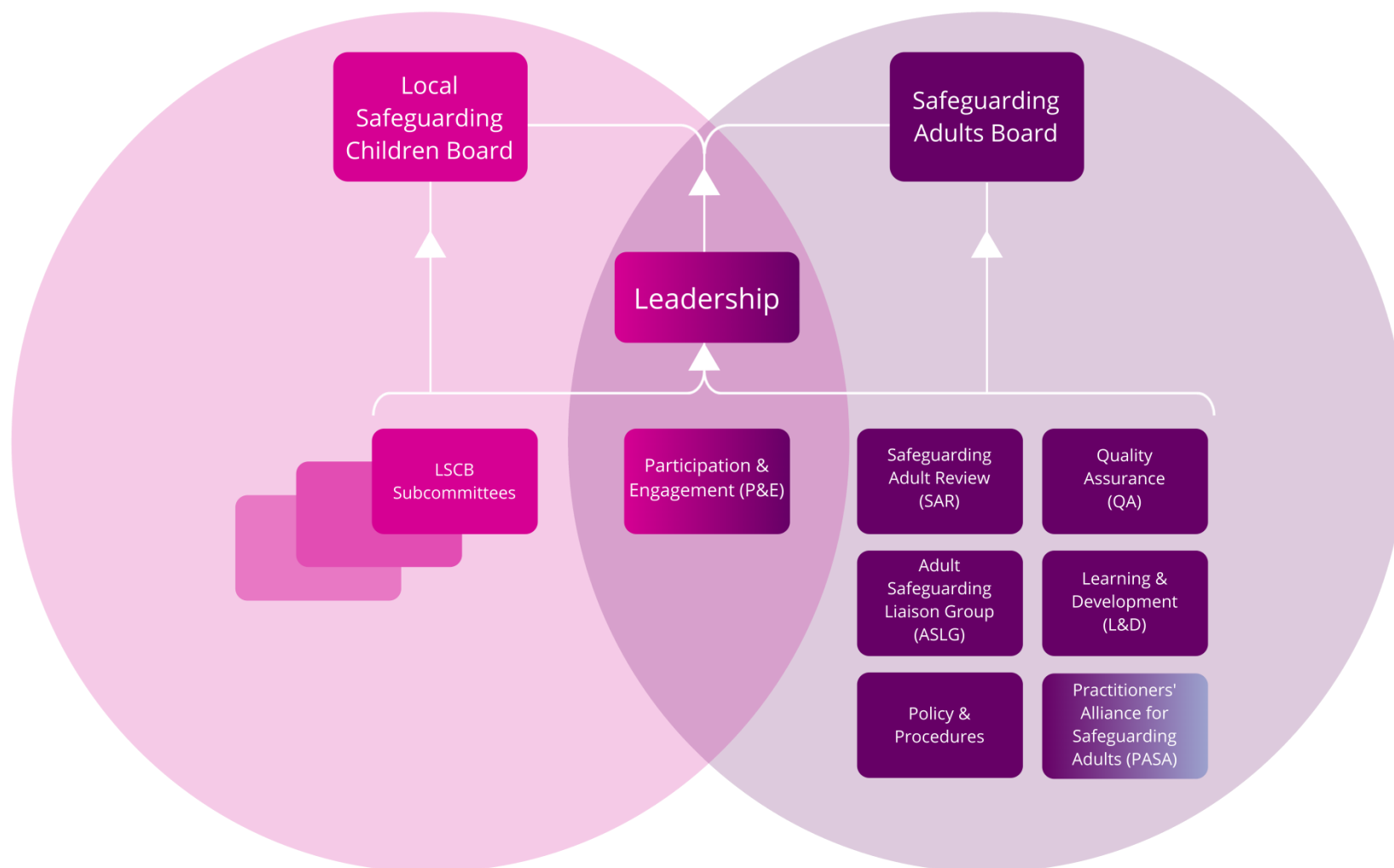
- ✓ Implemented **Safeguarding flag**
- ✓ Improved **data collection & dataset**
- ✓ New **safeguarding team**, with dedicated adult safeguarding role

- ✓ SARs **learning** prioritised with trust-wide focus on relevant reviews
- ✓ Prevent and Safeguarding Adults Policy
- Improve **timely data reporting**
- **Develop face-to-face training** at Level 3
- Work towards compliance with **NHSE Prevent training requirements**
- Improve learning and governance around **SARs and DHRs**

Sussex Police

- ✓ Developed approach to **vulnerability**, including stalking
- ✓ **Operation Signature** (prevention teams, specialist officers assisting victims)
- ✓ **Operation Cuckoo**, part of multi-agency response to County Lines drug dealing.
- ✓ **DA training** delivered. 200+ DA mentors acting as champions.
- **Sussex Police Adult Safeguarding Improvement Plan**
- **Review SCARF** (incorporating VAAR)
- Improve knowledge of **MC**, using East Sussex County Council eLearning

Appendix A: Governance and Accountability: Board Structure



Appendix B: Board Membership

Name	Title	Representing
Graham Bartlett	Independent Chair	B&H Safeguarding Adults Board
Mia Brown	Business Manager	B&H Safeguarding Adults Board
Michelle Jenkins	Head of Safeguarding & Professional Standards	Health & Adult Social Care, Brighton & Hove City Council
Rob Persey	Executive Director	Health & Adult Social Care, Brighton & Hove City Council
Brian Doughty	Head of Adult Assessment Services	Health & Adult Social Care, Brighton & Hove City Council
Candy Gallinagh	Designated Nurse Safeguarding Adults, MCA Lead	NHS Brighton and Hove CCG
Soline Jerram	Chief Nurse	NHS Brighton and Hove CCG
Allison Cannon	Chief Nurse for Sussex CCGs	NHS Hastings and Rother CCG
Fiona Macpherson	Detective Superintendent	Sussex Police
Jason Tingley	Detective Superintendent, Public Protection	Sussex Police
Richard Bates	Detective Chief Inspector, Head of Safeguarding	Sussex Police
Andrea Saunders	Head of Probation, Sussex	National Probation Service
Andy Porter	Deputy Director of Social Work & Principal Social Worker	Sussex Partnership NHS Foundation trust
Beatrice Gahagan	Senior Manager	Age UK Brighton & Hove
Caroline Davies	Safeguarding Lead	Brighton & Sussex University Hospital NHS Trust
Christina Chatfield	Lay Member	
Cllr Karen Barford	Councillor, Lead Member Adult Social Care	Brighton & Hove City Council
David Feakes	Head of Safeguarding and Looked After Children	Sussex Community NHS Foundation Trust
David Kemp	Head of Community Safety	East Sussex Fire & Rescue Service
Deb Austin	Head of Safeguarding (Children)	Brighton & Hove City Council
Debbie Piggott	Head of Policy Development and Safeguarding Strategic Lead	Kent, Surrey & Sussex CRC

Domenica Basini	Assistant Director Safeguarding Adults	NHS England
Eleanor Battie	Lay Member	
Jackie Grigg	Chief Executive	Money Advice Plus
James Rowlands	Violence Against Women & Girls Commissioner	Community Safety, Brighton & Hove City Council
Jane Jewell	Inspection Manager, South East-Hub 2	Care Quality Commission
Jane Mitchell	Safeguarding Lead	SECamb NHS Foundation Trust
Jo Henderson	Lead Nurse, Safeguarding Adults	Brighton & Sussex University Hospital NHS Trust
Jo-Anne Welsh	Director	Brighton Oasis Project (VAWG Forum)
Katrina Lake	Assistant Director Patient Experience and Safeguarding	NHS England
Peter Castleton	Commissioner	Community Safety, Brighton & Hove City Council
Peter Wilkinson	Public Health Consultant	Brighton & Hove City Council
Regan Delf	Assistant Director	Health, SEN & Disabilities, Brighton & Hove City Council
Richard Cattell	Principal Social Worker (Adults)	Health & Adult Social Care, Brighton & Hove City Council
Robert Sobotka	Lead Inspector	Care Quality Commission
Roland Marden	Evidence & Insight Manager	Healthwatch Brighton & Hove
Simon Hughes	Senior Manager, Support Services	Brighton Housing Trust
Steve Lennox	Executive Director of Nursing and Quality	SECamb NHS Foundation Trust
Tony Benton	Safeguarding Adviser	Healthwatch Brighton & Hove
Tracy John	Head of Housing	Brighton & Hove City Council
Wendy Taylor	Deputy Director of Operations	Cranstoun

Appendix C: Agency Attendance

Agency	Jun 2017	Sep 2017	Dec 2017	Mar 2018	Overall
Health & Adult Social Care (including Public Health)					100%
B&H CCG					100%
Sussex Police					100%
BHCC Housing					50%
Brighton and Sussex University Hospitals NHS Trust					50%
Community Safety					50%
East Sussex Fire and Rescue Service					75%
Healthwatch B&H					100%
KSS Community Rehabilitation Company					75%
Lay Member Representation					75%
National Probation Service					50%
SECAMB					75%
Sussex Community NHS Foundation Trust					100%
Sussex Partnership NHS Foundation Trust					100%
Third Sector & Community & Voluntary Organisations					50%

Appendix D: Acronyms and Initialisms

ASLG	Adult Safeguarding Liaison Group
B&H	Brighton & Hove
BAME/BME	Black (Asian) and minority ethnic
BHCC	Brighton & Hove City Council
BSUH	Brighton and Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking & Harassment
DoLS	Deprivation of Liberty Safeguards
DV	Domestic Violence
ESA	Employment and Support Allowance
ESFRS	East Sussex Fire and Rescue Services
KSS	Kent, Surrey, & Sussex
L&D	Learning & Development
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MC	Mental Capacity
MCA	Mental Capacity Act (2005)
MSP	Making Safeguarding Personal
NPS	National Probation Service
P&E	Participation & Engagement
PASA	Practitioners Alliance for Safeguarding Adults
PIP	Personal Independence Payment
PiPoT	People in Positions of Trust

PoT	Position of Trust
QA	Quality Assurance
RP	Restorative Practices
RSCH	Royal Sussex County Hospital
SA	Sexual Abuse
SAB	Safeguarding Adults Board
SAR	Safeguarding Adult Review
SARC	Sexual Assault Referral Centre
SCFT	Sussex Community NHS Foundation Trust
SECamb	South East Coast Ambulance Service
SIU	Safeguarding Investigations Unit
SPFT	Sussex Partnership NHS Foundation Trust
VAAR	Vulnerable Adult at Risk
VVE	Vulnerability, Violence & Exploitation



