

Brighton & Hove

Safeguarding Adults Board

DRAFT

ANNUAL REPORT

2011/2012

DRAFT

TABLE OF CONTENTS

1.	Foreword	5
2.	Progress Report	6
2.1	Progress on Key Priorities 2011-12	6
2.2	Key Priorities for 2012-13	8
3.	Performance and Practice	10
3.1	Summary of Main Points	10
3.2	Performance Data 2011-12	11
4.	Safeguarding Adults Board Member Organisation Reports	17
4.1	Brighton & Hove City Council Adult Social Care Assessment Services	21
4.2	Sussex Police	22
4.3	Commissioning Support Unit (Adult Social Care)	23
4.4	Partnership Community Safety Team (PCST)	25
4.5	Brighton & Hove City Council Adult Social Care Provider Services	27
4.6	Brighton and Sussex University Hospital NHS Trust (BSUH)	29
4.7	Brighton & Hove City Council Housing and Social Inclusion	30
4.8	Brighton & Hove City Council Housing Commissioning Unit	31
4.9	South East Coast Ambulance Service	32
4.10	Sussex Community NHS Trust	33
4.11	Sussex Partnership NHS Foundation Trust	35
4.12	Practitioner Alliance for Safeguarding Adults (PASA)	37
4.13	Brighton and Hove Domestic Violence Forum	37
4.14	Deprivation of Liberty Safeguards	39
4.15	Safeguarding Adults Multi-Agency Training Strategy Sub Group	44
4.15.1	Brighton & Hove Multi-Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan 2011-12	46
4.16	Victim and Witness Advocacy Service - Interact	48
5.	Brighton & Hove Safeguarding Adults Board Members	50

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



I am pleased to introduce this annual report of the Brighton & Hove Safeguarding Adults Board. This report sets out the work that has been achieved over the last year to help keep vulnerable adults at risk of harm or abuse in Brighton and Hove safe from being abused or neglected, and makes clear the priorities for the year ahead. It also shows data on the referrals and investigations that have been undertaken over the last year, showing the types of abuse that vulnerable people suffer, and where the abuse is alleged to have taken place and how we are receiving reports about abuse.

This year the Brighton & Hove Safeguarding Adults Board launched a campaign to raise awareness across the City of adult abuse, how to recognise it and how to report it. It is really important that the message continues to be heard that safeguarding is everyone's business and the Board wants to ensure that everyone across the City knows how to recognise abuse, and report concerns, be that members of staff, family members and friends, and most importantly adults at risk themselves. Posters and new leaflets were designed, and are on display across a variety of venues from libraries and public buildings, to GP surgeries and on television screens in A&E at the County hospital. We have seen an increase in safeguarding alerts since this campaign started, and an increase in alerts from adults at risk themselves, family members, friends and neighbours. This is not just a one off piece of work, and we will continue to refresh this campaign regularly to ensure that we are reaching everyone in the community with the message that we all have a part to play in stopping adult abuse.

This last year, due to a tragic murder in the City, the Safeguarding Adults Board commissioned a Serious Case Review into the circumstances leading up to the person's death. There was no indication that any organisation had responsibility in the death, and the perpetrators were dealt with through the Courts. However, the Board rightly felt that lessons could be learnt for others through an independent review. The report of this review and the recommended actions from it were fed back to the Board, and work will continue through the year ahead to meet these agreed actions, and to ensure the best possible arrangements are in place to support some of our most vulnerable people in the City.

Looking to the year ahead, the Care and Support Bill was published in June 2012, and is planned to become legislation in April 2013. For adult safeguarding this is a milestone as it will create the first legal framework for adult safeguarding work, putting in statute the responsibilities of the Local Authority and partners. This will put Adult Safeguarding Boards on a legal footing, and creates a duty for organisations to co-operate in this area of work. This has been long awaited and really shows the commitment now to working with vulnerable adults to help them to keep safe, and live lives free from fear, abuse and harm. I look forward to the year ahead and its ongoing challenges, in the knowledge that adult safeguarding work will now have a legal standing, and I know that locally we are all keen to continue to meet our duties and make sure Brighton & Hove is a safe place where everyone can flourish.

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

Director of Adult Social Services / Lead Commissioner People

2 Progress Report

2.1 Progress on Key Priorities Identified by the Safeguarding Adults Board in 2011-12

Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk

This year has seen the launch of the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk. They were published in July 2011, and are available on <http://pansussexadultssafeguarding.proceduresonline.com/index.htm>

This required a joint piece of work between the East Sussex, West Sussex and Brighton & Hove Safeguarding Adults Boards, and has resulted in clear agreement across Sussex as to the process for alerting and investigating concerns, which gives consistency for residents, and for organisations which are working across the 3 areas. This is the key document for all staff working with adults at risk of harm or abuse. The Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk have been implemented across all organisations who support adults at risk.

These are web based and yearly updates are completed for May each year, to ensure any changes in national policy and guidance are included, as well as any emerging local practice issues and organisational learning, such as from Serious Case Reviews. A printable version of the procedures is available on the website, though it is the responsibility of staff to ensure they have the most up to date version if using a hard copy.

A key changes briefing was sent to all relevant staff across organisations, so they are aware how to access the procedures, and could familiarise themselves with the changes, including revised guidance as to when to raise a safeguarding alert.

All training material and the Safeguarding Competency Framework has been reviewed and updated in line with changes to the procedures, including e-learning packages and accredited training.

The consistency of this implementation has been monitored through the audit process and safeguarding data reported to the Safeguarding Adults Board.

Community Engagement and Raising Awareness of Adult Safeguarding

A public awareness campaign was launched this year in November 2011 to encourage greater understanding of adult abuse, how to recognise it and how to report concerns. A suite of 6 posters were published, in consultation with various community groups, showing different scenarios of adult abuse in order to increase understanding as to the type of concerns people could gain support for. These were also published as postcards with reporting contact numbers, so people can pick them up and keep them handy. The Safeguarding Adults section of the Brighton & Hove City Council website was updated to give more information about each scenario, so people can read what happened next once the people depicted in the posters got support. It is also now possible for members of the public to make a safeguarding alert quickly and easily through the Council website. The posters are being shown on video screens in the Accident and Emergency areas of the Royal Sussex County Hospital, and the poster images were used in various community newsletters.

The success of this campaign is reviewed and monitored through data monitoring, looking at the numbers of safeguarding referrals from adults at risk, family members and carers, and members of the public

Quality Assurance

Case Auditing

Auditing of safeguarding investigations undertaken in Adult Social Care and the Sussex Partnership Foundation Trust is now well established, and is reported quarterly to the Safeguarding Adults Board. Practice issues are fed back to investigating staff, so as to ensure ongoing improvement, and any training issues identified are raised in the Multi-Agency Training Group, so as to ensure that training and practice forums focus on improvements needed.

An addition to the audit process this year has been to include a yearly audit of concerns that are alerted in which the decision is taken not to investigate under the safeguarding procedures, but for other actions to take place. The audit looked at the rationale for this decision, and found that the actions taken were appropriate. There were some lessons however regarding recording, and a requirement to improve recording of decision making. This audit will now be completed on a yearly basis to ensure thresholds for investigation are being applied correctly, and recording is of the required standard.

Care Governance and Promoting Quality

The processes in place for ensuring that care services in the City are of the highest standard have been reviewed this year, and a Care Governance framework is in place. This consists of a Care Governance Board, to oversee this framework, a Quality Improvement Panel, a Quality Assurers Group and the Dignity Champions network. Together these aim to support and monitor care provision for everyone, including those that fund their own care. This is key prevention work, so as to support care providers to create an environment where good quality care can flourish, and ensure early intervention if concerns do arise.

Serious Case Review

A Serious Case Review was commissioned by the Brighton and Hove Safeguarding Adults Board this year following the tragic murder of a Brighton resident. This independently chaired review considered the support offered by various organisations prior to the resident's death, and what lessons could be drawn from this for future learning. It was decided by the Board not to publish this report due to confidentiality issues for the family. However, an action plan has been signed up to by the Board, and all actions are to be completed and signed off by the end of the year.

Training and Development

The Safeguarding Adults Competency Framework for social care and health staff continues to be completed for all staff in Adult Social Care and this now includes all staff in Sussex Partnership Foundation Trust community teams.

Last year targets were set for all safeguarding training, giving an expected percentage of trained staff working in an adult social care role. These targets were met this year, and combined with the completion of the Safeguarding Competency Framework gives assurance as to staff knowledge and practice in safeguarding work.

Multi Agency Working

A process for joint working with Health colleagues to undertake safeguarding investigations was put in place this year, with joint work from Adult Social Care, NHS Sussex and Sussex Community Trust. This means that when an investigation requires a clinical concern to be investigated there are clear processes for joint working with a Health Investigation Officer. This will continue to be monitored and reviewed in the year ahead.

A protocol between the Trading Standards Team and safeguarding investigating teams has been agreed this year. This clarifies responsibilities and joint working expectations when working with vulnerable people who have been the victims of abuse such as doorstep traders, internet or postal scams. One of the adult abuse awareness campaign posters depicted someone who has been the victim of aggressive doorstep traders, and with the addition of the protocol we aim to increase the public and staff knowledge as to what support can be given by Trading Standards, and through safeguarding adults processes.

A protocol has been agreed between Sussex Police and South East Community Ambulance Trust regarding transporting people such as to hospital when they lack capacity to agree to this. This has resulted in training support for police officers when dealing with these complex situations, often in emergency circumstances.

2.2 Key Priorities for 2012-13

National Developments

The draft **Care and Support Bill** has been published in June 2012. It takes forward the recommendations of the Law Commission report on adult social care of May 2011, and creates a single law for adult care and support, replacing more than a dozen different pieces of legislation. Although protecting adults from abuse and neglect has been a priority for local authorities for many years, there has never been a legal framework for adult safeguarding. This Bill sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. The Bill is planned to become legislation by April 2013, with consultation on the requirement for a power for Local Authorities to enter someone's home if they have concerns about them.

Plans locally for the year ahead will be to ensure that all multi agency working, procedures and training are in line with the final Bill.

Clinical Commissioning Groups (CCG's) are groups of GPs that will, from April 2013, be responsible for designing local health services in England. They will do this by commissioning or buying health and care services. Clinical Commissioning Groups will work with patients and healthcare professionals and in partnership with local communities and local authorities. At a local level, new Health and Wellbeing Boards will be set up in local authorities to ensure that Clinical Commissioning Groups are meeting the needs of local people. Plans for the year ahead will be for the Safeguarding Adults Board to link with the CCG's to ensure safeguarding arrangements at the forefront of the new Health care arrangements, and for Health care providers.

The Protection of Freedoms Act (2012) - The Government undertook a review last year into the Vetting and Barring Scheme and the Criminal Records Regime. The Protection of Freedoms Act will be introducing a range of key changes from this review. The key future changes include:

- abolishing the registration and monitoring requirements of the Vetting and Barring Scheme
- redefining the scope of 'regulated activities'
- abolishing 'controlled activities'

The provisions also mean that the services of the Criminal Records Bureau and the Independent Safeguarding Authority will be merged and a single, new public body called the Disclosure and Barring Service (DBS).

Plans for the year ahead will be to ensure all organisations and care providers are aware of these changes and their responsibility under this Act regarding safe recruitment and management of staff.

Serious Case Review Winterbourne View Hospital – the Serious Case Review of South Gloucestershire Safeguarding Adults Board regarding Winterbourne View Hospital is published in August 2012. Plans for the year ahead is for the Brighton & Hove Safeguarding Adults Board to consider the recommendations in the light of any local arrangements.

Training and Development

A safeguarding adults awareness e-learning course has been developed by the City Council Workforce Development Team. This e-learning reflects the Sussex safeguarding adults procedures, and is able to be updated on a regular basis so it can reflect any local changes. The plan is to make this course available to organisations across Sussex, and if organisations use this

course they can be reassured it is an accredited course that is up to date with local practice.

Multi-Agency Working

Two National reports were published last year regarding the financial abuse of vulnerable people. The Brighton & Hove Safeguarding Adults Board plans in the year ahead to use these reports as a basis for a local plan to raise awareness about financial abuse, to reduce the risk of this abuse happening, and to ensure reporting and investigation if it does occur.

The local Community Safety Team are undertaking some pioneering work regarding supporting vulnerable victims of anti-social behaviour. This is based on a new IT system which enables joint working and information sharing between Sussex Police, Housing groups, Community Safety and adult social care. The plan within adult social care and mental health community teams is to ensure clear processes for linking in with this system, and to ensure that local adult safeguarding processes work in conjunction with this.

In the past year East Sussex Fire and Rescue Service have joined the Brighton & Hove Safeguarding Adults Board, and good progress has been made in raising awareness of the risk of fire to vulnerable people in the City. In the year ahead a piece of joint work between the Fire and Rescue Service and Adult Social Care will launch some awareness postcards to be distributed to people who are eligible for a fire safety home visit.

Patchwork is a new communication tool which is currently being used in Child Protection which enables all professionals working with a child or family to be aware of each other's involvement. Plans for the year ahead are for this to be piloted into adult services, for adults at high risk of harm.

Brighton & Hove have been accepted as part of the national 'Troubled Families' programme, which is focusing on supporting families with high needs and difficulties. This has now locally been extended to also include vulnerable adults. This will enable a concentrated approach to protecting the most hard to reach and challenging people in the city.

Engagement of Adults at Risk and Carers in Safeguarding Work

A piece of work has been commissioned for this year which will gather the views of adults at risk at the close of a safeguarding investigation, regarding the safeguarding investigation process, and the outcome for them. The information gathered from this will be reported to the Safeguarding Adults Board and used to improve the practice of investigating staff, and will also influence training and updates of safeguarding procedures and guidance.

Sector Led Improvement in Local Government – a new approach to improvement has been developed by Local Government which includes peer review to monitor each other's performance. Brighton & Hove City Council is to be one of the first Councils to be reviewed, and the area for review will be safeguarding and personalised budgets, such as Direct Payments.

The results and recommendations from this will be reported to the Safeguarding Adults Board.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

It is noted in the progress reports of many Board members that Mental Capacity Act work continues to need focused work and monitoring to ensure work complies with the law. This will include ensuring that assessments are undertaken, there are methods in place to monitor the quality of recorded Mental Capacity assessments, and that staff training ensures that staff are able to understand their responsibilities of implementing the Act in practice in line with their role.

A Competency Framework for Mental Capacity Act work has been developed, and this will start to be completed by managers with their staff in specific roles this year. In conjunction with this targets will be agreed for staff training in MCA work.

3. Performance and Practice

3.1 Summary of Main Points to Note

- 1) The total number of safeguarding alerts raised in Brighton and Hove for the year 2011-12 (April –end March) is **1,454**. Last year the total was 1,154, so this is an increase from 2010-11 of **26%**. Last year (2010-11) a decrease of 10% was reported. This was unusual, and otherwise since 2004 there has been a yearly increase of between 20-60%.
- 2) This year the number of alerts received in Adult Social Care services is 903. The number of alerts received in Mental Health and Substance Misuse Services is 551.
- 3) The number of alerts which required a safeguarding investigation this year totalled **696**. Last year there were 665 investigations, so a 5% increase in number of investigations undertaken from last year. The percentage of alerts **not required** to be investigated under the safeguarding procedures last year was 42%. This year it is **52%**, showing a continued increase. An audit has been completed looking at the decision making for alerts not going into investigation.
 - In Adult Social Care Services (ASC) 431 investigations were undertaken. Therefore 52% of alerts received by ASC services did not require an investigation under the safeguarding procedures.
 - In Mental Health and Substance Misuse Services 265 investigations were undertaken. Therefore 52% of alerts received by these services did not require an investigation under the safeguarding procedures
- 4) Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected through Care Assess from Adult Social Care Teams and from Sussex Partnership Foundation Trust teams. 180 alerts were linked to Domestic Violence. This is an increase from 69 last year. 99 of these were investigated under the safeguarding procedures. 20 alerts were linked to Hate Incidents, 8 of which required a safeguarding investigation.
- 5) This year there is more data available looking at investigations where harm was substantiated. This data will be looked at as part of prevention planning and care quality monitoring.

3.2 Performance Data 2011 – 2012

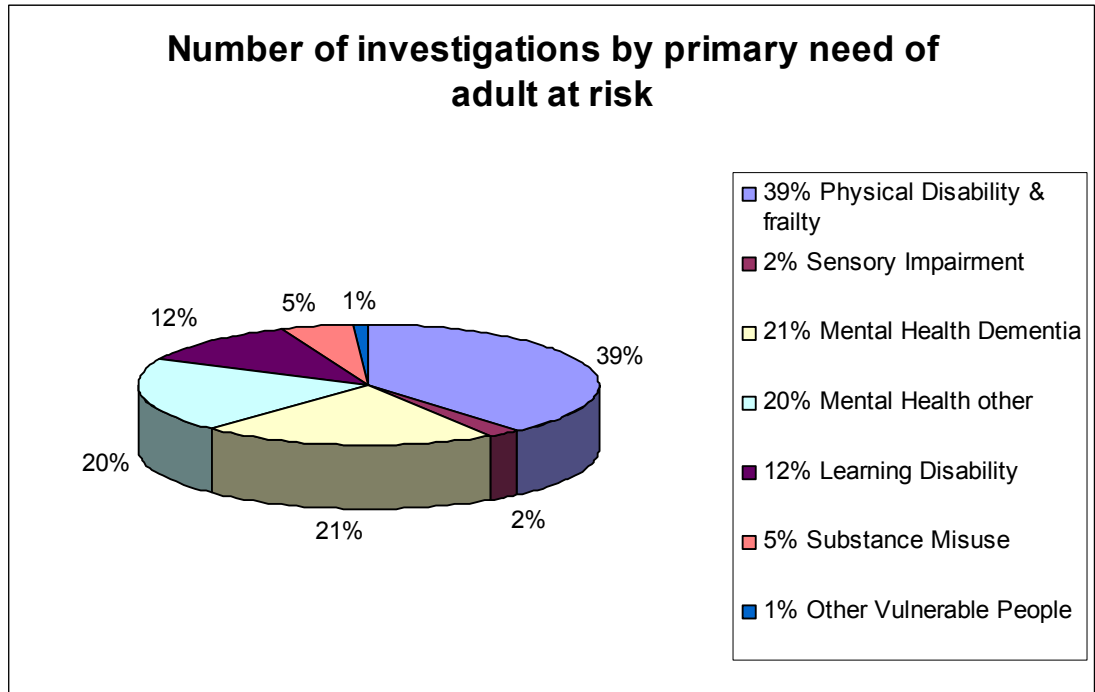


Figure 1: Number of Investigations by Primary Need of Adult at Risk

In figure 1 we can see that the primary need of the majority of people who require a safeguarding investigation is physical disability and frailty, followed by dementia and mental health needs.

This proportion has changed from previous years, with a marked increase in investigations for people with mental health needs. In the last 2 years the percentage of investigations for people with mental health needs has been 9% (2009-10) and 4% (2010-11). This year it is 20%, meaning that people with mental health needs, including dementia are the largest group of adults at risk in the city. This increase is due to improvements to data collection within these services, and reflects a truer picture of the number of alerts and investigations from previous years.

In 4% of all client groups the alleged victim was an informal carer. This is the same percentage as the last 2 years.

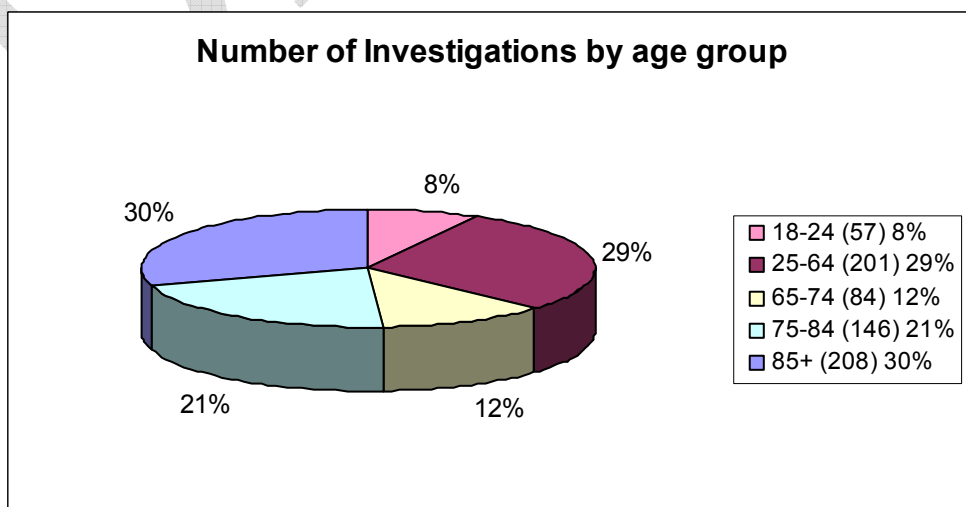


Figure 2: Number of Investigations by age group of adult at risk

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

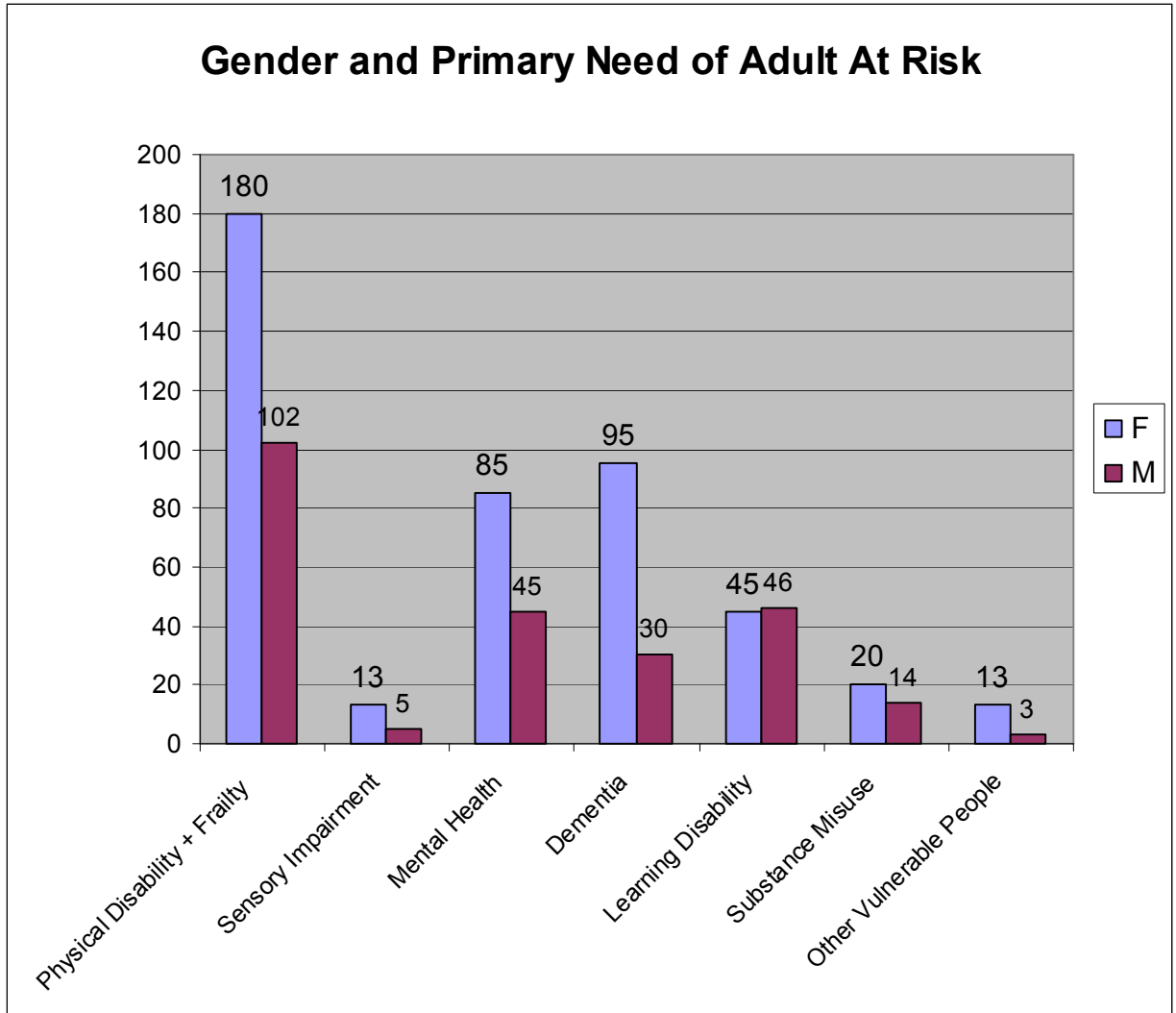


Figure 3: Number of Investigations by Gender and Primary Need of Adults at Risk

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 696 investigations 451 of the adults at risk were female, and 245 were male. As a percentage that is 65% women, 35% men. The proportion of women has increased slightly since last year, when the figures were 61% women and 39% man.

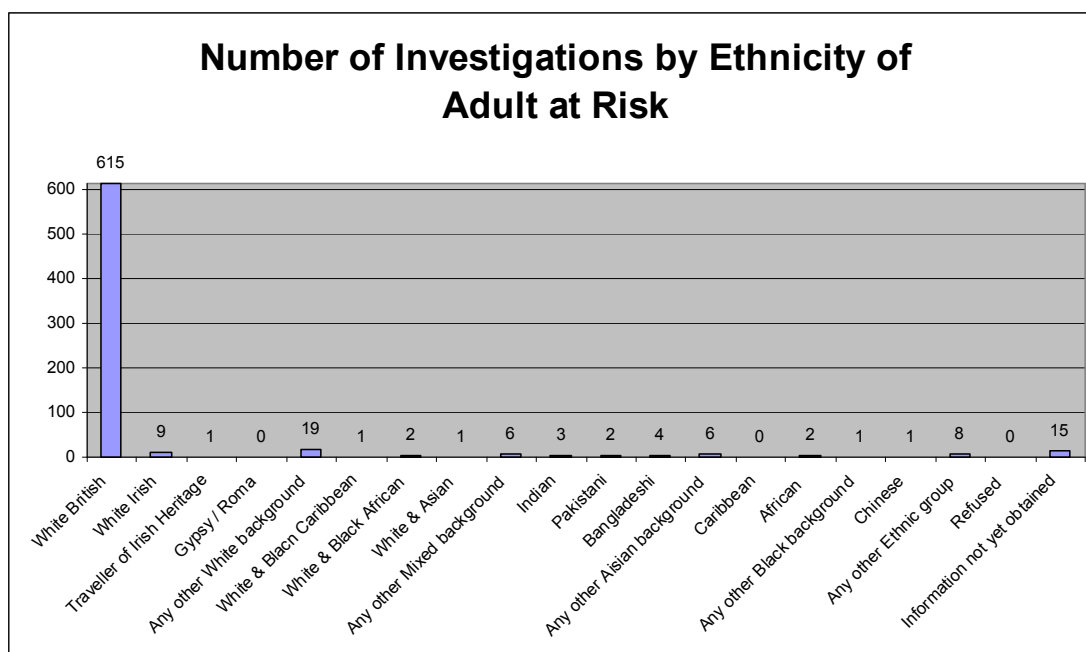


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

In figure 4 investigations for adults at risk with 'All White' ethnicity stand at 93%, all Black and Minority Ethnic (BME) at 5%. This stands the same as last year's figure. Not yet obtained is 2%.

The table below shows estimated resident population by broad ethnic group, mid 2009, figures are in thousands. (Source Office of National Statistics).

	Brighton and Hove number	Brighton and Hove percentage	South East percentage	England percentage
All persons	256.4			
All White	227.1	89%	91%	87%
White: British	208.1	81%	86%	83%
White: Irish	3.3	1%	1%	1%
White: Other White	15.7	6%	4%	4%
All BME	29.3	11%	9%	13%
Mixed	5.9	2%	2%	2%
Asian or Asian British	12.5	5%	4%	6%
Black or Black British	5.8	2%	2%	3%
Other	5.1	2%	1%	2%

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low at 5% compared to the percentage of residents from BME groups as a whole at 11%. However, this data does not take into account ages. A high percentage of safeguarding investigations are regarding people of 65 years and over, and this age group may locally include fewer people from BME groups. This needs exploring further, as the awareness campaign does not appear to have had any impact on these numbers.

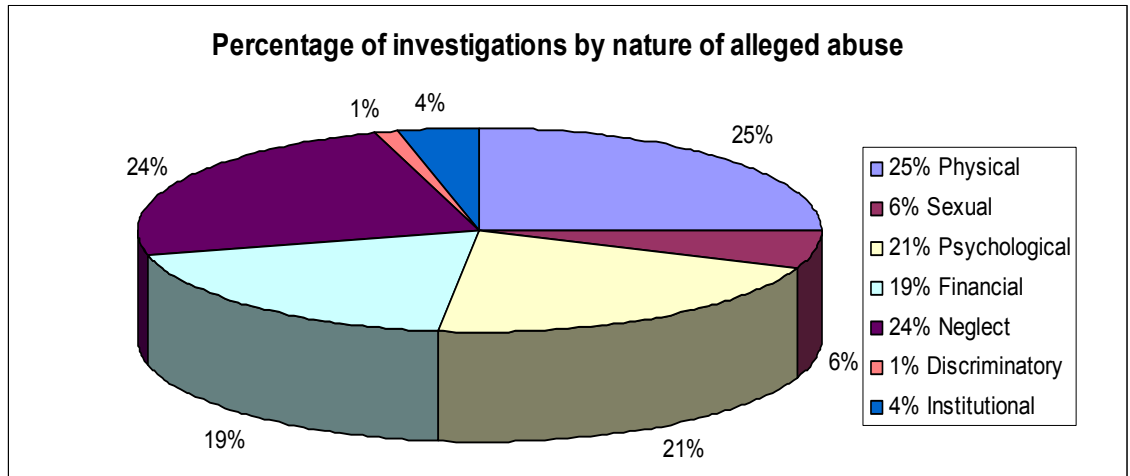


Figure 5: Percentage of Investigations by the nature of the alleged abuse

From previous years investigations into allegations of neglect have increased from 15% (09/10), 21% (10/11) to 24% this year. Investigations into discriminatory abuse have decreased from 9%(09/10) to 2% (10/11) to 1% this year. Financial abuse remains at 19%, and physical abuse remains at 25%.

Due to this increase in the number of investigations into neglect some additional data is set out below regarding this.

Out of all the investigations into allegations of neglect, 55% were substantiated. This is in line with the percentage of all investigations substantiated (see Figure 9).

Figure 6 below details the primary need of the adult at risk for substantiated investigations into neglect, where the largest number of people who have suffered neglect have a physical disability and frailty, followed by those with dementia.

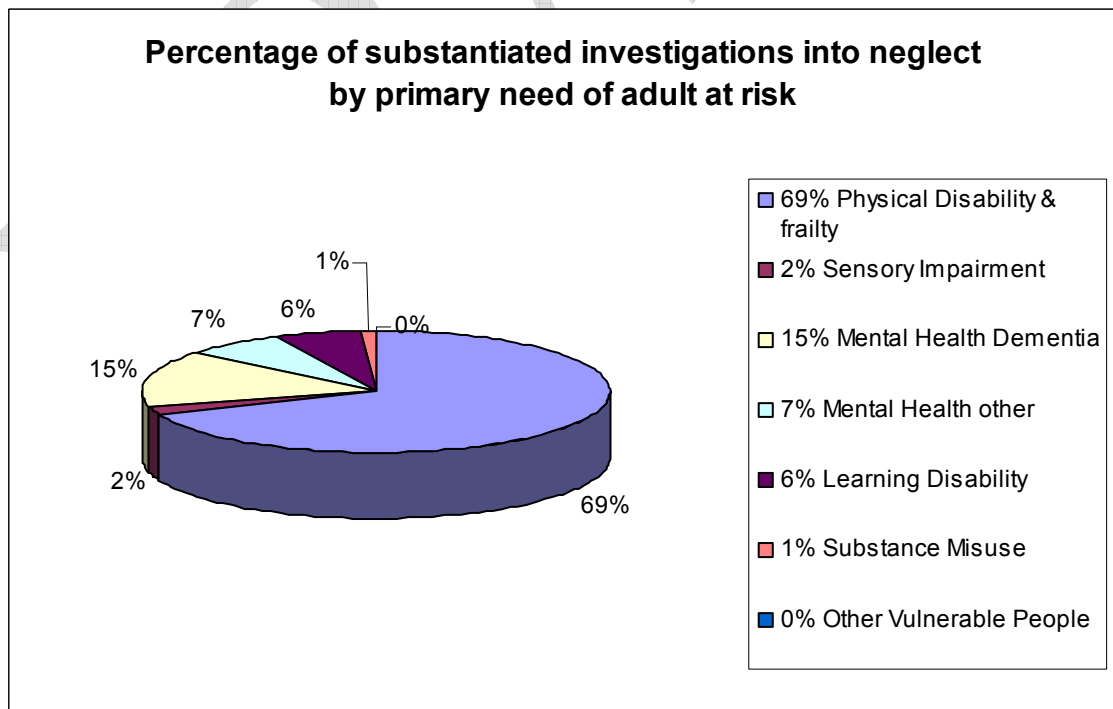


Figure 6: Percentage of Substantiated Investigations into Neglect by Primary Need of Adults at Risk.

The main categories of relationship of the person who has neglected the adult at risk breaks down as 32% Health Care Worker, 27% Domiciliary Care Staff. If the category of partner, neighbour, friend or family member are looked at together they come to 9%. It is expected that the majority of investigations into neglect concern professionals, as they would have an expected level of care which should be provided.

The location of these substantiated investigations into neglect show 41% as being in the person's own home, 28% in nursing homes, 18% care homes, and 6% hospital.

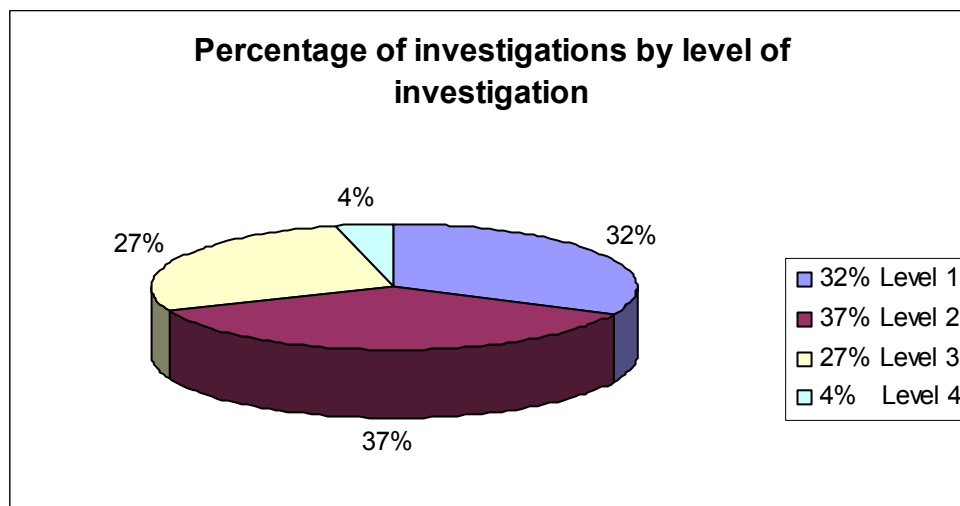


Figure 7: Percentage of investigations by level of investigation.

In 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. Please see appendix for further guidance on levels of investigation from the procedures. This is the first time that this information has been in the annual report. This is not something that is reported nationally, but is of local interest.

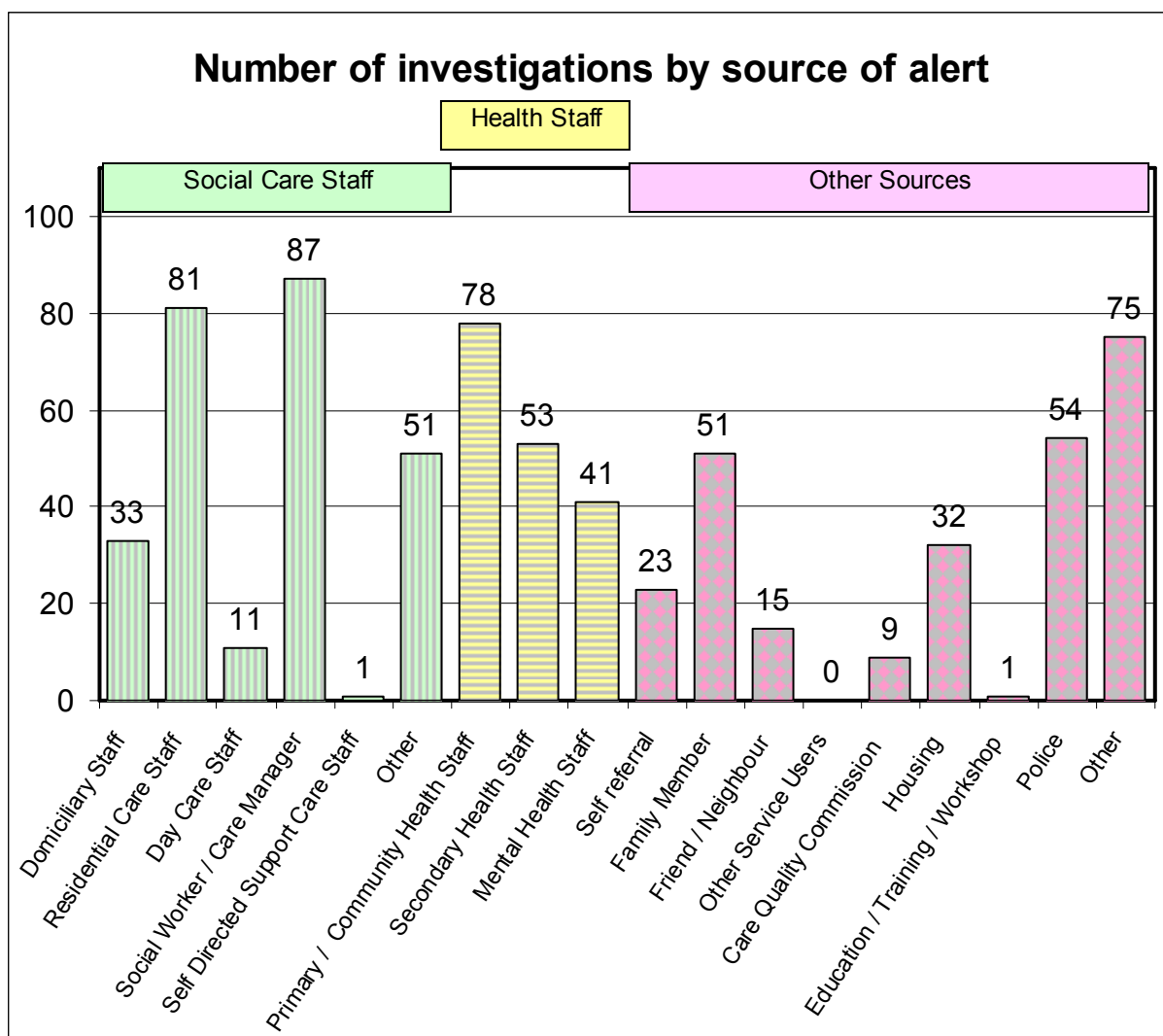


Figure 8: Number of Investigations by Source of Alert

In figure 8 the data shows the source of alerts which went on to be investigated under the safeguarding procedures. The total number of investigations was 696.

38% alerts came from Social Care Staff, which includes the voluntary and independent sector.

25% came from Health Staff, 9% police, 5% Housing.

3% were self referrals from the adult at risk, and when alerts from family members/friends are included it makes 13% of all alerts. This is a 3% increase from last year.

The category of 'other' includes;

- Anonymous referrals
- Other local authority departments
- Ambulance Service
- Probation
- Independent Community Services such as Citizens Advice Service

Only 1 investigation was undertaken following an alert raised by Self Directed Support staff. This may show that the Risk Enablement panel is managing risk well, and reducing any requirement for alerts to be raised, or that personal assistants are supporting adults at risk to raise concerns themselves directly. Currently 486 people have Personal Assistants through the Brighton & Hove Federation for Disabled People.

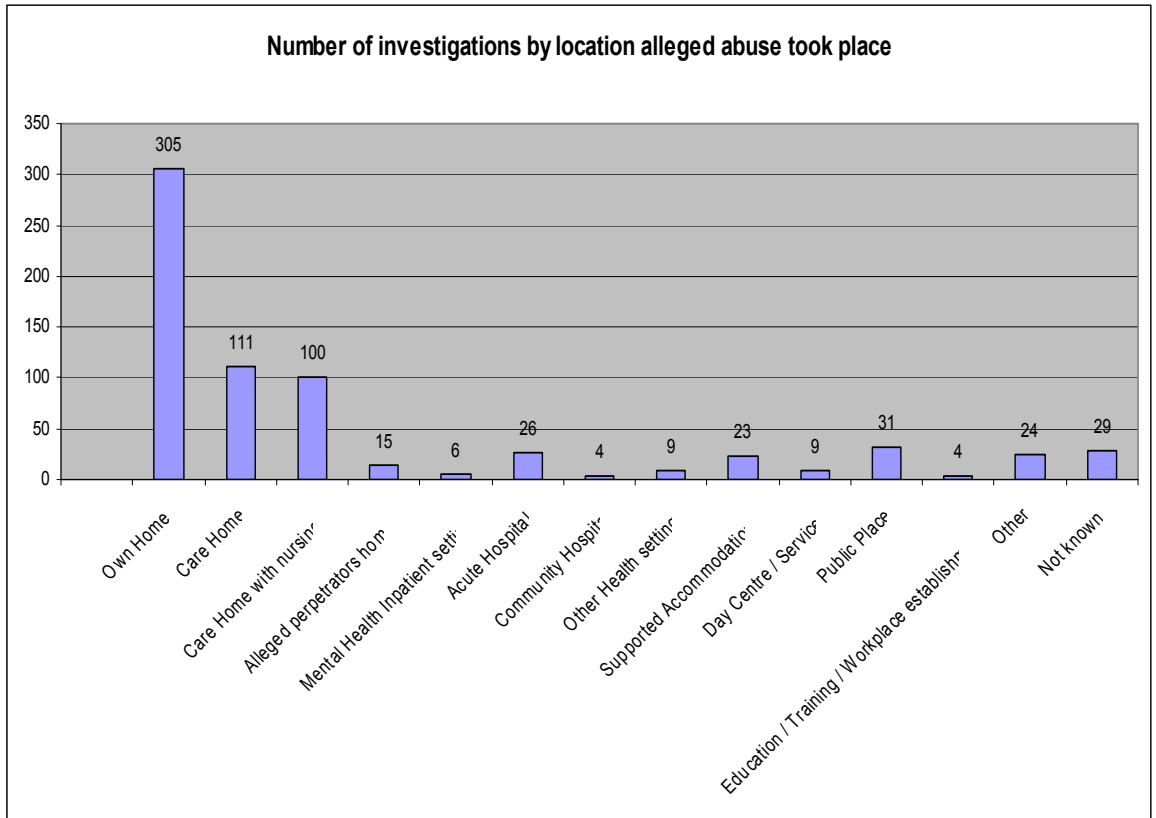


Figure 9: Number of Investigations by Location the Alleged Abuse Took Place

In figure 9 we can see that the person's own home is the most likely place for abuse to be alleged to have taken place, at 38% of all other logged locations. Last year this figure was 40%.

If Care Homes and Care Homes with Nursing are combined, they come to 30%. (2010/11 31%)

Acute and Community Hospitals come to 4.5%.

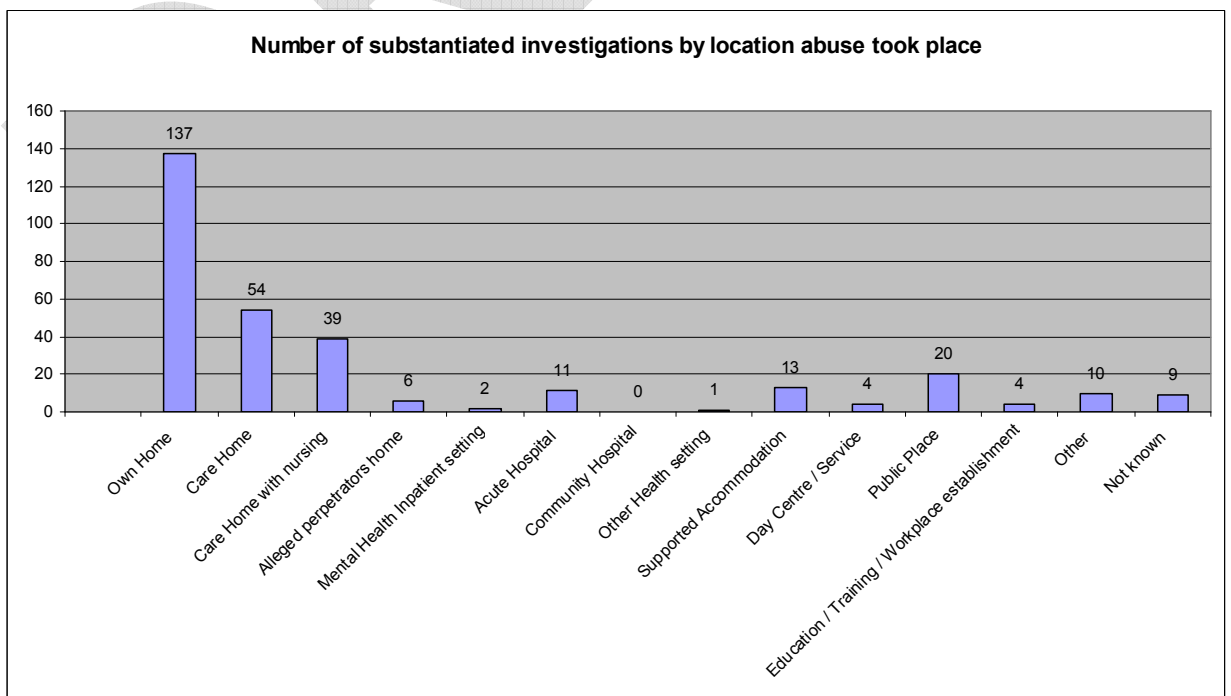


Figure 10: Number of Substantiated Investigations By Location Abuse Took Place

This year we have included an additional graph in Figure 10, which shows further information

on location of abuse, as it shows the locations of abuse of substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded. This shows that in 44% of substantiated investigations the harm or abuse took place in the person's own home, in 30% of cases in a care home or nursing home, and in 4% in an acute hospital setting. In 4% of cases this was in supported accommodation, and in 6% in a public place.

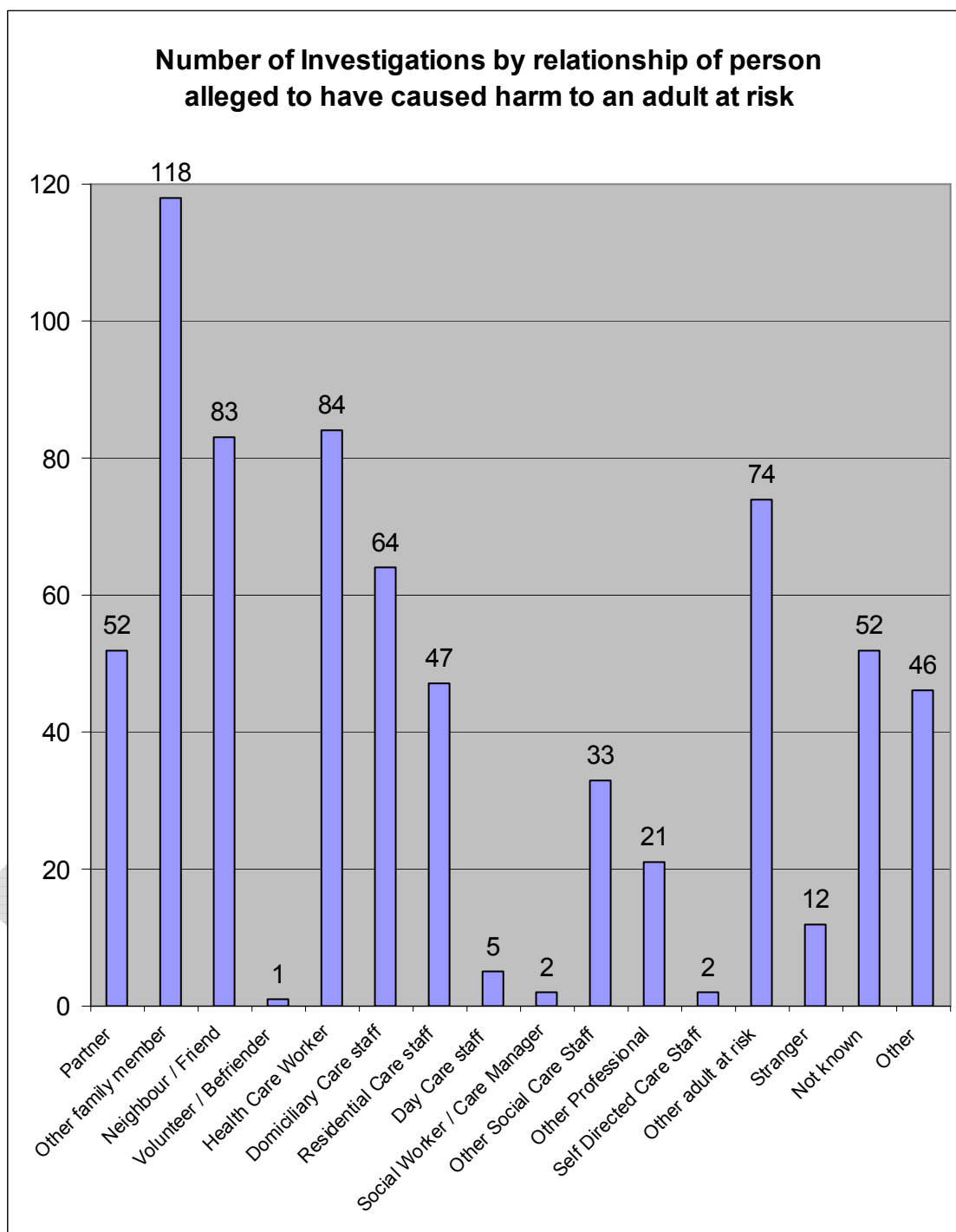


Figure 11: Number of Investigations by Relationship of the Alleged Perpetrator to the Adult at Risk

Figure 11 shows the number of investigations broken down by the relationship of the person alleged to have caused harm with the adult at risk.

If the data regarding alleged abuse from a partner, family member, neighbour or friend are combined, this comes to 36% of all investigations. (Last year 32%)

Allegations about Social Care Staff, including staff from the independent and voluntary sector come to 22% (Last year 13%), and Health Care Workers 12% (Last year 9%).

Allegations regarding abuse or harm from other adults at risk are 11% (Last year 12%).

The category 'Other' is 7%. (last year 13%).

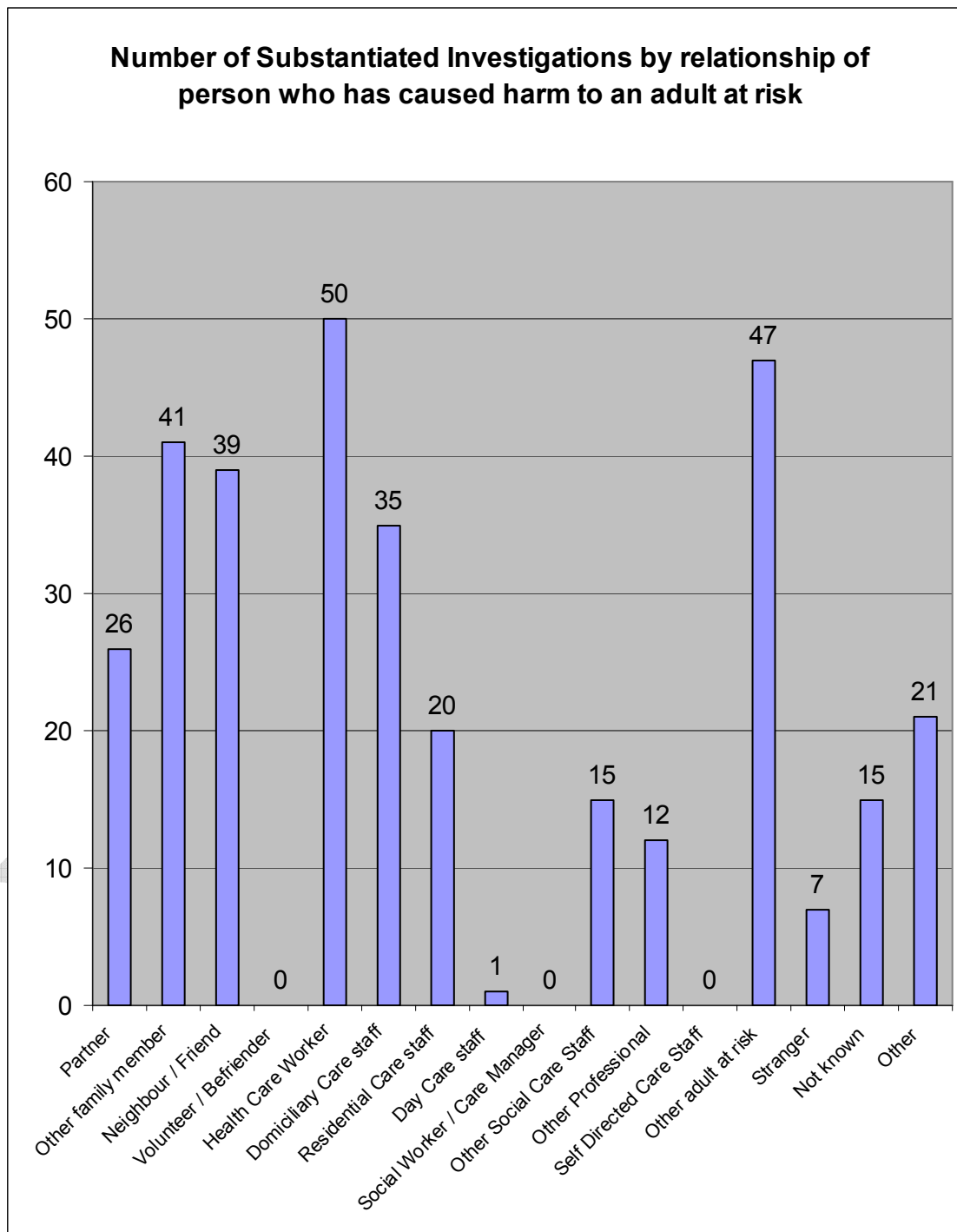


Figure 12: Number of Substantiated Investigations by relationship of person who has caused harm to an adult at risk

This year we have included an additional graph in Figure 12, which shows further information on relationship of person who is alleged to have caused harm to an adult at risk, as it shows the information by substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded.

In 32% of substantiated investigations the relationship of the person who has caused harm to the

adult at risk was their partner, family member, friend or neighbour. The relationship was Health Care Worker in 15% of cases, Social Care Staff (this includes independent and voluntary sector staff) in 12% of cases, or another professional in 4%. This adds up to in 31% of cases the relationship of the person who has caused harm to an adult at risk is a professional one. In 14% of cases the person who has caused harm is an adult at risk themselves.

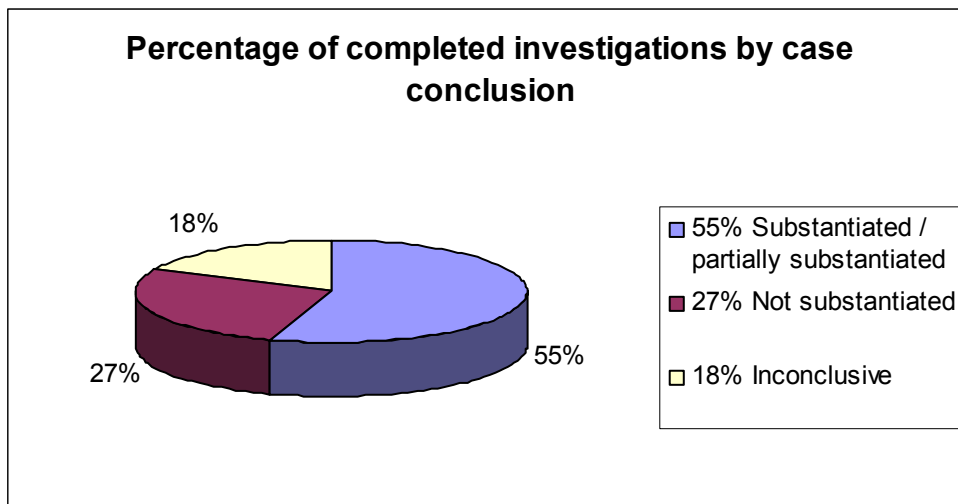


Figure 13: Percentage of Completed Investigations by Case Conclusion

Abuse or harm to an adult at risk has been substantiated in 55% of all investigations completed in 2011-12. This has increased slightly from 52% in the previous year.

Abuse or harm was not substantiated in 27% of all investigations undertaken, meaning that there was evidence, on the balance of probability, that abuse did not take place. This has increased from 21% from the previous year.

Investigations that were Inconclusive have decreased from 27% to 18%. This means that there was not enough evidence following these investigations to prove on the balance of probability that abuse happened or did not happen. This would still leave an element of doubt in these cases that abuse could have occurred, but was not proven.

Safeguarding audits focused in the previous year on investigations that were inconclusive, to reassure that they were robust and thorough investigations. 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.

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

Review of the Year 2011-12

Safeguarding is now a standing item on Assessment Services Management Team meeting. In the last year membership of the management group has been extended to include Operation Managers from across the whole service including staff from Sussex Partnership Foundation Trust (SPFT). This ensures consistent messages are delivered across all staff with managerial responsibility for Safeguarding. The Head of Safeguarding attends the management team meeting on a regular basis.

Safeguarding training for senior managers commenced in this year with a useful day session and these training sessions will continue to be held on an annual basis. This training involves staff from SPFT as well as Assessment Services Staff.

Using the Safeguarding Competencies Framework all Senior Managers Competencies have been completed and the competency framework is being rolled out to all relevant staff.

To further enhance Quality Assurance of Safeguarding the Head of Assessment now undertakes an 'Audit of Audits' on a quarterly basis. In the last year we also carried out an Audit of alerts which had not progressed to investigation. This proved to be a useful exercise and will now be repeated on an annual basis.

A Serious Case Review (SCR) was held in Brighton and Hove to look at any lessons that could be learned following the death of a vulnerable adult, as a result of the findings of the SCR, an action plan has been developed and agreed by all agencies, and this will be a key component of the workplan for the year ahead.

Safeguarding Performance Measures are monitored through Performance Compact meetings between Head of Assessment and Director of Adult Social Services assisted by the Head of Performance Adult Social Care.

The revised Pan Sussex Safeguarding procedures have been adopted and a programme of training implemented.

In light of local experience and the findings of the SCR we have identified the need to develop policy and procedures around people who self neglect and disengage from services and work on this has commenced. The FACE risk assessment tool, which had been utilised in Learning Disability services, to good effect has now been rolled out to the rest of Assessment services

Consultation on the staffing restructure of Assessment services has now concluded with strengthening our response to safeguarding as a core priority.

Protocols for SAR investigations in relation to in-house services has now been developed and agreed ensuring that in-house services are treated on a same footing as all other providers. A joint protocol between Assessment Services and Trading Standards has also been adopted to provide a joined up approach to ensure vulnerable people are protected from exploitation

Practice Development Forums for social workers and care managers have been established with a focus on safeguarding issues.

Mental Capacity Act (MCA) and Termination of Tenancies procedures have been adopted, however there is a need to re-examine these to streamline the process, undertake training and get the procedures embedded in the assessment and care management process

The year ahead

Following on the work of establishing the competency framework for safeguarding we will follow a similar process in relation to MCA competencies, and we will also commence a programme of audits of MCA practice.

As indicated above delivering the action plan following the SCR will be a key priority including finalising policy and procedures around self-neglect and disengagement. The SCR also highlighted the need for closer working with a range of colleagues in relation to Anti-Social Behaviour and Community Safety and work and training has now commenced.

As we continue the drive to greater personalisation of services we will strengthen the role of Risk Enablement Panels and broaden their role to manage risk beyond those in receipt of a direct payment and personal budget.

Brian Doughty

Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

What is/has worked well / challenges:

As the strategic lead for safeguarding adults, representatives from Protecting Vulnerable People Branch continue to attend the Adult Safeguarding Board, as well as chairing the Pan-Sussex Adult Safeguarding Group.

The main change facing the branch at present is a restructuring of the unit. Detective Chief Superintendent Kemp will be the head of the Protecting Vulnerable People Unit, with Chief Inspector Ali Darge having specific responsibility for safeguarding as part of his portfolio. CI Darge will be the Sussex Police representative on the Safeguarding Adults Boards. As a result of the changes new staff are being recruited to support Adult Safeguarding.

Developments, achievements & work undertaken:

The Sussex Police internal IT systems have been upgraded to enable the secure transmission of the Vulnerable Adult at Risk (VAAR) form. This is now automatically emailed from the police system to a central account in East Sussex County Council, removing the need for Officers print off and fax the form.

A number of improvements were also made to the VAAR form based on feedback from the adult services team.

During 2011/12 we have introduced a new Safeguarding Adults at Risk Policy. This Policy has been circulated to the safeguarding leads within Social Services and has been well received.

A key revision that the policy has introduced is to reflect the recent changes for the process of safeguarding vulnerable adults, which includes the terminology used i.e. the new term for a vulnerable adult is now "adult at risk".

This policy also improves our exchange of information with partner agencies through our use of VAAR's (Vulnerable Adults at Risk) Forms. These forms are now submitted for each Adult at Risk that the police encounter and not just victims.

This Policy has also provided standardised Terms of Reference for our Adult Protection Teams

(APT) throughout the County. One of the core areas of responsibilities for our APT's is to be the Single Point of Contact for all safeguarding referrals.

Work undertaken:

An audit of our ABE interviews is currently being undertaken to ensure that the Multi Agency guidance is being followed in joint interviewing. This audit will be shared with the 3 safeguarding leads in Sussex.

(Completed May 2012)

Future plans / priority areas for 2012/13

It is anticipated that the National Policing Improvement Agency (NPIA) will have completed their learning descriptors in respect of adult safeguarding in the very near future, with a view to a training programme being ready in 2013.

The Protocol with the Ambulance Service will result in police officers being provided with an aide memoir which will include basic guidance on the Mental Capacity Act and DoLS. This is a work in progress and it is anticipated that it will be completed later this year.

Chief Inspector Alister Darge,
Protecting Vulnerable People
Sussex Police

4.3 Commissioning Support Unit (Adult Social Care)

General overview of the year 2011-12:

The review of the Care Governance framework was completed and the outcomes from this have been implemented.

The Service Provider Profile has been developed and we are now embedding this and looking to achieve a more focused and preventive model of working.

Promoting quality in care and abuse prevention has continued to be a key feature through the Quality Improvement Panel, the Quality Assurers Group and the Dignity Champions network. Key themes have been identified such as medication, do not attempt resuscitation CPR policy and practice and understanding of the mental capacity act.

The Unit has worked actively to ensure improvement plans are in place where concerns have been identified and that improvements are evidenced and sustainable.

The challenge in 2010/11 included :

- The profile of reactive intervention to significant quality concerns remained high but had improved by end of year. Placements were suspended for 6 care homes during the year but only 1 remained suspended at year end.
- The structure of the unit does not always enable a consistent and focused approach; staff have been engaged in some key procurement and contract development work alongside their Care Governance work.
- Providers failing to deliver improvement plans in a timely and evidenced manner
- Service quality issues emerging in the home care service for the first time in some years.

Specific developments, achievements & work undertaken in 2011-12:

- Care Governance reviewed ; revised structure implemented
- Service Provider Profile established but needs to be fully implemented
- Sign up for opportunity re joint portal with CQC
- Themed improvement activity re Quality Assurance, Dignity, Mental Capacity and Do Not attempt resuscitation guidance.
- Improvement plans monitored and delivered ; at end of year only 1 service suspended
- Agreement with LINK re 'enter and view' visits

- Review reports completed re care governance in relation to people who use direct payments and people who fund their own care.
- Assisting public campaign for abuse prevention
- Implementation of Electronic Care Management System in home care provides real time information which supports SAAR investigation and helps identify where care workers are overloaded and organisational workload management problems

Future plans / priority areas for 2012/13:

- Progress opportunity to develop joint portal with CQC
- Work with LINK to strengthen service user voice in care governance through 'enter and view' visits (20-30 visits p.a. to commence May 2012.)
- Review structure and roles within Commissioning Support Unit
- Promote early identification and reduce duplication through a more rigorous co-ordinated audit programme
- Identify, prioritise, action and evaluate themed improvement
- Develop a more consistent audit framework that supports information sharing and transparency
- Develop the performance and quality web page on the Council web site to promote information sharing and transparency. This will include performance rating home care agencies.
- Undertake a review of information governance and data protection within contracted services.

Review of staff training and development during year 2011/12:

Staff have all attended Safeguarding training but several will need to attend a refresh course and this maybe best focused on the particular role of the CSU.

3 staff have yet to complete the DOLS training and 4 the MCA training.

All Contract Officers and Contract Managers have attended the DNACPR briefing.

Future plans for staff training:

Investigate a safeguarding training session for whole unit to that will both refresh previous training and enable focus on CSU role.

All staff to have completed both DOLS and MCA training.

Any other information / areas / issues:

- Contract Officers are consistently working with providers on areas of poor practice which are identified at the case conference stage, so as to improve service delivery and minimise the reoccurrence of safeguarding concerns in those areas.
- Developing a programme of monitoring visits which also includes visits to providers where there are currently no concerns, with the potential to pick up on any practice issues at an early stage to prevent these escalating into safeguarding concerns.

The contract is very clear about the role of the provider in respect to Safeguarding, and their responsibilities are as follows:

1. The Service Provider agrees to follow the Sussex Multi-Agency Policy and Procedure for Safeguarding Adults at Risk.
2. Any safeguarding training accessed by the provider needs to be either provided directly by the Council, or be undertaken by a trainer who has been accredited by the Council.
3. If a member of the Service Provider's staff has concerns that an adult at risk may be at risk of abuse as defined within the Sussex Multi-Agency Policy & Procedures for SAR, then the Service Provider must ensure that the Staff member discusses the issue with their supervisor who will inform the appropriate Social Work Team of the Council.
4. The Policy and Procedures state that they need to contact emergency services if adult at risk is in immediate danger. Where possible they need to remove person from danger, and contact the police if an alleged criminal offence has been committed.

Regarding MCA and DOLS, if a member of the Service Provider's staff has concerns that an adult at risk may be deprived of their liberty under the Deprivation of Liberty Safeguards regulations introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007, the Service Provider should immediately seek the authorisation of the Supervisory Body in accordance with the prescribed regulations.

Philip Letchfield

Head of Contracts and Performance
Brighton & Hove City Council

4.4 Partnership Community Safety Team (PCST)

General overview of the year 2011-12:

I consider that in terms of integrating community safety and safeguarding adult agenda, we have made significant progress within 2011/12, with a growing awareness of the cross cutting issues and increasing evidence of the added value of joint working and shared priorities. Specifically, progress has been made in relation to:

- 1. the establishment of the ECINS system which reduces risk and vulnerability of victims of anti-social behaviour and hate crime
- 2. the introduction of nationally accredited victim and witness standards which further protect and reassure vulnerable victims
- 3. identifying significant actions to be taken following a Serious Case Review and which when completed, will reduce the risk of harm experienced by those who are within the street population and supported housing
- 4. developing and delivering the community safety action plan for those with physical, sensory and learning disabilities and which aims to increase their safety within the home and within public places
- 5. increased joint commissioning of extended services for victims of domestic and sexual violence
- 6. developing and delivering the community safety action plan for Older People
- 7. Beginning to consider requirements upon the authority to protect those most at risk from trafficking

Specific developments, achievements & work undertaken in 2011-12t:

- 1. A rolling programme of training for staff in Adult Social Care, Housing and a wide range of partner agencies has been undertaken, leading to an increasing number of referrals and use of the ECINS system which is then resulting in reduced vulnerability for those most at risk. E.g for the first ten clients, the risk level for nine of them was reduced from 'high' to 'low' within the first month and as a result of the multi – agency action co-ordinated by ECINS.
- 2. A rolling programme of training for the workforce in the city has continued throughout the year to deliver the Victim and Witness Standards. The aim is to provide a consistent level of service throughout the city
- 3. The recommendations from the Serious Case Review will be delivered within 2012/13.
- 4. The Community Safety, Crime Reduction and Drugs Strategy sets out the detail of the outcomes framework, performance indicators and Action Plan (31 separate actions) which aim for ' a reduction in disability hate incidents and crimes and in the harm caused to the individuals and communities'. Summarised, this framework focuses on achieving increased reporting, reducing harm and risk, establishing effective monitoring strategies, bringing perpetrators to justice and effective court outcomes and increasing public awareness.
- 5. The Strategy also sets out the outcomes framework, performance indicators and Action Plan (82 actions for DV and 49 actions for SV) to achieve reductions in sexual violence and

that ' residents and communities to be free from domestic violence by increasing survivor safety, holding perpetrators to account, decreasing social tolerance and increasing peoples ability to have healthy relationships.' An increased allocation of resources has as a result, been made in the current year with new initiatives which increasingly prevent DV and intervene at an earlier stage.

- 6. Older People; the Strategy also set out the planned work in relation to increasing the safety of Older People, focusing on increasing information for older people and their access to services and putting in place more support networks. A key focus is to that older people are enabled to feel safer and have a higher understanding that they are in fact, at a low risk of being a victim of crime.
- 7. During the past year, the community safety partnership has increasingly developed its understanding of the potential scale and diverse nature of human trafficking and the role that the local authority can play in supporting police action to deal with this serious crime which impacts on those who are most vulnerable. Supporting specific police Operations have been prioritised particularly for those working in the sex industry and targeted towards the street population.

Future plans / priority areas for 2012/13:

Please set clear goals which can be transferred into Safeguarding Adults Board Action Plan for quarterly review.

Completion of the recommendations in relation to the Serious Case Review and which are set out in the Review Action Plan.

Delivery of the outcomes, performance indicators and action plans in relation to vulnerable victims of anti-social behaviour and hate crime including those who are targeted because of their disability (as set out in the Community Safety, Crime Reduction and Drugs Strategy 2011 – 2014)

Delivery of the outcomes, performance indicators and action plans in relation to those who are victims /survivors of domestic and sexual violence (as set out in the Community Safety, Crime Reduction and Drugs Strategy 2011 – 2014)

Delivery of the outcomes, performance indicators and action plans in relation to increasing the safety of Older People (as set out in the Community Safety, Crime Reduction and Drugs Strategy 2011 – 2014)

Gain approval for and mainstream the approaches set out in a Violence Against Women and Girls Strategy and Action Plan which will extend further the delivery of initiatives to deal with domestic and sexual violence to include also dealing with so called honour based killings, trafficking, stalking and FGM.

Linda Beanlands

Commissioner Community Safety

Partnership Community Safety Team

4.5 Brighton & Hove City Council Adult Social Care Provider Services

General overview of the year 2011-12:

Worked well:

Over the last 12 months we have made good progress in safeguarding practice within Provider Services and have seen increases in numbers of staff consolidating or improving their skills and competencies. We have also developed strategies and methods to assist in delivering timely and effective safeguarding outcomes for our service users.

The volume of safeguarding work we undertake means that staff are familiar with recognising the signs of potential abuse and are familiar with the processes and procedures they need to follow. We've promoted a 'no blame' culture where lessons are learned from incidents through reflective practice and reporting of concerns is encouraged.

Attendance of safeguarding lead officers at the annual Safeguarding Conference has increased awareness of key themes and promoted new learning around the challenges our services and service users face. We have also increased the numbers of people who have completed the Safeguarding Competency Framework and continue to develop its use.

We have improved our partnership working with other teams, having used three way meetings, multi agency case conferences and coordinated development of protection plans to reach positive outcomes for service users. This has enabled speedier resolution of issues.

Challenges:

While effective multi agency working can improve response times in some cases, resource and time management in coordinating safeguarding work remains a key challenge. The number of alerts that are appropriately raised presents an issue for managers and staff who may need to take time away from direct care or support in order to progress investigations.

Other challenges that frequently arise are where service users have memory loss difficulties, mental health issues or lack mental capacity, which can affect the progress of investigations. Staff need to effectively balance service user independence, choice and risk when working within Best Interest or Protection Plan situations.

Specific developments, achievements & work undertaken in 2011-12:

Quarterly reports on Safeguarding are compiled in Provider Services through our Performance Compact with commissioners. These enable us to monitor trends, issues and outcomes and agree appropriate actions; for example where we may need to focus resources on the learning and development needs of specific teams. For example:

- We have reviewed our Service User Questionnaires to ensure there is adequate scope to involve service users and carers in improving safeguarding practice in the services.
- We have improved access to the Safeguarding e-Learning module and sign up for e-mail updates for the Multi-Agency Procedures, as well as undertaking briefings for staff when changes occur.
- 77% of our staff in Learning Disability Services, have completed the Safeguarding Competency Framework
- Learning Disabilities day options provided the following courses for service users during 11/12: feeling Confident, Feeling happy, Friends and Relationships.
- Training was provided for the managers at Belgrave and Wellington House Learning Disability day Options Hate Crime reporting Centres
- Learning Disability Accommodation services have completed an audit of Level 1 investigations undertaken in 2011/12. The audit has enabled us to monitor quality and plan improvements. We intend to ensure we fully involve service users in our investigations and

make improvements to our practice as a result.

- At the Independence At Home and Ireland Lodge, the CSM and SCO staff have been more involved in the Level 1 Investigation process. This has meant timely, effective and consistent follow up action has taken place. This work has been commended by Investigating Managers and learning has been relayed to staff in order to improve the service.
- Specific improvements have been made to practice within our CareLink Plus out of hours service. Staff there have received calls handling training to ensure safeguarding issues can be better identified through the call centre system and acted on effectively to ensure the appropriate level and time of response.
- In residential services we have improved our operational practices linking SAAR procedures with HR procedures and working together with health services to investigate and follow up on recommendations. Staff continue to access appropriate training and the RMN at Wayfield Avenue has provided further tailored training regarding the Mental Capacity Act.
- We have completed reflective practice meetings relating to complex investigations. These have improved relations and consistency of approach between agencies. It has helped to improve the way that we as providers are fully included in the safeguarding process and informed of outcomes.
- Wayfield Avenue led on developing a protocol between HR and the services. This is used to ensure that where alerts are raised against staff members, investigations are undertaken in a timely manner without the need for duplication of investigation.
- A complex alert at Craven Vale was investigated and co-ordinated by a multi-agency approach involving the Operations Managers, Social Work and health care professionals. This is a good example of close partnership work in evidencing the facts outcomes improving future practice

Future plans / priority areas for 2012/13:

Our objectives for the coming year can be summarised as follows:

- Full implementation of the Safeguarding Vulnerable Adults competency framework across all services.
- Continue to increase the use of e-learning and e-updates within staff teams.
- Continue to work with direct care staff in assessing competency as part of supervision, quality assurance and performance.
- Analyse the learning from our Service User Questionnaires that we have undertaken in Day Services and apply learning across other areas.
- Develop training and understanding of the Mental Capacity Act and practical application within safeguarding procedures at our services
- Continue to have a representative on the PASA (PAVA) forum in order to share practice and experience with other providers.
- A nominated manager within CareLink Plus to be the 'Safeguarding Lead'.

Future plans for staff training 2012-13.

Our targets for the coming year are:

- 100% of all staff to have completed basic Safeguarding Awareness training
- 85% of all staff to have completed the Safeguarding Competency Framework
- Increase numbers of staff using the e-Learning Package and Competency Framework combined, in order to refresh safeguarding skills
- 60% of staff to complete basic Mental Capacity Act training
- Support the development and use of an MCA Competency Framework
- Ensure 100% of managers receive appropriate training in Level 1 Investigations for Provider Managers and Deprivation of Liberty Safeguards

- Lead staff to attend the Annual Safeguarding Forum/Conference

Any other information / areas / issues:

Provider Services need to look at how we can engage with other organisations in improving the way in which we deliver safeguarding work e.g. 60 Plus Action Group and the Older Peoples Council.

The Dignity Agenda and Champions Forum is a formal structure to highlight quality and engagement. Dignity Day is an opportunity to highlight safeguarding to users of the service, their families and staff; to increase awareness and understanding regarding different types of abuse how to make an alert. This assists in confidence building.

All CareLink Plus all inbound and outbound calls are recorded which has proved to be useful in safeguarding investigations and enabled information to be passed to the appropriate investigating authorities.

As yet not all services have worked within the new guidance regarding joint working when staff investigations need to take place. As we develop this work we will take time out to reflect on the process and share learning, as well as identify any gaps or improvements.

Karin Divali

Head of Provider Services
Brighton & Hove City Council

4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)

General overview of the year 2011-12:

The Trust has continued to increase the focus of Adult Safeguarding
The Trust has continued to develop its systems and processes in relation to Adult Safeguarding over the last 12 months. The Safeguarding Committee at the Trust has continued to meet quarterly. Lessons learnt from safeguarding investigations and quality improvements are demonstrated. Due to the increasing profile of adult safeguarding the Trust has increased the resource and now has an additional member of staff who is focussing on some of the investigations and training.

Specific developments, achievements & work undertaken in 2011-12:

There have been a number of developments throughout 2011-12. A flagging system has now been introduced for patients who have learning disabilities. This is to assist staff when booking appointments and ensuring reasonable adjustments are made. A focus group has also been established, this groups membership is multidisciplinary and multi-agency. The purpose of the group is to review care pathways for a number of patients who are particularly high risk or have multiple admissions. As a result of some Safeguarding investigations work has also been undertaken to write a safe holding policy and staff are now being trained in specific techniques. The Care, Kindness and Compassion (Sit and See) initiative is continuing to be implemented across the organisation, allowing observations to be made about the care which is provided to patients whilst they are in hospital.

Improvements have been made in the learning from Safeguarding investigations, a report is now produced for the managers of the area where and investigation as taken place, and an action plan is developed. These action plans are reported to the Safeguarding Committee.

The Associate Director for Quality and Safeguarding Adults has reported 6 monthly to the Trust Board and the Quality and Safety Committee about Safeguarding concerns.

The Trust has trained 2 members of staff to be Health Investigating officers. Last year the trust focused on the following objectives all of which have been achieved.

To explore how intelligence from monitoring and investigating alerts can be best used to focus support and effect improvement

- ☐ To introduce annual updates for trainers
- ☐ To introduce annual updates for investigators
- ☐ To develop and improve feedback mechanisms for people who raise alerts
- ☐ To hold a safeguarding conference in the summer
- ☐ To increase the numbers of staff who have received safeguarding training
- ☐ In October Learning Disabilities patients in the Acute Hospital will be the focus of a High impact action.
- ☐ To improve the training to all staff on the Mental Capacity Act.

Future plans / priority areas for 2012/13:

1. to work with partner organisations in developing a system of identifying the most at risk patients whom attend hospital.
2. to continue to roll out the care, kindness and compassion tool
3. to work with partner organisations to review safeguarding alerts and levels of alerts.
4. to continue to roll out MCA and safeguarding training.
5. to implement any recommendations following the learning disability peer review.

Review of staff training and development during year 2011/

The Trust has this year has increased the number of training sessions for safeguarding adults to two per month. The Mental Capacity and Dols training has been completely reviewed and is now a 2hour session. The revised MCA / DOLs training package started in April 2012. Since then 230 staff have attended the sessions. All sessions are fully booked and therefore extra sessions have been laied on and requested larger rooms in order to meet the demand for places. 150 staff have already made bookings for the next few months. Attendance is excellent. Staff of all disciplines attend, including medical staff of all grades, nurses, HCAs, OTs, physios, Speech & Language therapy staff and staff from Imaging and Nuclear Medicine.

Future plans for staff training:

To continue with the training already being provided with an aim to ensure that training attendance in both adult safeguarding and mental capacity and Dols is improved by 30%.

Sherree Fagge

Director of Nursing

Brighton and Sussex University Hospital NHS Trust

4.7 Brighton & Hove City Council Housing and Social Inclusion

General overview of the year 2011-12:

Working well:

- All tenancy management staff have recently attended training sessions on the updated pan-sussex procedures.
- A risk assessment/gaps analysis was carried out by Housing and Social Inclusions Adults at Risk Project board to inform and develop our Adults at Risk action plan
- Safeguarding is a set agenda item sheltered housing team meetings.
- The sheltered housing service continues to record all safeguarding cases (in our schemes) through a case management system. Staff are confident on alerting, but also use case management discussions at supervision and team meetings to ensure that the service is supporting to those at risk of harm.
- The new on-line policy and procedures have meant that all staff now have good access to these. This has strengthened staff confidence in alerting where sheltered tenants have been at risk from harm.
- housing management staff have been carrying out tenancy visits, with the intention of ensuring we have accurate and up to date information on all our tenants. This information has been useful in indentifying vulnerable individuals and groups, so we are aware of their

- needs. This information is especially useful in situations such as lift breakdowns.
- We have used tenant profiling data to target vulnerable households for PEEPS and enhances tenancy visits.
- Vulnerable adults, especially those with mobility problems, as identified by the tenancy visit information have completed Personal Emergency Evacuation Plans (PEEPS).
- Tenancy management staff currently carry out risk assessments of victims & witnesses of anti-social behaviour. This information is used to identify support needs and put in place relevant support to vulnerable tenants.
- The Anti-social behaviour housing team have Joint working with Social Services Operations Manager within MARAT meeting managing high risk victims of ASB
- Review arrangements with repairs contractor (Mears) to ensure that we are identifying and supporting vulnerable residents through our responsive repairs processes.

Challenges

- It has sometimes been difficult for staff to get quick responses on safeguarding alerts they have made. Feedback on the quality and appropriateness of alerts would be beneficial.
- Disengagement is a concern, particularly where vulnerable people at potential risk from harm decline assistance from partner agencies.

Specific developments, achievements & work undertaken in 2011-12

- Disability Hate Crime Campaign launched in sheltered housing team, with promotional information sent to all scheme managers and schemes.
- Safeguarding awareness campaign sent to all sheltered tenant representatives for world elder abuse awareness day.
- Sheltered housing services have been working with other council staff on better protocols on ending tenancies where there a tenant has lost capacity.
- Local Involvement Network (LINK) promoted at sheltered city wide team meeting as part of encouraging greater awareness of raising concerns about health and care.

Future plans / priority areas for 2012/13:

- Developing the vulnerable adults policy with Housing & Social Inclusion
- Continuing to embed the harm based approach to ASB
- Continue work on tenant profiling through tenancy visits
- Staff will continue to carry tenancy visits aiming to ensure every tenant has been visited within the last 3 years.
- Continue to work with We are also working with East Sussex Fire Service about how they can access and best use this information in they have to attend a fire at one of our blocks
- Develop a centralised 'significant incident' reporting mechanism for tenancy management service so that potential safeguarding issues (through staff mistakes etc) can be reported, investigated and lessons learnt.
- Develop and implement Disengagement Policy linked to corporate policy on self-neglect
- Work with Housing Commissioning to maximise the information we obtain prior to allocation in order to better manage the risks for vulnerable adults
- Mears continue to attend HS&I Vulnerable Adult Project Board
- Work with Mears to audit their procedures to ensure Safeguarding Procedures are embedded in their processes and systems.

Review of staff training and development during year 2011/12:

- All tenancy management staff have recently attended training sessions on the updated pan-Sussex procedures.

- 90% of scheme managers had safeguarding refresher training during 2011/12
- E-learning on safeguarding completed by all the Tenancy Sustainment Officers and Antisocial Behaviour Officers

Future plans for staff training 2012-13:

- 100% sheltered staff to have refresher training on mental capacity. The sheltered management team are receiving training during May/June 2012.
- Following the service restructure assess all housing posts against the SAR and MCA competency framework
- Assess posts in the Travellers Team against the SAR and MCA framework
- Specialist advanced safeguarding training is being commissioned for housing staff working with Adults at Risk

Any other information / areas / issues:

- Housing and Social Inclusion Adults at Risk Project Board will continue to run to develop and monitor our Adults at Risk Action Plan

Nick Hibberd

Head of Housing and Social Inclusion
Brighton & Hove City Council

4.8 Brighton & Hove City Council Housing Commissioning Unit

General overview of the year 2011-12:

All services for vulnerable people commissioned by Housing Commissioning Unit are expected to achieve high standards through our contract monitoring on Safeguarding and protection from abuse policy and practice. Over the last year we have worked to improve quality standards and achieved this over a number of our services.

Specific developments, achievements & work undertaken in 2011-12:

Housing Commissioning Unit is represented on PASA (Practitioner Alliance for Safeguarding Adults) to promote good practice in service delivery and follow-up actions from safeguarding board meetings. Housing Commissioning have worked with housing-related support providers working with vulnerable people to promote good practice to raise standards on safeguarding via contract monitoring, reviews of services and through improving communication/joint working across providers and Social Care safeguarding teams.

Our quality assessment framework applied as part of the contract monitoring process for housing-related support services, includes a core objective on safeguarding and protection from abuse. This details specific quality standards that are expected from providers in protecting and safeguarding clients. This includes training of all staff, comprehensive policies/procedures for safeguarding and working within a multi-disciplinary framework with other agencies. Services have maintained high quality standards for safeguarding during 2011-12.

Our internal audit in 2011 for commissioning of housing-related support services indicated that 'substantial assurance is given over the control environment of these services and extensive consultation has ensured that services are commissioned on the basis on need'.

Future plans / priority areas for 2012/13):

Our ongoing monitoring of services applies a continuous improvement quality framework and works continuously to raise standards on safeguarding and protection from abuse.

Review of staff training and development during year 2011/12:

Frontline staff and Managers working within Housing Commissioning Housing Options and Hostel Accommodation are trained in safeguarding and mental health capacity, in line with the Sussex Safeguarding procedures.

For 'Deprivation of Liberty Safeguards' training has been completed by a number of managers in our Housing Options service, however, this is mostly for high / complex needs clients that require a higher level of care / support (rather a housing need) and in these cases are referred onto mental health for assessment.

Future plans for staff training, including targets for percentage of staff to be trained 2012-13:

Safeguarding and protection from abuse is mandatory training for all frontline provision and staff training will continue in 2012-13.

Jugal Sharma

Lead Commissioner – Housing
Brighton & Hove City Council

4.9 South East Coast Ambulance Service (SECAmb)

South East Coast Ambulance Service (SECAmb) covers a geographical area of 3,600 square miles covering Surrey, Sussex, Kent and a small part of Hampshire with a resident population of approximately 4,500,000. The Trust has a full time safeguarding lead for adults and children and support of senior management and the Medical Director who has executive responsibility within the Trust. SECAmb is committed to the multi-agency safeguarding process and this is reflected in the policies and procedures adopted by the Trust and by Trust representation on Safeguarding Boards across the region.

Overview of 2011-12

During the year 1st April 2011 – 31st March 2012 SECAmb staff submitted 2493 adult concern reports for the whole region. The majority of these were connected with social care concerns, particularly regarding living conditions and patient's inability to cope alone or with increasing care needs. The number of reports received regarding adults specific to the Brighton & Hove area was 211 (8.46% of all SECAmb referrals).

Outcomes are known for 12 cases. Getting outcomes has always been a challenge for the Trust across the region, and this continues to be the case, although we are committed to working with our Safeguarding partners in the local health economy to improve on this.

Key achievements in 2011-12

- Reporting rates have continued to rise with an increase of 68.59% on the previous year which suggests an increased awareness of adult social care needs amongst our operational staff
- Foundation work has been undertaken to establish links with local MARACs and a direct reporting route from SECAmb into these is being developed; a substantial piece of work around the DASH (domestic abuse) toolkit having been completed to date
- Robust links with the Trust's Compliance team has led to improved collaborative working around serious incidents where Safeguarding elements exist and how they are managed and investigated within the Trust

Key challenges in 2011-12

- Getting consistent outcomes for reports submitted to social care departments in all local authority areas
- Staff training was challenging although staff did undertake some e-learning modules and all new staff undergo corporate induction which has an introduction to safeguarding element.
- Consistent implementation of the Mental Capacity Act including interaction and

understanding of roles and responsibilities when working with other agencies

Future Plans for 2012-13

- A robust training needs analysis has been undertaken and a comprehensive four year training plan has been developed; training is now being implemented, ensuring appropriate levels of knowledge exist in all areas of the organisation regarding:
 - ✓ Safeguarding adults and children; MCA; Domestic Abuse and Prevent
- Work is underway to identify frequent callers and develop greater multi-agency management of cases identified following a serious case review recommendation.
- Other developments include an outcomes database to map recommendations from all reviews, MOUs with police in regard to application of MCA, implementation of a DASH toolkit for all SECamb staff and referral pathways into the MARAC process and complete revision of Consent and Capacity procedures.

Jane Mitchell

Safeguarding & MCA lead
South East Coast Ambulance Service

4.10 Sussex Community NHS Trust (SCT)

General overview of the year 2011-12:

Safeguarding Adults at Risk within Sussex Community Trust (SCT) has seen further development throughout 2011 – 12. During this time the dedicated SAR team within the Trust has established itself as a resource for staff employed by SCT and continues to be a point of referral for Health Investigating Officers by West Sussex County Council and Brighton & Hove City Council.

Over the past twelve months the SAR Team have worked in collaboration with the Trust's Risk and Governance Teams to enhance the Trust's SAR activity. This activity is also shared via the South of England Strategic Health Authority dashboard and suggests that during this time SCT have raised approximately 40 SAR alerts across West Sussex and Brighton & Hove.

Specific developments, achievements & work undertaken in 2011-12:

From April 1st 2011 - March 31st 2012 Sussex Community Trust received 110 requests for Health Investigating Officer input from B&HCC and WSCC. The Trust agreed to take on 80 of these.

The records indicate that over 70% of the 80 investigations were L3&4 and 25% were at L2

- The Team has been involved in a number of high profile L4 multiagency SAR investigations involving Health, Adult Services, CQC, the Coroner's Office, Police and the UK Border Agency.

A measurable improvement in health outcomes has been noted in patients and residents as a direct result of support provided to the SAR investigation by SCT staff.

- The Team received a referral from Adult Services to support a very complex Best Interest Assessment and case conference for a gentleman who lacked capacity to determine where he should live. The role of the Team was to work with Adult Services and IMCA to determine if his needs could be met within a residential or nursing care environment.

Reasons for referrals to SCT Health Investigating Officers from Adult Services

- Poor recording and implementation of end of life care planning and DNAR processes
- To investigate allegations of inappropriate treatment for individuals who were unable to consent to the intervention.
- Poor approach to the administration of prescribed medication that resulted in significant

harm to individuals

- Management of chronic wounds and pressure ulcers
- Allegations that care home/domiciliary staff are unable to recognise acutely deteriorating patients and failed to seek appropriate support or advice

Other developments and achievements:

- Integrating SAR & MCA Basic Awareness as part of Mandatory and Statutory Training – Each member of staff can access face to face SAR and Mental Capacity Act Training as well as through an e-learning medium
- Improved access to SAR information contained on SCT Intranet site
- Engagement with the B&HCC LSAB and subcommittees and multiagency
- Partnership working between SCT, B&CC and NHS Sussex has produced Health Investigating Officer referral protocols for Investigating Managers within Brighton & Hove
- In November 2011 SCT contributed to an inquiry and report ratified by the Overview and Scrutiny Committee at Brighton & Hove City Council on Information Sharing Regarding Vulnerable Adults.

Future plans / priority areas for 2012/13:

Please set clear goals which can be transferred into Safeguarding Adults Board Action Plan for quarterly review.

- Developing strategies aimed at improving the numbers of staff who access SAR awareness and update training – these strategies include ensuring that 100% of staff have attended all statutory and mandatory training relevant to their role
- One of the outcomes that the Trust is keen to develop is need to establish some pressure area care protocols to support both health and social care to determine if these wounds should be seen through as clinical incidences or whether they should be seen through as SAR. This work is being led by the NHS SAR Network Leads
- Establishing and embedding the Trust's SAR Committee to monitor clinical areas for improvements in practise. This will include reviewing clinical action plans against proposed outcomes that have been developed as a result of SAR investigations where SCT teams have been implicated
- Work with Staff and members of the Clinical Governance and Risk Team to closer co-ordinate incident reporting, Serious Incident and SAR data in order to more accurately records SAR activity and alert raising – this would include logging alerts raised by and against SCT
- Incorporating the Home Office's Prevent Strategy into relevant practise areas
- Establishing locality areas for the Teams' SAR Practitioners. These are likely to be aligned with existing Adult Services boundaries across West Sussex and Brighton & Hove. This would allow greater multiagency working with Adult Services Teams, Independent Chairs and community healthcare teams.
- SCT has participated in an SHA wide baseline reassessment for Safeguarding Adults that has demonstrated significant development in its strategic approach to protecting people from avoidable harm

Review of staff training and development during year 2011/12

- SAR Training Figures for Sussex Community Trust indicate that over 250 members of staff based within Brighton & Hove have received basic awareness and Mental Capacity Act training although improving these figures remains an objective for 2012-13

Future plans for staff training:

- SCT is currently developing strategies aimed at improving the numbers of its staff who access all aspects of mandatory and statutory training

Graham Nice

Chief Nurse

Sussex Community NHS Trust

4.11 Sussex Partnership NHS Foundation Trust

General overview of the year 2011-12:

During 2011/12, the Trust has continued to work closely with Brighton-Hove Safeguarding Adults Lead and Adult Social Care to provide health and social care managers with additional training and support, as well as practice guidance and coaching to undertake investigations. The safeguarding case file audit has been strengthened to ensure that any variability in practice and recording is identified and supported by action plans for improvement.

The Professional Head of Social care holds quarterly meetings with Brighton-Hove Safeguarding Lead and Integrated managers to analyse the data, improve on performance and support service improvement.

IT systems continue to be a challenge as SPFT and BHCC do not use the same system. This continues to be reviewed and monitored.

The collection of data has been improved on last year.

The pathways between BHCC and SPFT have been reviewed and improved.

Specific developments, achievements & work undertaken in 2011-12:

The Operations Service Director for Brighton-Hove has set up a Safeguarding Adults at Risk, management quality assurance group, this meets quarterly with the Service Managers and General Managers of SMS, OPMH and Recovery services. The function of the group is to receive the quarterly audits. To ensure that actions from the audits are completed and evidenced. To ensure that any training needs identified in the audits has been completed. To monitor the data collection of alerts. To monitor the level of alerts being received and to ensure that any outcomes from a serious untoward incident have been completed. The minutes of the meeting are forwarded to the Brighton-Hove Safeguarding Lead.

On March 23rd SPFT held a staff conference for integrated social care staff, this included a presentation from the police about the work of the MARAC and also a presentation from a service user from substance misuse services and her mother to give a personal account of how she had been safeguarded and how the SMS safeguarding Hub works in practice.

All staff in Community Teams are being assessed using the Safeguarding Competency Framework for Health and Social Care Staff in Brighton-Hove.

Future plans / priority areas for 2012/13:

- Ensure pathways are clear within new structures for SPFT and ASC.
- Completion of the competency framework according to roles by 2013 of staff in Community Teams.
- Quality assurance group with Lead Social workers to review practice issues and look at developing a safeguarding vulnerable adult's risk management meeting as a multi-agency

- response to self neglect.
- Continued to focus on improved data collection.
- Commitment to work with BHCC with the introduction of E-CINS(Empowering Communities) to support work to protect the most vulnerable victims of crime, hate crime and anti-social behaviour in the city.
- To review alerts being received by the police and to ensure that there is a consistent approach to dealing with them across Adult Social Care, in particular the alerts that do not result in a full investigation.
- To review the administrative support for safeguarding.
- To review the supervision and support to IM's to ensure safe and accountable practice.

Review of staff training and development during year 2011/12:

For all new employees, we provide information at Trust Induction and guidance on how to access the relevant e-Learning module. Staffs are provided with individual access and passwords. This forms part of their induction and included in managers checklist for assurance.

Figures below are for Brighton & Hove based staff, and refer to training provided through the Trust. In addition, through this period staff have been able to access the Kwango e-learning course, but it is not possible to gather specific figures on this system. E-learning noted below is through the national NHS e-learning system.

Mental Capacity Act 2005 (NHS Online Unit)	20
Safeguarding Adults (NHS Online Unit)	26
Mental Capacity Act (MCA) 2005 Training	31
Mental Health Act	29
Junior Doctors Induction	57
Trust Induction Day	55

Future plans for staff training 2012-13:

- Quality Assurance Group to introduce more robust local monitoring of induction and E-learning training for safeguarding modules, including training targets.
- Develop a safeguarding newsletter for all community and acute staff to support awareness raising, and investigation work.

Vincent Badu

Strategic Director of Social Care and Partnerships
Sussex Partnership NHS Foundation Trust

4.12 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 6th year and meets quarterly. The group was formally known as PAVA – Practitioners Alliance Against the Abuse of Vulnerable Adults). The name was changed this year to reflect the change in terminology from 'vulnerable adults' to 'safeguarding adults' in line with the Sussex safeguarding procedures. 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 Councils Safeguarding Adults Manager 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

Updates on the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk, sharing of safeguarding data for the Brighton and Hove area, and the safeguarding annual report.

Discussion topics included; feedback on alerting and investigations, training, Safeguarding Adults Conference, as well as involvement from the group in the Abuse Awareness campaign. There was also feedback on the Serious Case Review and the action plan.

Speakers for this year

- East Sussex Fire and Rescue did a presentation and talk on the Care Providers Scheme and how it can reduce the risk of a fatal fire for vulnerable people.
- General Manager from the Hospital Social Work Team, who gave an update on hospital discharge, including what teams are involved in hospital discharge planning, and how safeguarding investigations are managed within the hospital.

4.13 Brighton and Hove Domestic Violence Forum

Primary Role

The Brighton and Hove Domestic Violence Forum acts as the multi agency forum for Brighton and Hove in responding to domestic violence and to promote joint working, co-operation and mutual support. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies

Key Responsibilities regarding Safeguarding Adults

- To give the Domestic Violence Forum perspective in the development of Safeguarding Adults policies and procedures
- To contribute and to comment on Safeguarding Adults documents
- To attend Safeguarding Adults meetings and conferences
- To promote greater awareness of domestic violence issues, developments and services, and to disseminate information, policies and procedures to Safeguarding Forum members
- To promote greater awareness of Safeguarding Adults policies and procedures and issues for Domestic Violence Forum members and to disseminate information
- To work jointly with forum representatives to develop joint protocols, policies and procedures and practices in protecting vulnerable adults affected by domestic violence
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between Safeguarding Adults and domestic violence forums

Summary of Activities for 2011-2012

- The Domestic Violence Forum representative attended Safeguarding Adult meetings.
- Any issues relating to Safeguarding Adults raised by DV forum members are feedback to the Safeguarding Adult Board and vice a versa
- Information about national and local practices and procedures in relation to survivors of domestic violence is shared with board members when appropriate
- Representatives from adult services attend Multi-Agency Risk Assessment Conferences (MARAC)

- Representatives of domestic violence forum attended the annual Safeguarding Adults conference.
- Representatives of the domestic violence forum presented information to the local Authority Scrutiny Panel on Safeguarding Adults
- DV Forum discussed and gave feedback on the Safe Guarding Adult poster campaign
- DV Forum held a “Big Alcohol Debate” and fed back the outcomes.
- DV Forum members and service users have been involved in national consultation on Victim services, hosted by Victim Support. Many of these victims are vulnerable adults.
- Rise’s LGBT Domestic Violence service presented information on this service and outlined the needs of LGBT individuals and communities affected by domestic violence.
- Rise held a national Violence against Women and Girls Conference on November 17 2011 that highlighted a range of issues for marginalised and vulnerable women and girls experiencing violence and abuse.

Actions for 2012 -2013

- The DV forum will be involved in reviewing Brighton and Hove’s draft Violence Against Women and Girl’s Strategy and supporting the cities plans to become a “White Ribbon” city.
- The DV forum will be conducting a review of its purpose, aims and objective and its position in relation to Brighton and Hove’s new Violence against Women and Girls strategy.

Gail Gray

Chair Domestic Violence Forum

4.14 Deprivation of Liberty Safeguards in Brighton & Hove April 10-March 2011

The Deprivation of Liberty Safeguards (DoLS) became law in April 2009. These safeguards apply to people in England and Wales who have a mental disorder and lack capacity to consent to the arrangements made for their care and treatment; but for whom receiving care and treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them for harm and appears to be in their best interests. These safeguards only apply to people detained in a hospital setting (both acute medical and psychiatric) or a care home registered under the Care Standards Act 2000.

Within Brighton and Hove the Deprivation of Liberty Safeguards service continues to be run in partnership between the City Council and the Primary Care Trust (PCT -NHS Brighton and Hove) in order to meet the statutory requirements of both organisations in their role as Supervisory Bodies. In practice the Council arranges and carries out the assessments and reviews for both Supervisory Bodies but separate arrangements for authorisations and governance are maintained. This is due to change from April 2013 when all PCT responsibilities for DoLS will be passed to Local Authorities via the arrangements detailed within Health and Social Care Bill.

This report covers the DoLS activity for both City Council and NHS Brighton & Hove acting as Supervisory Bodies between April 2011 and March 2012.

Figures & Trends:

In the third year of the safeguards 30 referrals for full DOLS authorisation were received from Managing Authorities (care homes and hospitals). (34 in 2010-11). 10-11 figures in brackets to act

as a comparison throughout the document.

Brighton & Hove City Council was the Supervisory Body for 19 (22) received from care homes.

NHS Brighton & Hove was the Supervisory Body for 11 (12) received from hospitals.

The numbers of authorisation requests relating to care groups were:

- Older people's mental health: 10 (10)
- Learning Disabilities: 6 (5)
- Adult mental health: 2 (7)
- Physical disabilities: 10 (9)
- Older people: 1 (3)

These figures would continue to support national trends that the majority of DoLS activity relates to service users with a dementia diagnosis. This includes adults of working age with an alcohol related cognitive impairment.

As per 10/11 the services users under the category of physical disabilities were in the majority of working age with a history of acquired brain injury often compounded by alcohol use.

DoLS statistics for Brighton & Hove continue to show a significant number of DoLS assessments relate to service users with a younger age profile with a cognitive impairment or acquired brain injury often sustained alongside excessive alcohol use. This service user group presents the most complex DoLS assessments due to issues of continued substance misuse, complex and fluctuating capacity presentations and challenging risk management. These statistics would appear to reflect some of the known demographic issues and service pressures within Brighton & Hove.

30% (47%) of referrals led to full DoLS authorisations and 70% (53%) were assessed as not meeting the criteria. These statistics are different to last year but the reasons for not completing a full DoLS authorisation are complex and have included that the care is not in the relevant persons best interests, they are found to have capacity to make decisions, they have been admitted to hospital and to be detained under the Mental Health Act 1983. The national rate for granting full authorisation is just over 50% of all applications but the DoH's anticipated rate of authorisation in 2009 was 30% of all applications.

Both the numbers of assessments and the rates in authorisation reflect the opinion of Managing Authorities that the DoLS process remains complex and bureaucratic. There is an evidenced confusion as to what is a 'deprivation of liberty'; a definition which changes as case law develops and that Managing Authorities are not confident in the implementation of the broader MCA before considering whether DoLS is appropriate. Managing Authorities have also evidenced a negative perception of the DoLS framework where care delivery is perceived in a pejorative manner which increases the chances of the framework not being considered. These issues have been cited by the Care Quality Commission in their latest DoLS report. There remains considerable regional variation for the use of DoLS.

63% (67%) of DOLS referrals were submitted as Urgent Authorisations, which require the full assessment process to be completed within seven calendar days. This has remained a consistent figure. The national figure for 10/11 was 67%. This remains far higher than the DoH initial estimates for Urgent Authorisations. There remains a trend for Managing Authorities to issue activate a DoLS assessment in a reactive manner following a change of events or as a result of

other professional's intervention and therefore issue an urgent with immediate effect. The DoH also anticipated Standard Authorisations to be used during discharge planning. There is little evidence of this locally to date.

The Department of Health anticipated that 80% of authorisation requests would come from care homes and 20% from hospitals. In Brighton & Hove during 11-12 63 % (65%) came from care homes of DOLS referrals and 37% (35%) related to hospitals. These trends have remained static since DoLS became law in 2009.

Brighton & Hove Best Interests Assessors have carried out assessments for colleagues in East & West Sussex as part of our reciprocal partnership arrangements to ensure compliance with the legislation due to assessments within 'in-house' provision.

Performance information is submitted quarterly via the NHS Omnibus system. This information is public and individual supervisory bodies can be identified.

The Access Point in the Council's Adult Social Care & Health department remains the publicised central point of contact for all DoLS referrals and enquiries on behalf of both the City Council and NHS Brighton & Hove.

Significant numbers of DoLS enquiries are recorded via the Access Point and DoLS lead in addition to formal assessment requests. The majority of these are clinical enquiries relating to the delivery of care. This further evidences the need within Managing Authorities for support around the implementation of the DoLS and the MCA. The DoLS lead and Best Interests Assessors continue to provide advice on MCA best interests process, planning and discharge meetings regarding DOLS and other MCA issues.

Hospital DoLS assessments

In 2010-11 the DoH paid particular attention to the numbers of DoLS authorisations from hospitals in both psychiatric and acute medical as numbers had been lower than anticipated within the first year of DoLS.

As reported in the 2010-11 DoLS report for the Safeguarding Board in 10/11 there were 12 DoLS assessments in hospital settings for which NHS Brighton & Hove had responsibility.

These were:

Sussex Partnership NHS Foundation Trust (SPFT): 2
Brighton & Sussex University Hospital Trust (BSUH): 7
Specialist Services: 2
Hospice: 1

It was noted that within the first two years of DoLS there had been no referrals from the RSCH site of BSUH and only three (1 in 10-11) from the organic older people's mental health ward serving Brighton & Hove.

As above in 2011-12 there were 11 DoLS assessments in hospital settings.

These were:

Brighton & Sussex University Hospital Trust (BSUH): 10
Specialist Services: 1

As highlighted in the 10/11 report BSUH included DoLS in their MCA action plan for 11/12 and as a result 6 of these applications were from the RSCH site. The others were from the PRH site.

There were no applications from SPFT relating to Brighton & Hove patients in 11/12 or from the Sussex Community Trust Community Rehabilitation Beds in Newhaven.

DoLS activity across all hospital trusts in Sussex is now reported quarterly to the NHS Sussex Safeguarding Adults Lead by all three DoLS services in Sussex.

Since DoLS has been in use there have been several case law developments; one of which has implications for hospital settings. In brief the GJ judgement clarified that the Mental Health Act 1983 (MHA) has primacy over the MCA if a patient needs to be in hospital for treatment for a mental disorder, is objecting to this treatment and meets the criteria for the MHA. This may account for the low numbers of DoLS assessments in psychiatric beds. It would be reasonable to conclude that numbers of MHA detentions would increase as a result as an alternative to use of DoLS in response to this judgement. Whilst the CQC report an increased use of the MHA it is more challenging to identify whether this is due to patients who would otherwise be subjected to the DoLS process. It is thought that the increase is mainly due to the nationwide use of Community Treatment Orders.

The Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring and Development Group will continue to monitor areas of underreporting and respond accordingly.

Training:

The Council's Learning and Development Team continues to provide specific DoLS briefings as part of the planned training programme. In addition there are Mental Capacity Act and mental health training programmes which include an element of DoLS awareness. This training is accessed by Adult Social Care & Health staff and other delivery units in BHCC but also by colleagues in SPFT, SCT and the independent and voluntary sector.

In 2011/12 68 people attended the specific DoLS briefings which included 37 people from the independent & voluntary sector.

In total 371 people attended Council training regarding the Mental Capacity Act. This includes staff from the Council, SPFT, SCT and the independent and voluntary sector.

There are currently 12 qualified and trained Best Interests Assessors in Brighton & Hove. They are currently employed across all areas of Assessment Services and include two nurses.

Brighton University continues to provide the compulsory annual Best Interests Assessor refresher training for all the Local Authorities and PCT across Sussex. Within Brighton & Hove there are regular Best Interests Assessor meetings to address practice and organisational issues.

Medical Assessment

All the local authorities and PCTs in Sussex continue to contract with Sussex Partnership NHS Foundation Trust to provide the medical and eligibility assessments for DOLS. The service specifies that all doctors instructed for DOLS assessments have received the appropriate initial and required follow up training. Pan Sussex quarterly contract review meetings continue to be held. This has been a highly successful element of the implementation of DoLS across Sussex and has allowed assessors to access medical assessments in a timely manner with the minimum of delay. Continuation of this arrangement should be considered when Local Authorities receive the PCT DoLS responsibilities from April 2013.

Independent Mental Capacity Advocates (IMCA)

All Local Authorities and PCT commission POHWER to provide an IMCA service across Sussex. Thi

role has been extended to meet the requirements of DoLS. In addition to this POHWER also provide role as 'Paid Representative' for those people subject to a Standard Authorisation but who do not have anyone willing or appropriate to act on their behalf.

Best Interests Assessors continue to work closely with POHWER. The IMCA service attends the quarterly Best Interests Assessor meeting.

Out of Area

Brighton & Hove City Council and the PCT retain DOLS responsibilities as a Supervisory Body for service users placed in residential care or currently admitted to hospital outside of Brighton & Hove. A national protocol has been written by the Association of Directors of Adult Social Services which details how to arrange out of area assessments.

As Brighton & Hove place significant numbers of service users in East and West Sussex it has been agreed with the DOLS teams in East and West Sussex that they will carry out assessments on our behalf, subject to availability of staff, for service users within their boundaries. In return Brighton will provide independent assessors for their in-house provision. The Council and PCT retain their responsibilities as the Supervisory Body and continue to agree the authorisations.

Managing DoLS assessments across the country has become a feature of the operation of the safeguards. Whilst this absorbs a significant amount of staff time Local Authorities in other areas have been extremely helpful. Brighton & Hove have used assessments carried out by colleagues in Torba Lincolnshire, Darlington & East and West Sussex. Brighton & Hove have supported assessments from the London Borough of Camden & East & West Sussex.

Brighton & Hove have used the medical assessments and IMCA services within these areas.

Links to Safeguarding

The DoLS framework directly protect some of the most vulnerable service users lacking capacity to make decisions about their care and treatment but whom require some restrictions on their care as being assessed in their best interests. The assessment and authorisation process allows for a robust examination of a care regime, involvement of interested parties or representation from an IMCA and independent medical assessment. A DOLS authorisation allows for conditions to be added relating directly to the deprivation to ensure that the care provider is the least restrictive and the most appropriate to the circumstances.

On some occasions a DoLS assessment will take place as a result of action undertaken via a Safeguarding Adults at Risk investigation process and subsequent protection plan. The Best Interests Assessors' role in this process is not to become involved in the investigation but to remain an independent and impartial assessor ensuring that any enforced stay in a residential placement or hospital environment is in the relevant person's best interests and proportionate to the risk and likelihood of harm. If the Best Interests Assessor concludes that the care regime is in the person's best interests circumstances such as these it will likely hinge on the proportionality of the safeguarding protection and the assessment of risk. It has been noted during recent DoLS assessments in similar circumstances this can be an area of professional tension.

As described in the DoLS end of year report 11/12 the DoH previously issued some guidance relating to some DoLS practice issues which had implications for Safeguarding Adults at Risk work.

These included:

- If a service user was found to be deprived of their liberty and it was not in their best interests would trigger an automatic SAR alert and consideration to a Court of Protection application.

- A dispute around residence between family members and an NHS Trust or a Local Authority should be resolved via the Court of Protection rather than via the DoLS process.
- If a Managing Authority does not comply with the conditions placed on a Standard Authorisation then a Safeguarding Adults Alert should be considered without auctioning these conditions it invalidity the DoLS.
- On occasion assessment teams will be required to consider matters of contact between a person lacking capacity and somebody that they may be at risk of harm or abuse from. The DoLS framework can be used a way of managing contact arrangements but only as a short term measure and not as a way of managing no contact cases. The DoLS Code of Practice advise that contact issues are referred to the Court of Protection.

The 'Neary' Judgement in June 2011 as a result of a Court of Protection hearing relating to a series of Standard Authorisations granted by the London Borough of Hillingdon highlighted some practice issues which have implications for safeguarding work. These are further detailed within the DoLS Operational Guidance.

These include:

- That an appropriate distance and impartiality is maintained between the DoLS process and the safeguarding process as two crucial separate decision making functions. As Brighton & Hove runs a DoLS rota of assessors across all care groups it is compliant with this recommendation. Consideration is given to line management and expertise of assessors when allocating cases per the Code of Practice requirements to avoid conflicts of interest.
- If a service user is removed from their home as a result of a safeguarding process the investigation must evidence why a return home is not viable under Article 8 Human Rights Act. For the DoLS assessor this will be a key issue in identifying whether a proposed care regime proportionate to the assessed risk and in the relevant person's best interests.
- That consideration is given making timely referrals to an IMCA in both the safeguarding and the DoLS process.
- That the Supervisory Body gives appropriate scrutiny of the DoLS assessments before granting Standard Authorisation and avoids pre-prepared forms for authorised signatories.

The year ahead

1. The Health and Social Care Bill proposes that PCT responsibilities for DoLS pass to the Local Authority in April 2013. Operationally this will not require significant changes to current work patterns but consideration needs to be given to the governance of these arrangements.
2. For the Council and PCT to continue to operate a robust DoLS service ensuring that statutory responsibilities are met within the prescribed timescales and the cohort of Best Interests Assessors are adequately trained, supervised, supported in their decision making and able to respond to fluctuating demand as it arises.
3. The DoLS Operational Practice Guidelines have been re-written and will be launched on the Council's on-line policy forum in June 2012. The updated guidelines reflect current practice to ensure compliance with the Neary judgement, updated case law, clarity around the eligibility assessment and links with Safeguarding Adults at Risk work.
4. As explained above the numbers of assessments for 2011/12 have been similar to the

previous year. Anecdotal evidence suggests the issues for DoLS assessments have become increasingly complex. There has been an increase in 'complex' capacity assessments and links with safeguarding particularly around contact and residence disputes. Colleagues in East and West Sussex concur with these observations.

5. Noticeably Managing Authorities continue to require a significant level of guidance in relation to their responsibilities around DoLS and to the wider Mental Capacity Act in general. The Council continues to provide MCA & DoLS training available to all independent sector providers and health partners. The Council's MCA and DoLS Monitoring and Development Group continue to monitor the use and understanding of DoLS and the MCA and inform the Council's Learning & Development Team as appropriate. This was highlighted by the CQC in their latest DoLS report.

John Child

DOLS Lead Brighton & Hove

4.15 Safeguarding Adults Multi-Agency Training Strategy Sub Group

Safeguarding Adults Training Strategy Evaluation 2011-2012

This evaluation concerns the development opportunities provided by Brighton & Hove City Council. These are mainly open to and accessed by people from adult social care, both directly employed and external to the council; other council officers. In addition and by agreement some courses are open to colleagues from other organisations.

The main points of note for the period 2011-2012 are:

Attendance. Over the period there was a fall in overall attendance to 851 from the annual total of around 1,000 in previous years. The biggest fall in attendance was from local authority staff. A significant contributory factor to the fall in numbers was the fact that the conference did not run in that period. A conference is scheduled for September 2012 and will offer places to 150 delegates.

Strategic Objectives were met. Having built up a picture of training attendance over previous years (and factoring in turnover) the figures indicate a high proportion of the directly employed adult social care workforce have accessed training appropriate to their role. For instance in provider services figures indicate 87% of the workforce have accessed basic awareness training.

Last year the **training and competency framework was updated to reflect the new policy.**

A competency framework for the Mental Capacity Act has been produced. The current training offer has been revised in the light of the competencies and feedback from previous training.

Post course learner assessments have been introduced for basic awareness safeguarding adults and Mental Capacity Act training. Results so far indicate an average score of 95%. When candidates do not achieve a pass mark their manager is alerted with suggestions for further actions.

A basic awareness e-learning course is now available. This reflects the new policy and procedures and is mapped to the safeguarding adults training accreditation standards. The council's Workforce Development Team is willing to make this freely available to partner organisations to host locally. Presently it can be accessed by council employees and external adult social care providers.

There has been a **change in training providers.** The feedback and evaluations have been very positive and learners have noted the positive change.

DRAFT

4.15.1 Brighton & Hove Multi-Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan Review 2011-2012

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives	Outcomes
1a	Safeguarding Vulnerable Adults Basic Awareness	85% of BHCC social care staff to be trained to stage 1	29 courses (ASC) + 3 Housing	Met in BHCC. 87% trained
1b	Safeguarding Vulnerable Adults Basic Awareness Update	Staff will either have an annual competency check which demonstrates competence or complete an update 3 yearly.	21 courses	68% of all BHCC Adult social Care staff have accessed stage 1 training in the last three years. In addition to this the same group of staff have also accessed higher stages of training.
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.		11 out of 13 teams have access to trained admin.
2	Safeguarding Vulnerable Adults for Provider Managers	55 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	11 courses	Met: 67%
3	Safeguarding Adults – Level 1 & 2 Investigations	50 % of people who undertake level 2 investigations will be trained to stage 3		Achieved – 61% trained. This is 95% BHCC. 26% BHCC staff seconded to SPFT. More work to be done with the SPFT.
4a	Undertaking Multi-Agency Safeguarding Adults Investigations (I.O. training)	90 % of staff in each social work team will be trained to stage 4a	1 to be scheduled	95% achieved.
4b	Safeguarding Vulnerable Adults for Investigating Managers	90 % of Investigating Managers will be trained to stage 4b	1 to be scheduled	Achieved. 96%. Only one manager in the SPFT not trained.
5	Undertaking Multi-Agency Safeguarding Adults Investigations - Advanced	100% of staff who undertake ABE interviews will have been trained to stage 5.	4 places	

		2 social workers in each social work team will have received training to level 5.		
6	ABE Investigators Update sessions	50 % of ABE Trained staff to have attended level 6 training in the preceding year.	To negotiate with East Sussex	
Other	Multi-Agency Conference		1	

Additionally the competency framework has been completed for all investigation staff in ASC except ICS. None are completed in SPFT. Target date for completion set for end Sept 2012.

* IV Sector = Independent & Voluntary Sector

4.16 Victim and Witness Advocacy Service - INTERACT

Introduction

InterAct is an advocacy service in Brighton & Hove providing issue based advocacy for adults with learning disabilities. In early 2011 InterAct received three years funding from the Ministry Of Justice to provide a specialist one to one casework support advocacy to adults with learning disabilities who have been victims or witnesses of crime.

The service works in partnership with other agencies and service providers and offers early intervention work with clients, including crime awareness and prevention training through 1-2-1 sessions and small group work.

We provide information, advice and one to one support throughout the criminal justice process.

About the service

The service offers a client led support and advocacy service from one paid part time casework advocate who is based at either Palmeira Sq or New England St.

The support offered is dependent on the individual and will be identified at the referral and initial assessment stage, but this may include:

- Support to report incidents to police, housing, social services etc
- Support to liaise between agencies and client
- Support to understand the criminal justice system
- Support through the court process
- Support to understand choices, decisions and consequences
- Support to speak up in meetings and understand information
- Support to understand safety
- Support to look at different options and to assist with these
- Support to make contact with other agencies and providers
- Support to make complaints

The project provides accessible information and are independent of statutory services.

We are confidential but we will raise alerts if there is a safeguarding issue. We will always inform the client that we have this responsibility. We will tell the client when we are making this decision and why. We follow the pan Sussex guidelines.

We offer information about the project and specific information to the case and relevant to the client. This includes accessible information about meetings, contacts and the criminal justice system if appropriate. This is modified to suit the needs of the individual.

There are no timescales for the support offered. We work with someone for as long as it is needed and appropriate.

We offer workshops during the year for groups of people with learning disabilities. This may be on areas including bullying, hate crime and staying safe.

We work closely alongside other agencies to support the client and to provide safety advice and information.

We aim to make contact with the client within three days.

For more information, enquiries or to make a referral, please contact:

Contact Information:

Paula Sousa – Caseworker Advocate – paula.sousa@bh-impetus.org
07436 102 173 (available Mon-Thurs)

Jenny Moore – InterACT Project Manager – jenny.moore@bh-impetus.org
07825 265 996 (available Mon-Thurs)

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5. Brighton & Hove Safeguarding Adults Board Members

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

Name	Title	Representing
Vincent Badu	Strategic Director of Social Care & Partnerships	Sussex Partnership NHS Foundation Trust
Linda Beanlands	Commissioner – Community Safety	Partnership Community Safety Team
Alister Darge	Chief Inspector, Force Crime and Justice Dept.	Sussex Police
Karin Divall	Head of Provider Services	Brighton & Hove City Council
Jane Doherty	Head of Safeguarding Children's Services	Brighton & Hove City Council
Brian Doughty	Head of Assessment Services	Brighton & Hove City Council
Denise D'Souza	Director Adult Social Services / Lead Commissioner People Chair Brighton & Hove Safeguarding Adults Board	Brighton & Hove City Council
Marilyn Eveleigh	Head of Clinical Quality & Risk, Lead Nurse	NHS Sussex
Sherree Fagge	Director of Nursing	Brighton & Sussex University Hospital NHS Trust
Gail Gray	CEO, RISE	Domestic Violence Forum
Graham Nice	Chief Nurse	Sussex Community NHS Trust
Jackie Grigg	Money Advice & Community Support	PASA Group
Anne Hagan	Lead Commissioner Adult Social Care	Brighton & Hove City Council
Nick Hibberd	Head of Housing & Social Inclusion	Brighton & Hove City Council
Cllr Rob Jarrett	Lead Councillor Adult Social Care	
Michelle Jenkins	Safeguarding Adults Manager	Brighton & Hove City Council
Philip Letchfield	Head of Contracts & Performance (Adult Social Care)	Brighton & Hove City Council
Jane Mitchell	Safeguarding Adults & Children Manager	South East Coast Ambulance Service
Andy Reynolds	Director of Protection and Prevention	East Sussex Fire & Rescue Service
Leighe Rogers	Director	Surrey and Sussex Probation Trust
Jugal Sharma	Lead Commissioner Housing	Brighton & Hove City Council
Stephanie Stockton	Head of Quality and Safeguarding	NHS Sussex
David Watkins	LINK Representative	The Brighton & Hove LINK

Appendix 1

From Sussex Multi-Agency Policy and Procedures for safeguarding Adults at Risk 2.4.1

Level 1 Investigation	<p>A concern/allegation that harm has occurred/appears to have occurred or there is a risk of significant harm occurring to an adult at risk AND it is appropriate for a service provider to investigate this because: the suspected harm has arisen in relation to an aspect of care/support for which a service provider is responsible.</p> <p>The manager of the relevant provider service is always asked to investigate the allegation for Level 1 investigations, by the Investigation Manager</p>
Level 2 Investigation	<p>A concern/allegation that harm has occurred/appears to have occurred or there is a risk of significant harm occurring to an adult at risk AND it is appropriate for an investigation to be undertaken by a practitioner from an statutory assessment service because there is no provider service involved or it would not be appropriate for a service provider to investigate this.</p> <p>The investigation is undertaken by appropriate statutory assessment service. This may lead to a recommendation for assessment or re-assessment of the needs of the adult and/or the person alleged responsible within the context of the presenting concern(s).</p>
Level 3 Investigation	<p>A concern/allegation that significant harm appears to have occurred/has occurred to one adult and at this point there is no clear indication this has affected other adults at risk. The investigation is undertaken by an Investigating Officer from appropriate statutory assessment services.</p>
Level 4 Investigation	<p>A concern/allegation that more than one adult at risk appears to have/have experienced harm or significant harm and there appears to be some link in relation to the underlying cause or in relation to the person alleged responsible</p>

	<p>OR</p> <p>there are possible indicators of institutional abuse e.g. significant numbers of low level, or other, concerns affecting more than one adult and concerns that the systems, processes and/or management of these may be failing to safeguard a number of adults leaving them at risk of harm or significant harm.</p> <p>The investigation is undertaken by Investigating Officer/s from appropriate statutory assessment services.</p>
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