



## Who are we?

The Health and Wellbeing Board is the forum where representatives of the Council, NHS and Third Sector hold discussions and make decisions on the health and wellbeing of the people of Brighton & Hove. Meetings are open to the public and everyone is welcome.

## Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ on Tuesday 31st January, starting at 4.00pm. It will last about two and a half hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

## What is being discussed?

There are seven main items on the agenda

- Annual Report of the Local Safeguarding Children's Board
- Annual Report of the Safeguarding Adults Board
- Corporate Parenting Strategy
- Update on Brighton & Hove Caring Together
- Adult Social Care Charging Policy
- Adult Social Care Market Sustainability and Fees to Providers
- Brooke Mead Home Care Support

## What decisions are being made?

- To agree Adult Social Care fees and charges for the coming year
- To agree a corporate parenting strategy
- To agree to go to tender for home care support at Brooke Mead



**Geoff Raw**  
Chief Executive - BHCC  
(Non-voting)

**Cllr Yates**  
Chair  
(Voting member)

**Natasha Watson**  
Lawyer BHCC

**Giles Rossington**  
Secretary - BHCC

**Adam Doyle**  
CCG  
(Voting member)

**Cllr Penn**  
Lead Member for Mental Health  
(In attendance – Non-voting)

**Cllr K. Norman**  
(Voting member)

**Cllr Barford**  
Lead Member for Adult  
Services  
Voting member

**Cllr Brown**  
(Voting member)

**Dr. George Mack**  
CCG – Lay Member  
(Voting member)

**Peter Wilkinson**  
Acting Director of Public Health  
(Non-voting Statutory member)

**Cllr Page**  
Voting member

**John Child**  
CCG  
(Voting member)

**Rob Persey**  
Director Adult Social Care &  
Health BHCC  
(Non-voting Statutory member)

**Dr. Manas Sikdar**  
CCG  
(Voting member)

**Dr David Supple**  
CCG  
Voting member

**Graham Bartlett**  
Safeguarding Children's & Adults  
(Non-voting co-optee)

**Pennie Ford**  
NHS England  
(Non-voting co-optee)

**Pinaki Ghoshal**  
Director Children's Services - BHCC  
(Non-voting Statutory Member)

**David Liley**  
Healthwatch  
(Non-voting Statutory member)

Lead Member  
(In attendance - Non-voting)

Presenting Officer  
or  
Public Speaker

Presenting Officer  
or  
Public Speaker

Press

Public Seating



Officers and Representatives  
attending





**Health & Wellbeing Board  
Meeting Date**

**4.00pm**

**Hove Town Hall, Council Chamber, Hove Town  
Hall, Norton Road, Hove, BN3 3BQ**

Who is invited:

**Voting Members:** Cllrs Daniel Yates (Chair) Ken Norman (Opposition Spokesperson), Karen Barford, Vanessa Brown and Dick Page;

John Child, Dr George Mack, Adam Doyle, Dr Manas Sikdar and Dr David Supple (Brighton & Hove Clinical Commissioning Group).

**Non-Voting Members:** Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Services; Pinaki Ghoshal, Statutory Director of Children's Services; Peter Wilkinson, Acting Director of Public Health; Graham Bartlett (Brighton & Hove Local Safeguarding Adults and Children's Boards); Pennie Ford (NHS England); David Liley (Brighton & Hove Healthwatch) and Cllr Caroline Penn (Lead Member for Mental Health).

Contact: **Giles Rossington**  
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*This Agenda and all accompanying reports are printed on recycled paper*

Date of Publication - Monday, 23 January 2017

# AGENDA

## Formal matters of procedure

This short formal part of the meeting is a statutory requirement of the Board

	<b>Page</b>
<b>51 Declarations of Substitutes and Interests and Exclusions</b>	
<b>52 MINUTES</b>	<b>1 - 20</b>
To consider the minutes of the meeting held on the 22 <sup>nd</sup> November 2016 (copy attached).	
<b>53 Chair's Communications</b>	
<b>55 MEMBER INVOLVEMENT</b>	<b>21 - 22</b>
Letter from Cllr Page (Sussex Beacon)	
<b>56 BRIGHTON &amp; HOVE CARING TOGETHER: UPDATE</b>	
Verbal update.	
<b>PAPERS FOR DISCUSSION AT THE HEALTH &amp; WELLBEING BOARD</b>	
The following items on the agenda have been submitted for discussion by the Board.	
<b>57 Local safeguarding Children Board Annual Report 2015/16</b>	<b>23 - 100</b>
<i>Contact: Mia Brown Tel: 01273 29584217256</i>	
<b>58 Brighton &amp; Hove Safeguarding Adults Board Annual Report 2015/16</b>	<b>101 - 168</b>
<i>Contact: Mia Brown Tel: 01273 29584217256</i>	
<b>PAPERS FOR DECISION AT THE HEALTH &amp; WELLBEING BOARD</b>	
The following items listed on the agenda will require the Board to make a decision:	
<b>59 Corporate Parenting Strategy 2016-19</b>	<b>169 - 214</b>
<b>60 Annual review of Adult Social Care Charging Policy 2017</b>	<b>215 - 236</b>
<i>Contact: Angie Emerson Tel: 01273 295666</i>	

61 **Market Sustainability and Fees to Providers 2017** 237 - 248

*Contact: Jane MacDonald Tel: 01273 295038*

62 **Brooke Mead Home Care Support** 249 - 252

*Contact: Jane MacDonald Tel: 01273 295038*

## **Part Two**

### **63 PART TWO PROCEEDINGS**

To consider whether the items listed in Part Two of the agenda and decisions thereon should remain exempt from disclosure to the press and public.

#### **WEBCASTING NOTICE**

This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1988. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

For further details and general enquiries about this meeting contact Democratic Services, 01273 2910386 or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)



## **Public Involvement**

The Health & Wellbeing Board actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public.

If you wish to attend and have a mobility impairment or medical condition or medical condition that may require you to receive assisted escape in the event of a fire or other emergency, please contact the Democratic Services Team (Tel: 01273 291066) in advance of the meeting. Measures may then be put into place to enable your attendance and to ensure your safe evacuation from the building.



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An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and

Do not re-enter the building until told that it is safe to do so.

**1. Procedural Business**

**(a) Declaration of Substitutes:** Where Members of the Board are unable to attend a meeting, a designated substitute for that Member may attend, speak and vote in their place for that meeting.

**(b) Declarations of Interest:**

- (a) Disclosable pecuniary interests
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members of the Board should seek advice from the Lawyer or Secretary preferably before the meeting.

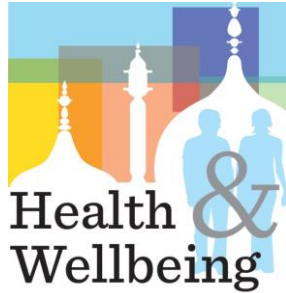
**(c) Exclusion of Press and Public:** The Board will consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, that the press and public should be excluded from the meeting when any of the items are under consideration.

**NOTE:** Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available from the Secretary to the Board.







4.00pm 22 November 2016  
Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ

### Minutes

**Present:** Councillors Yates (Chair), K Norman (Opposition Spokesperson), Brown, Barford, Page and Penn; John Child, Dr. George Mack; Dr. Manas Sikdar, Adam Doyle, Clinical Commissioning Group.

**Other Members present:** David Liley, Health Watch; Graham Bartlett, Chair of Adult and Children's Safeguarding Boards; Pennie Ford, NHS England; Pinaki Ghoshal, Statutory Director of Children's Services; David Sargeant, Interim Director of Adult Social Care; Peter Wilkinson, Acting Director of Public Health.

### Part One

#### **36 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

- 36.1 There were no substitutes. Dr David Supple sent his apologies.
- 36.2 Cllr Yates declared a disclosable pecuniary interest in Item 40 as he is an employee of Western Sussex Hospitals Trust. Cllr Yates has received dispensation to speak and vote on this item. Cllr Yates sought further clarification of his position from the council's legal advisors following the recent announcement of new working arrangements between Western Sussex Hospitals and Brighton & Sussex University Hospitals Trust, and it has been confirmed that his dispensation still applies.
- 36.3 Cllr Barford wished it to be recorded, with reference to Item 40, that she is employed at a hospice in Chailey. She has discussed her position with the council's

Monitoring Officer, who has confirmed that she does not require any dispensation to speak on this item.

36.4 **RESOLVED** – that the press and public be not excluded from the meeting.

### 37 **MINUTES**

37.1 **Resolved** – That the minutes of the meeting of 20 September 2016 be agreed.

37.2 John Child noted that there was an outstanding action from the September meeting: for the CCG to provide more information on their quality improvement plans. A report with regard to this had been agreed at the recent CCG Governing Body meeting, and a copy of this will be appended for information to the November 22 Health & Wellbeing Board minutes.

### 38 **CHAIR'S COMMUNICATIONS**

38.1 The Chair gave the following communication:

#### **Welcome to the meeting**

It is a busy agenda and the Chair's communications will be noted in full in the minutes.

#### **Changes in the seating arrangements**

There are a number of members of the public here, which is good to see. Clearly there are issues on today's agenda which people feel passionate about. Please do note that you are here as observers, not as participants in the meeting. The council has a number of ways for people to ask questions or present petitions to committee meetings – and we have members of the public here today with a deputation as well as with several public questions. However, we cannot have the meeting disrupted by people shouting out from the public gallery, and I'm sure everyone here today will respect this.

#### **Changes of personnel within health and social care**

I would like to welcome the Interim Director of Adult Social Care, David Sargeant, to the Board. David will attend until Rob Persey joins us in the New Year.

As many of you are aware Brian Doughty was acting up but has been taken ill. I am sure all the Board wish him a speedy recovery. Rob will be formally joining us in January. As Rob is not a formal member of the Board until then he is observing the meeting.

It is also time to welcome new CCG colleagues. We welcome Adam Doyle, as the new Chief Accountable Officer, and also Dr David Supple, who is the new Chair of the CCG. He works within the Preston Park practice. David is not able to be with us today but we look forward to seeing him at a later meeting.

### Special Measures

In recent months both the South East Coast Ambulance Trust and Brighton and Sussex University Hospitals NHS Trust have gone into special measures. They both have NHS Improvement working with them and have a series of action plans in place.

Our Health Overview and Scrutiny Committee with their counterparts throughout the region will be working on monitoring their progress.

It is clear that over the next few months there will be change and demands in the health and social care system which we are heavily involved in.

### Patient Transport

As everyone is aware the Patient Transport service provided by Coperforma has been subject to a lot of media attention. People may be aware that there is a phased transfer of the contract to South Central Ambulance Service. The managed transfer will continue until April 2017 when all services will be then with South Central.

### CCG Patient and Public Participation Strategy

This Annual Report summarises Patient and Public Participation work in Brighton & Hove CCG from August 2015- July 2016, with reference to the CCG's Patient and Public Participation Strategy. The report highlights engagement with patients, carers and the public over the past year, and next steps to further develop ways we hear from those who use our services, and their carers, ensuring that the CCG's commitment to putting patients at the heart of everything we do is fulfilled.

It will be placed here on the CCG website:

<http://www.brightonandhoveccg.nhs.uk/get-involved-local-nhs>

### HOSC

There is a meeting in public of the Health Overview and Scrutiny Committee on the 7<sup>th</sup> December 2016. The first part of the meeting will be focused on the STP. An agenda will be available nearer the time.

### STP engagement

While we are all too aware of the current lack of STP engagement at a wider regional level, I am very pleased to be able to feedback on the Brighton & Hove Caring Together (Brighton Rock) engagement sessions which we are part way through. Later on today John will be sharing some of the slides from the events for those who have been unable to attend.

We have also had the publication of our area place based plan – although the STP submission itself is still not with us. The Board is frustrated by this lack of transparency – which we know some residents share.

**Brighton & Hove City Wide Connect meeting**

The meeting of Brighton & Hove Connected was very helpful. While we are aware of the planned infrastructure developments in the city the meeting focused on what would be the impact of these plans on public health, primary and acute care as well as adult and children's services.

The presentation can be found on the website. The link will be in the minutes.

<http://www.bhconnected.org.uk/sites/bhconnected/files/BHC%20October%202016%20FINAL.pdf>

**NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE 2016**

Organised by the Association of Directors of Social Services (ADASS), the Local Government Association (LGA) and the Association of Directors of Children's Services (ADCS), the National Children and Adult Services Conference is regularly attended by more than 1,000 delegates.

The event is regularly used as a platform for policy announcements and offers the opportunity for discussions with Ministerial and shadow teams.

38.2 Adam Doyle introduced himself to the Board, saying that he was happy to be working in the city and stressing his commitment to working to improve the health and wellbeing of local people.

38.3 The Chair also informed members that the Central Sussex & East Surrey Alliance (CSESA) Place-Based Plan had recently been published on the CCG website: <http://www.brightonandhoveccg.nhs.uk/your-services/sustainability-and-transformation-plan>

38.4 The Chair also noted that it had recently been announced that the homeless GP service, previously provided at Morley Street by The Practice PLC, was to be re-let to Arch Health, a local community Interest Company. Arch Health is headed by Dr Tim Worsley who previously ran the Morley Street practice. This is excellent news for the city.

**39 FORMAL PUBLIC INVOLVEMENT****39A Deputation:**

39A.1 The following Deputation Was received from Dr Carl Walker. It has been signed by the requisite 5 people. Dr Walker presented his deputation to the Board.

**Deputation- Findings from the 2<sup>nd</sup> Brighton Citizens Health Services Research**

- I would like to thank the board for the opportunity to feedback the findings of this project.
- The second Brighton Citizen's Health Services Survey (BCHSS) has been developed using a distinctive approach to survey design that is aligned to public consultation, participation and critique rather than toward the more typical production of a validated instrument and knowledge form.
- Almost 700 residents of Brighton and Hove responded to a survey based on key current and upcoming commissioning issues.
- This survey was split into three broad areas
  - topical commissioning concerns like the Sustainability and Transformation Plan and the Patient Transport Service
  - whether people feel they have a say in their health services
  - future commissioning

The key findings were as follows-

1. 96% of residents think that local councillors and the CCG should put together an immediate strategy to guarantee no more GP surgery closures across the city.
2. In terms of whether the difficulty of getting a GP appointment has changed in the last year, 50% of residents say it is more difficult or much more difficult, 45% say no change and 3% believe it has become easier.
3. 90% of residents report that they have *never* been consulted by the local CCG on any of the local NHS changes they have carried out in the last 3 years. 7% of residents could not remember, 3% said that they had.
4. 83.1% of people believe they have *no say at all* in the way their local NHS services are run and commissioned. 15.2% have *a little say* and 0% believe that they are *fully informed and consulted*.
5. 96.6% of residents preferred the NHS public health nursing services to stay in the NHS.
6. 97% of residents believe that Brighton and Hove CCG should *not* spend money moving NHS contracts into the private sector.

The upcoming sustainability and transformation plan will become a significant local issue, in particular with respect to public accountability. Kieran Walshe, Professor of health policy and management at Manchester Business School, in [an article in the HSJ](#), noted that we have entered “a shadowy era of extra-legislative reform where it is getting difficult to work out where accountability lies, who’s in charge, and whether organisations are doing their job properly....For NHS boards, there is a potential conflict between their statutory duties as a board and an organisation, and some of these changes which require

them to cede autonomy and authority to new organisational forms (like STPs) which have no formal existence.”

Regarding public accountability, the secrecy surrounding the drawing up of STPs has been a major national concern. Despite requests from various organisations, the STPs have largely remained secret. Recently, both Birmingham & Solihull and Camden released their plans against the instructions of NHS England. Explaining the decision to publish, Islington Council leader Richard Watts said: *“These are not transformation plans – they are not going to put prevention at the heart of health service. They feel much more like a way of making short term budgetary savings rather than any meaningful way of transforming services.”* Little or no public consultation has taken place on the plans and even [GP leaders](#), who will be directly affected by the plans, have reported that they are being excluded from discussions.

7. In relation to the local Sustainability and Transformation Plan, 90% of people believe that large scale cuts to the NHS should be subject to *wide* public consultation before they are made.
8. 97% of residents disagree with STP cuts in principle.
9. 93.5% of residents support their local councillors actively campaigning against impending STP cuts.
10. 95% of residents believe that the privatisation of patient transport services should not have been allowed to happen
11. 74% of residents believe that the commissioners who agreed the contract should also have been part of the investigation as to what went wrong
12. In terms of health service contracts that are planned between now and 1st June 2017-
  - 93% of residents did not know about the wellbeing service and 93% would prefer the contract to go to the NHS
  - 96.4% of residents did not know about the anti-coagulation service and 93% would prefer the contract to go to the NHS
  - 91% of residents did not know about the integrated urgent care and GP out of hours and 96% would prefer the contract to go to the NHS
  - 97% of residents did not know about the commissioning support unit services and 93% would prefer the contract to go to the NHS

We also have a wealth of qualitative data and in the form of comments from local people should anyone on the HWB want the further data.

There were four key conclusions-

1. As with the results of the first survey, this deputation shows that the public in Brighton and Hove hold clear and compelling values on the way that they want their health services to be commissioned.
2. In the city of Brighton & Hove, a vast majority of the public are against the use of private companies in the local health economy and very concerned about some recent decisions that have been made to commission private companies to undertake certain services.
3. Despite the extremely tight timetable for STP implementation, the results suggest a need to publish the detailed plan for full public consultation as soon as possible.
4. The survey team welcome the awarding of the contract for children's community services to the NHS, in line with the wishes of a very significant majority of the public.

We hope that commissioners and councillors find these conclusions of use. Our team at the University remain willing to support commissioners and councillors during what may prove to be a very challenging commissioning context.

39A.1 Cllr Page noted that the survey showed that local residents felt strongly about health and care issues, perhaps particularly regarding the Sustainability & Transformation Plan (STP) and about outsourcing of NHS services.

39A.2 In response to a query from Cllr Penn on survey methodology, Dr Walker told members that his team sought to sample as wide a range of respondents as possible, by using on-street survey techniques and by sending the survey out to a range of local community and faith groups, rather than relying solely on the on-line survey. The team would welcome suggestions of additional community groups to send future surveys to.

39A.3 The Chair thanked Dr Walker for his deputation. The Chair also queried whether, when Dr Walker offered to help support the Board in its engagement activities, this offer came from him personally or from Brighton University. Dr Walker clarified that the offer was from his research team, not formally from the University.

## Public Questions

### 39B Public Question: Madeleine Dickens

39B.1 Ms Dickens asked the following question:

“What is the HWB view of the fact that NHS Improvement is now working with two of the city's NHS Trusts in special measures? How do these processes relate to the content of the STP which the regional Board is required to submit to NHS England? What information does the HWB have about the time-table for submission of the STP?”

39B.2 The Chair responded to Ms Dickens' question:

“Thank you for your question. There will be verbal update on the STP. There will be a brief presentation on our part of the plan, Brighton & Hove Caring Together, as part of this agenda.

It is a matter of concern that we have underperforming organisations working in the city. The Board welcome the involvement of NHS Improvement and the support they will bring.

These processes do not relate to the STP as they are part of the regulatory framework following the recent CQC inspections.

However the STP is clearly focused on quality and financial sustainability which both these inspections highlighted as needing improvement.

The STP was submitted on 21<sup>st</sup> October. We are waiting for feedback and will update the Board accordingly.”

39B.3 Ms Dickens asked a supplementary question: “The involvement of NHSi in local trusts diminishes the decision-making role of the HWB and of trust boards. How do you feel about this?”

39B.4 The Chair responded by saying that NHSi does not take over trusts; it supports them, but trust boards remain in charge. Adam Doyle added that the CCG plays a very active role in the quality improvement planning at both Brighton & Sussex University Hospitals Trust (BSUH) and South East Coast Ambulance NHS Foundation Trust (SECamb). David Liley noted that Healthwatch was also involved in BSUH quality improvement work, sitting on the trust’s Quality Outcomes Group.

### **39C Public Question: Athene Crouch**

39C.1 Ms Crouch asked the following question: “Why, when there are two high-ranking local authority members on the STP board, has no information about the plan been made available to the council?”

39C.2 The Chair responded that: “There are not two high-ranking council officers on the STP Board. The Council have not seen a final version of the STP and is disappointed by this. This is a source of frustration for many people including the Board.”

39C.3 Ms Crouch asked a supplementary question: “At the recent Brighton & Hove Caring Together engagement event, one of the officers present claimed to have seen the STP submission.” Is this the case?”

39C.4 The Chair responded that this would not have been a council officer; council officers have had sight of the Central Sussex & East Surrey Alliance Place-Based Plan, but not the STP submission. John Child added that CCG representatives may have talked in very general terms about the STP submission at engagement events (e.g. that the STP includes no plans to close local hospitals), but there had not been detailed discussion of the STP as opposed to local planning initiatives.



**39D Public Question: Neil Younger**

39D.1 Mr Younger asked the following question: “Given its commitment to addressing health inequality in the city, how does the HWB explain the £1million cut in the budget of CYPS which has resulted in the closure of the Family Nurse Partnership and a reduction in the numbers of health visitors by 10%? These are key services mainly targeted at the most deprived and vulnerable in our city and should be seen as the cornerstone of any healthcare provision.”

39D.2 The Chair responded that: “The Board have received a number of papers since the announcement last year of the reduction of the national ring fenced grant to public health. These reports covered the financial implications as well as the detail of the impact on services.

We have had several papers at the Board outlining the proposal for recommissioning the public health nursing services, including a report in March 2016. Today we will be receiving the outcome of the commissioning process.

The value of the contract has been reduced – but the service will continue to be a universal service. It is a reality that as funding reduces there is an impact on service but there has been a comprehensive Equality Impact Assessment as part of the recommissioning process. The focus on the EIA was to ensure that the new service will continue to provide additional support to the most vulnerable and disadvantaged.”

39D.3 Mr Younger asked a supplementary question about why the new contract only extended to age 19 when the council had responsibilities for some young people up to the age of 25.

39D.4 Peter Wilkinson responded by saying that the age range for the service is 0-19. Under the previous contract this was 0-16. Pinaki Ghoshal added that, whilst the council does responsibilities for some young people up to the age of 25 (e.g. for people with Special Educational Needs or Disabilities), this group is supported via a range of services rather than by this contract specifically.

**39E Public Question: Valerie Mainstone**

39E.1 Ms Mainstone asked the following question:

“I am pleased to see that the Sussex Community NHS Foundation Trust are the preferred bidder for the Children's Public Health Nursing (0 - 19) contract. I am also aware that the Public Health Team's recommendations about the contract are coming to the Health and Wellbeing Board on 22 November (today.)

However, I am concerned that there has been no response to the second aspect of the petition concerning Children's Services that was presented to the last meeting of the Health and Wellbeing Board - the fact that more than two thousand Brighton and Hove

residents wanted the decision to cut the budget for this contract by £1million (19%)to be overturned.

My question is, given the Health and Wellbeing Board's and Council's stated commitment to reducing health inequalities and giving every child the best start in life, what will the Health and Wellbeing Board do to rescind this budget cut?"

39E.2 The Chair responded: "Thank you for your question. The Board papers show that the petition was accepted and the Chairs comments can be found in 29B.2 and the Acting Director of Public Health also responded, again the comments are in 29B.3.

Like many councils we have also lobbied national government for the Public Health ring fenced grant not to be reduced especially in year. We continue to work through the Local Government Association on these issues."

39E.3 Ms Mainstone asked a supplementary question, requesting clarification of the actual per annum budget saving; and how this saving tallied with the Acting Director of Public Health's comments (at the September HWB meeting) that the contract prioritised quality over price.

39E.4 Peter Wilkinson responded that the saving was approximately £1 million for each year of the contract. Dr Wilkinson's comment at the previous meeting was that the tender criteria scored quality over price in terms of scoring bids.

### **39F Public Question: Mr John Kapp**

39F.1 Mr Kapp asked the following question:

"When are you going to do your duty under your terms of reference and call the CCG to account to improve the procurement system following the Coperforma debacle?"

Notes to this question

1 The HWB terms of reference were adopted by the Council in May 2014 (reproduced in appendix 1 of paper 9.97 of [www.reginaldkapp.org](http://www.reginaldkapp.org)) and say 3 times that the HWB's duty is 'to call the CCG to account.'

2 The written answer to my public question at the last HWB meeting on 20.9.16 was in denial of your above mentioned duty, as it said; 'The HWB is in no way responsible for the CCG.'

3 I have written many papers (reproduced on the above website) pointing out that Parliament intended that the HWB and CCG should work together as a hierarchical team, with the CCG being the executive arm of the HWB.

39F.2 The Chair responded:

"There are a number of bodies in the city that have responsibility for ensuring the smooth running of the health and care system. In this instance, the issue of Patient Transport Services (PTS) is being dealt with by the Health Overview & Scrutiny Committee (HOSC),

since the HOSC is the body principally responsible for overseeing the quality of NHS provision and commissioning.

The HOSC has been tracking PTS problems for a number of months, meeting regularly with commissioners and with the Sussex PTS provider, Coperforma. The HOSC will continue to monitor the process of temporarily passing the contract over to the South Central Ambulance service and of procuring a new permanent provider. Working in conjunction with other Sussex HOSCs and with local Healthwatch, the HOSC will seek to ensure that the appropriate lessons are learnt from the failures in PTS.

Should the HOSC identify *systemic* issues with commissioning as part of this work, it may wish to make recommendations to the HWB, as the HWB is the local system leader for health and care commissioning. However, the HOSC will take up *specific* issues relating to the letting of the PTS contract directly with the CCGs involved rather than with the HWB. The HWB is not responsible for overseeing CCG commissioning, other than for jointly commissioned services, which does not include PTS.”

39F.3 The Chair added that he had written to the Chair of the HOSC and to the relevant CCGs raising a number of learning points that we wanted to see addressed. The HOSC will consider these and other points at its 01 February 2017 meeting.

39F.4 Mr Kapp asked a supplementary question, asking whether it was acceptable for public service funding decisions to be taken by unelected CCG officials rather than elected Councillors.

39F.5 Natasha Watson (BHCC legal representative) responded by saying that Mr Kapp had previously raised a very similar question at the Board (in September 2015), and had received a written response from the council’s Executive Lead for Strategy, Governance & Law. In brief, the strict hierarchical relationship assumed in Mr Kapp’s question does not accurately reflect either the terms of the Health & Social Care Act (2012) or the Terms of Reference of the HWB. These Terms of Reference require the HWB to hold the CCG to account in terms of its strategic commissioning plans, not for specific commissioning decisions or outcomes. The Terms of Reference commit the HWB to the oversight of joint funds, but not to CCG funding for non-joint work.

#### 40 **SUSTAINABILITY & TRANSFORMATION PLAN (STP) AND BRIGHTON & HOVE CARING TOGETHER: VERBAL UPDATE**

40.1 This item was introduced by John Child, who told the Board that the Sussex & East Surrey STP submission had been made on October 21. We are still awaiting feedback from the submission. The three place-based plans that sit below the STP have now been published, and partners are committed to engaging fully with public and stakeholders on these plans and on the STP itself.

- 40.2 Brighton & Hove Caring Together is the local integration and improvement plan that feeds into the STP. (Slides on Brighton & Hove Caring Together will be attached to the minutes of this meeting for reference.) It is important to note that these are not new work-streams – work on integration has been going on for a considerable time. The Chair added that it was also important to recognise that this is what we want to do locally – this is not something that has been imposed from above.
- 40.3 Mr Child told the Board that, in order for Brighton & Hove Caring Together, we need to make changes to local health and care governance structures. This will include the introduction of a partner steering group and the development of an operationally focused delivery group with individual change programmes sitting underneath this. These bodies will need a defined relationship with the Health & Wellbeing Board (HWB) and with the Health Overview & Scrutiny Committee (HOSC) as well as with the broader STP programme. The latter link is crucial as not all Brighton & Hove's problems can be resolved by Brighton & Hove.
- 40.4 The Chair added that a paper from the council's Chief Executive setting out high-levels principles for this new direction in health and care planning will be presented to Policy, Resources & Growth committee. System leaders will also need to think carefully about how to ensure that provider voices are heard within new governance structures.
- 40.5 Cllr Page queried why Brighton & Hove was part of the Central Sussex & East Surrey Alliance (CSESA), when links between our acute trust and Western Sussex hospitals had recently been announced. Cllr Page was also concerned that the STP requirement to eliminate deficits would lead to local bed reductions at a time of rising demand and acuity. The Chair responded that it is important we recognise the scale of the funding crisis: regardless of the issue we may have with aspects of the STP process, doing nothing is not a tenable option. We also need to recognise that some of the aims of the STP - for example, reducing unplanned hospital admissions – are unambiguously a good thing.

#### 41 UPDATE ON THE PROVISION OF SUBSTANCE MISUSE SERVICES

- 41.1 This item was introduced by Kathy Caley, Lead Commissioner for Alcohol & Substance Misuse.
- 41.2 Cllr Penn welcomed the positive trend in performance over recent months, and asked what the trend was for the number of clients being treated. Kathy Caley responded that numbers had dipped when the new contract was introduced, but were now almost back to the old contract levels. This needs to be understood in the national context of a decrease in people seeking these services.

- 41.3 In response to a question from Cllr Penn on the numbers of people repeatedly seeking services, Ms Caley told members that performance was good here, with the number of re-presentations falling.
- 41.4 In answer to a query from Cllr Penn on the numbers of people rejected for treatment, Ms Caley told the Board that no one would be denied treatment, although sometimes a detoxification programme might be delayed until a client was best able to benefit from it. The contract has performance indicators for access and waiting times.
- 41.5 Pinaki Ghoshal asked a question about the numbers of children in care accessing substance misuse services, and agreed to receive an update outside the meeting.
- 41.6 Cllr Brown asked how the 60% success rate for detoxification services compared with the 80% success rate for inpatient detoxification at the City Road, Islington facility. Ms Caley explained that the figures are not directly comparable, as they measure success against very different timescales. However, the 60% success rate for community detoxification compares well with that reported in other areas.
- 41.7 In response to a question from Cllr Page on follow-up for patients discharged from the City Road service, Ms Caley told members that all patients will already have a Care Co-ordinator who will provide post-discharge support. There is the potential to further study what happens to clients following their discharge from City Road. To date there have been no capacity problems at City Road; only one city patient has been unable to attend, and this was due to mobility issues.
- 41.8 In answer to a question from Dr Mack on the relatively low level of success in terms of opiate detoxification, Ms Caley told the Board that this is a situation that is reflected across the country. However, Brighton & Hove's performance here is now in the top quartile nationally, and this represents a considerable achievement.
- 41.9 **RESOLVED** – that the report be noted.

## 42 **FAST TRACK CITIES INITIATIVE - 90:90:90**

- 42.1 This item was introduced by Stephen Nicholson, Lead Commissioner for sexual health and HIV.
- 42.2 In response to a question from Cllr Page, Mr Nicholson confirmed that an action plan is being developed and will be shared with the Board.
- 42.3 In answer to a question from Cllr Page on the impact on services of the 20% reduction in funding, Mr Nicholson told members that there is an increasing trend for on-line interactions rather than face-to-face support. AS these are significantly less expensive to administer, it will be possible to take a considerable sum out of the contract without impact on the services offered.

42.4 In response to a query from Cllr Norman, Mr Nicholson confirmed that Brighton & Hove will be the first UK city to sign up to 90:90:90.

**42.5 RESOLVED** – that the Board:

- (1) Agrees the Paris Declaration of 1<sup>st</sup> November 2014 and commits the Council, with the support of health partners, to the 90:90:90 target of 90% of people living with HIV being aware of their status; 90% of them being on antiretroviral treatment and 90% of those having undetectable viral loads.
- (2) Agrees to Brighton & Hove becoming the first city in the UK to become a fast track city and through sustained efforts work towards the ambition of the Martin Fisher Foundation strategy “Towards Zero, HIV Prevention Strategy: Working together towards Zero new HIV infections, zero HIV related deaths and zero HIV stigma in Brighton & Hove”.
- (3) Agrees to work to end any stigma associated with living with HIV infection.
- (4) Agrees to put a plan in place to achieve this work, including a broad and thorough public engagement campaign, working closely with HIV community organisations in our city.
- (5) Agrees to investigate how the cut of 20% in HIV support services, agreed through budget council, will affect both people living with HIV and people at risk of HIV in the city.

#### **43 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): UPDATE**

43.1 This item was introduced by Alistair Hill, Public Health Consultant.

43.2 In response to questions from Cllr Page on the Pharmaceutical Needs Assessment (PNA), Mr Hill told members that refreshing the PNA will be a year-long process. The 2015 PNA showed good community pharmacy access across the city, with residents generally satisfied. However, there were some recommendations for improvement. The PNA can be circulated for information. The PNA maps demand for and provision of community pharmacies, so will be able to identify instances where particular communities may be under-resourced in terms of these pharmacy services. The Chair told members that there would be a report to the Board on the PNA process in spring 2017.

43.3 In response to a question from Pennie Ford on the deferral of some JSNA updates and any potential impact on Brighton & Hove Caring Together, Mr Hill told the Board that the sustainability of the JSNA procedures would be reviewed given staff capacity pressures. However, areas critical to the Brighton & Hove Caring Together process would be prioritised. Adam Doyle confirmed that the CCG is looking at how to re-profile needs assessment work to meet the demands of Brighton & Hove Caring Together.

43.4 In response to a query from Dr Sikdar on whether the JSNA mapped demand for GP services against deprivation, Mr Hill told members that this is not currently done.

**43.5 RESOLVED** - That the Board:

- (1) approves the 2016 JSNA summary section updates for publication and notes the inclusion of multiple births within the maternal and infant health JSNA summary;
- (2) approves the outlined plan for review of the JSNA, with a paper to be brought in March 2017 outlining proposed changes and the programme for in depth needs assessments in 2017/18;
- (3) notes that under S218A of the NHS Act 2006 (as amended) and the NHS Pharmaceutical Services and Local Services Regulations 2013 it is required to update the pharmaceutical needs assessment by March 2018.

**44 FUEL POVERTY AND AFFORDABLE WARMTH STRATEGY FOR BRIGHTON & HOVE**

44.1 This item was introduced by Miles Davidson, Contracts Manager, Housing Sustainability.

44.2 Cllr Barford congratulated everyone involved in putting together the strategy, but also expressed her concern about funding going forward. Mr Davidson told members that the team was actively looking for other funding sources, and that even if sufficient funding is not forthcoming, community & voluntary sector organisations will continue to deliver high quality support.

44.3 Mr Davidson confirmed to Cllr Page that the key challenges in the city were low incomes, ageing housing stock and the size of the local private rented sector.

44.4 In response to a query from Pennie Ford, Mr Davidson confirmed that the local fire service is very much involved in this work.

**44.5 RESOLVED** –That the Board:

- (1) notes the content of this report.
- (2) approves the strategy attached at appendix 1 and the objectives outlined.

**45 ANNUAL REFRESH OF THE YOUNG PEOPLE AND CHILDREN'S MENTAL HEALTH TRANSFORMATION PLAN**

- 45.1 This item was introduced by Gill Brooks, CCG Commissioning Manager, Children's Health & Wellbeing.
- 45.2 Cllr Penn said that there were many positives from the first year of the transformation plan, including the development of the early intervention in eating disorders service, and the I Am Whole campaign. However Tier 3 CAMHS (Children & Adolescent Mental Health Services) services, and in particular the 18 week waiting time, needs urgently addressing. Ms Brooks responded that this was recognised by both commissioners and providers. Work is underway to redesign the service by the end of 2017. A redesign of Tier 2 services is planned for 2018, and commissioners are currently looking at implementation of changes in East and West Sussex to identify learning points.
- 45.3 Pinaki Ghoshal told members that he endorsed the report and the work that commissioners have undertaken to date. It is important to acknowledge that nowhere has successful Tier 3 CAMHS services: the model does not work and there is an urgent need for change.
- 45.4 Graham Bartlett noted that the Local Safeguarding Children Board (LSCB) was concerned about young people self-harming and being at risk of suicide. The LSCB has conducted four recent reviews of young people struggling with mental health problems. It is heartening to see that many of the review recommendations are addressed by the annual refresh of the transformation plan and by the excellent future programme of work. Ms Brooks noted that commissioners will always seek to learn from this type of review.
- 45.5 **RESOLVED** – That the Board approves the draft Children and Young People's Mental Health Local Transformation Plan – annual refresh.

#### 46 SELF-DIRECTED SUPPORT CONTRACT

- 46.1 This item was introduced by John Child, CCG Chief Operating Officer.
- 46.2 Cllr Penn noted that she had attended a recent Parent Carers' Council meeting where concern had been expressed about the system of direct payments, which parent carers found over complex and bureaucratic. Mr Child responded that both the Parent Carers' Council and Community Works would be involved in future development of the service. There were also difficulties locally in recruiting sufficient numbers of personal assistants.
- 46.3 Cllr Barford added that it was important that families were supported to take on personal budgets and to become employers.
- 46.4 Adam Doyle noted that the CCG was currently reviewing arrangements for Continuing Care and it is important to also think of the broader implications of



allied projects, such as Direct Payments, in this context. He would bring this thinking back to a future Board meeting.

**46.5 RESOLVED** – that the Board agrees:

- (1) That delegated authority be granted to the Executive Director of Health & Adult Social Care to enter into a competitive procurement process to secure the provision of Self-directed Support Services either jointly with East Sussex County Council or directly by Brighton & Hove City Council.
- (2) That delegated authority be granted to the Executive Director of Health & Adult Social Care to award and let contract(s) for those services to the tenderer(s) submitting the most economically advantageous tender as determined in the procurement process.
- (3) That delegated authority be granted to the Executive Director of Health & Adult Social Care to conclude negotiations with East Sussex County Council on the use of their contract.

**47 PUBLIC HEALTH NURSING: UPDATE REPORT**

- 47.1 This item was introduced by Kerry Clarke, Strategic Commissioner Children's Services; Caroline Parker, Head of Service, Early Years & Family Support; and Emma Cockerell, Head of Services: MASH.
- 47.2 The Chair pointed out that the Recommendation at 3.2 contained an error where it stated that "the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *for* three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available." Cllr Yates proposed that the wording be amended to read: "That the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *of the* three year term, with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available." This amendment was seconded by Cllr Norman and approved by the Board.
- 47.3 In response to a question from Cllr Page as to why the council had gone to tender, Geoff Raw explained that this had been deemed necessary by the council's lawyers. To do otherwise would have risked being challenged by potential providers. The Chair noted that West Sussex County Council was also going out to tender for this contract. Cllr Page queried why the Sussex Patient Transport Services (PTS) contract had been re-let to South Central Ambulance Trust without going through a tender process. The Chair explained that this was just a short-term measure and that in the longer term the PTS contract would be taken out to tender.

**47.4 RESOLVED** – That:

- (1) the Health and Wellbeing Board accepts the recommendation that the Public Health Community Nursing Services, Children and Young People aged 0-19 contract is awarded to Sussex Community NHS Foundation Trust (SCFT) at a value not exceeding £14.1m over a three year period, subject to the Director of Public Health being satisfied that the clarifications requested have been received and are satisfactory and have been incorporated into the mobilisation plan.
- (2) the Health and Wellbeing Board delegates powers to the Director of Public Health to extend the contract at the end *of the* three year term with the potential to extend the contract a further two years if he deems it appropriate and subject to the budget being available.

#### 48 SECTION 75 EXCEPTIONS REPORT

- 48.1 This item was introduced by Anne Richardson-Locke, Adult Social Care Commissioning & Performance Manager; and by Michelle Elson, Brighton & Hove CCG.
- 48.2 Members were told that the contract was forecast to overspend by the end of the financial year. An action plan was being implemented to address this. A range of actions were required, including changing the behaviours of prescribers.
- 48.3 In response to a question from Cllr Page as to whether reducing the number of same-day equipment deliveries might exacerbate delayed transfers of care, Ms Richardson-Locke told the Board that there was no risk here: the aim is to reduce only unnecessary same-day deliveries.
- 48.4 In reply to a question from Cllr Barford on whether there has been performance improvement since the new action plan was introduced, Ms Richardson-Locke told members that it was too early to say definitively yet, but that she was confident that performance would improve.
- 48.5 In response to a question from the Chair, Ms Richardson-Locke explained that the new contractor was content for contract areas to be flexed provided it could continue to meet its costs. The contract was designed around the need to ensure that the provider was able to keep operating even if activity was reduced.
- 48.6 The Chair commented that it was clear that there needed to be learning from the problems experienced in the first year of this contract. More generally, commissioners also need to learn from past experiences of redesigning and tendering contracts.
- 48.7 **RESOLVED** – That the report be noted.

#### 49 PART TWO PROCEEDINGS

The meeting concluded at 7.30pm

Signed

Chair

Dated this

day of

2015



Dear Chair,

Before Christmas we had the terrible news that the Sussex Beacon HIV inpatient unit was losing funding from East Sussex Clinical Commissioning Groups, thereby imminently threatening the whole charity's survival.

You will be aware that this popular and groundbreaking organisation relieves the NHS and adult social care through its wide range of services to a disadvantaged group in our city, which has the highest prevalence of HIV outside London. The unit was rated outstanding by the Care Quality Commission only last September, and our three MPs (one Labour, one Conservative and one Green) have recently written a joint letter to the Department of Health in support of its work.

In addition you moved a motion to Full Council in October proposing that Brighton & Hove became the first Fast Track City in the UK, to lead the way in HIV treatment and diagnosis. This was passed unanimously, by all 51 Councillors from across the political spectrum.

I hope you will agree that it is intolerable to stand by and allow this "jewel in the crown" of local HIV services to close. Please use your good offices and established links with our NHS colleagues in Sussex to find a way forward.

Thank you in anticipation of your early reply, outlining what actions you will take. After that I sincerely hope we will see results in the form of an announcement.

Yours Sincerely,

***Dick (Page),***

Councillor, Green Member of the Health & Wellbeing Board.





*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Formal details of the paper**

1.1. Local Safeguarding Children Board Annual Report 2015-16.

1.2 Who can see this paper?

A final draft of the report was discussed at full Board in December 2016 and agreed. It will be publically available including on the LSCB web site <http://www.brightonandhovelscb.org.uk/>

1.3 31<sup>st</sup> January 2017

1.4 Author of the Paper and contact details:

Mia Brown, LSCB Business Manager

Email [mia.brown@brighton-hove.gcsx.gov.uk](mailto:mia.brown@brighton-hove.gcsx.gov.uk)

Telephone 07584217256

## **2. Summary**

2.1 The LSCB is required to produce an annual report that outlines the progress it has made over the last year in respect to safeguarding and promoting the welfare of children and young people.

The report covers the period 1 April 2015 to 31 March 2016 and briefly summarises all the activity undertaken by, and on behalf of the Board over the past year.



Alongside our regular programme of audits and re-audits (which you can read in the full report, or view headlines in the executive summary on page 4) we have been undertaking, at various stages, four serious case reviews one of which was completed in the year. Our learning and development offers have come on leaps and bounds following the appointment of our Learning & Development Officer. See from page 30 for more on this.

Throughout the year a number of agencies that comprise the Board have faced challenges including the organisational churn and change of structural reform. You can read about their activity to improve outcomes for vulnerable children from page 43.

We were pleased with the outcome of our Ofsted Review, which graded us as Good and you will find more information about this detailed in the report.

Next year our activity will be focused on our oversight of missing children and taking over from a separate partnership board the lead role for evaluating the effectiveness of Early Help.

2.2 Each year the LCSB faces a number of challenges and while ours are listed out fully in page 7 of the report we would like to highlight some of our achievements:

- We have developed information sharing guidance to support professionals to understand responsibilities for legal and good information sharing. Developed following Case Reviews commissioned by the Board
- We facilitated a number of discussions as a result of the learning from our case reviews. This has included talking to Midwifery services about the need for booking forms to collect information from both expectant parents; with Sussex Police about their approach in cases of possible non-accidental injury, and with other partners about the notification of possible non-accidental injury to the Police out of hours. We have asked all agencies how their data reports provide an overview of performance and provide information about overdue safeguarding tasks, and challenged partners whose staff are co-located about their information sharing and recording processes
- We have developed our Case Review Subcommittee to ensure learning is shared from Critical Learning Reviews undertaken by the Youth Offending Service

2.3 In 2016/17 we know that the LCSB will continue to face challenges and an uncertain future. Ours are fully listed in page 7. However we would like to highlight:





- We still need to collate & analyse information from missing return interviews and further develop and embed the partnership response to children who are suffering, or at risk of, sexual exploitation and / or ‘going missing.’
- We will continue to look to improve links with the corporate parenting panel and better understand why thresholds for care or accommodation are reached.
- We want to work more closely with the Designated Persons Network to further strengthen the flow of information between the Board and the city’s schools.
- We want to further promote the emotional health and wellbeing of children and young people, and ensure they have access to effective mental health services

### **3. Decisions, recommendations and any options**

It is recommended that the Board notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.

It is recommended that the Board note LSCB achievements and challenges on page 7.

### **3. Relevant information**

- 3.1 It is a statutory requirement for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.
- 3.2 The LSCB continues to work in partnership with member agencies to protect children from abuse and neglect, and to minimise any adverse consequences of abuse. The annual report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children.

### **4. Important considerations and implications**

#### **4.1 Legal**

The Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB). There is a requirement under the Children Act 2004 (as amended by the Apprenticeship, Skills, Children and Learning Act 2009) that at least once in every 12 month



period, a LSCB must prepare and publish a report about safeguarding and promoting the welfare of children in its local area. The report is to be submitted to the Children and Young People's Committee, the Brighton & Hove Health and Wellbeing Board, and all member agencies.

Section 14(1) of the Act defines the objective of an LSCB as (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established, and (b) to ensure the effectiveness of what is done by each such person or body for those purposes. Whilst the LSCB has a role in coordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains its own existing lines of accountability for safeguarding and promoting the welfare of children by their services.

*Natasha Watson; 18.01.17*

#### 4.2 Finance

The full financial breakdown, plus the budget forecast for 2016 -17, can be read in [Appendix 1](#) of the annual report. It is important to note that the LSCB budget does not represent the true costs of the Board's business and development work and some 'hidden' costs are subsumed within the City Council and other partners' budgets.

There are no financial implications directly resulting from the recommendations of this report. The financial information presented in the LSCB Annual report is accurate and a true reflection of the LSCB financial position within Brighton & Hove City Council's accounts.

Finance Officer: Brian Mcgonigle; Date: 17/01/17

#### 4.3 Equalities

The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Throughout the year there was been much public engagement work and the Board has developed a new website and other communication methods to increase community engagement with the work of the Board.

#### 4.4 Sustainability



The LSCB is a statutory requirement and must be resourced over the forthcoming year.

#### 4.5 Health, social care, children's services and public health

One of the key objectives of the LSCB is to improve outcomes and health and wellbeing for children and young people from diverse communities and groups, and for those who live in deprived geographical communities.

## 5 Supporting documents and information

Annual Report 2015 – 16





# Brighton & Hove Local Safeguarding Children Board Annual Report 2015 / 2016



**Invited  
Excited  
Used  
Blackmailed  
Trapped**



**Child Sexual Exploitation is never the child's fault**

[www.sussex.police.uk/CSE](http://www.sussex.police.uk/CSE)  
#StopCSE  

**Accepted  
Loved  
Controlled  
Used  
Trapped**



**Exploitation is never the child's fault**

[www.sussex.police.uk/CSE](http://www.sussex.police.uk/CSE)  
#StopCSE  

**Flattered  
Romanced  
Groomed  
Exploited  
Controlled**




**Child Sexual Exploitation is happening in Sussex**

**“CSE is a lot closer than you think. I feel like I've been asleep for the past 15 years”**  
(Taxi Driver from Barnardos CSE Training)



[www.sussex.police.uk/CSE](http://www.sussex.police.uk/CSE)  
#StopCSE  

**Befriended  
Accepted  
Groomed  
Exploited  
Controlled**



**Child Sexual Exploitation is happening in Sussex**

**“You don't want to think about it, especially when you have three daughters of your own”**  
(Taxi Driver from Barnardos CSE Training)

[www.sussex.police.uk/CSE](http://www.sussex.police.uk/CSE)  
#StopCSE  

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<b>Appendix 2:</b> LSCB Membership 2015-16

## Introduction from LSCB Chairperson



Welcome to the Brighton and Hove Local Safeguarding Children Board Annual Report for 2015/16.

As ever, this has been an incredibly busy and productive year for the Board and its partners. We welcomed a new Lead Member for Children, Young People and Skills, Councillor Tom Bewick and a new Chief Executive of the city council Geoff Raw. We also have new members from schools, including for the first time the independent sector. We are delighted too to now have a Learning & Development Officer, Dave Hunt, in post after a gap following his predecessor leaving. Dave has made such an impact in refreshing our multi agency training programme and improving its responsiveness to needs of our children.

Alongside our regular programme of audits and re-audits, we have been undertaking, at various stages, four serious case reviews one of which was completed in the year. Each of these lead from a tragedy affecting a young person so we owe it to their memory to take a long hard look at ourselves and challenge every agency to find better ways to work alone and in partnership to help prevent other young people coming to harm.

We know that, on the basis that Safeguarding is Everyone's Responsibility, we are not the only Board looking to improve the lives of our people. Therefore we have started to establish stronger links with the Safe in the City Partnership, the Safeguarding Adults Board, the Health and Wellbeing Board and the Corporate Parenting Board. In times when resources are stretched it is incumbent on us to work together so that no person or group falls through the gaps and that we ensure all receive the help and support they need when they need it.

We were delighted with the outcome of our Ofsted Review, which graded us as Good. This was an in depth and rigorous process which highlighted some real strengths but also provided us with challenges to take forward. Part of that will include improving our oversight of missing children and taking over from a separate partnership board the lead role for evaluating the effectiveness of Early Help. This will be a huge challenge, as we know the level of need in our city is high meaning that far too many children and families require the support of social workers. If we can bring that need down through harnessing and directing the great work that is already taking place, we will improve the chances of our children and young people to thrive and that must be our key aim. I hope you find this report informative and that it reassures you of the dedication that all our members share to work together to ensure our children are properly safeguarded. We know we have lots more to do to become even better, but we can only improve if we work tirelessly together putting the child at the heart of everything.

A handwritten signature in black ink, appearing to read 'G. Bartlett'. The signature is fluid and cursive, with a long horizontal line underneath.

Graham Bartlett  
Independent Chair Person, Brighton & Hove LSCB

# Brighton & Hove Local Safeguarding Children Board Annual Report 2015-16 Executive Summary

This annual report outlines safeguarding activity and performance in Brighton & Hove between April 2015 and March 2016 and illustrates how we as a partnership, and individual agencies, continue to strive towards improving the lives of our children and young people. Highlights contained in the report are as follows:

## Priority Area 1: Responses to specific safeguarding concerns

### Child Sexual Abuse (CSA)

- As a result of LSCB quality assurance activity:
  - Social Workers now **record discussions** with health professionals as part of a Strategy Discussion in their patient management system.
  - **Multi Agency Meetings (MAMs)** are now held weekly at the MASH and attended by a health representative.
  - A **Child Sexual Abuse Pathway** has been revised between health and social work in conjunction with Sussex Police which now takes account of the issue of historical allegations not directly concerning the subject child.
- This year saw the development of the **Forensic Paediatric Child Sexual Abuse service** for children up until their 14th birthday.
- Professionals have been provided with a reminder, via a **LSCB CSA Resource Pack**, of the likely signs and indicators of CSA, local and national contacts to call for advice and a reminder of how to refer concerns about a child or young person.
- A **CSA & Harmful Sexual Behaviours Conference**, which examined a number of issues around Child Sexual Abuse, was attended by over 150 professionals from across the partnership.

### Child Sexual Exploitation (CSE)

- The LSCB, along with Sussex Police & Children's Services, have been participating in the **See Me, Hear Me Project**.
- The LSCB has proactively recommended a tour of **Chelsea's Choice** (a play aimed at raising awareness of CSE) to all schools in the City, and through the Educated Other than at School team (EOTAS)
- Over the year we have strengthened our scrutiny of responses to the needs of **boys and young men**.
- To ensure a robust, co-ordinated multi-agency strategic approach to tackling CSE & issues impacting other groups of vulnerable children, we have developed a **Vulnerable Children's Strategy**.
- In partnership with The Wise Project we have provided **multi-agency training** on CSE. Two sessions of the first course *Child Sexual Exploitation: Prevention & Disruption* have run, delivering awareness training to 44 professionals across the partnership. Three of the follow on sessions *Child Sexual Exploitation: Working with Young People at Risk* have been delivered with 70 professionals attending across the partnership.



## Neglect

- A **Quality of Care Assessment Tool**, which aims to drive improvement in the quality of assessments, planning and the management of risk for children who are neglected, has been piloted successfully with health and social care teams.
  - A **multi-agency learning review** looking into practice in relation to a long standing neglect case has been commissioned.
  - As a result of a **parental substance misuse audit**, which tested whether there is a robust interagency response to the needs of children impacted by parental substance misuse that keeps children safe, all agencies have been reminded of the pre-birth conference procedures, and systems have been tightened to support adult services, working with a pregnant mother, to notify midwifery. .
  - We published a **Neglect Bulletin** in February 2016 looking at the signs and risk factors around neglect and its effect on children & young people. This was circulated widely across the partnership, and helped promote our training on Child Neglect
- 

## Priority Area 2: Participation & Engagement

- **Lay members** have continued to provide additional scrutiny and challenge over the year.
  - **Quality assurance activity** has continued to ensure the views of **parents and carers are contributing to learning and practice**. The Domestic Violence & Abuse audit required auditors to assess how effectively families were involved throughout interventions, similarly the CSE audit assessed the level to which parents had been consulted and kept informed of the outcome of assessments and decisions.
  - **Quality assurance activity** has also continued to seek assurances that the views of **children and young people are contributing to learning and best practice**. The Domestic Violence & Abuse audit asked if the views of the child/young person had informed the work or plan, and asked auditors to consider how the weight given to their wishes & feelings balanced with the risk factors. Likewise, the CSE audit addressed the focus on the child/young person including their involvement in decisions made in respect of them
  - To support parents, carers and members of the public having an improved understanding of the values and statutory function of the LSCB partnership, to work together to keep children in Brighton & Hove safe from harm, the LSCB has continued, with Safety Net, to produce the **parent newsletter** 'Safety Rocks'. 10,000 copies are distributed to parents through primary schools, and a PDF version is now circulated to parents with children in secondary school. The LSCB **Board Briefing** continues to be hosted on the LSCB website post Board meetings.
  - LSCB Safeguarding Bulletins, , Managers Briefings, SCR Briefings, Twitter, Multi-Agency Training, Board Briefing's and the LSCB website are vehicles by which the Participation & Engagement has sought to support the **improved understanding of staff and managers** of the function of the LSCB.
  - This year has seen **greater involvement of staff and managers** in multi-agency quality assurance activity. Staff and managers have also informed learning and improvement via their active participation and contribution to serious case and learning reviews.
-

### Priority Area 3: Service Responses

An Early Help Conference, held in December 2015, was an opportunity to assess how well the system is working and how the LSCB and LA are demonstrably 'dedicated to early help'.

- To support the Board to build a better understanding of the effectiveness of early help assessments and interventions (to ensure that children and young people with additional needs receive timely responses and that emerging difficulties are addressed at an early stage), an extensive **multi-agency audit** of early help took place. This comprised of three parts; an analysis of early help data set; a shallow dive of cases referred to the Early Help engagement team; and a multi-agency audit of 10 cases, involving ten agencies
- Auditors concluded that 58% of cases that had been referred to the MASH, and subsequently passed on to the Early Help Hub Engagement Team (EHHET), could have been made directly to the EHHET.
- The in depth multi-agency audit found evidence of strong multi-agency working, very child focused practice, and evidence that the voice of the young person has informed the work undertaken. For the majority of children and families, their outcomes have improved as a result of multi-agency early help, and in the majority of cases there was regular case supervision and management oversight of the case.

### Priority Area 4: Accountability

- The annual **LSCB Performance & Effectiveness Survey** had encouraging results. Two notable areas of improvement from last year's survey included a clearer definition of the purpose of the LSCB and more robust reviewing of progress against the work plan.
- A **LSCB Development Day** took place in June 2015 where the LSCB Business Plan for 2016-19 was drafted. Partners reviewed all the activity over the past year including feedback from the Ofsted Review, an overview of the outcomes and impact of quality assurance activity, and findings from the serious case review and learning reviews undertaken over the past three years. Five key outcomes through partnership were agreed.
- Board & subcommittee structures have been kept under continuous review.
- There has been increased scrutiny of subcommittee work plans at Leadership, with **Lay Members** providing additional challenge on progress.
- Annual scrutiny of single agency audit activity, progress against action plans from single and multi-agency audit activity, and the continuous review of LSCB core and thematic data has been undertaken by the **Monitoring & Evaluation Subcommittee**.
- Continued scrutiny of **progress against learning** and serious case review action plans has been undertaken by the Case Review Subcommittee.

### Additional discharge of functions:

The LSCB undertook, completed, published, and learned from a **Serious Case Review**. We have continued to act upon the learning and implemented the changes required in frontline practice to improve outcomes for our children.

This year saw an **Ofsted Inspection** of the Local Authority and a Review of the LSCB. Ofsted judged the arrangements we have in place to evaluate the effectiveness of what is done by the local authority and Board partners to safeguard and promote the welfare of children as **good**. This year we have been working hard to take forward the recommendations made to us.

In October 2015 the LSCB team were joined by a new **Learning & Development Officer** who has revolutionised our multi-agency training programme. Whilst still early days, we have seen a re-refresh our core training offers and the development of some new specialist courses

The past twelve months have seen continuing developments for our partners. Some agencies have been subject to national restructuring and others have restructured locally in response to changing needs and economic pressures. Our partner agencies have worked hard to improve outcomes for children and young people and are able to evidence this. Please see Appendix 1 for our partners reports.

## Summary of Achievements

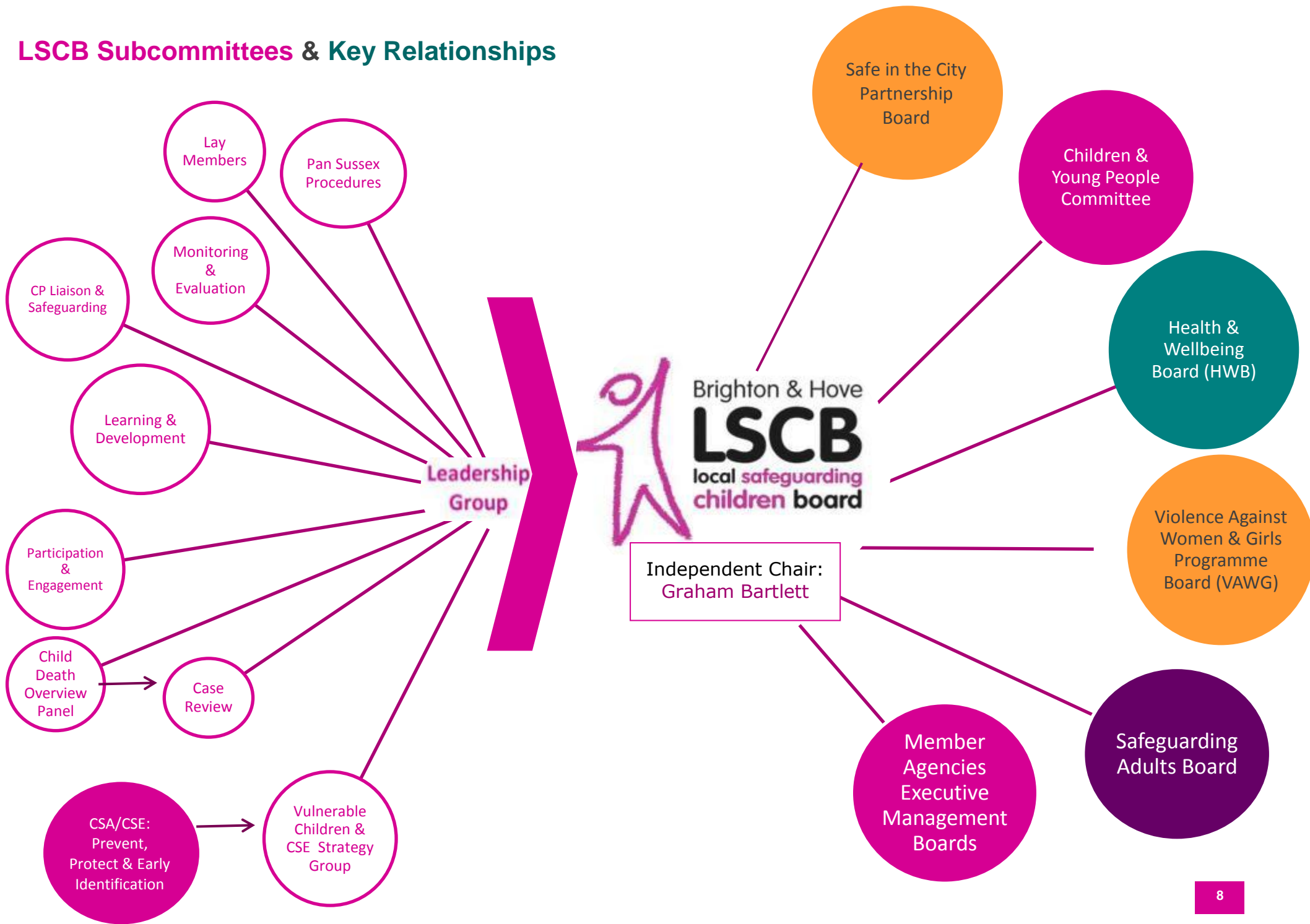
- We have developed [information sharing guidance](#) to support professionals to understand responsibilities for legal and good information sharing. Developed following Case Reviews commissioned by the Board
- We have improved our understanding of the effectiveness of early help assessments and interventions.
- We have increased our efforts to capture the voice of children, young people, families and practitioners in our quality assurance activity
- We have raised the profile of the LSCB with practitioners by continuing to produce LSCB newsletters and safeguarding bulletins and having a presence with our new LSCB Values banner at practitioner events and remaining prominent on Twitter.
- We have made huge progress on our multi-agency training programme
- We have developed our Case Review Subcommittee to ensure learning is shared from Critical Learning Reviews undertaken by the Youth Offending Service.
- We produced a [Child Sexual Exploitation multi-agency resource pack](#) and distributed it across the safeguarding network
  - We have worked hard to develop a more effective multi-agency dataset which, whilst still a work in progress, is used to routinely scrutinise operational partners' performance, and challenge and audit where necessary
  - We have (although there is always more to do) worked collaboratively with other strategic boards to address areas of common and interlinked issues and concerns.
  - We facilitated a number of discussions as a result of the learning from our case reviews. This has included talking to Midwifery services about the need for booking forms to collect information from both expectant parents; with Sussex Police about their approach in cases of possible non-accidental injury, and with other partners about the notification of possible non-accidental injury to the Police out of hours. We have asked all agencies how their data reports provide an overview of performance and provide information about overdue safeguarding tasks, and challenged partners whose staff are co-located about their information sharing and recording processes.

## Summary of Challenges

- We still need to collate & analyse information from missing return interviews and further develop and embed the partnership response to children who are suffering, or at risk of, sexual exploitation and / or 'going missing.'
- We will continue to look to improve links with the corporate parenting panel and better understand why thresholds for care or accommodation are reached.
- We want to work more closely with the Designated Persons Network to further strengthen the flow of information between the Board and the city's schools.
- We want to strengthen links & work better, , with local communities and raise awareness of the importance of safeguarding for everybody across the city
- We want to further promote the emotional health and wellbeing of children and young people, and ensure they have access to effective mental health services
- We need to improve scrutiny of the LSCB budget via the Leadership Group
- A particular challenge for the LSCB has been engaging with sectors containing a number of relatively independent agencies (e.g. General Practitioners)
- We will never give up our aim to continuously promote the 'voice of the child' in the work of the LSCB and Partners



# LSCB Subcommittees & Key Relationships



## Review of Finances

All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. In principle, members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on one or more partner agencies. Locally, the City Council has contributed around 70% of funding.

No uplifts in funds were requested by the Board in 2015 - 16.

It is a requirement for LSCBs to undertake reviews of serious cases in certain circumstances (please see page 12). These reviews, whilst absolutely necessary because they highlight weakness, and strengths, in the safeguarding and child protection system, are costly and impact on the financial health of the Board. The LSCB spent **£65,799** on SCRs and Learning Reviews in 2015-16.

It is important to note that the LSCB budget does not represent the true costs of the Board's business and development work and some 'hidden' costs are subsumed within the City Council and other partners' budgets. Therefore it is estimated that:

- **£113,162** was spent by the LSCB on salaries and on-costs (e.g. national insurance and superannuation) for the LSCB Business Manager, Senior Administration Officer & Learning & Development Officer.
- **£18,880** was spent on the LSCB multi-agency child protection training programme for frontline practitioners.
- **£2,310** was spent on LSCB communications.

### Core Funding Contributions

Funded By :	£
Brighton & Hove City Council	155,410
Contribution. from NHS Brighton & Hove CCG	43,780
Kent Surrey & Sussex Community Rehabilitation Company	5,572
The Police and Crime Commissioner for Sussex	12,338
Cafcass	550
<b>Total Funding</b>	<b>217,650</b>

The full financial breakdown, including contributions from by East Sussex Fire & Rescue Service, the NSPCC and income from our CSA Conference, plus the budget forecast for 2016 -17, can be read in Appendix 2

## Our Activity: Monitoring & Evaluation

The LSCB has a key role in achieving high standards in safeguarding and promoting welfare, not just through coordinating, but also by evaluation to drive continuous improvement. Under Working Together to Safeguard Children (2015) LSCBs must quality assure practice, including through joint audits of case files involving practitioners, to identify lessons to be learned. The Monitoring & Evaluation Subcommittee support the Brighton & Hove [Learning & Improvement Framework](#) to strengthen and promote a learning culture across partner agencies.

The main focus of the subcommittee's work, in its five meetings in 2015-16, has been continuing to oversee a programme of multi-agency audits consolidating the LSCB's Quality Assurance Framework (QAF), including dissemination of findings from audits and tracking action plans, and scrutinising aspects of practice highlighted by the Management Information report.

### Quality Assurance Framework

The [LSCB Quality Assurance Framework](#) (QAF) underpins the multi-agency audit programme. In 2015/16, efforts were made to improve feedback from service users and from practitioners, with a stronger focus on outcomes.

Summaries of findings from audits have been shared with staff in [briefings](#) and a tracking system is in place to track all actions from LSCB audits and learning reviews.

### Multi-agency Audits:

Three multi-agency audits were undertaken in 2015-16:

- Network Meetings & Core Group Audit,
- Parental Substance Misuse Audit (see page 22)
- and an extensive multi-agency audit of early help (see page 28)

### Single Agency Audits:

All agencies were requested to provide their audit schedules for 2015/16 and 2016/17. Where summaries were not returned the agencies have been challenged by the LSCB Chairperson.

The past year has seen continued progress in embedding the quality assurance framework, with improvements in audit process, dissemination of findings, tracking actions, and evidence of changes in practice as a result of audits. The commitment of all members of the group to conducting regular audits is to be commended.

**Helen Davies, Independent Chair,  
Monitoring & Evaluation Subcommittee.**

### Monitoring & Evaluation's Areas of Concern

An area of concern to the subcommittee and the LSCB has been the continued high number of children subject to repeat child protection plans in Brighton & Hove.

Another area of concern identified in management information is the high number of referrals and repeat referrals to Children's Services. The introduction of a MASH and Early Help Hub in September 2014 was intended to address some of the issues that had been identified as contributing to the high numbers. It took some time for accessible data about the workings of MASH to be available, but more recently the subcommittee has been scrutinising this data and will continue to do so, alongside the routine MASH audits.

In 2015-16, it was decided that the LSCB management information report would be presented to the LSCB at six monthly intervals.

## Network Meetings & Core Group Audit

The focus of this multi-agency audit was to examine the effectiveness of multi-agency working through Network Meetings<sup>1</sup> & Core Groups<sup>2</sup>. It explored the areas of enquiry raised by members of the Monitoring & Evaluation Subcommittee including; agency attendance, agency reports, agency challenge, outcomes for the child and meeting minutes.

Eighteen cases were audited. Overall, the practice was good, but 36% required improvement.

Positive findings included:

- in the majority of cases, meetings were held regularly and attendance at meeting by professionals is good
- multi-agency planning is judged to be good in the majority of cases including communication and information sharing
- the vast majority of Child Protection and Child in Need (ChiN) plans are SMART and in all but one case agencies are carrying out their agreed role

This audit included **practitioner feedback** and feedback from six parents. Reflection and feedback included:

- parents were able to engage and have input into the meeting
- meetings were an opportunity to discuss together a constructive way to support the family
- all the professionals have worked well together

The audit also focussed on **outcomes for the child**. For children subject to ChiN plans there was evidence that multi-agency working is leading to positive change for the children in three cases. For another three, contingency plans were being put in place, while for the remaining three, where parents were not engaging with the plan, they had been escalated to child protection conferences. For the children subject to a child protection plan, positive change was reported in six cases, while contingency plans were in place for the other three.

**Recommendations** included:

- frequency of meetings should be specified in the plan
- all actions should have a specific timeframe documented
- if practitioners are unable to attend a meeting, they should always be required to submit a report
- where appropriate, young people should be invited to attend the meeting
- minutes of the meeting should be kept simple with the focus on the child's plan
- a record of the meeting should be circulated to members within 2 weeks



<sup>1</sup> The Network Meeting provides an opportunity for professionals involved with a family to come together not only to share information, but also to help determine the direction of a case and the Child In Need (ChiN) Plan for a child.

<sup>2</sup> The Core Group is responsible for the formulation and implementation of the detailed Child Protection Plan (CPP), previously outlined at the conference.

## Our Activity: Serious Case Reviews

As per *Working Together to Safeguard Children* (2015), LSCBs are required to consider whether to initiate a serious case review when a child dies (including death by suspected suicide) or is seriously injured, and abuse or neglect is known or suspected to be a factor. The main purpose of a serious case review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.

One Serious Case Review was published in 2015-16. Two Serious Case Reviews and one Learning Review have been initiated and findings are pending as at 31 March 2016.

**Baby Liam:** During the first seven weeks of his life Liam was injured on at least two occasions and experienced fractured ribs, a fractured femur and bilateral skull fractures. His Father was a care leaver from another area with history of volatile behaviours & substance misuse.

You can read the full review and the Board response and a short summary of the findings [here](#).

Learning from the Baby Liam SCR has now been included in the sessions of our multi-agency training programme on lessons from local and national SCRs.

**Finding 1:** Care leavers who are, or who become **parents**, need to be supported and their **children's** safeguarding needs

**Finding 2:** A full & detailed **history** on fathers, partners (male and female) & other significant adults (male and female) in the family should be sought when **gathering information**. It is also important to share this information about **pregnant women** and their **partners** with **Midwifery** and **Health Visiting** teams so as to enable **effective risk assessment**.

**Finding 3:** Where cases are held on **duty**, responses to children may be limited / task orientated with a lack of understanding of case history, analysis of risk and ownership of outcomes.

**Finding 4:** During **case transfers** there needs to be **easily accessible** case history information to **assess risk**.

**Finding 5:** **Data systems** need to support frontline managers in their daily management of tasks - including providing alerts for overdue work



**Finding 6:** **Leaving Care Grants (LCGs)** need oversight to ensure they enable **positive outcomes** for **care leavers**

**Finding 7:** Unplanned/ casual / **corridor conversations** which impact on decision making need to be **recorded**

**Finding 8:** All possible non accidental injuries need to be referred to the police.



## Our Activity: Learning Reviews

In Brighton & Hove, Learning Reviews take place when, after an initial review of the case, it is decided that there are lessons to be learnt, but the threshold for a SCR is not met. The Learning Review consists of professionals from each agency involved with the child or family meeting together to share information, identify good practice and missed opportunities. Learning which might help to prevent similar events in the future is identified.

### Ben

From the age of 11 Ben was reported to be self-harming. These reports of self-harming continued to be raised during the two years prior to an episode where he attempted to hang himself. Following the hanging incident Ben was left with life changing brain injuries and sadly Ben died in 2015.

Some of the findings from this learning review were shared with Brighton & Hove CCG and Public Health Commissioners:

- Many professionals view self-harm as not uncommon, seeing it as a single type of behaviour rather than occurring along a spectrum, which makes it less likely they will notice escalation and identify high risk, potentially life threatening, behaviour.
- There is inadequate choice in emotional wellbeing support and mental health service provision to meet the preferences of many young people, leaving them with the option of attending, or not, the available medically-focused option.

The review also prompted the Board to consider:

- Is there a common organisational deafness that minimises the chances of really hearing what teenagers are saying when they tell us concerns about their friends?

This learning was fed into existing workstreams underway across the partnership, such as the Emotional Health & Wellbeing (EHWB) steering group and the re-commissioning of mental health and emotional wellbeing services. Read below for more about this work from the Commissioner for Children, Young People and Public Health Schools Programme and the Commissioning Manager, Children's Mental Health & Wellbeing.

### Child J

Child J was found hanging in the family home shortly after his 18th birthday. J had received services from children's social work, mental health services, drug services and youth services two years prior to his untimely death.

Following a review of Child J's journey through the safeguarding system the LSCB wanted assurance that Child and Adolescent Mental Health Services (CAMHS) can be appropriately accessed where there is a **dual diagnosis of mental health & substance misuse**, and that safeguarding procedures work.

## Ofsted Review

An Ofsted review took place from 14 April– 8 May 2015 which judged the arrangements the LSCB have in place to evaluate the effectiveness of what is done by the local authority and Board partners to safeguard and promote the welfare of children as **good**. Ofsted recognised the journey the LSCB has been on over the past two years and described a “rigorous approach to evaluating the effectiveness of safeguarding arrangements in all of its partner agencies”. At the time 29% (17) of LSCBs were judged as good overall, 49% (28) as requiring improvement and 22% (13) as inadequate.

The good quality LSCB annual report reflects the board’s learning and self-evaluative ethos

The LSCB is an active and influential participant in informing and planning services for children and young people



### Findings: Governance

....transparent, learning-focused multi-agency LSCB

- constitution and compact underpins the new arrangements
- Board identifies & shares cross-cutting intelligence & knowledge about particularly vulnerable groups of children (radicalisation & CSE)
- constructive relationships with other key strategic boards
- multi-agency section 11 challenge event rigorously tested compliance of partner agencies with core safeguarding policies

### Findings: SCRs & CDOP

- targeted and achievable action plans.
- implementation of action plans is closely monitored
- learning from reviews is appropriately cascaded to the workforce
- Child Death Overview Panel is effective in scrutinising serious incident notifications & has strong links with Case Review Subcommittee

Serious case reviews commissioned in accordance with statutory criteria & thresholds applied correctly

...rigorous approach to evaluating the effectiveness of safeguarding arrangements in all of its partner agencies

### Findings: Quality Assurance

- tenacious efforts to develop a multi-agency dataset
- audit findings & recommendations systematically & comprehensively disseminated across partnership
- intelligence from audits, serious case reviews & learning reviews used effectively to inform content of specialist multi-agency training programmes
- good Quality Assurance Framework supported by a complementary Learning Improvement Framework
- audit recommendations rigorously pursued & repeat audits scheduled

## How we have responded to recommendations & shortfalls:

### LSCB to collate & analyse information from missing return interviews

The National charity, Missing People has been commissioned by East Sussex County Council, West Sussex County Council and Brighton & Hove City Council to provide a Return Home Interview (RHI) Service and a 1-1 Support Service to children across Sussex from 1 April 2016 until 31 March 2019. Return Home Interviews aim to find out why young people went missing, what happened to them while they were away, and what support they need to keep them safe and prevent them going missing again

### LSCB to build better understanding of the effectiveness of early help assessments and interventions

The LSCB Monitoring & Evaluation Subcommittee undertook a Shallow Dive. This was to test whether professionals, who make a Contact to MASH which does not meet the threshold for Social Work Intervention understand the thresholds, and to assess whether the child's emerging needs are appropriately met elsewhere when Contacts made to MASH do not meet the threshold for Social Work intervention (Early Help Hub and MASH Initial Review, April 2015). In addition to this we also carried out a multi-agency audit of the early help provided in a sample of Contacts (with the service) which resulted in early help intervention.

### LSCB to continue to scrutinise and influence the reduction of the high number of repeat referrals and child protection

Monitoring & Evaluation have, throughout the year, continued to scrutinise the high number of repeat referrals and repeat plans via consideration of the Management Information Report and a multi-agency audit. Consideration of the issue has also been tabled for discussion at all three Board meetings throughout the year.

### LSCB to improve links with the corporate parenting panel and better understand why thresholds for care or accommodation are reached

Our Business Plan 2016-19 now has an objective for the LSCB to be sighted on the work of other strategic Boards in the City, including the Corporate Parenting Board. In 2015 Children's Services undertook, via their Support Through Care team, an audit which focused on children in care and care leavers who become parents, and considered whether support and safeguarding issues were being appropriately addressed. The LSCB requested the Corporate Parenting Board be made aware of the findings from this work.

### Business Plan to provide focus on children looked after living outside the Local Authority

Looked after children are, in most cases, no longer within the child protection system because they have been made safe. Where there remain child protection concerns, for example through CSE or radicalisation, we of course scrutinise the services they receive for example through the Vulnerable Children & CSE Strategy Group. Oversight and scrutiny of how Looked After Children are served is through the Corporate Parenting Panel. Ofsted judged performance of the Local Authority around Looked After Children as being good, observing that the thresholds for children to become looked after are appropriate and consistently applied

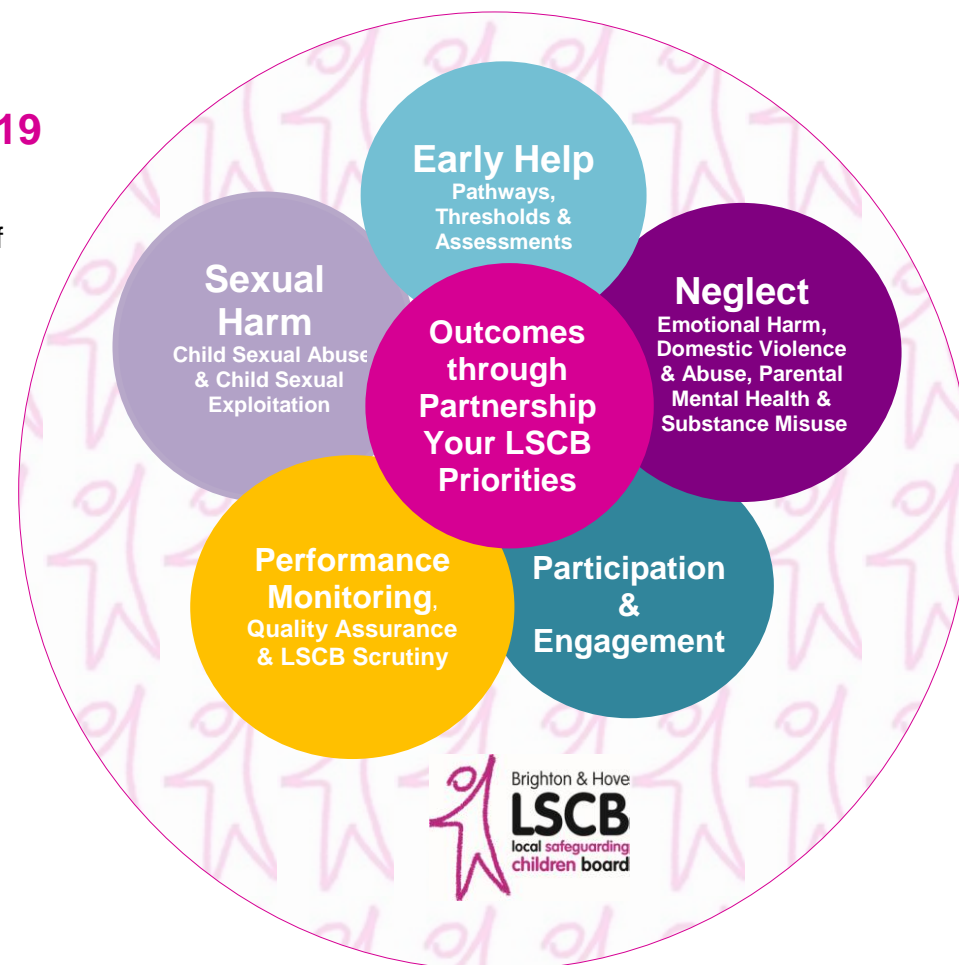
## LSCB Development Day & LSCB Business Plan 2016-19

The LSCB held a Board Development Day in June 2015 where the LSCB Business Plan for 2016-19 was drafted. Partners reviewed all the activity over the past year, including feedback from the Ofsted Review, overview of the outcomes and impact of quality assurance activity, and findings from the serious case review and learning reviews undertaken over the past three years. Feedback from the annual LSCB Performance & Effectiveness Survey was also provided, you can read more on this on page 29. Five key outcomes through partnership were agreed

### Priority Area 1: Child Sexual Abuse (CSA)

#### Paediatric Sexual Abuse Referral Centre (SARC)

Throughout the year the Board has been keen to hear updates on the implementation of the [Paediatric Sexual Abuse Referral Centre \(SARC\)](#) which was launched on 1 April 2015. From this date, the Brighton & Hove team has provided a Forensic Paediatric Child Sexual Abuse service every day of the week for children up until their 14th birthday. Issues regarding facilities and the sustainability of the staffing rota have been addressed by the SARC Board, and guidance has been produced for Police Officers and Social Workers on arranging medical examinations for possible Child Sexual Abuse.



Of the 2,868 single assessments completed in 2015-16, **161 (5.6%)** identified sexual abuse as a factor at the end of the assessment compared to 5.1% in 2014-15

Of the 392 children subject of a Child Protection Plan as of 31 March 2016, **13 (3.3%)** had Child Sexual Abuse recorded as a category of abuse compared to 5.8% (18 children) at 31 March 2015.

#### Multi-Agency Quality Assurance Activity

As a result of a multi-agency audit in 2014 an action plan has been progressed in 2015 and the following changes in practice have been made:

- Now social workers record discussions with health professionals as part of a Strategy Discussion in their patient management system.
- The MASH now has a health partner co-located in the hub to help facilitate the involvement of appropriate doctors and other medical professionals in all strategy discussions.
- A Child Sexual Abuse Pathway has been revised between health and social work in conjunction with Sussex Police which now takes account of the issue of historical allegations not directly concerning the subject child.

## Communications

A CSA Multi-Agency Resource pack was produced to help prevent children and young people being subjected to CSA. This resource pack provides information and guidance for people who may encounter children or young people at risk of, or having experienced, CSA, including:

- A description of the likely signs and indicators of CSA
- Useful local and national contacts to call for advice
- A simple referral diagram showing how to refer concerns about a child or young person.

## Training

During Safeguarding the City Fortnight a session was held on the purpose and function of the [Sussex Children's \(Sexual Abuse Referral Centre\)](#). Attendees commented on having learnt more about the entire SARC processes from referral to medical and beyond.

The Claremont Unit also ran a very popular session on [Children & Young People who Display Harmful Sexual Behaviours](#), and this was repeated in the LSCB training programme in the spring

## CSA & Harmful Sexual Behaviours Conference

Our Child Sexual Abuse & Harmful Sexual Behaviours conference on 22 May 2015 was attended by over 150 professionals from across the partnership. This day examined a number of issues around Child Sexual Abuse. You can view the materials from the day [here](#). Issues discussed in presentations and workshops included:

- |  |  |                             |
|--|--|-----------------------------|
| Multi-agency investigation of CSA  | Complexities of the legal issues         | Procedures for CSA medicals |
| Barriers to communicating with under 5s to get evidence about sexual abuse | Developmentally Appropriate Interviewing |                             |
| Post Abuse Therapy   | Harmful Sexual Behaviours                |                             |

## Priority Area 1: Child Sexual Exploitation (CSE)

### Ofsted Review

Ofsted noted there was an effective child sexual exploitation strategy in place, and achievable plans to improve identification of children at risk of CSE at earlier stages. They commented that the newly established CSE Prevent & Early Identification Subcommittee is well positioned to progress this, and reported that the LSCB thoroughly evaluates intelligence & cross-cutting themes regarding particular groups of vulnerable children through the Vulnerable Children & CSE Strategy Group.

### The Wise Project

The WiSE Project is a service for 13-25 year olds who are experiencing sexual exploitation or are at risk of it. The project is also a point of call for advice and guidance for those working with young people who have suffered from sexual exploitation.



## THE WISE PROJECT

Working to prevent the sexual exploitation of children and young people

## See Me, Hear Me Project (SMHM)

The University of Sussex was commissioned by the Office of the Children's Commissioner (OCC) to support the implementation & evaluation of the OCC's 'See Me, Hear Me' Framework for safeguarding children at risk of sexual exploitation in three English local authority sites.

The LSCB, along with Sussex Police & Children's Services, was invited to participate in the project towards the end of 2014.

The See Me, Hear Me Framework is a research-informed, multi-agency service model, designed to support professionals to make visible the experience of those children facing sexual exploitation, and to facilitate the creation of the relationships necessary for safeguarding to be made effective in each individual case.

The project aims to:

- *support* the implementation of the 'See Me, Hear Me' Framework
- *evaluate* the efficacy of the service model developed and the impact it achieves for children; and
- *recommend* ways in which the diffusion of the approach more widely might be achieved effectively across similar local authority areas, and in respect to safeguarding practice in general.

## Chelsea's Choice

Brighton & Hove City Council have commissioned a not for profit social enterprise, AlterEgo Creative Solutions, to tour schools in Brighton & Hove with their highly innovative and acclaimed production '[Chelsea's Choice](#)'. The play highlights the very serious and emotional issue of child sexual exploitation by telling the story of a group of three students who discover the diary of a girl called Chelsea.

The 40 minute production and post-show Q&A raise awareness of:

- Healthy Relationships
- Safe Internet Use
- Risky Behaviour
- The Grooming Process
- Child Sexual Exploitation
- Where young people can go for help & advice



Performances were supported by specialist social workers and police officers, to ensure that children are in receipt of appropriate supports and services afterwards. Materials were produced for all year groups for use in PSHE lessons and tutor time to ensure all students had the opportunity to learn more about grooming, sexual exploitation, e-safety and healthy relationships. In April 2015 the LSCB Independent Chairperson wrote to all schools in the city to recommend the play and encourage them to invest in a tour of the show.

## Training

The WISE Project deliver our CSE training, which is split into two sessions: [Preventing & Disrupting the Sexual Exploitation of Children & Young People](#) and [Child Sexual Exploitation: Working with Young People at Risk](#). This comprehensive training package, also supported by presentations from Sussex Police, covers recognition and awareness leading into how systems are put in place to disrupt this type of activity. This training has also been updated to consider and integrate the "See Me, Hear Me" principals, thus making sure that the voice of the young person or child is heard.

### Multi-Agency Quality Assurance Activity

As reported in last year's Annual Report an audit looked in depth at six cases of young people at risk of CSE and this year we have, via the Vulnerable Children & CSE Strategy Group, been progressing the recommendations:

- looking at the need for a more robust response to the needs of boys and young men
- proactively identifying young people at risk of CSE through the regular review of child protection & child in need plans
- looking at ways to adapt support services for young people so that they are assertive, flexible and accessible
- continuing to raise awareness of CSE across the partnership

Next year the Monitoring & Evaluation Sub Committee will undertake another CSE audit to further test the effectiveness of multi-agency working with children who are being sexually exploited, or at risk or being sexual exploited. In response to the issues raised at the CSA/CSE Prevent, Protect & Early Identification Subcommittee, the audit will also assess whether the needs of children and young people with learning disabilities are being appropriately addressed.

### CSA/CSE Prevent, Protect & Early Identification Subcommittee.

In January 2016 the *CSE: Prevent & Early Identification* and *CSE: Protect & Pursue* subcommittees merged into a single CSA/CSE Prevent, Protect & Early Identification subcommittee. The intention was to avoid duplication and make the meetings more streamlined and efficient.

This is a multi-agency meeting with the main aim of preventing, identifying early and disrupting the sexual exploitation of children.

There is a strong focus on:

- the driving factors behind CSE
- ensuring that Police operations and disruption of perpetrators is maintained
- learning from operations are captured to strategically manage the risk of CSE within the city
- ensuring that male and female victims are considered with equal measure
- ensuring that children with disabilities including learning disabilities are factored into the work of the subcommittee

Areas for improvement include:

- a focus on the needs/concerns of LGBT youth
- ensuring suitable membership
- striking an equal balance between prevent/early identification and protect/pursue

In January 2016 Dr Michelle Lefevre, Department of Social Work and Social Care, University of Sussex observed our first joint meeting, (as part of the work on the See Me, Hear Me Framework described above). Her reflections helped participants to consider the strengths and challenges in how the SMHM principals are being embedded within services.

## A year on: Vulnerable Children & CSE Strategic Group

Throughout the year we have considered:

- The management of perpetrators
- Responses to the Rotherham Inquiry
- The private fostering annual report
- Progress on the implementation of the Sussex Paediatric SARC
- Changes to Modern Slavery legislation
- Scrutinised Police Strategic Needs Assessment on CSE & Benchmarking - identifying hotspots for the whole of Sussex providing each Divisional area with specific locations where CSE was being perpetrated.

## Vulnerable Children Strategy

One of the group's first tasks was the development of an overarching vulnerable children strategy. The strategy aims to ensure a robust, co-ordinated multi-agency strategic approach to tackling CSE & issues impacting other groups of vulnerable children via five key objectives;

1. **Strategic Commitment** Across all Agencies
2. **Identification** - Improve Awareness, Understanding & Recognition
3. **Prevention** – Communication
4. **Protection** - Improve Effectiveness of Interventions
5. **Disruption** - Improve the Prosecution of Perpetrators

## Missing & CSE Peer Review: Update on Action Plan

Brighton & Hove is a member of the South East Sector Led Improvement Programme, who have developed their own Peer Challenge process to support local authorities passionate about improvement. In 2014 Children's Services launched their new Missing Children Policy and Guidance, which provided a framework for those working with children and young people who are missing from home, care or education.

### Main strengths were identified as:

- Children Services moved fast and far on this work over 12 months
- MASH set up is good and the joint leadership with Sussex Police was noted as good practice
- All involved have a good understanding of the links between Missing Children and children at risk of sexual exploitation (CSE)
- Missing from education protocols were well understood.

### Areas for improvement

- Return interviews –process needed clarifying to avoid patchy practical application
- The number, membership and structure of the range of strategic and operational groups needed review and where possible rationalisation
- Work around CSE needed further development, in particular looking at how young men are affected locally
- Links with partners such as health and housing needed strengthening to create holistic solutions



## Priority Area 1: Neglect & Emotional Harm

### Domestic Violence & Abuse, Parental Mental Health & Substance Misuse

- A Lead Practitioner from Brighton & Hove City Council has been appointed to lead on the issue of Neglect, raising its profile and identifying best practice.
- A multi-agency learning review commissioned by the LSCB on a long standing neglect case continues. There will be an update on its findings in next year's annual report.
- The Named Nurse for Sussex Community Foundation Trust is the Board lead for the LSCB on Neglect.

Of the 2,868 **single assessments** completed in 2015-16, **520 (18%)** identified neglect as a factor at the end of the assessment, up from 416 (15%) in 2014-15

Of the 392 children subject of a **Child Protection Plan** as of 31 March 2016, **120 (30.6%)** had neglect recorded as a category of abuse compared to 95 children (30.7%) as at 31<sup>st</sup> March 2015

### Quality of Care Assessment Tool

The Quality of Care Assessment Tool aims to drive improvement in the quality of assessments, planning and the management of risk for children who are neglected. This year the tool has been piloted across health and social care services. The Lead Practitioner will now be responsible for rolling this out across social work pods

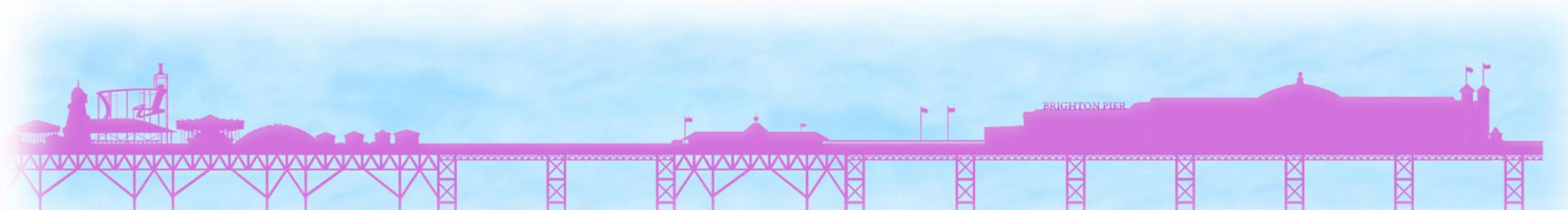
The LSCB will want to ensure the Quality of Care Tool is evaluated and is effective in better supporting practitioners to measure progress and monitor the impact of interventions. We will want to see that the quality of assessments in neglect cases is sound, taking account of family history and considering the impact of neglect on the child.

### Training

The LSCB Learning & Development Officer has worked with the Board Neglect Lead and Lead Practitioner to devise a Neglect training package, which supports use of the Quality of Care Tool. This has been delivered to social care staff.

This training aims to:

- Explore and broaden participants' understanding of child neglect
- Introduce participants to the benefits of taking a systems approach to improving professional practice
- Provide an opportunity to explore local multi-agency responses to child neglect through scenarios and discussion
- Help practitioners identify individual learning about child neglect and multi-agency working
- Look at aspects of the system which help and hinder good practice



## Multi-Agency Quality Assurance Activity

There is evidence of parental substance misuse in 57% of serious case reviews (of serious or fatal child abuse)<sup>3</sup>. Serious Case Reviews highlight that professionals often focus on the issues faced by parents who misuse substances without considering the impact on their children.

### Parental Substance Misuse Audit

The LSCB Monitoring & Evaluation Subcommittee agreed to undertake a Deep Dive of parental substance misuse (under Priority 1: Neglect) to test whether there is a robust interagency response to the needs of children impacted by parental substance misuse in Brighton & Hove, and if this keeps children safe.

It looked in depth at six cases involving children aged under 5 years living with parents who misuse substances, and the support they receive from agencies.

#### Positive findings included:

- overall, good early recognition of the risks to the child and concerns are acted upon in a timely way in all cases. Strengths particularly noted in the Midwifery Service
- there are good quality multi-agency assessments which consider all relevant historical information
- in all cases, an enhanced health visiting service was delivered
- in all cases, the child's plan specifically addresses the impact of parental substance misuse including the risks and needs of the child
- in all cases, the interventions with parents provided by adult substance misuse services are child focused
- in all cases, there is evidence of good partnership working

#### Recommendations included:

- adult services to be reminded that if they are working with a pregnant mother, they should always let the midwifery service know
- all agencies are to be reminded of the pre-birth conference procedures
- GPs should ensure that the information about parental substance misuse is included on the child's record, and that parent and child records are linked

Only one parent responded to the request for feedback so her input has not been included in the report. In 2016/17 a similar audit will be undertaken focusing on parental substance misuse and its impact on older children, which will include seeking the children's views of the services they and their parents receive.

#### As a result of this multi-agency activity:

- All agencies were reminded of the Pre-birth Conference procedures set out in Section 5.3 of the [Pan Sussex Child Protection & Safeguarding Procedures](#) - The pre-birth conference should be held at least 3 months before the estimated delivery date to allow planning and support for the pregnancy and the birth of the baby to be put in place.
- Information about parent's substance misuse is now included on the child's record & the mother and baby records are linked.

<sup>3</sup> DCSF (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005.

## Priority Area 2: Participation & Engagement

LSCBs are responsible for “communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so”. (*Regulation 5 of the Local Safeguarding Children Boards Regulations 2006*)

The Participation & Engagement subcommittee of the LSCB has continued to meet throughout the year, leading on the implementation and evaluation of our [communication strategy](#).

### Evaluation of effectiveness of communications

A survey for partner agencies on LSCB Communications was circulated across the partnership. The aim of this was to help the Participation & Engagement subcommittee evaluate their activity against their limited budget and capacity. Results from this survey will be available in next year’s annual report.

### Measurable communication targets

The group have established that setting “targets” for our communications is problematic; we believe it is better to frame these as “objectives”, and look more closely at what we need to evaluate. This year our agendas have been focused to help facilitate this and ensure actions incorporate who and how a participation and/or engagement activity will be done as well as how it will be evaluated.

### Lay Members

Our five lay members have coordinated the following inter-related activity to ensure our Learning & Improvement Framework has been effectively implemented by:

- Being a member of a standing LSCB subcommittee & feeding back subcommittee activity to fellow lay members to support subcommittee interaction
- Making challenges to subcommittees about progress against their workplans
- Attending on a rotational basis the Leadership Group & LSCB Meeting

Next year we will be holding a Lay Member Conference for Lay Members across the South East Region to further explore the role and function of the lay member.

### Child friendly annual report

Some members of Participation & Engagement were keen to progress a child friendly annual report. However, not all members were of the view that this would be read by our target audience. Instead we were looking to develop a video clip, however due to resource capacity of the LSCB Business Team this was not progressed during the year

### Twitter

We have been sharing news and links about good safeguarding practice on twitter since January 2014, and we believe that we are now one of the most followed Local Safeguarding Children Boards on twitter with nearly 1200 followers as of 31 March 2016. On average we gain 1-2 followers per day, and during 2015-16 our tweets earned 278,606 impressions, with 1280 retweets and 811 likes.

Our most popular tweet, inspired by JK Rowling’s Harry Potter books, is pinned to our profile page and embodies the importance of listening to children & young people, one of the key values of our Board. This has achieved 69 retweets and 50 likes and has been viewed over 10,000 times

### #YourLSCB Communication Materials



**Board Briefings** have been consistently produced after each main board meeting to summarise discussions held. These can be read at [www.brightonandhovelscb.org.uk/board-briefings](http://www.brightonandhovelscb.org.uk/board-briefings)

**Safety Rocks** our joint newsletter for parents continues to be produced in association with [Safety Net](#) each term. An editorial team, including parent volunteers and LSCB Lay Members, meet each term to plan the content and consider how to get more feedback from parents. This year we included articles about online safety, healthy eating & body image, bullying, a parent's tips on "Morning Mayhem" for Child Safety Week, a child's story on moving to secondary school to talk about managing anxiety and an article to answer a question from a parent's on how to talk about upsetting subjects such as the refugee crisis. You can read previous editions at [www.brightonandhovelscb.org.uk/parents/safety-rocks-newsletters](http://www.brightonandhovelscb.org.uk/parents/safety-rocks-newsletters)



**LSCB Bulletins** continue to explore particular areas of concern in more depth. In June 2016 we published our [Self Harm Bulletin](#) to help professions recognise this and respond appropriately. This included an update on local work to deal with this concerning issue and signposts to national support. We continue to distribute our **Latest LSCB News** emails and over 200 people signed up to our newsletter via our website during 2015-16.

**Staff Briefings**, aimed at professionals working with children and families in Brighton & Hove continue to be circulated following quality assurance activity. Next year will see a review of the usefulness of this resource by professionals. These can be read at [www.brightonandhovelscb.org.uk/manager-briefings](http://www.brightonandhovelscb.org.uk/manager-briefings)

**Case Review Briefings** summarise what local case reviews have shown about the child protection system in Brighton & Hove. These can be read at [www.brightonandhovelscb.org.uk/serious-case-reviews](http://www.brightonandhovelscb.org.uk/serious-case-reviews) Our new format for these briefings, which asks professionals to reflect upon questions posed by the findings, has been adopted by other Safeguarding Boards as a way of sharing this important learning.

**LSCB Website** continues to be updated to ensure that it is in line with current legislation and guidance. All of our latest posts can be read on the LSCB website. Highlights include a series of "Day in the Life" articles for [World Social Work Day](#), our Safeguarding Blogs from the [Learning Together Fortnight](#), material from Safety Net's [Online Safety event](#) and information on [Listening to Children and Young People](#). During 2015-16 our website had an average of 70 visitors per day. Our most popular pages contain information on our training and serious case reviews, although the top page visited, aside from our homepage, was a post on the changes to [Working Together 2015](#) which had over 6200 views in that year.

In October 2015 we changed supplier for the [Pan Sussex Child Protection & Safeguarding Procedures](#) website. The new site is easier to navigate, and it gives the three LSCBs across the county access to update this at any time, allowing our procedures to be more responsive and remain more current than was possible under our previous contract.

The Board has made meaningful progress with effective and innovative initiatives to improve the engagement of children, young people and their families and also to increase public understanding of the Board's work. **Ofsted Review**

## Initiatives supported during the year

**Child Safety Week** is run every year by the Child Accident Prevention Trust. To support the 2015 campaign on “Tea Time Terrors” we promoted this in our newsletters for professionals as well as being a main feature in the Summer edition of Safety Rocks.



**Safer Internet Day** took place in February 2015. We shared online safety messages on our website, twitter and newsletters. Board Member Tracey Bowers wrote about the activities undertaken at Herford Junior school to promote internet safety for the Safety Rocks Newsletter, and we also took part in Safety Net's [Online Safety City Event](#). In September 2015 we invited the Safer Internet Centre to hold their E-Safety Live workshops for professionals. These were attended by around 100 practitioners from across agencies, who were provided with an overview of the latest online safety information, from emerging trends and technologies to new resources and sources of support, as well as legal and law enforcement changes.



[Community Works Spring Conference](#) took place in June 2015, and the theme this year was safeguarding. Graham Bartlett spoke at this event and we had a stall with LSCB newsletters and a special [briefing](#) for the community & voluntary sector on the role of the LSCB.

**National Safeguarding Day**, organised by the National Council for Voluntary Youth Services (NCVYS), urge organisations to **stop** what they are doing, **look** at their safeguarding practices and **listen** to young people. The campaign's principles underpin everything we do at Brighton & Hove LSCB, and we encouraged our partners to make the time to focus on safeguarding on this day, 29 February 2016, by pledging to review their safeguarding policy and/or practice, run safeguarding sessions with young people, or offer space on their website for free advice, guidance or signposting on safeguarding.



**Sussex Police CSE Campaign** raised awareness of what CSE is to the public and targeted audiences, so that they would be able to spot the signs of CSE. Communications based on intelligence and extensive customer insight formed the foundations of the communications strategy. All work was developed with support of the Local Children Safeguarding Boards across Sussex. This campaign was rolled out in three phases between January and May 2016.



## Involving Children & Young People

### Learning Together to Safeguard the City

During the Learning Together to Safeguard the City Fortnight we invited young people to participate in two of the learning events.

*Why do Young People choose not to access Mental Health services?* took the format of a Q&A session and young people were invited to put questions to Commissioners and Managers of mental health services in Brighton & Hove. You can read a summary of the discussion [here](#).

*Consent Based work with Adolescents* was a workshop run by the Youth Offending Service, RUOK, and health, with young people. This looked at various issues that face professionals when working with adolescents around whether to share information with a parent, especially when adolescents talk about activities such as shoplifting, the recreational use of alcohol, experimenting with drugs, or becoming sexually active.

### Quality Assurance Activity

To get a full picture of what is really happening, it is important to capture the experience of children and parents/carers, and the experience of frontline staff and managers. It is important to know how parents, carers and children feel treated by the professionals and agencies they interact with.

Staff and frontline managers will often know about the quality and impact of their own services, and those of partner agencies they work with.

It is important to have a constant feedback loop from the frontline to keep senior management and those with governance responsibilities 'reality based'; not just in terms of what is or is not working, but to assist with ideas for improvement so that changes can be made systematically.

Did I treat you with respect?

Did I listen to you and take account of your views?

Did I make a difference to your life in terms of keeping you safe and well?

The most important question that needs to be asked of children, parents and carers is what difference the interventions and services have made to their lives: are things better as a result and in what way?

## Priority Area 3: Service Responses

The LSCB's influence was instrumental in the formation of the Multi-Agency Safeguarding Hub (MASH), the Early Help Hub, and the Threshold Document.

The MASH is a co-located multi-agency team consisting of social work staff, police, and staff from Early Help, Housing, Education, Youth Offending and a Health.

The Early Help Hub is a team of officers from a range of council services. It offers a new route for enquiry and referral, and supports professionals to target, coordinate and provide early help interventions to families that need additional support.

The Threshold Document, produced alongside the launch of MASH and the Early Help Hub, provides guidance for professionals and services users to help them:

- Identify and assess levels of individual need
- Clarify the circumstances in which a child might need referring to the Early Help Hub, the MASH, or another specific agency, to address their individual needs

### Initial Review of early help arrangements

Our year started with an update from the Executive Director of Children's Services providing the Board with an update on the first three months of the Early Help Hub and Multi-agency Safeguarding Hub. The initial review was an early test of the impact and effectiveness of both the MASH and the EHH. This provided a close view on how the two systems were operating together to ensure referrals are made correctly, and looked at how cases are passed between the two hubs to provide an appropriate & proportionate response. You can read the findings of this initial review [here](#)

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### Performance Data

Working Together 2015 specifically outlines a responsibility for LSCBs to 'use data' to 'assess the effectiveness of the help being provided to children and families, including early help'. With this in mind, the Board has been routinely presented with progress reports on MASH and Early Help. Alongside the quality assurance activity mentioned above there was a thematic look at an Early Help dataset to support the Boards understanding of the story behind statistics.

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### Early Help Conference: How well we are doing and how do we move forward together?

An Early Help Conference was held in December 2015. This was an opportunity to assess how well the system was working and how the LSCB and LA are demonstrably 'dedicated to early help'. It considered if the city's early help systems are understood and used consistently by all agencies working with children, young people and their families. At the end of the session ideas for how to move forward as a city were discussed and agreed. This has remained a key area of continued focus for the LSCB over the year and beyond.

## Referrals & Thresholds: Multi-Agency Audit of Early Help

An extensive multi-agency audit of early help comprised three elements:

- analysis of early help data set
- shallow dive of cases referred to the Early Help engagement team
- multi-agency audit of 10 cases, involving ten agencies

This was to support the Board to build a better understanding of the effectiveness of early help assessments and interventions to ensure that children and young people with additional needs receive timely responses and that emerging difficulties are addressed at an early stage.

The shallow dive looked at 114 cases that had been referred to the MASH and subsequently passed on to the Early Help Hub Engagement Team (EHHET).

The auditors concluded that 58% could have been made directly to the EHHET, so recommendations will be made to the LSCB in June 2016 in order to facilitate fewer contacts to the MASH.

The audit also found that the EHHET was mainly working at the right level with vulnerable children or those with high to complex needs.

It also concluded that the practice of the EHHET was at least 'good' in 57% cases in the shallow dive.

The in depth multi-agency audit focused primarily on adolescents and found many positives:

- strong multi-agency working
- very child focused practice, with evidence that the voice of the young person has informed the work undertaken
- for the majority of children and families, their outcomes have improved as a result of multi-agency early help
- in the majority of cases, there is regular case supervision and management oversight of the case

Key areas for development:

- addressing confusion reported by parents about who is doing what and which service is involved
- ensuring that the nominated lead professional is fulfilling their role

In this audit, seven parents provided detailed feedback to a student social worker. Overall, they found the team around the family approach helpful. Two expressed frustration at services no longer being available: a youth worker and a youth crime prevention officer.



## Priority Area 4: Accountability

### Annual LSCB Performance & Effectiveness Survey

In 2015 the LSCB undertook its annual performance and effectiveness survey to gauge how members rate the efficacy of the Board.

#### Chairing Arrangements & Board Structure

- Two notable areas of improvement from last year's survey included a clearer definition of the purpose of the LSCB, and more robust reviewing of progress against the work plan.
- 70% Strongly Agreed & 30% Agreed that the Chair provides decisive leadership & keeps the partnership focused on key tasks
- 60% Strongly Agree, 30% Agree & 10% Neither Agree nor Disagree, that the LSCB has a clear set of strategic aims and objectives in relation to safeguarding.

#### Membership & Representation

- Last time just under half of respondents said the LSCB subcommittee membership was stable & active with good partner representation. This year 100% either strongly agreed or agreed with the statement.
- A new question was added this year asking if all Board Members & Advisors pay due respect to confidentiality & data protection with regards to Board business. 80% either strongly agreed or agreed, 10% neither agree nor disagreed & 10% didn't know.

#### Roles & Responsibilities

- Last time 59% agreed there were clear lines between the LSCB business & professional practice, 80% now strongly agree or agree with the statement.
- 70% either Strongly Agree or Agree, 20% Neither Agree nor Disagree, & 10% Don't Know if frontline professionals have a clear understanding of roles & responsibilities for safeguarding
- 90% either Strongly Agree or Agree, & 10% Neither Agree nor Disagree, that Board decisions are clearly understood in terms of what will be done, by whom & by when.

#### Infrastructure to Support the Operation of the LSCB

- Last time 88% of respondents reported that the LSCB business support team responded to queries efficiently and appropriately. This year this increased to 100%.
- 80% Strongly Agree or Agree, & 20% Don't Know, if there is sufficient business support for the LSCB to function effectively
- 100% Strongly Agree or Agree that reports provided to the Board are well written with clear recommendations for action.

### Subcommittees

All Terms of Reference have been reviewed, and membership and representation changes have been made as appropriate, to ensure that our subcommittees continue to be diverse, stable and active. Lay members have continued as standing members of the Monitoring & Evaluation subcommittee, Case Review subcommittee, Learning & Development subcommittee and the Participation & Engagement subcommittee

## Our Activity: Learning & Development

The multi-agency annual training programme ensures training content is carefully designed to deliver specialist courses that complement learning priorities in Business Plan and the Learning & Improvement Framework **Ofsted Review, 2015**

Working together 2015 states that an LSCB “has a responsibility to develop policies and procedures in relation to the 'training of persons who work with children or in services affecting the safety and welfare of children...to monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children'.

### Learning & Development Subcommittee

The last twelve months have been busy, the Learning & Development subcommittee have continued to monitor and evaluate training delivery, in line with the LSCB Learning & Development Strategy, reporting to the main LSCB regularly on progress and developments within the multi-agency training programme. Attendance at the subcommittee has maintained a good representation from the majority of Board partner’s agencies. The group has also benefited from the attendance of a Lay Member. A new Learning & Development Officer, who has significantly progressed all training work streams, has been in post since October 2015.

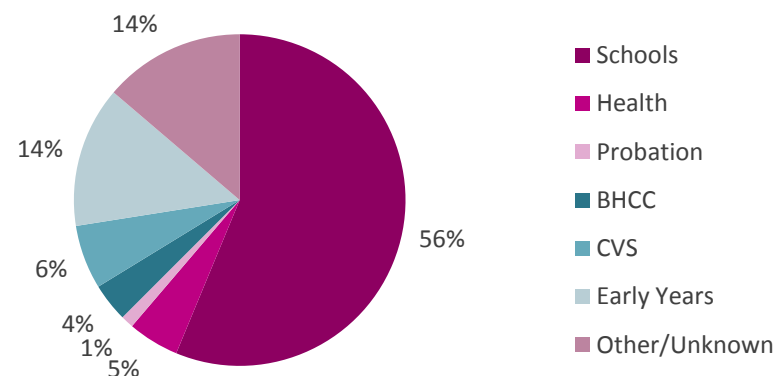
### Multi-Agency Training Attendance

Between 31 March 2015 and 1s April 2016 the LSCB multi- agency training was attended by 421 practitioners. There were 81 who attended the core training courses and another 399 who attended the more specialised courses.

Core Child Protection Courses	No of courses	Attendance
Developing a Core Understanding	1	24
Assessment, Referral and Investigation	1	33
Child Protection Conferences and Core Groups	1	24
<b>Total</b>	<b>3</b>	<b>81</b>

It should be noted that there was a limited training programme being presented due to a vacancy, which was advertised in May 2015 with the new Learning & Development Officer taking up post in the autumn. Core training is now being presented on a continuous cycle of six sessions per year.

### Attendance by agency at core Training 2015-16



Specialist Child Protection Courses	No of courses	Attendance
Domestic Abuse & Violence	8	91
Child Sexual Exploitation: Prevention and Disruption (Day 1)	2	44
Child Sexual Exploitation: Working with Young People at Risk (Day 2)	3	70
MAPPA – Multi Agency Public Protection Arrangements	2	28
Safeguarding Children with Disabilities	1	18
Neglect Training	2	44
Children & Young People who Display Harmful Sexual Behaviours	1	28
Serious Case Review Briefings – Baby Liam	3	76
<b>Total</b>	<b>22</b>	<b>399</b>

There have been various courses run since the beginning of the 2016-17 training cycle which have been well attended. The figures for these will be reflected in next year's report.

A priority over the past year has been to focus on the three core safeguarding training days. These have been reviewed, re-written where needed and added to, so that they are more interactive and reinforce the voice of the service user, by including them in person or via recorded interviews.

A specialised course concentrating on 'Hidden children' has been progressing over the year. This looks at safeguarding children and young people who are privately fostered, home educated, or from travelling families, as well as looking at the issues relating to immigration and migrant families. The four subjects made a full days training which was well received on its first presentation.

The new Learning & Development Officer has been able to re-establish and build a network of contacts within the partner agencies. This has benefitted both the LSCB and those other agencies, as we have been able to create and deliver a safeguarding awareness package to a larger number of staff, in particular to those who do not necessarily need to attend the three day core training, but do have a need to have a good level of awareness of the multi-agency safeguarding processes. This has led to those agencies providing their specialist knowledge into the LSCB delivery, with consideration being given to working with our neighbouring LSCB colleagues to deliver some training on a joint level.

This year the LSCB commissioned the delivery of an external "Train the Trainers" course. This was taken up by eleven staff, who all obtained their qualification. This enables the LSCB to provide the varied programme required and also means that the training pool is equipped to a consistent and recognised level of training skills. The LSCB training pool has increased in number to 36 practitioners & manager, all from agencies spanning the LSCB Partnership. The appointment of the LSCB Learning & Development Officer has meant that the support available for the trainers within the LSCB pool has been re-established.

Learning points from the Baby Liam Serious Case Review, and other national SCRs, have been assessed and incorporated into the training material where appropriate. We held three lunchtime seminars to share the learning from the Baby Liam SCR, which were well attended and received, and participants fed back that it was particularly beneficial to have these sessions facilitated by those involved in the Review.

The programme has been, and continues to be, expanded with important additions to progress the LSCB Business Plan or as a result of learning from case reviews including developing a session to raise awareness of child sexual abuse, and a full day training on Enabling & Supporting Compliance: Working with Disguised Compliance & Forceful Counter Argument in Safeguarding. This year we are also working with partners to revise and update our training on the impact of parental substance misuse, working with parents who have a learning disability, and working with families where mental health is an issue.

For more information on our training please visit [www.brightonandhovelscb.org.uk/events](http://www.brightonandhovelscb.org.uk/events)

# Learning Together to Safeguard the City

Thursday 26<sup>th</sup> November – Thursday 10<sup>th</sup> December 2015



**Safe in the city**  
Brighton & Hove Community Safety Partnership



The **Learning Together to Safeguard the City** series of learning events were run over a period of two weeks beginning on the 26 November 2015, and culminated at the finale event on the 10 December 2015. It was delivered in partnership between the Safeguarding Adults Board, the Local Safeguarding Children Board and the Safe in the City Partnership Board, as well as Brighton & Hove City Council, other statutory partners including Sussex Police and Health, and charities and community groups. It brought together work around Safeguarding Children, Safeguarding Vulnerable Adults, and the wider campaign around the 16 Days of Action against Domestic and Sexual Violence alongside other forms of Violence against Women and Girls. In total 643 people registered to attend an event, which included:

- **Why do Young People choose not to access Mental Health services**
- **LGBT Domestic Abuse, increasing awareness & Understanding**
- **Safe at Home: The role of Housing Providers in Supporting Domestic Abuse**
- **Children & young People who display Harmful Sexual Behaviours**
- **Introduction to Sussex Police SIU**
- **An Introduction to Modern Slavery**
- **The Children's SARC: How we can help**
- **Male Rape Matters**
- **Learning from Domestic Homicide Reviews**
- **LSCB Learning reviews – implications for practice**
- **Violence Against Women and Girls in the BME Community**
- **WRAP: Workshop to raise awareness of Prevent**
- **Consent Based work with adolescents and their families**
- **Historic Allegations**
- **Vulnerable Migrants**
- **MASH: current referral process**
- **Q & A with Brighton's Caldicott Guardians**
- **Working together with Parents with a Learning Disability**



I think that it [fortnight] covered everything that I needed at the time and hope that something like this runs every year

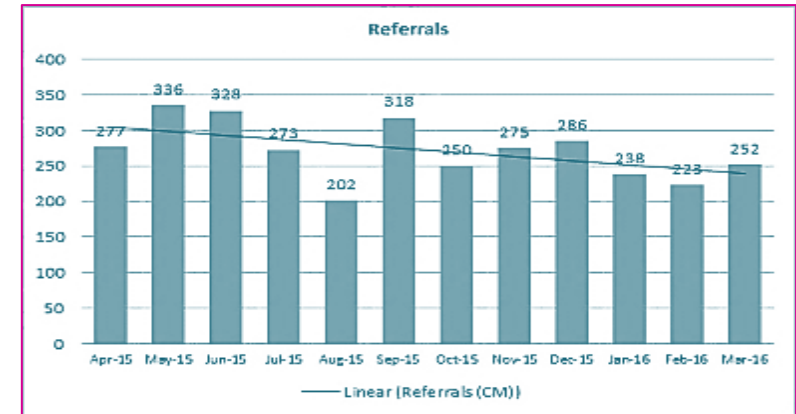
You can view the presentations from the fortnight [here](#) or read our [Everybody's Responsibility Blogs](#) where key people from across the partnership wrote about what safeguarding means to them

## Our Activity: Performance Data

### Referrals

There were **3,249 referrals** during the year ending 31st March 2016, a **significant decrease** from 7,283 during the year ending 31st March 2015

27.4% of referrals were from the Police (26.4% nationally), 18.5% were from schools (15.4% nationally), and 16.5% were from Health Services (14.9% nationally).



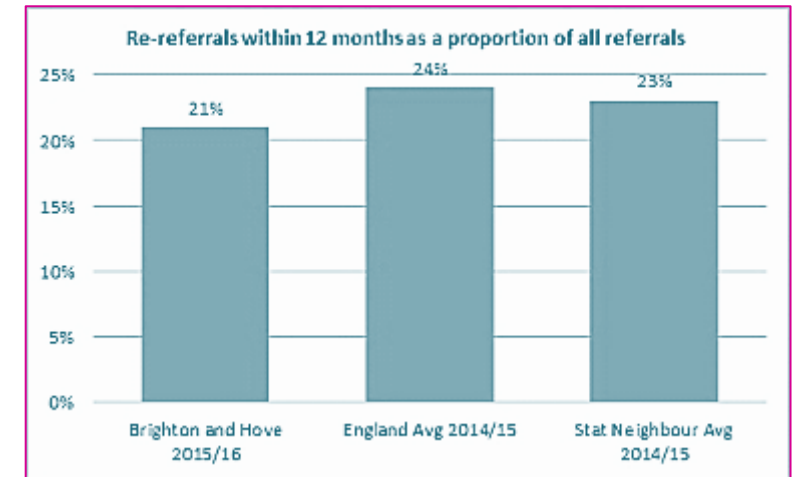
### Re-referrals

The **re-referral** rate was **21%** for the year ending 31st March 2016, down from 32% last year. This is below the 2014/15 national average (24%) and statistical neighbour average (23%).

, On average 30% of referrals received by the MASH every month are re-directed to the Early Help Hub for support, although indications are that this figure is now decreasing. On average 30% of referrals received by the MASH move through to Social Work assessment, and this figure remains consistent.

This indicator has been affected by the change in definition of a referral to bring our reporting in line with other Local Authorities who have MASH's, and to avoid double counting. This was discussed at length at a Board meeting before being accepted as a new approach.

Brighton & Hove has a statistically high referral rate and this has increased over the past year with more recent signs of declining.



The high level of referrals should be considered in light of where the city lies in relation to deprivation, ranked 66th out of 324 local authorities in England. There are marked differences in levels of deprivation between Brighton & Hove and the rest of the South East.

It is recognised that the overall increase in referrals to Children's Social Work is a picture that has been echoed nationally.

- A number of factors are considered to be contributing to the increased demand upon the service, namely the impact of benefit reforms, the withdrawal of legal aid in respect of contact dispute and mediation, and increased awareness of Child Sexual Exploitation and potential radicalisation of young people for example.
- The impact of the Early Help Hub on reducing need and therefore re-referrals to the MASH in the longer term is currently under review with the LSCB.

## Single Assessments

Of the **2,868 single assessments** completed during the year ending 31 March 2016, 1,400 (**49%**) were completed within 45 working days, down from 53% last year and below the 2014/15 national average of 81.5% and statistical neighbour average of 82.1%.

The average duration for a Single Assessment completed in December has decreased from 62.2 working days in April 2015 to 42.9 working days in March 2016

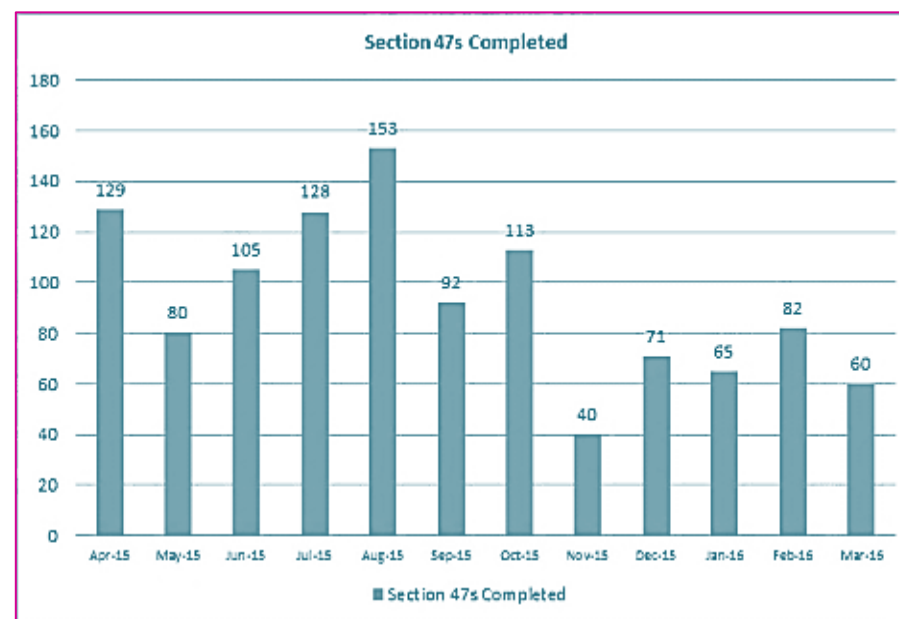
The high referral rate to MASH in Spring 2015 resulted in a high conversion rate to assessment as increased levels of need were identified.

The high level of single assessments resulted in a proportion of the single assessments being delayed as the level of higher risk cases increased. This was reflected in increasing numbers of children becoming subject to Child Protection Plans in the same period.

In October 2015 the Social Work service reconfigured into 16 Pods who are now responsible for overseeing a safeguarding response from start to finish. There are early signs that this system change has contributed to improved service delivery in terms of the timeliness of completed Single Assessments. The overall percentage of those assessments completed within 45 days is anticipated to increase further.

## Section 47 Enquiries

- There were **1,118 section 47s** completed during the year ending 31 March 2016 compared to 832 during the previous 12 months.
- Of the section 47s completed in the last 12 months, 461 (**41.2%**) had an outcome of **No Further Action**.
- On average 44% of s.47's end in No Further Action within the South East benchmarking region. This suggests that Brighton & Hove are broadly in line with other Local Authorities in terms of conversion rates of s.47's to Conference. Brighton & Hove continues to initiate a high number of s.47 enquiries - this is believed to correlate with increasing numbers of children being made subject to child protection plans over the last year.
- With the introduction of the Social Work Pod system in October 2015 there are a number of new Social Work Managers overseeing s.47 enquiries and there is a need to ensure that thresholds are consistently applied across the management group.



## Child in Need

As at 31 March 2016 there were 2,039 cases open to Children's Social Work. This represents **4%** of the 0-17 population. Nationally, 3.4% of the 0-17 population were a Child In Need as at 31 March 2016.

## Child Protection Plans

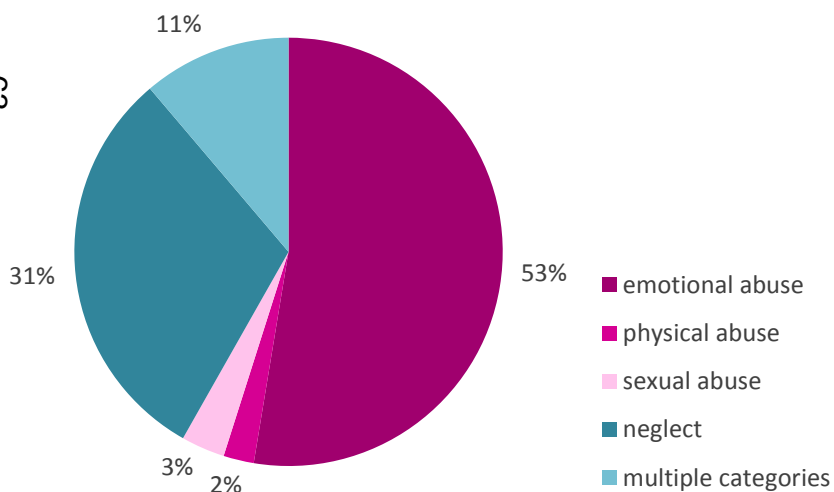
There were **392** children subject of a Child Protection Plan at 31 March 2016, up from 309 last year. This represents **0.77%** of the 0-17 population.

Nationally, 0.43% of the 0-17 population were subject of a Child Protection Plan as at 31 March 2015.

**One in four** children (25.7 per cent) who were subject of a Child Protection Plan in March 2016 **were not White UK/British**. 21% of children aged under 18 in Brighton and Hove were not White British at the time of the 2011 census.

Age of child on CP plan	Brighton & Hove	National Average
Unborn	2.8%	2.1%
Under 1	12.7%	10.5%
1-4 years	24.2%	28.5%
5-9 years	28.8%	29.7%
10-15 years	29.5%	26.1%
16 & over	2%	3.1%

## Children subject to a Child Protection Plan at March 2016 by category of abuse



2.6% of children subject of a child protection plan had a category of **emotional abuse**, up from 49.8% at March 2015 and above the national average of 36.3%. The increase of children within this category is likely to be representative of the prevalence of domestic abuse as an underlying cause, which is a reoccurring theme in the cases where children become subject to a child protection plan for a second or subsequent time

30.6% had a category of **neglect**, below the national average of 44.5%.

The percentage of children with **multiple categories** has fallen from 12.9% at March 2015 to 11.2% March 2016, but remains above the national average.

Whilst the overall rate of children subject to a child protection plan remains high, there continues to be a gradual decrease in the numbers of children becoming the subject of a child protection plan, combined with an increase in plans coming to an end. It would be hoped that any reduction in numbers of children would be a gradual process, as large differences would lead to concerns over changes in thresholds. The decrease does coincide with the restructure of the social work teams, so potentially this could be an indicator that the new model of practice is showing an impact on evaluation and management of risk.

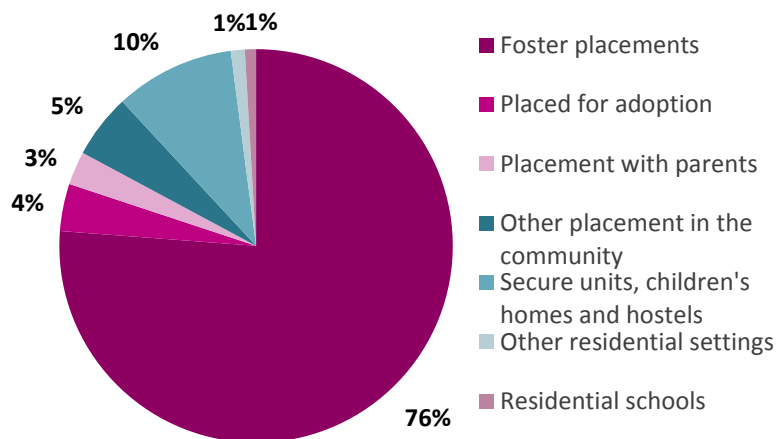
Ongoing audit activity indicates that thresholds for considering this cohort of children to be at risk of/suffering actual harm, are appropriate.

## Children in Care

At 31 March 2016 there were **437** children looked after by the Local Authority., including 34 Unaccompanied Asylum Seeking Children. The number of children looked after, excluding UASC, has fallen from 462 in March 2015 to 403 in March 2016.

The number of children looked after represents **0.86%** of the 0-17 population compared to 0.6% nationally.

## Children in Care by Placement Type



A number of children continue to live outside the geographical boundaries of Brighton & Hove, (some for reasons of safety or to remain in the care of relatives/existing carers), and work continues to take place with providers to increase local placement options particularly in relation to residential care for children with specific/complex needs. 56.5% of children are placed outside of Brighton & Hove, including the 12.1% of children placed more than 20 miles and 5.3% placed outside of Sussex.

The percentage of looked after children placed within 20 miles of their home address has increased from 79% at March 2015 to 82% at March 2016.

In the year ending 31 March 2016 there were **39** children **adopted** and **41** children **ceasing to be looked after** through becoming subject of a special guardianship order (SGO). **A total of 230 children ceased to be looked after.**

The age breakdown reflects an increase in the cohort aged 10 to 15 and over 16, reflecting national and local concerns about older children at risk of family breakdown due to issues such as risk of child sexual exploitation, missing episodes, substance misuse and youth offending.

A further pressure is the ongoing increase in Unaccompanied Asylum Seeking Children. This rose from 9 at 31 March 2015 to 34 at 31 March 2016. This is the highest number of UASC's that have been the responsibility of Brighton & Hove since 2008 reflecting the growing number fleeing war and persecution. It is likely in the current political climate the numbers of UASC are likely to continue to grow.

Children's Services Care Planning Panel is chaired by the Assistant Director and continues to oversee any admissions of children/young people into the care system, and continues to provide vigorous challenge to ensure that all other alternatives, including placement with family members with support packages, have been explored before agreeing to a child/young person becoming looked after

A business case for the development of this Adolescent Service is being progressed to further develop the work of the Adolescents Pod. A clear focus of this service is to use resources creatively within a multi-agency framework to ensure that there are robust intervention packages to prevent the need for children to become looked after



## Our Activity: Private Fostering

### Arrangements to Raise Awareness about Private Fostering

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18, if disabled), by someone other than a parent or close relative, in their own home, with the intention that it should last for 28 days or more.

Given concerns about the level of 'hidden' private fostering, local authorities are required to raise public awareness of the requirement to notify the local authority of private fostering arrangements and therefore to reduce the number of 'unknown' private fostering arrangements.

In 2015-16 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public as follows:

- The Private Fostering Poster and flyer has been updated and circulated widely
- Information about Private Fostering was shared with professionals and members of the public via social media as part of Private Fostering Awareness Week (6-10 July 2015)
- A briefing to GPs about Private Fostering was issued via the CCG as part of the awareness week
- An article about Private Fostering was sent to School Governors
- Information about Private Fostering has again been included in the school admissions booklets
- Awareness about Private Fostering continues to be raised with schools via the Education Safeguarding Officer and questions about private fostering have been added in readiness for the next school safeguarding audit..
- The BHCC Private Fostering webpage was refreshed in June 2015
- Training about Private Fostering was refreshed and will be delivered by the PF Monitor and Social Worker as part of a one day LSCB programme called 'Hidden Children & Young People: Working with Invisible Families' commencing June 2016.
- BHCC continue to attend the Private Fostering Special Interest Group organised by CoramBAAF Adoption & Fostering Academy.
- PF Monitor continues to raise awareness about Private Fostering with Guardianship Agencies to ensure that the Local Authority is notified of any under 16 year olds living with host families for more than 28 days

The Brighton & Hove Ofsted Single Inspection Framework took place during 14 April – 8 May 2015. As part of the inspection, a report on children known to the local authority who are currently being privately fostered was submitted, and a sample of cases open to Private Fostering were examined by Inspectors. In addition the Deputy Lead Inspector met with the Private Fostering Monitor and the MASH Team Manager to discuss the cases, performance and other activity. The findings were positive overall and are published in the Ofsted report, June 2015 as follows;

Effective work identifies children living in private fostering arrangements. They and their carers are assessed by social workers to ensure arrangements are safe and needs are identified. This is mainly due to increased awareness of local language schools that arrange for children from abroad to live with local host families under private fostering arrangements. Appropriate support to privately fostered children is in place in almost all cases, although not all children are visited as regularly as they should be.

Private Fostering arrangements during the year	2012-13	2013-14	2014-15	2015-16
	17	34	45	43

### Monitoring Compliance with Duties and Functions

The number of privately fostered children is constantly changing as new arrangements are referred and children move on - sometimes back to their parents - or when they reach 16 years (or 18 years if disabled).

Private Fostering activity has decreased from 45 to 43 in 2015/16.

At the start of the year (1 April 2015) there were 15 children reported as living in private fostering arrangements. During the year, 30 new notifications were received and 28 were confirmed as being private fostering within the definition.

All new notifications received an initial visit, with 93% taking place within 7 working days (regulation 4)<sup>4</sup>. The percentage of cases where visits to children were carried out within the timescales required by Regulation 8 of the Private Fostering legislation (which is at least 6 weekly in the first year) is 83% which is better than the England average of 67% (DfE: 2014-15).

All of these children in the 28 new private fostering arrangements confirmed during 2015-16 were aged 10 to 16. 3 of these children were born in the UK and 25 children were born overseas.

Twenty eight arrangements ended during the year, leaving a total of 15 children in Private Fostering arrangements at 31 March 2016.

Reason why the Arrangement Ended: (Using data fields proposed by Ofsted, Jan 14)	Number
Overseas child returned voluntarily to country of origin	6
Overseas child returned to country of origin via Home Office intervention	0
UK born returned to parents	0
Became 'looked after child'	0
Educational/sporting/vocational opportunity ended	0
Child turned 16 (or 18 if disabled)	13
Moved to another private fosterer	6
Other	3
<b>Total</b>	<b>28</b>

<sup>4</sup> Note: The DfE no longer require the local authority to submit data on Private Fostering visits therefore the last data published on this was for 2014-15. For Reg 4 visits the national average was 80%.

## Our Activity: Management Allegations of Adults Working with Children

The management of allegations should be seen in the wider context of safer employment practices, which has three essential elements:

- Safer recruitment & selection practices
- Safer working practices
- Management of allegations or concerns

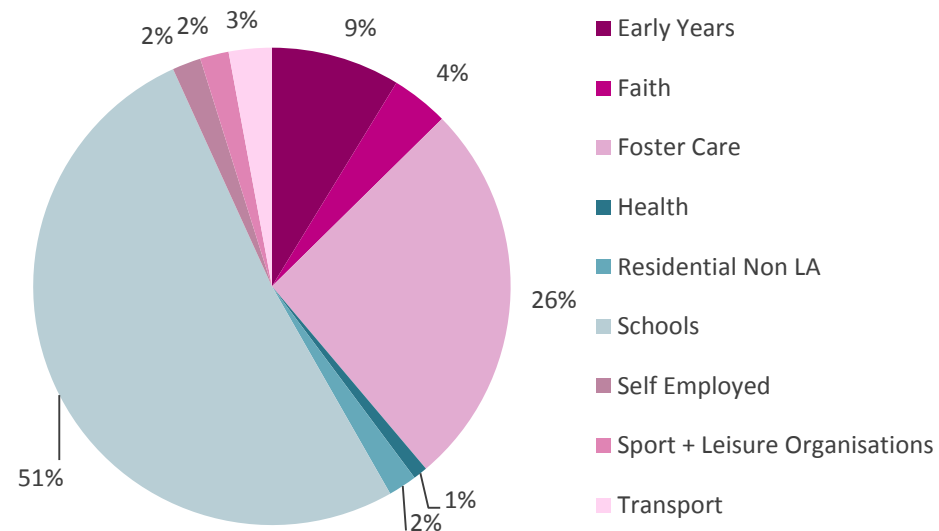
The Local Authority Designated Officer ([LADO](#)) has overall responsibility for the management of allegations of Abuse against Adults who work with Children. The LADO provides advice and guidance, liaises with the Police, Social Care Teams, regulatory bodies such as Ofsted, and other organisations as needed to ensure a fair and thorough process for both child and adult. Their aim is to provide a more consistent and appropriate scrutiny across diverse workforces and voluntary bodies, to contribute to a greater level of safeguarding for children, and natural justice to staff; and to enable appropriate referrals being made for barring decisions, and to build a safer workforce by removing practitioners who are likely to present a risk. The structure of the process was designed to bring independent advice to decision making.

Overall the total number of referrals (including suitability) for 2015-16 is 260. This represents an increase of 21 from last year with a similar increase from the previous year. Referrals to LADO's across the South East Network have continued to rise.

Referrals regarding all schools staff increased from 104 during 2014-15 to 134 in 2015-16. This is made up of 53 'allegations' and 81 'suitability'. This is a decrease in the number of 'allegations' by 8 and an increase of 38 in respect of 'suitability'. The proportion of referrals regarding concerns about school staff professional conduct and suitability suggests schools increasing safeguarding awareness and appropriately referring and seeking advice and guidance from the LADO when concerns about individuals arise.

A more worrying trend is the lack of referrals regarding Voluntary Organisations. There is only one regarding the 'suitability' of an individual due to a criminal investigation in their private life that was unsubstantiated. Since the LADO first reported to the LSCB in 2012, the referrals involving Voluntary Organisations has steadily declined from 13% in 2012, 7% in 2013, 4.5% in 2014 to 2.9% in 2015. This appears disproportionate to the increase in safeguarding referrals across all other agencies in the city. While the LADO continues to attend the EYS Network Meetings across the city and has input into Headteacher and Designated Safeguarding Leads training, the same cannot be said for voluntary organisations and suggests the LADO needs to raise the profile within this sector.

Allegations by sector 2015-16



### Physical Restraint

The DfE issued non statutory guidance on 23 August 2011 on the *Use of Reasonable Force: Advice For Head Teachers, Staff And Governing Bodies and Search, Screening and Confiscation*. The key points in the guidance are that staff have a legal power to search pupils or their possessions without consent (prohibited items) and to use force; that lawful use of this power will provide a defence in any related criminal or legal action; and that suspension should not be an automatic response when accused of using excessive force.

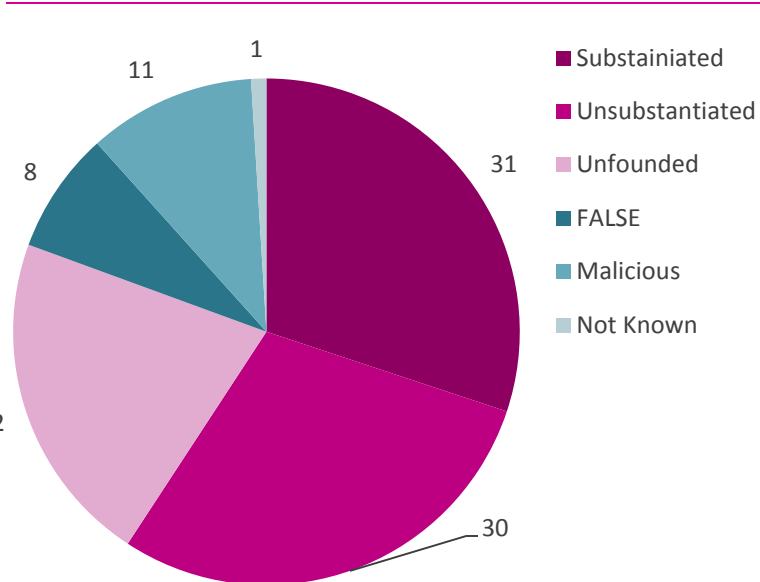
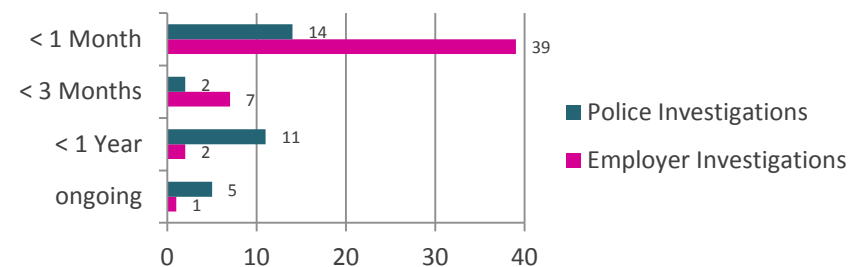
Allegations against teaching staff involving the use of restraint saw a significant increase and indicated a worrying trend in the previous year, so it is reassuring that referrals regarding the use of restraint this year have significantly decreased by 50% from a total of 30 in 2014-15. This is reflected in the combined maintained schools total, for both teaching & non-teaching staff, for this year reducing from 23 to 11. Of these cases 8 involved specialist SEN provision, and all but one were deemed malicious, unfounded or unsubstantiated. The substantiated case led to disciplinary procedures and the employer ceasing to use the employee's services, evidencing a robust stance regarding professional misconduct with regard to safeguarding.



### Timescales – At Point of Conclusion

The start date for counting will be the date the allegation was referred to the LADO, Children's Social Work Service or the Police. The conclusion date is the point at which there is no further action to be taken by the employer, Children's Social Work Service, the Police or Courts regarding the allegation.

There were 49 internal investigations by the employer; and 32 Police investigations. There are 5 ongoing police cases ranging from June '15 to March '16; 4 of these cases are with the Crown Prosecution Service awaiting a charging decision. CPS turnaround is currently around 12 weeks. The LADO has concern that those police cases taking more than 3 months to complete has risen from last year.



### Allegation Outcomes

The significant proportion of substantiated, unsubstantiated and unfounded allegations, vs false and malicious, indicate that referrals to the LADO continue to be made appropriately.

The actions taken by Early Years, Schools and Foster Carer organisations reflect these as being the three highest employer sectors involving regulated activity with children. This is equally reflected in the relative numbers of referrals made to the DBS and Ofsted. The LADO believes they have strong relationships with these organisations and a close working relationship with the Education Safeguarding Officer. This work reflects the significance of LADO advice involving the wider issues of safer recruitment, and practice guidance, offered to employers and evidence in the LADO quality assurance survey.

Of the 45 individuals 'suspended', only 8 of these were in response to allegations, the remainder involved disciplinary procedures. Of these 8 suspended individuals, 3 were reinstated, 1 resigned, 2 ceased to use their services, 1 dismissed, and 1 case is ongoing.

There has been only 3 instances of a pupil exclusion regarding an allegation against staff deemed to be either 'False' or 'Malicious' in a maintained school. These figures remain very low.

**Substantiated:** allegation is supported or established by identifiable evidence or proof  
**Unsubstantiated:** not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation.  
**Unfounded:** no evidence or proper basis which supports the allegation being made. This might indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw, or were not aware of all the circumstances.  
**False:** a false allegation may be made by a pupil following an altercation with a teacher or a parent who is in dispute with a school. However there is sufficient evidence to disprove the allegation  
**Malicious:** clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

## Our activity: Child Death Overview Panel (CDOP)

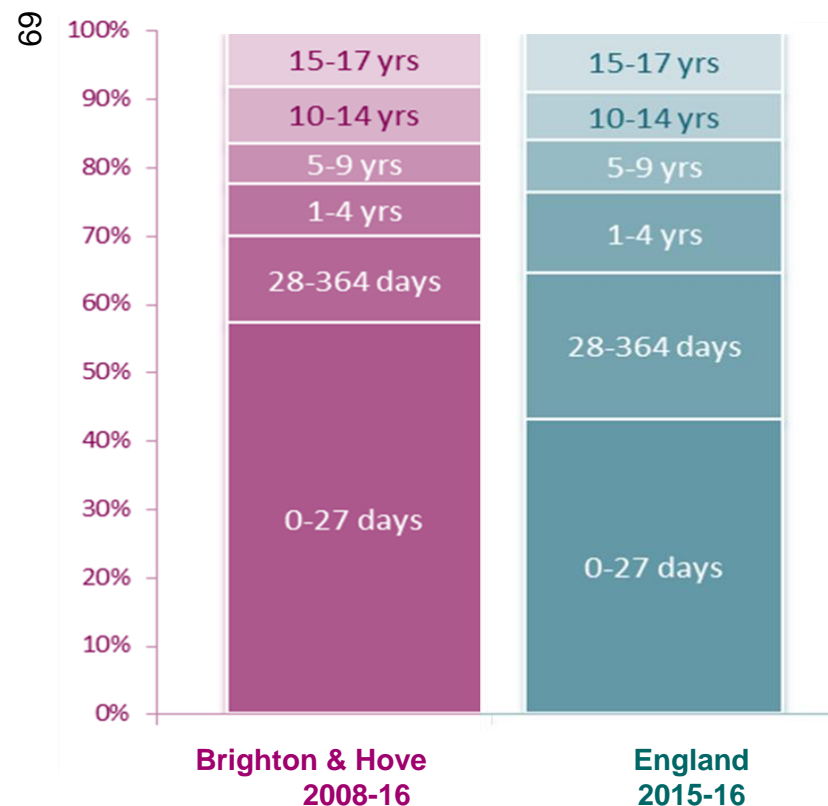
The Child Death Overview Panel (CDOP) is the inter-agency forum that meets every two months to review the deaths of all children normally resident in Brighton & Hove. The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are identified modifiable factors which may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. If this is this case the Panel must decide what, if any, actions could be taken to prevent such deaths in future.

Between April 2015 and March 2016 the CDOP was notified of **15 deaths** of children who were resident in Brighton & Hove which is an decrease in numbers of deaths since last year.

The CDOP met 5 times during 2015-16 to discuss child deaths in Brighton & Hove and a further 2 times for the neonatal panels. The CDOP has reviewed 17 cases from Brighton & Hove during 2015/16. There will always be a delay between the date of a child's death and the CDOP review being held. Of the reviews completed in 2015/16, 9 (53%) were completed within six months.

All deaths notified to CDOP from 1 April 2008 to 31 March 2016	
01/04/2008 - 31/03/2009	16
01/04/2009 - 31/03/2010	20
01/04/2010 - 31/03/2011	11
01/04/2011 - 31/03/2012	21
01/04/2012 - 31/03/2013	18
01/04/2013 - 31/03/2014	16
01/04/2014 - 31/03/2015	16
01/04/2015 - 31/03/2016	15
<b>Total</b>	<b>133</b>

### Age profile of deaths notified to CDOP



Over the 8-year period April 2008 – March 2016 CDOP were notified of 133 deaths. On average, 17 deaths per year are notified to CDOP for Brighton & Hove. During this time around 3 in 5 deaths (57%) notified for Brighton and Hove were for babies aged under 28 days compared to 2 in 5 (41%) for East Sussex, which is similar to England (43%). Brighton & Hove had a significantly lower rate of deaths in babies aged 28-364 days, compared to the 2015/16 England rate however there is no statistical difference when the confidence interval is taken into account. There are no significant differences in the rates of deaths for the other age groups

### Local Developments, Challenges and Achievements

The CDOP set itself a number of challenges with regards to improving its functioning. These included improving data collection regarding ethnicity for the CDOP process and developing the CDOP database to ensure that data could be extracted easily to inform the annual report and other learning. Both of these have been put in motion and recording of ethnicity in the last annual DfE data return was significantly improved. The data base has been adapted and it will make it easier in the future to provide more detailed data reports.

Collating learning on deaths resulting from self-harm and suicide across Brighton & Hove and East Sussex to inform future preventative work. This is being taken forward by Public Health via the existing Suicide Prevention Group(s) for each LSCB.

### CDOP Recommendations to Brighton & Hove LSCB 2015-16

There were no recommendations made to the LSCB regarding the need for a serious case review. The following recommendations were made regarding matters of concern about the safety and welfare of children, and wider public health concerns:

- The LSCB asks agencies to review the guidance that is given to parents and young people about ensuring personal safety if taking drugs or alcohol. In particular, whether the risks of physical harm are identified and whether advice is given about ensuring that a friend who has not taken drugs is present and can provide support. This review to include looking at the guidance on "talk to Frank".
- The LSCB should ask BSUHT and the CCG (NHS England) to consider how to share the learning from this case about how to improve communication between agencies around end of life care planning for children with life limiting conditions where there is a Do Not Attempt Resuscitation (DNAR) agreement in place.

### Progress on Recommendations from 2014-15

The LSCB were asked to seek re-assurance from Brighton & Sussex University Hospital Trust (BSUH) that their services were operating in accordance with NICE guidance on Feverish Illness in Children (2013) and that this is being monitored. The LSCB has since been assured, via the Brighton & Hove Clinical Commissioning Group and NHS England Area Team, that BSUH are operating in accordance with the NICE guidelines and that all staff have been reminded of the importance of listening to parents when they report that their children are acutely unwell and are encouraged to bring the child back for further assessment if the child's health does not improve or deteriorates.

There LSCB were recommended to request regular updates from the Brighton & Hove Clinical Commissioning Group on the implementation of the Action Plan relating to communication difficulties between community services, local hospital and tertiary centre until all the recommendations are achieved. The CCG has raised this matter via NHS England and through the designated network. Health providers have also been asked to alert the CCG to any new cases where communication is an issue, and as far as is known, there have been no new cases in the last 18 months.

### National Developments

The DfE published the Wood Review of the Role and Functions of Local Safeguarding Children Boards, together with the government's response on 26 May 2016. The review found that the gathering and analysis of data on child deaths is incomplete and inconsistent, leading to a gap in knowledge. It suggests that child deaths need to be reviewed over a population size that gives a sufficient number of deaths to be analysed for patterns, themes and trends of death. It suggests greater regionalisation with consideration being given to establishing a national-regional model for CDOPs. The Government says that evidence suggests that over 80% of child deaths have medical or public health causation and that only 4% of child deaths relate to safeguarding. Therefore, it intends to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the focus on distilling and embedding learning is maintained within the necessary child protection agencies.

## Violence against Women and Girls Forum (VAWG)

The VAWG Forum aims to raise awareness of VAWG crime types and enable practitioners to stay up to date with local, regional and national policies that impact on the sector. Its role includes:

- **Networking** - providing mutual support and encouragement and developing a strong and effective partnership;
- **Sharing** effective practice and good news stories;
- **Working together** to overcome barriers to local delivery;
- Keeping up to date with, and helping to **inform**, Brighton & Hove, Sussex and national policy in relation to VAWG and related themes
- Providing strategy **advice, feedback** and **support** to the VAWG Programme Board, as well as influencing and lobbying for VAWG and wider policy developments.

The Forum's role in relation to the LSCB is to ensure that domestic violence and abuse, rape, sexual violence & abuse and harmful practices remain a priority. This includes:

- Contributing to the development & evaluation of safeguarding children policies, procedures & practices
- Promoting greater awareness of the impact of violence and abuse issues, developments and services, and disseminating information, policies and procedures to LSCB members
- Participating in LSCB meetings & development days, and supporting other LSCB activities and committees
- Identifying gaps in service provision and training needs for members of both forums
- Promoting effective communication between the LSCB and members of the Forum
- The VAWG Forum Chair also attends the Safeguarding Adults Board providing a link between adult and child safeguarding issues and these forms of violence and abuse.

### What difference has the VAWG Forum / Members made to Safeguarding Children?

- Ensured that the safety of children and young people is recognised.
- Provided specialist support to children and young people affected by VAWG.
- Raised awareness of 'The Portal' Service ([www.theportal.org.uk](http://www.theportal.org.uk)) and how people can access support
- Raised awareness of services providing support to specific communities, such as survivors from BME communities or those who identify as LGB or T, boys and men.
- Raised awareness of services providing support to perpetrators of domestic violence.
- Raised awareness of preventative / early help interventions
- Provided an opportunity for professionals and survivors to have their say as to what is required to make Brighton & Hove a fair city in their support of women and children affected by violence and abuse
- Provided a forum for information sharing and sharing of good practice for professionals.

### Domestic violence and abuse

It is estimated that 7,639 women and girls aged 16-59, and 3,868 men and boys experienced domestic violence and abuse in the last year in our city

In making these estimates, it is important to note that while both women and men experience incidents of inter-personal violence, women are considerably more likely to experience repeated and severe forms of violence.

Of the 449 cases heard at the Multi-Agency Risk Assessment Conference (MARAC) in the year, there were 431 children associated with these cases.

Domestic abuse is a factor in second or subsequent episodes of being on a Child Protection Plan.

Locally, in July 2016, of 385 children subject of a child protection plan, 45% had parental domestic violence recorded as a factor.

A report produced for the LSCB noted that there have been 109 children in the last year who have become subject of a child protection plan for the second and subsequent time, with 25 going back on plans in less than a year. A high percentage of these were where the mothers had reported ending an abusive relationship who then resumed the relation with their abuser.

# Brighton & Hove City Council: Families, Children & Learning

## What have we done

In October 2015 a **relationship-based model of practice** was introduced and a Team Around the Relationship structure developed, which places the social worker's relationship with a family at the heart of a network of relationships supporting reflective practice. Children's social work services were redesigned into small teams, or pods, to support families from their first assessment and to provide a consistent service for the duration of the child's social work journey. This included the development of a specialist adolescent pod working with complex adolescents at risk of CSE or coming into care.

In February 2016, the interface between **Early Help and MASH** was reviewed and a new IT system has been commissioned that will enable progress of cases to be tracked and monitored and allow for more effective and responsive commissioning arrangements within Early Help. This will be online from September 2016.

In August 2015, the Children's Social Work Quality assurance Framework (QAF) was revised. Social workers are now required to quality assure their own case work in order to learn; critically analyse their own practice; and identify solutions. Other revisions to the QAF include new audit tools which focus on the child's journey (which is in line with the approach used by Ofsted) and improved systems for ensuring that intelligence from quality assurance activity informs learning & development.

There has been joint working between YOS, social work pods and police to stop young people arrested being **held in the cells** overnight.

A lot of work has been undertaken at our residential home for **children with disabilities** including mandatory Internet Safeguarding training, Radicalisation e-learning (Ofsted have praised resulting good practice), and their safeguarding policies have recently all been refreshed.

**Schools** are actively engaged in completing the annual safeguarding audit: This has been updated to include greater focus on Child Sexual Exploitation, Domestic Abuse, Female Genital Mutilation, The Prevent Duty, Private Fostering Arrangements and Self Harm. Information on safeguarding is shared well across our partnerships including, for schools in particular, through the Behaviour and Attendance Partnership and the Designated Safeguarding Leads Network.

Children Missing in Education are monitored through the CME Panel, which provides oversight and advice to relevant agencies to improve school attendance of individual children.

Investigations and deep dives have been completed at a number of individual schools in response to Ofsted or parental concerns around safeguarding.

The Educational Psychology Services and the Community CAMHs team have been working closely on a number of areas including a **CAMHs pilot in Secondary Schools**, leadership on various operational and strategic groups in the city e.g Early Help and Management of Risk and Multi-Agency Planning (Youth Offending Service), plus support to the Virtual School re emotional health and well-being

The Educational Psychology Service has been active in delivering Attachment aware training, attending Complex Case Panels with CCG. There has been enhanced joint working between the EPS and SEN around in Agency Placements.

Home visits to children who are **Electively Home Educated** are conducted within timescales: Checks with other agencies, including MASH where necessary, are included within these visits.



## How well have we done it?

The **Ofsted Inspection** of services for children in need of help and protection, children looked after and care leavers in Brighton & Hove took place 14 April 2015 – 8 May 2015. This rated the service overall as Requires Improvement, with good ratings achieved for children looked after and achieving permanence; and leadership management and governance. Children who need help and protection were rated as Requires Improvement. Ofsted recognised that children are kept safe, that the service knows itself well and that improvement plans are appropriate.

The quality assurance framework was assessed by Ofsted as being well established, with learning routinely identified and disseminated from a range of sources. Compliance with the completion of audits by social workers and their managers has increased each quarter during 2015-16 and by Q4 this was 98% .

There has been an improvement in the percentage of regular audits (of social work practice) graded overall as good or outstanding. In quarter 4 (2015-16), sixty-eight percent of cases in the audit were judged overall to be good or better and the use of relationships to affect change was identified as a particular strength. Social workers have reported that the Team Around the Relationship 'is helping us to think differently about cases' and to feel contained.

## What difference did it make?

Audit findings show that in the vast majority of social work cases (Q4: 86%) there is a good understanding of the child's experience; that direct work is being undertaken and there is strong evidence that the use of relationship based practice is having a positive effect on outcomes for children.

The new Early Help IT system will enable the service to better understand how targeted teams and universal services work together and record Early Help interventions, allowing more effective monitoring to inform commissioning arrangements.

The safeguarding audit with schools is increasingly becoming a vehicle for change, as opposed to monitoring. This is in part due to the feedback visits being provided. These will be planned differently for the coming year to ensure that 100% of schools receive one.

100% of maintained **schools** (including the academies and free school) submitted a safeguarding audit for the academic year 2014-2015 and that is looking the same for 15/16. 48 schools were given 1:1 feedback on their audit through a follow up meeting.

The Behaviour and Attendance Partnership and the Designated Safeguarding Lead Network meetings are dynamic and productive, with positive outcomes for student welfare.

Initial visits to families for new Elective Home Education referrals, and follow up visits are completed within timescales. Children with less than 30% attendance are discussed at the CME Panel

The EPS Attachment training positively was evaluated and there has been better linking and data sharing over cases and challenge/support to settings around meeting needs of children and young people. EP presence at meetings has enabled the voice of education, SEN and applicability of decision makings to help safeguard CYP

There has been positive evaluation from schools on the Mental Health Pilot and this is going to be rolled out to other schools

Feedback from parents about the service they have received from their social worker during is positive overall with parents saying that they felt that the work they did with the social worker was successful.

Drove Road continue to promote good relationships with staff and young people so they feel safe to talk to us and tell us about things that might be bothering them. There is evidence that highlights the good relationship between staff and the young person and staff knowing the procedure they need to follow. Also work continues on completing very detailed body maps for the young people, liaising with schools, parents and social workers.

The Behaviour and Attendance Partnership and the Designated Safeguarding Lead Network meetings allow for genuine and organic networking and sharing of practice between agencies, in addition to planned input around particular themes or issues.

The findings from investigations and deep dives in schools are shared across the Designated Safeguarding Lead Network, so that any learning can be widespread.

School staff have a better understanding of need e.g. Autistic Spectrum Condition (ASC) and are therefore more able to meet needs of CYP in schools

CAMHS Pilot has enabled school staff to have greater confidence in discussing Mental Health and needs of CYP being met in a more timely way

EPs knowledge and discussion has helped other professionals see the situation through a different lens/understand the needs of the CYP

## Neglect

- The Principal Social Worker has identified a **Lead Practitioner** to focus on the issue of Neglect, raising its profile within the FCL directorate and identifying best practice.
- The **Quality of Care Assessment Tool** has been piloted and the Lead Practitioner will be responsible for rolling this out across social work pods
- A **learning review** was commissioned by FCL on a long standing neglect case – this has subsequently turned into an LSCB multi-agency learning review given the multitude of issues identified
- The Education Safeguarding Officer and Designated Persons network maintains links between **schools and the MASH** and social work pods, ensuring effective communication across services around Neglect.
- Child neglect features within the **school safeguarding audit**, and it is a part of the mandatory single agency **training: *Leading and Managing Safeguarding in Schools including Managing Allegations against Staff***, which all Headteachers and Designated Safeguarding Leads must complete: this in turn is disseminated to all school based staff on an annual basis
- **'Signs of safety'** training from Claremont looking at neglect has been adapted for disabled children and there is planning joint training with paediatricians/Children's Disability Service around neglect

## Child Sexual Abuse

- A joint agency **CSA pathway** is in place which focuses on supporting the child and their family
- **Therapeutic support** from Clermont is available for all children referred into the paediatric Sexual Assault Referral Centre
- **Training** on child sexual abuse, sexual abuse and child protection and sexual violence and abuse – the impact of rape and sexual assault, are part of the core training programme available to FCL staff
- Child Sexual Abuse features within the **school safeguarding audit**, and the Education Safeguarding Officer and Designated Persons network maintains links between schools and the MASH and social work pods, ensuring effective communication across services around CSA.
- Child Sexual Abuse features within the mandatory single agency **training: *Leading and Managing Safeguarding in Schools including Managing Allegations against Staff***, which all Headteachers and Designated Safeguarding Leads must complete: this in turn is disseminated to all school based staff on an annual basis.

## Child Sexual Exploitation

- Senior operational management oversight on high risk CSE cases provided by co-chairing arrangements of **Red Op Kite** MaCSE meetings
- Development of Kite team into specialist **Adolescent Pod** dealing with high risk adolescents within the city, including those at high risk of CSE.
- **Schools Safeguarding Audit** Tool highlights CSE as a priority area. The Education Safeguarding Officer and Designated Persons network maintains links between schools and the MASH and social work pods, ensuring effective communication across services around CSA.
- Increased funding to WiSE to provide independent service for children at risk of CSE
- Engagement with Office of Children's Commissioner and Sussex University in a research programme into the efficacy of the **See Me Hear Me framework** as a model for working with children impacted by CSE.
- Child Sexual Exploitation features within the mandatory single agency **training: *Leading and Managing Safeguarding in Schools including Managing Allegations against Staff***, which all Headteachers and Designated Safeguarding Leads must complete: this in turn is disseminated to all school based staff on an annual basis
- CSE is a **standing item** on the Behaviour and Attendance Partnership and Designated Safeguarding Lead Network meetings.
- **Chelsea's Choice**, a Theatre in Education production aimed at highlighting CSE with young people, was successfully delivered to all secondary schools for the second year running.
- Relationship based training focussed on tackling child sexual exploitation in **Children's Disability Service**
- Updated **residential safeguarding policy** at Tudor House to incorporate CSE, Radicalisation and Female genital mutilation.
- All Drove Road staff have undertaken CSE e-learning and SCO's and PM's have attended the one day training course.



## Voluntary & Community Sector

Brighton & Hove has a vibrant, active and diverse Voluntary & Community Sector (VCS). The last Taking Account Survey 2014 by [Community Works](#) showed that there are at least 2300 CVS organisations & groups in the city of which 11% (253) define their main activity as working with children & young people.

These groups are often engaging and supporting the most vulnerable, marginalised and disadvantaged children, young people and families. For example; young carers, LGBTU young people, BME young people and their families, children and young people with special needs and disabilities and gypsy and traveller families. The sector also offers specialist support in relation to families affected by domestic violence, bullying, emotional well-being and mental health, substance misuse, sexual abuse and exploitation.

Brighton & Hove has a well-established VCS infrastructure organisation – Community Works, which provides a mechanism for bringing together the voice and concerns of the Third sector, including the Children and Young People’s Network of organisations.

### Safeguarding support to the VCS sector in 2015 - 6

- Safeguarding training and support services are provided by local organisation [Safety Net](#). Between March 2015 and April 2016 500 workers and volunteers from the community and voluntary sector attended an introduction to safeguarding and child protection course. A further 2305 people from the CVS attended other safeguarding related courses provided by Safety Net.
- Community Works and Safety Net ran a number of safeguarding focussed events during the year including a safeguarding conference in June 2015 to update and get feedback from CVS groups on safeguarding developments and gaps in knowledge identified by the Section 11 audits.
- An online safety conference took place in February 2016 with presentations around the benefits and risks of the online world and asking the question: How could we make Brighton & Hove the online safety capital of the UK?
- The safeguarding quality assurance scheme Simple Quality Protects (SQP) is co-ordinated by Safety Net . 14 organisations achieved their award during the last year.

## Sexual abuse and sexual exploitation

Local VCS organisations, [WiSE](#), [Survivors’ Network](#) and [Amaze](#) undertook partnership work around preventing child sexual exploitation of young people with learning difficulties. The project planned and delivered a series of sessions on healthy relationships for pupils at the Cedar Centre special school intended to reduce their vulnerability to sexual exploitation. The specialist organisation Amaze participated by helping the workers from WiSE and Survivors’ Network to adapt their approach to work with young people with learning difficulties. One of their interns (a disabled young woman) helped plan and deliver the sessions with support and supervision.



**THE WISE PROJECT**  
Working to prevent the sexual exploitation  
of children and young people

Safety Net ran a project funded by Comic Relief for young survivors and young people aged 13-19 at risk of sexual violence and/or exploitation. 106 young people, 88 girls and 28 boys, took part in the project which worked mainly from referrals from secondary schools. The project provided a combination of non -therapeutic 1:1, small group work and residentials, with a focus on active and creative activities concentrating on building emotional resilience, safe risk taking & personal safety.

An independent evaluation of the project by Sussex University concluded that, “*All young people reported positive and beneficial changes to their feelings, attitudes, and self-concept as a result of their participation. The reported changes included being more confident, feeling better about themselves, valuing their friends more, and being more tolerant of others. They also reported greater understanding of their feelings, greater ability to identify to risks, and greater ability to problem solve and keep themselves safe*”.

Safety Net was also involved in a partnership piece of work with the BHCC Standards and Achievement Team to produce a curriculum pack for primary schools, called ‘Feeling Good, Feeling Safe’ which provides prevention education around building skills for emotional literacy, resilience, body awareness, safe touch, safe networks and problem-solving. The pack is being rolled out to schools across the city.



## Neglect



Brighton Oasis Project (BOP) provides services for adults with substance misuse problems which impact on their ability to care for their children. This year for the first time they delivered the POCAR programme (parenting our children, addressing risk) to men; with 44 men and 73 women being referred to the programme by Children's Social Care this year.

The crèche opened 4 days a week to enable parents and carers to access treatment and support - throughout the year the crèche cared for 72 children from birth onwards

In February BOP held a Safeguarding Event identifying how their support contributes to improved outcomes for children in the city. 3 mothers who have engaged with POCAR spoke about the programme and identified how the support they had received was helping them.

The BOP therapeutic service for children affected by substance misuse in the family worked with 72 different children, 32 of those children completed therapy in the year. A newly funded project will aim to improve outcomes for under 2's. Staff were trained to deliver the 'Mellow Parenting' programme and the first cohort of vulnerable mothers assessed

Holiday activities were provided for children and young people who are affected by substance misuses. BOP also held its first residential weekend for 7 children.

The Young Women's Alcohol Project worked with Young Women aged 14-15 who were to experiencing problems with alcohol.



The Young Carer's Project secured a section in the council's school Safeguarding Audit to ask about recognition of young carers and engaged support with young carers. This should improve communication & identification of young carers by schools, and the Education Safeguarding Officer is promoting provision, support and referral pathways to schools and will communicate any school support needs. Support from the Young Carers project is now routinely included on CIN and CP support plans.



Daybreak provides family group conferencing (FGC's) for families in Brighton & Hove who are involved with Children's Social Care to support them to come together to work out solutions to a variety of problems and safety concerns.

Service providers are also able to share their concerns and other relevant information with the family who are then left in private to discuss the way forward and establish a mutually agreed safe, detailed and protective plan. FGC also encourage the 'voice of the child' to be heard and acknowledges their views and wishes.

- Daybreak accepted 158 FGC referrals from April 2015 to March 2016
- 241 children were referred and 74% of those children went on to have an initial FGC.
- Of the 177 children who had a meeting, 75% (132) children were on a Child Safeguarding Plan at the time of their initial meeting.
- Of the 110 meetings that were convened 100% produced a safe family plan that addressed the concerns raised by Children's Services, and was agreed by the children's social worker.
- 660 family members attended a FGC, with the average number of attendees being 6. Out of 131 feedback responses from service users, 99% were positive about the experience "*we will all make sure that M and E are safe and well looked after working together I find the family group conference very helpful*"
- 163 referrers and other professionals attended the meetings. Out of 55 feedback responses from professionals, 98% were positive about the experience:

*'It felt like a really useful tool, in relation to working with a family that are normally more concentrated on undermining each other, than working together. To have a meeting that was focused purely on the children, and to ask for the family to work without professional intervention felt very positive and empowering'*

# Brighton & Hove Clinical Commissioning Group

## What have we done?

As a Statutory Board Member the CCG has worked closely with the LSCB throughout the past year. The CCG employ and host the Designated Professionals: Doctor and Nurse for the Brighton & Hove System, and the the Named GP supporting primary care.

CCG Executive, designated and named professionals support the work of the LSCB by chairing the Case Review, Learning & Development, and Child Sexual Exploitation subcommittees. and in addition sit on numerous subcommittees, providing clinical expertise, substantial training and advice. CCG staff work closely with local authority, public health and CCG commissioners to ensure learning from case reviews influences strategic commissioning plans and the monitoring of existing provider contracts

To support new integrated ways of working we have provided leadership and pump primed funding to pilot a nurse working across BSUH, SPFT and SCFT in the MASH which led to a shared sustainable model of on-going support funded jointly between BHCCG, SCFT, SPFT, and BSUH. The liaison nurse and administrator is in post supporting the MASH and improving the information supplied from health agencies

This year we have increased the capacity of the Designated Safeguarding Adult practitioner with specific focus on supporting primary care in recognising and contributing to the safeguarding agenda, including a focus on supporting victims of domestic violence specifically where children are in the family. This professional also sits on the Channel panel and will be joined by the Designated Nurse/Doctor for Safeguarding. We have recently facilitated representatives from CAMHS to sit on the Chanel Panel which adds a mental health dimension.

The Designated Doctor supports Named Professionals and provider clinicians in perplexing and medically-unexplained cases and provides Children's Social Care with advice in cases of fabricated and induced illness. We have advised the provider Trusts and CCG on the planned medically unexplained symptoms/chronic pain pathway.

The Designated Nurse has led on the development of the FGM pathways and guidance, and the Designated Doctor is leading on the multi-agency response to FGM cases involving children.

## How well did we do it?

The Designated Doctor provided clinical and safeguarding expertise in the commissioning & development of the Sussex Paediatric SARC.

Contributed to the development and introduction of the NHS pan Sussex assurance tool for monitoring provider compliance against safeguarding matrix

## What difference did it make?

There is strategic leadership in place for named professionals, and safeguarding leads of independent health providers.

MASH has the support of a dedicated healthcare professional in early decision making.

Learning from LSCB case reviews and other programs such as Transforming Care (Winterbourne) has influenced the CCG commissioning of services for children and young people. For example a new pathway of care for supporting those traumatised by sexual and domestic violence, leading to a review of services to support the pathway from childhood for individuals with learning disabilities, and a review of CAMHS services.

## Child Sexual Abuse

- The CCG sit on **Pan Sussex Strategic Board**. The Designated Doctor is the board lead for CSA and sits on the Sussex SARC board.
- The CCG safeguarding **training** includes ensuring all commissioning staff have an introduction to what is child sexual abuse and how to refer.
- Commissions a **therapeutic pathway** for victims requiring specialist support.
- As Commissioners we **monitor** providers of NHS services adherence to Pan Sussex policies.
- We continue to work with National Health Service England (NHSE) supporting the development and commissioning through them of the **Paediatric SARC** and the Designated professionals have identified and raised significant concerns about the processes and investigation of cases of CSA and FGM.

## Child Sexual Exploitation

- Strategic lead for named professionals ensured independent providers are aware of the issues.
- Designated Doctor chairs the new merged LSCB CSE subcommittee.
- The Designated Nurse and Doctor provide supervision for all named professionals across the Brighton and Hove NHS providers and support the Health Advisor Group (HAG) and meet with independent providers where awareness raising and discussion of this issue takes place.

## Neglect

- The Designated Professionals and Head of safeguarding have been key in ensuring Neglect is raised at appropriate strategic levels, which included referring a case to the SCR panel and lead to a learning review being commissioned.
- The Designated Nurse has supported the LSCB to plan a training programme on Neglect in association with Social Care Institute of Excellence
- Information on Neglect has been raised with independent providers

## NHS England

NHS England South (South East) remains committed to safeguarding vulnerable children across the South East. As such we are actively involved in the delivery of the national safeguarding agenda and the implementation of the NHS England Safeguarding Vulnerable People in the NHS - Assurance and Accountability Framework. We continue to work collaboratively with key partners and remain active members of the National Safeguarding Steering Group and National CSE and FGM Sub Groups. We offer professional support in line with our safeguarding governance arrangements.

During 2015/16 we committed financial resources across the south east to support progress against the four national safeguarding priorities:

- Looked After Children (LAC)
- Mental Capacity Act and Deprivation of Liberty (MCA/DOLs)
- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)

Additionally we invested further monies to support the development of the Named GP for Children role.

8 We have provided whole system leadership and gained assurance that NHS organisations who commission health care across the south east are working to safeguard children at risk of abuse or neglect. We continue to inform the long term national safeguarding strategy.

We have identified our priorities for 2016/17 and will continue to work collaboratively to drive improved outcomes for vulnerable children across the south east.



# Sussex Community NHS Foundation Trust

## What have we done?

This year SCFT has continued to strive to improve their systems such as training, supervision and governance arrangements in order to support practitioners to safeguard children whilst also developing new initiatives such as Health practitioner in the Multi Agency Safeguarding Hub (MASH) and Children's Sexual Assault Referral Centre (CSARC).

Improved organisational communication was achieved in relation to "What to do if you suspect a child is being abused" by the development of an SCFT leaflet which was included in every employees wage packet .

The Annual Safeguarding Children Report 2015-2016 which provides both assurance and evidence to the Board that the Trust is fulfilling its statutory responsibilities to safeguard children, and summarises achievements and challenges, has been approved by the Safeguarding Group and will go to the Board in the Autumn. The Three Year Safeguarding Plan 2016-2018 has been revised and has been approved by the Quality Committee.

The Section 11 Audit was completed and signed off by the Chief Nurse in March 2016. An action plan is in place to address the amber actions and is being monitored at the trust wide Safeguarding Steering group which meets regularly.

SCFT has been represented on the LSCB Board by the Chief Nurse or their delegated representative. In addition the Named Nurse and Doctor have continued to play an active role in the LSCB by attending the Board meetings as professional advisors to the Board lead, and being involved in a number of the subcommittees and short term working groups including the Monitoring & Evaluation Group, the Child Protection Liaison Group, the Learning & Development sub group and Preventing Child Sexual Exploitation

Named Professionals were part of Review Teams for Serious Case Reviews & Learning Reviews and SCFT practitioners were part of the case groups. Relevant findings to SCFT have been actioned and the learning from the reviews has been shared across Trust by incorporating relevant findings in training and discussion at team meetings.

## How well did we do it?

This year there has been a strong focus on improving the training delivery, focusing both on compliance figures and also quality of the sessions . In accordance with the SCFT Safeguarding Children Training & Development Strategy & the Intercollegiate Document (RCPCH 2014) staff groups have received the appropriate level of training for their role. There has been an improvement in provision for staff to undertake safeguarding children training enabling compliance rates to increase to 100% for level 2 and 84% for level 3.

The delivery of regular safeguarding children supervision also continues to be a priority. As a consequence 98% Health Visitors and School Nurses, and 100% of Managers received supervision in the appropriate timeframe. This demonstrates a sound commitment to supervision delivery and uptake by practitioners. A Safeguarding Children Supervision re-audit was completed which demonstrates that a risk assessment model of supervision form was used in 94% of cases which is positive & demonstrates the rationale for decision making .

Single agency audits that were completed in order to assure the Board that SCFT processes are robust in relation to safeguarding children include the following:

- Single Combined Assessment of Risk Form (SCARF) and discussion in Supervision – This demonstrated that there had been a 20% increase from the previous audit of SCARFs being discussed by the Health Visitor with their manager in supervision
- NICE PH50 Domestic Violence & Abuse: How to respond effectively ? – Baseline data collected and action plan in place to increase use of leaflets, posters and training.
- CSARC audit to ensure that children who may have been sexually assaulted are screened appropriately for sexually transmitted diseases

SCFT hosted, managed and developed the MASH Specialist Nurse and Administrator posts, funded for a year by Brighton & Hove CCG. Within a six month period 1458 referrals were MASHed with health information which equates to approximately 3,000 per annum.

The sharing of SCARFs from Police to Health Practitioners has dramatically increased since the MASH Specialist Nurse has been in post, from Health Visitors and School Nurses only receiving 12 SCARFs in a 3 month period prior to the post being in place increasing to 198 being shared in a comparable three month period.

The Named Doctor is Sussex Children's SARC (CSARC) Clinical Lead and had developed the new service delivery model from April 2015 which aims to provide a welcoming child centred service to meet the specific health needs of children who have been sexually assaulted. It undertakes forensic medicals and historic cases in response to referrals from police or social workers, and provides follow up support, advice and referrals to sexual health and contraception services and or the children's independent sexual violence advisor (CISVA) as needed.

## What difference did it make?

The Section 11 audit has evidenced that Sussex Community Foundation Trust continues to have safe and effective arrangements in place to safeguard and promote the welfare of children .

An increased number of staff have received good quality safeguarding children training which has been positively evaluated at the appropriate level in accordance with the Safeguarding Children Training and Development Strategy.

There is a high level of effective multiagency working through case reviews and multiagency sub groups which has resulted in changes to practice.

Improved sharing of information between health and social care: Health practitioners have reported via an audit that they feel more confident sharing information securely with the MASH health practitioner, and that they had more involvement in MASH decision making since the Specialist Nurse has been in post

Sharing of SCARFs in a timely way enables sharing of information between social care and health in the interest of the safety of the child and their family, helps the practitioner plan work with the family, and also ensures SCFT staff safety

## Neglect

The Named Nurse is a lead for the LSCB on Neglect. Work undertaken by the SCFT Safeguarding Team includes:

- Supporting Social Care to pilot the Quality of Care Tool
- Working with Social Care for Excellence (SCIE) on their pilot training in Neglect
- Supporting the LSCB Trainer by helping to devise the current Neglect training package and co-facilitating the training day with social care

SCFT have also made a commitment to a neglect learning review with the Named Nurse being part of the review group and clinicians involved in the case group.

Health Visitors and School Nurses offer an enhanced service to support families where child neglect is an issue .

Within SCFT cases of child neglect are discussed within regular safeguarding supervision, and as an adhoc consultation, to enable practitioners to review the cases objectively, have clear outcome focused plans for the children, and to prevent drift.

## Child Sexual Abuse

- The Named Doctor is Sussex Children's SARC Clinical Lead and has developed the new service delivery model from April 2015 which aims to provide a welcoming child centred service to meet the specific health needs of children who have been sexually assaulted. It undertakes forensic medicals and historic cases in response to referrals from police or social workers and provides follow up support, advice and referrals to sexual health and contraception services and / or the children's independent sexual violence advisor (CISVA) as needed. The service is available daily between 9am-5pm for referrals and Doctors are available from 10am-4pm for examinations, strategy meetings and advice.
- Training has been delivered by the CSARC operational lead, specialist nurse and CISVA to the West Sussex, East Sussex and Brighton & Hove police and social work teams and Brighton & Hove School Nurses and Health Visitors. This has received positive feedback and has enabled some useful discussion about management of cases. This has aimed to increase understanding and use of the CSARC service to improve the experience for the children who attend.
- SCFT Named professional and MASH Specialist Nurse give advice and support to practitioners working with Child Sexual Abuse cases .

## Child Sexual Exploitation

- SCFT Named Professionals involved in the multiagency Strategic Child Sexual Exploitation groups
- Clinical Staff from the Looked After Children Health Team and Contraceptive and Sexual Health Team attend the operational multiagency groups to share relevant information and co-ordinate care plans.
- All children and young people who are identified as being at risk of child sexual exploitation by Op Kite are flagged on SCFT health record system
- Awareness of Child Sexual Exploitation has been incorporated into all SCFT safeguarding children training programs level 2 & 3 for year 2015/2016.

# Sussex Partnership NHS Foundation Trust

## What have we done?

We have provided safeguarding training for all clinical staff in the Trust at level three and have developed training specifically for CAMHS staff and for adult mental health staff in line with the intercollegiate document.

The Named Nurse has attended meetings when possible and has participated in the multi-agency review of the recent SCR and also submitted a section 11 report and attended the section 11 report challenge event.

We also arrange and attend 'safeguarding link practitioner' meetings across all of our areas.

In the Trust, we have reviewed our safeguarding policy and continue to have regular Trust wide safeguarding meetings in order to share information about safeguarding across Kent, Sussex and Hampshire.

We have changed the culture and the paperwork in the agency to ensure that safeguarding issues are raised and discussed at all team meetings and also raised and discussed in supervision

We have highlighted the role of the Named Nurses and Drs in being able to support staff with complex safeguarding issues. We have supported staff in escalating issues with partner agencies when necessary

## How well did we do it?

The training has received positive feedback consistently and it is noticeable that more referrals are being made, and copied into the Named Nurse, as staff as they become more aware of their responsibilities with regard to safeguarding. Over 90% of CAMHS staff have up to date training and the number of adult mental health staff trained has risen by 50% in the past year.

The Trust safeguarding meeting functions well and is well attended. Safeguarding issues are discussed regularly in supervision and team meetings.

## What difference did it make?

As above, more referrals being made appropriately, people reporting feeling more confident in their knowledge of safeguarding issues and how to manage them.

People are more aware that safeguarding is their business, whatever area of the Trust they work in.

### Neglect

Raised awareness of the issue through training and dissemination of information.

The issue is highlighted in our safeguarding policy and discussed in our safeguarding meetings.

### Child Sexual Abuse

We have provided training around CSA and disseminated information from partner agencies and also via our safeguarding meetings. The issue is highlighted in our safeguarding policy.

In our level three training for CAMHS staff, we have had a specialist session on CSA and have used SCRs where CSA has been an issue in the 'Learning from SCRs' part of our training programme.

### Child Sexual Exploitation

We have included detailed information on CSE in our training package, including showing NHS England videos to demonstrate the issue of CSE.

In our level three training for CAMHS staff, we have had a specialist session on CSE and have used SCRs where CSE has been an issue in the 'Learning from SCRs' part of our training programme.

The Named Nurse has also been part of the SCR panel for the WS case review regarding CSE and has shared information appropriately to enhance our understanding and consider issues that we need to address as a service

# Brighton & Sussex University Hospitals Trust

## What have we done?

BSUH continues to ensure that arrangements are in place to meet the Section 11 of the Children Act 2004 (HMSO 2004) requirements. External monitoring of these arrangements is a responsibility of the LSCB (Local Safeguarding Children Board), Ofsted and the Care Quality Commission (CQC), and the CCG who meet with the Trust on a regular basis to discuss quality and service issues.

As a Statutory Board Member, BSUH has worked closely with the LSCB throughout the past year contributing to the Board and the subcommittees with 80 - 100% representation.

## Learning

BSUH has been involved with the Brighton & Hove SCR, and learning this and national SCRs has been incorporated into the safeguarding action plan including;

1. Improving the maternity information gathering documentation relating to fathers.
2. Ensuring all staff are aware of how to access safeguarding advice and support throughout the day.
3. Continuing to make urgent referrals (in and out of hours) to local social services of serious life threatening injuries.

## Team work

- BSUH has been part of the Health steering group working with the MASH health representative and contributed to the funding of the post.
- The paediatricians have worked hard to maintain a quality child protection medical service, providing detailed reports and opinions on possible non accidental injuries.
- The named nurse has been part of the working party developing the FGM risk assessment forms & part of the mandatory reporting to the Government for scoping exercise.
- BSUH has worked closely with RISE and the CCG by having a Health Independent Domestic Violence Advisor (IDVA) working in A&E, Maternity and sexual health, who takes referrals relating to victims of domestic abuse.
- The safeguarding nurse continues to support MARAC by attending and providing relevant information about hospital attendances.
- The specialist safeguarding liaison nurse was appointed in Sept 2015 and has continued to provide a quality risk assessment of all the discharge summaries for children attending the hospital and to provide timely communication with community health services & professionals linked to the child & family.

## Training

- Over 130 training sessions were undertaken by the safeguarding team to enable the single agency training across the 7000 members of staff in BSUH
- New quarterly safeguarding raising awareness sessions have been introduced which are well attended and evaluated and cover a multitude of topics with speakers from all agencies.
- The online training has been introduced linked to 'e learning for health', which the Named Doctor helped to design.
- The safeguarding team continue to contribute towards the LSCB training pool.

## Communication

- The monthly safeguarding newsletter is circulated for staff to raise awareness and to be used as a discussion prompt. The newsletter is circulated at the monthly nursing meeting.
- The BSUH web page has been updated giving links to many online services and training opportunities
- A wider staff audience has been reached directly via the monthly nursing meetings
- CP-IS is being introduced by means of smart cards so that staff in key areas can access the national spine to check if children have a CP plan. This will eventually replace the local flagging system currently in place

## How well did we do it?

Having a Health representative as part of the MASH has promoted communication and sharing of information, and enabled improved multi-agency working & decision making. BSUH referrals to the MASH are usually well documented and result in a high proportion of assessments being undertaken (40-60%). Serious Case Reviews highlight that babies are very vulnerable to abuse & as such the maternity service continues to refer a high number of women and families with complex needs.

Having taken part in the LSCB Multi-Agency Audit about substance misuse it was pleasing to note that there is good early recognition of the risks to the child and concerns are acted upon in a timely way in all cases. Strengths were particularly noted in Midwifery where there is evidence of good risk assessment when mothers book into the maternity service.

In all cases where maternal substance misuse is identified by Midwifery, a referral is made to the 'One Stop' Clinic which is a specialist service for women who use alcohol and / or street drugs and certain prescribed drugs, at any time during pregnancy.

An audit of FGM recognition and referral showed that there was a good process for asking women about FGM but a need for co-ordinated documentation and pathway which helped inform the Pan Sussex risk assessments and flowchart.

The Named Doctor has completed an audit looking at imaging in children with suspected non-accidental injury.

## What difference did it make?

The IDVA service in A&E/Maternity and sexual health clinic has resulted in increased referrals relating to domestic abuse.

The number of safeguarding referrals from the hospital and midwifery which convert to actual assessments is relatively high suggesting that staff are aware of the thresholds and vulnerable people.

The daily ward rounds continue to ensure staff are supported to assist families with safeguarding issues. Staff listen to the voice of the child by helping to co-ordinate safeguarding aspects of care, attending strategy meetings and case conferences.

The B&H commissioner secured some funding to improve the service of mental health support for children in B&H with long term health issues linked with BSUH, as well as more funding to improve the in-patient service of mental health support for children in B&H with self harm which has proved to be very successful.

## Child Sexual Abuse & Exploitation

The Lampard report prompted BSUH to formulate an action plan & highlight the issues about CSE and sexual abuse.

We have raised awareness of Operation Kite in Sussex to staff across the Trust and highlight in our training the factors that make children more vulnerable to exploitation. The monthly newsletter raised awareness of CSE & child sexual abuse throughout the year

Information about professionals involved with young people discussed at Operation Kite is filed in their medical notes to alert practitioners of the need to share information.

The WISE risk assessment tool is available, and the Sexual health clinic has a specific risk assessment tool.

As in the previous year there are ongoing links to the B&H SARC with staff being aware of the need to recognise and refer.

The Named Nurse is a member of the LSCB vulnerable children group and the Prevent and Protect group which informs the Trust response to this issue.

The Goddard enquiry into sexual abuse started and BSUH has responded to the directive to keep patient notes which may be required for the inquiry.

## Neglect

The Named Nurse took part on the SCIE neglect training programme and has used that information to update the training packs for staff.

The monthly newsletter has raised awareness of Neglect

Information related to Neglect informs part of both level 1 & 2 training sessions and a neglect case discussion is used for level 3 training.

The Trust has a nurse for homeless people who helps liaise with housing as this may have an impact on Neglect.

## South East Coast Ambulance Service

South East Coast Ambulance Service NHS Foundation Trust is committed to promoting and safeguarding the welfare of all vulnerable people; recognising that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties. During 2015/16 the Trust has worked hard to implement the changes the Care Act introduced. Referral rates have risen again over the year with overall activity across the whole Trust increasing by 22% from 2014/15..

### 3 Key Achievements in 2015-16

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

### 3 Key Challenges in 2015-16

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

### Future Plans 2016 -2017

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



## Sussex Police

### What have we done?

The new Safeguarding Investigation Unit (SIU) continues to develop. The SIU has brought together trained detectives, with expertise and experience in investigating child abuse, together with other specialist roles, such as dedicated Sexual Offence Liaison Officers (SOLOS), missing person co-ordinators, and domestic abuse case workers. This approach ensures we can deliver effective and timely investigations as well as providing appropriate support to victims. The Complex Abuse Investigation Unit has now been introduced, providing specialist support to the SIU at Brighton by assuming responsibility for some complex and large scale investigations. This allows the SIU to focus on local child protection investigations.

### How well did we do it?

The introduction of the new Safeguarding Investigating Unit in October 2015 was based upon the principle of a larger investigation team of Omni competent officers who would be dealing with Serious Sexual Offences, high Risk Domestic abuse, and child and adult safeguarding.

As would be expected there have been some initial teething problems around the training requirements that such an undertaking requires and the training program continues to roll out. There was a multi-agency training held for Brighton SIU in April 2016 where some of the issues around multi-agency working were addressed with partners. Inputs included Unexpected Child Deaths, Paediatric SARC, Stalking and MASH principles and procedures. The training program continues to address the specialist training that is required by SIU officers.

### What difference did it make?

The development of the SIU is still in progress, including the introduction of new audit measures which will assist in quantifying the improvements the SIU has achieved.

One advantage of the new SIU system is that we are more consistently able to allocate and investigate those investigations with the most intensive safeguarding elements e.g. CSE, which historically sat with CID if this was not considered to be intra familial.

The establishment of the MASH has continued to be embedded into our day to day business and we have responded to feedback from partners by increasing the consistency of staff at the MASH.

### Neglect

The police have continued to respond to referrals of neglect and contribute to joint investigations.

The local MASH has assisted us in better information sharing and early intervention in neglect and other safeguarding issues.

### Child Sexual Abuse

The police have continued to respond to all allegations of sexual abuse whether made by children concerning current abuse, or adults reporting earlier abuse, and have emphasised that any victim making an allegation will be listened to, and where appropriate a criminal investigation initiated.

The continuing development of the SIU is providing additional resilience to investigate this sensitive area of child abuse.



## Child Sexual Exploitation

The SIU DI and Missing persons / CSE team have continued to engage in the Red Op Kite meetings which identify and oversee the risk management of the most high risk cases. Also they have been involved in the quarterly reviews of Amber and Green cases that feed into that meeting cycle.

This year we have further developed an internal intelligence meeting cycle in which all CSE related intelligence is examined and tasked out to identify and target the most concerning perpetrators of CSE via the weekly tasking meeting held on the division.

Two separate Op Pipeline – CSE - trials have been held this year. Whilst both were unsuccessful at court, they were each underpinned and enabled by significant safeguarding and disruption successes and demonstrate an increased understanding of the local CSE picture.

A further example of this developing understanding of our CSE problem locally is Op Crossroad. This involved the sexual exploitation of several young boys linked to Dukes Mound. Again whilst no prosecutions were forthcoming there were significant safeguarding and disruption objectives met.

The DCI from the SIU is Co-Chair of the LSCB's CSE/CSA Prevent, Protect & Early Identification Subcommittee

### CSE Communication Campaign

This campaign was rolled out in three phases between January and May 2016. The overall aim of the Pan Sussex CSE campaign was to raise awareness of what CSE is to the public and targeted audiences, so that they would be able to spot the signs of CSE. By offering specific guidance and support to these audiences, they will know how to report CSE and ultimately support the reduction of this type of crime.

Effective communications based on intelligence and extensive customer insight formed the foundations of the communications strategy. All work was developed with support of the Local Children Safeguarding Boards.

The campaign made use of outdoor media in high risk locations; Audience-specific posters in schools, GP surgeries, health clinics and libraries; Social media campaign on Facebook, Twitter, LinkedIn and Instagram #StopCSE, and web pages tailored for each audience on [sussex.police.uk/cse](http://sussex.police.uk/cse)

The police sought engagement with children via CSE school information packs and in Tag (a magazine by students, for students). They worked with children to produce 'Scarlett's Story' – a YouTube video about CSE.

Work was also done to engage with taxi drivers to encourage reporting, including distribution of 2000 air fresheners, and engagement with hotel staff via social media and forums.



## National Probation Service

### What have we done?

The National Probation Service is now into its third year of operation and continue to consolidate and build on our learning & experience to ensure continuous improvement in our Safeguarding practice.

During 2015/16 our staff have undertaken mandatory Safeguarding training. All staff have completed Civil Service Learning provided through our comprehensive E-learning safeguarding and domestic abuse courses. In addition all front line operational staff, including team managers have attended or are scheduled to attend class based safeguarding training.

Training and Development is consolidated with the use of reflective supervision in management one to one meetings with staff as well as reviews of safeguarding performance in quarterly appraisals. An appraisal objective for every operational member of staff is to attend at least one safeguarding training event a year. The culture of our organisation is to create a working environment where staff feel confident in raising and discussing any safeguarding concerns with colleagues and managers.

As in previous years, we continue to prioritise NPS staff attendance at Child Protection Conferences and reviews and fully participate as required in Child protection Plan core groups and professionals meetings. Additionally we ensure the welfare of the child remains paramount when

exercising our duties as the Responsible Authority within Mapp arrangements and is at the heart of all our sentence and risk management planning.

Nationally NPS have reduced the involvement of our middle managers with regard to engagement in MARAC. NPS Sussex however have continued our commitments to local arrangements to assist in reducing the potential of harm to children as a result of domestic violence and abuse.

We continue to significantly invest resources in supporting the work of partner agencies in the Prevent strategy to safeguard children from harm and abuse from exposure to extremist views. This is alongside our commitment to timely information exchanges with our partner agencies concerning individuals who come into contact with our service or who are under our direct supervision.

We continue to purchase services from the KSS Community Rehabilitation Company in the delivery of specific programmes with our offenders. In addition to these we commission other services from a range of providers to address service user needs with regard to substance misuse, mental health difficulties, housing and other areas that can impact negatively on the wellbeing and safety of children.

### How well did we do it?

During 2015/16 we have made good progress in bedding in our new systems and processes. Our notifications from Court in relation to offender appearances and sentencing are robust and resilient.

We continue to work hard in producing good quality risk assessments, risk management plans and sentence plans. Our multi agency work with regards to Mappa and domestic abuse continue to work effectively.

Considerable investment has been made in updated training of our front line staff and feedback has been positive. We are making good progress in creating working environments where professional curiosity and discussion are encouraged and supported.

Offender cases where there are safeguarding concerns are regularly reviewed and good practice examples and learning points are shared with staff through our usual communication channels and good practice discussions.

NPS continues its senior management involvement with LSCB . We have demonstrated our commitment to the strategic management of CSE incidents and statutory services and responses as the Head of Sussex NPS has chaired the LSCB Vulnerable Children and CSE Strategic Management Board throughout 2015 /16.

## What difference did it make?

Public protection is at the core of the work of the National Probation Service and our safeguarding role is at the front and centre of our practice. We are confident that the activity outlined in this review has made a positive contribution to safeguarding in the city.

### Child Sexual Exploitation

Child Sexual Exploitation continues to be a high priority for the National Probation Service in our Safeguarding work.

All front line operational staff have now been trained in raising their awareness and identifying potential concerns with regard to CSE, not only in terms of direct work with convicted offenders of CSE, but also with our service users who have been or continue to be at risk of becoming involved in CSE and also the victims of CSE through our Victim Contact Scheme statutory duties.

We have ensured our Probation Officers are aware of the fact that CSE is one of the numerous MOs in child sexual abuse cases, and therefore remain cognisant that these cases should be managed primarily as a CSA case, particularly when considering the impact upon the victims.

We continue to work closely with our partner agencies in exchanging information in connection with any individuals or groups that raise potential concerns in relation to CSE. This ranges from first point of contact with our Court Duty staff through to custodial and community offender management.

Alongside the investment in training of our staff, we remain vigilant to the need for continuous professional development and learning from partner agency experience in this area of safeguarding.

### Child Sexual Abuse

During 2015/16 the National Probation Service has undertaken the supervision of adult offenders sentenced to less than 12 months custody. This has brought us into contact with an even larger group of service users. All are subject to comprehensive risk assessments using a range of assessment tools that assist in identifying concerns in relation to child sexual abuse.

In addition to risk assessment and management, many offenders will be subject to home visit checks where the circumstances of the offender and their immediate family and other close relationships can be observed, early signs of potential abuse identified and action taken.

### Neglect

We work closely with our service users who are parents or carers to offer support and advice in parenting and relationships. Many of our service users experience substance misuse addictions, mental health difficulties and are perpetrators of domestic violence.

We are aware that such criminogenic factors can contribute to the neglect of children in the home. As outlined in this review, we comprehensively assess service users with regard to safeguarding concerns and provide and commission a wide range of services to tackle these criminogenic needs.

The welfare of children when working with parents or carers is our highest priority and is supported with regular information exchange and practice discussions with colleagues from partner agencies.

We have established systems and processes to identify concerns with regard to neglect that escalates to management for further oversight, review and response.

# Kent Surrey & Sussex Community Rehabilitation Company

## What have we done?

Over this last year KSS CRC has been embedding its operating model to ensure its three core functions, Assessment, Rehabilitation and Resettlement support the service users' journey from court to rehabilitation. The Senior Management Team has been consolidated with Suki Binning appointed as the Chief Executive. Heads of Service roles have now been established with Debbie Piggott taking over as KSS CRC Safeguarding Lead. A Child Sexual Exploitation Champion, Jane Port, has also been appointed to support staff and organisational development in this area.

The main aim of KSS CRC is to reduce reoffending and thereby protect the public. Recognising that safeguarding of children and adults is an important aspect to public protection, KSS CRC has revised its policies so that it now brings together all the key documents that fall within the safeguarding of children and adults under one set of overarching principles. In addition, to support clarity and best practice we have added, extremism, modern slavery, sex working, gangs, child sexual exploitation and trafficking (CSE) and female genital mutilation (FGM) as key strands to the policy.

KSS CRC has also revised its Continuous Professional Development & Supervision policy which applies to all staff across the organisation. Whilst this policy has been developed to ensure all staff are supervised

appropriately and their professional development is reviewed, it also clearly outlines an expected regular review of safeguarding practice to ensure that every staff member reflects on the quality of their practice, receives appropriate support and attends the required training.

KSS CRC have developed a Quality Assurance Audit and Performance Strategy which outlines the purpose, principles, strategies and key deliverables for quality assurance, which will include audits focused on safeguarding practice for both children and adults.

There have been three external inspections carried out by HM Inspectorate of Probation over the year. We received excellent feedback from the Ministry of Justice following our inaugural annual service review with them in July. Our operating model, use of management information and, in particular, performance improvements were highlighted as being impressive achievements.

In East Sussex we continue to work with East Sussex Children Services in the provision of our Building Better Relationships Domestic Violence Programme for perpetrators.

## How well did we do it?

Our revised safeguarding policies bring together all the key documents in one safeguarding area in the eHandbook and on Intranet (our communication tool) available to all staff within KSS CRC. Managers were required to discuss the revised policies at their team meetings and also individually with staff in supervision. We continue to actively promote safeguarding training within the monthly Learning and Development Bulletin, during supervision and our poster campaign.

QA activities planned for 2016-17 include management case audit; an internal quality and impact inspection; internal operational assurance audits on risk management, enforcement, sentence planning; programmes and child safeguarding. As part of the supervision process, managers are

carrying out observations of the quality of responsible officer and receptionist interactions with service users. This work as stated above has been supported by the revised Continuous Professional Development Policy.

The Safeguarding Audit sample included at least one case from each responsible officer but due to the IT issues not all proposed cases were audited. 155 cases were audited in total which represented 83.3%. Half of the sample included known safeguarding cases, the other half did not, so that the extent that issues were being identified could be assessed. The majority of cases audited were community orders where the service user was assessed as posing a medium risk of serious harm.

## What difference did it make?

The updated safeguarding policies and procedures support clarity and best practice, as well as ensuring that all staff understand their roles and responsibilities with regard to safeguarding and are up to date with their practice.

We continue to encourage staff to attend local safeguarding board training which has resulted in 41 members of staff attending courses over the last year. KSS CRC provide in-house safeguarding courses with every member of staff required to complete online Educare Child Protection Training every 2 years. 166 were enrolled for the period 2015/2016. 11 safeguarding workshops were held in-house.

The results of the Safeguarding Audit will be reported to the Senior Management Team in September 2016. It will give an insight into what is happening with practice across the CRC, a measure which we have not had since KSS CRC came into existence. It will also give us a measure against the safeguarding concerns raised by the NOMS sentence planning and risk audits and the improvements put in place. Further work is needed to continue to improve our safeguarding practice.

### Neglect

Whilst KSS CRC does not work directly with children we have ensured that when home visits are completed with our service users staff are aware of things to consider when they meet children within the home. In addition, the revised safeguarding policies include additional strands to expand on wider environmental factors to consider.

### Child Sexual Exploitation

KSS CRC has nominated a CSE champion. This role is held by our Learning and Development Manager. The Champion attends multi agency CSE champion meetings and disseminates information/communicates to staff via forums such as the Intranet, cascading to operational teams via senior probation officers/middle managers.

### Child Sexual Abuse

The overarching KSS CRC Safeguarding Policy is linked to separate Children and Adult Safeguarding Policies with further links to information on child sexual exploitation; female genital mutilation; gangs; trafficking; sex working; modern slavery and extremism.

The policy clearly states where responsible officers are aware that service users have care of children they should be alert to welfare and safeguarding concerns. They should consider within available information, the parenting capacity and family and environmental factors and monitor children's living conditions where necessary.

Where there is an assessed medium risk of serious harm to a child, home visits should be completed on a regular basis. There are a number of factors listed that the responsible officer must consider when doing a home visit which include:

- physical and emotional deprivation of the child or children
- lack of positive relationship with protective/nurturing adult
- physical symptoms of a child, or adult in the family home
- expressions of despair of adult or child
- contact with an unknown adult outside of the usual range of the child's social contacts

Cases where there is a high risk of serious harm including children fall under the management of the National Probation Service (NPS). The updated procedures will assist our operational staff to identify cases at risk and escalate these to the NPS if they meet our threshold.

# CAFCASS

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass in 2014/15:

- Revision of both the Quality Assurance and Impact Framework and the Supervision Policy, which together set out the organisation's commitment to delivering outstanding services and the ways in which staff are supported to achieve this and the quality of work is monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.
- Implementation of the Equality and Diversity Strategy. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.
- Extending the Child Exploitation Strategy introduced in 2014/15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a 'finger on the pulse' of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).
- Working with a range of partners across family justice, children's services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority
- The development of innovations that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).
- Contributing to the government review of Special Guardianship Orders, including a small piece of research that was included in the government's response to the consultation.
- A Service User Feedback Survey, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

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# East Sussex Fire & Rescue Service

## What have we done?

ESFRS seeks to increase safety of children and young people by carrying out our Home Safety Visits (HSV) to ensure a safe living environment, identify and refer any safeguarding issues, and work with children and young people to increase awareness to keep themselves safe.

There is ongoing access to Safeguarding Children E-learning packages which are compulsory for all staff, and completion is monitored and audited. ESFRS continues to make child safeguarding referrals as appropriate which are monitored and audited. Internal scrutiny is provided via an internal panel which meets every 6 months. We continue to work with partners both to increase ESFRS awareness of child safeguarding and to support work in this field via our Home Safety Visits which are aimed at increasing safety in the homes. ESFRS employs a Partnership and Inclusion coordinator for Brighton & Hove to attend relevant partnership meetings and build links in this area.

We are undertaking an increasing number of community safety projects in the city which are aimed at both increasing the knowledge of young people and their ability to keep themselves safe, and so have a safeguarding

element. An ESFRS firefighter from Roedean fire station acted as a mentor on the ACF Young Leaders Programme aimed at developing leadership skills for young people whilst also tackling emerging threats such as radicalisation. ESFRS is currently leading the Hoarding Sub-Group drafting a Partnership Hoarding Framework for the city which will include actions for agencies when children and young people are identified in this living environment. ESFRS organised jointly with BHCC a “Safety In Action” day on 23 June for pupils to learn safety messages in a practical environment including sessions by Sussex Police and an online safety session run by Safety Net led by young people. ESFRS is currently developing a themed project on learning disability to increase our home safety visits including for families where a child has a learning disability, and developing a ‘hazard room’ where young people will be able to attend the fire station to increase safety awareness. We are working in partnership with Sussex Cricket Club Academy and the Youth Offending Team to progress our safety awareness work for young people. We also have a dedicated Schools Team who undertake lessons in schools and work with young firesetters to raise safety awareness and the team is fully trained in relation to safeguarding issues.

## How well did we do it?

Children and Young Families remains a targeted group on our Care Providers Scheme. We also undertake referrals via Child Protection Plans and a Home Safety Visit is considered for all families under the Integrated Team for Families referral pathway. Domestic Violence referrals, including those where children are present receive an enhanced safety visit and offer of specialist equipment.

All Junior Officers in the City have received a briefing on Safeguarding and Modern Slavery in the new Junior Officers Handbook to consolidate knowledge in this area.

Stats for Safeguarding children referrals: 16 Child Protection Safeguarding CTN's were reported for this period. Following a Home Safety Visit firefighters identified children living in a Hoarding environment and a referral into the Early Help Hub was made.

## What difference did it make?

ESFRS continues to make safeguarding referrals in a timely manner ensuring these are referred to the correct agency. Referrals for Home Safety Visits received under our Care Providers Scheme and those received via child protection plans continue to be prioritised.

Stats for HSV for households with children present: 12 Child Protection referrals were received.

The Service is represented at a wide range of relevant Partnership meetings in the city including Prevent Board, Early Help Hub meetings, Domestic Abuse MARAC, Modern Slavery Meetings and Suicide Prevention Group.



## Expenditure:

		Original Budget	Revised Budget	Actual	Forecast 2015-16	
Staffing	Training Manager	£30,900	£30,900	£14,078	£31,300	
	Business Manager	£50,000	£50,000	£49,985	£51,600	
	Admin Officer	£24,000	£24,000	£23,967	£24,600	
	Agency Cover	£0	£0	£1,165	£16,700*	*Employee costs to be allocated
	Independent Chair	£20,000	£20,000	£23,967	£20,000	
	Staff advertising	£0	£0	£400		
	<b>Total Staffing</b>	<b>£141,400</b>	<b>£141,400</b>	<b>£113,162</b>	<b>£144,200</b>	
Other costs	Serious Case Reviews	£10,200	£10,200	£65,799	£40,300	
	Venue Hire	£1,000	£1,000	£1,967	£1,000	
	Training	£24,740	£24,740	£17,259	£900	
	Insurance	£100	£100	£100	£100	
	Transport Costs	£200	£200	£157	£200	
	Printing	£2,000	£2,000	£2,486	£2,000	
	Office Stationery	£100	£100	£0	£100	
	Telephony	£300	£220	£479	£200	
	Computer Costs	£200	£200	£0	£200	
	Chronolater	£2,300	£2,300	£2,259	£2,300	
	Communications	£2,000	£2,000	£2,310	£2,000	
	Conferences	£1,000	£1,000	£488	£1,000	
	Hospitality	£200	£200	£290	£200	
	Child Death Review Panel	£10,000	£10,000	£10,000	£10,000	
	Monitoring & Evaluation Chair	£2,400	£2,400	£3,450	£2,600	
	Occupational Health Charge	£0	£0	£450	£0	
	DBS Checks	£0	£0	£44	£0	
	Miscellaneous	£0	£0	£1,387	£0	
	<b>Total other costs</b>	<b>£56,740</b>	<b>£56,660</b>	<b>£108,925</b>	<b>£63,100</b>	
<b>Support Service Charges</b>	<b>£19,590</b>	<b>£19,590</b>	<b>£19,590</b>	<b>£30,800</b>		



## Income:

<b>Funded By :</b>		
	Brighton & Hove City Council	£155,410
	Brighton & Hove CCG	£43,780
core	Kent, Surrey & Sussex Community Rehabilitation Company	£5,572
	The Police and Crime Commissioner for Sussex	£12,338
	CAFCASS	£550
<b>Total partner contributions</b>		<b>£196,508</b>
other	NSPCC LIPP Project	£21,387
	ESFRS for publicity materials	£1,855
	CSA Conference	£4,542
<b>Total other contributions</b>		<b>£27,784</b>
Total LSCB Income		£245,433
Total LSCB Expenditure		£241,677
<b>Final underspend</b>		<b>-£3757</b>

Please note that the Board has incurred costs relating to Serious Case Reviews during 2015-16 which will not be paid out until 2016-17 when the review is completed.

**Statutory Members:**

Graham Bartlett, Independent Chair of LSCB

**Brighton & Hove City Council (BHCC):**

Pinaki Ghoshal, Director of Families, Children & Learning  
Helen Gulvin, Assistant Director: Children's Safeguarding & Care  
Jo Lyons (Dr), Assistant Director: Education & Skills  
Peter Castleton, Head of Community Safety

**Sussex Police**

Jason Tingley (T/ Detective Superintendent)

**National Probation Trust**

Andrea Saunders, Director of Public Protection

**Kent Surrey & Sussex Community Rehabilitation Company**

Debbie Piggott, Resettlement Director

**Youth Offending Service**

Anna Gianfrancesco, Head of Service

**CAFCASS**

Nigel Nash, Service Manager

**East Sussex Fire & Rescue Service**

Andy Reynolds, Director of Prevention & Protection

**Schools**

Richard Chamberlin, Roedean School  
Tracy Bowers, Hertford Infant School

**NHS England**

Carol Cassam

**Brighton & Hove Clinical Commissioning Group (CCG):**

Soline Jerram, Director of Clinical Quality and Primary Care  
Jamie Carter (Dr), Designated Doctor  
June Hopkins, Designated Nurse  
Mary Flynn (Dr), Named Doctor (GP representative)

**NHS Trusts**

Sherree Fagge, Chief Nurse, Brighton & Sussex University Hospitals (BSUH)  
Susan Marshall, Chief Nurse, Sussex Community Foundation Trust (SCFT)  
Helen Greatorex, Executive Director of Nursing & Quality, Sussex Partnership Foundation Trust (SPFT)  
Jane Mitchell, South East Coast Ambulance Service Safeguarding

**Domestic Violence Forum**

Gail Gray, Chair, Brighton & Hove Domestic Violence Forum

**Community & Voluntary Sector**

Terri Fletcher, Director, Safety Net

**Lay Members**

Andrew Melrose (Professor)  
Ella Richardson  
Lorna Miller-Cooper  
Signe Gosman  
Stephen Terry (Rev).

**Advisors:**

Ann White (Dr), Named Doctor, SCFT  
Deb Austin, Head of Safeguarding, BHCC  
Debi Fillery, Named Nurse BSUH  
Eddie Hick, Child Protection and Safeguarding Manager, Sussex Police  
Helen Davies, Chair LSCB Monitoring & Evaluation Subcommittee  
Leonie Perera (Dr), Named Doctor, BSUH  
Mia Brown, Brighton & Hove LSCB Business Manager

Natasha Watson, Managing Principal Lawyer, BHCC  
Rebecca Conroy, Principal, City College  
Sue Kelly, Named Nurse, SPFT  
Tom Bewick (Cllr), Lead Member, BHCC Children's Services  
Tom Scanlon, Director of Public Health  
Yvette Queffurus, Named Nurse, SCFT

## Brighton & Hove LSCB

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*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Brighton & Hove Safeguarding Adults Board Annual Report 2015/16**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on 31 January 2017.
- 1.3. Author of the Paper and contact details  
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## **2. Summary**

- 2.1 Provide a short summary of the paper  
This is the annual report of the Brighton & Hove Safeguarding Adults Board for 2015/16. It outlines the work of the Board during this period to achieve its strategic plan, and how partner agencies have implemented the strategy and worked together to improve the safety of adults at risk of harm and abuse, and it sets out future priorities. It also provides data on the number, type, source and demography of safeguarding referrals, and the outcomes of subsequent investigations.



### **3. Decisions, recommendations and any options**

3.1 That the Health and wellbeing Board notes the safeguarding work carried out in 2015/16, and the priorities for 2016/17.

3.2 The Health and Wellbeing Board agree the report for circulation.

### **4. Relevant information**

On April 2015 the Care Act came into force, making Safeguarding Adults Boards statutory, with 3 statutory member organisations, Police, Clinical Commissioning Groups and the Local Authority. A requirement under the Care act is for Safeguarding Adult Boards to produce a yearly progress report, so this annual report is the first statutory annual report.

Brighton & Hove City Council Adult Social Care is the statutory lead for the co-ordination of work for safeguarding adults at risk from harm and abuse. If there is a concern or an allegation made that an adult at risk may be being harmed, the lead role for co-ordinating any enquiry into this rests with Adult Social Care.

The Brighton & Hove Safeguarding Adults Board is multi agency with representation from all statutory organisations, and representation from local groups and organisations who have an interest in safeguarding issues for adults at risk. The Board is co-ordinated by Adult Social Care, and the Board takes a strategic lead in planning work to ensure vulnerable citizens are safeguarded from harm, abuse or exploitation.

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect.

The Safeguarding Adults Board Annual report outlines work carried out across the City during the period of 2015/16, and notes the priorities for 2016/17.

The report is published on the Brighton & Hove City Council website, and circulated to all member organisations of the Safeguarding Adults Board. When the Safeguarding Adults Board webpages go live it will be published there also.



## 4. Important considerations and implications

### Legal

Under the Care Act Safeguarding Adults Boards are a statutory requirement. The overarching purpose of an SAB is to help and safeguard adults with care and support needs. It does this by assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. The SAB should lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. SABs have three core duties. They must develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute; publish an annual report detailing how effective their work has been; and commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these. and must produce a yearly progress report. Statutory guidance requires the annual report to detail what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any ongoing reviews.

*Natasha Watson 19.01.17*

### 4.2 Finance

The Brighton & Hove Safeguarding Adults Board received income from the Local Authority (£16k), Sussex Police (£10k) and Brighton and Hove Clinical Commissioning Group (£12k). These contributions, totalling £38k, cover the modest running costs of the board and do not provide any capacity to develop the board's function and profile.

This funding is assumed going forward.

Finance Officer consulted: Sophie Warburton      Date: 18/01/2017

### 4.3 Equalities

There are no specific equalities issues for the HWB in relation to this report. An Equality Impact assessment has been carried out for



safeguarding work. Positive joint working in this area will ensure that the most vulnerable citizens are supported to access the justice system, and will improve prevention of harm and abuse.

4.4 Sustainability

There are no sustainability issues for the HWB in relation to this report.

4.5 Health, social care, children's services and public health

**5 Supporting documents and information**

Brighton & Hove Safeguarding Adult Board annual report 2014/15.



# **Brighton & Hove Safeguarding Adults Board**

**Annual Report  
2015/16**



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



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

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

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

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

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

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

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

A handwritten signature in black ink, appearing to read 'G. Bartlett', written in a cursive style.

## 2. Progress Report

### 2.1 Progress on Key Priorities 2015-16

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

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

#### **Brighton & Hove Safeguarding Adults Board (SAB)**

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

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

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

#### **Learning Together to Safeguard the City**

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

#### **Safeguarding Statutory Requirements and Quality Assurance**

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

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

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

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

### **Mental Capacity and Deprivation of Liberty Safeguards (DoLS)**

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

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

### **Safeguarding Adult Reviews**

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

2.2 Key Priorities for 2016-17

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

2016 – 2019

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

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

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

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



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

**Priority Area 2: Develop and strengthen quality assurance**

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

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

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

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

<p>outcome measures, which effectively capture the adult's views and wishes, and clearly demonstrate the impact of safeguarding interventions.</p>		<p>and wishes, and clearly demonstrates the impact of safeguarding interventions. The SAB priorities and activities (especially around audit, communications and training) is informed by the multi-agency data set.</p>
<p><b>Priority Area 3: Focus on Prevention and Early Intervention</b></p> <p><b>We are focusing on ensuring that agencies and the whole community focus on preventing abuse happening in the first place and providing the right support at an early stage because stopping abuse or nipping problems in the bud result in better outcomes for adults and prevent more disruptive, intrusive and expensive interventions further down the line.</b></p> <p><b>Outcome for Adults: Their risk of being abused or neglected is minimised or, where prevention has not been possible, everything they wish to be done is done to stop it getting any worse.</b></p>		
<b>Objectives</b>	<b>Accountability</b>	<b>Success Criteria</b>
<p>3a. Develop mechanisms and relationships which enable people to live independently by being supported to manage risk to themselves</p>		<ul style="list-style-type: none"> <li>• The SAB engages effectively with all agencies, commissioners and bodies to ensure that resourcing and priorities are focused towards enabling independent living where possible.</li> <li>• The SAB observes that all agencies embed in their service the enablement of adults to identify and manage risk of abuse and neglect for themselves thereby enhancing their ability to live both safely and independently.</li> </ul>
<p>3b. Promote a system whereby people are able to protect themselves from abuse and Neglect including self-neglect.</p>	<p><b>Participation and Engagement Sub Group/ Participation and Engagement Sub Group/ Training Sub Group</b></p>	<ul style="list-style-type: none"> <li>• The SAB's communications, training and audit ensure that agencies and the partnership are pro-active in developing and supporting people's resilience to abuse.</li> <li>• The SAB promotes pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity.</li> <li>• The SAB, through a range of communications and engagement activities develops clients and carers awareness of the risk and causes of self-neglect enabling them to access support suitable to their wishes and needs at the earliest opportunity.</li> </ul>

3c. Develop community resilience and awareness to promote effective early support and intervention and reporting / referral where necessary	<b>Participation and Engagement Sub Group</b>	<ul style="list-style-type: none"> <li>• The SAB undertakes awareness campaigns which raise the profile of the nature of abuse and neglect within the financial sector, businesses, third sector organisations and statutory bodies.</li> <li>• The SAB sees an increase in the reporting of abuse and neglect arising from greater awareness, understanding and engagement from communities and all sectors.</li> </ul>
<p><b>Priority Area 4: Community Awareness and Capacity Building</b></p> <p><b>We are focusing on raising the profile and resilience against safeguarding because the more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it the better vulnerable people can be protected.</b></p> <p><b>Outcome for Adults: More people can act as their eyes and ears and provide support, interventions and seek help and interventions should they witness or suspect abuse or neglect is happening.</b></p>		
<b>Objectives</b>	<b>Accountability</b>	<b>Success Criteria</b>
4a. Develop engagement mechanisms to enable service users, carers, communities and voluntary sector to inform the priorities and focus of the Safeguarding Adults Board ensuring that it improves outcomes for people.	PASA Sub Group	<ul style="list-style-type: none"> <li>• The SAB has in place effective strategies and mechanisms that enable it to hear, understand and embrace the views and concerns of service users, carers, communities and voluntary sector in its priority and activity setting.</li> <li>• The SAB has effective service user representation at its Board and relevant sub groups to ensure appropriate challenge and that the concerns and wishes of vulnerable adults are central to its work.</li> </ul>
4b. Work with existing engagement and consultation arrangements to identify high risk geographic and demographic communities to enable greater agency awareness of the nature of safeguarding and support and remedies available.	Participation and Engagement Sub Group	<ul style="list-style-type: none"> <li>• The SAB uses a range of existing networks and mechanisms to identify communities where the awareness around abuse and neglect may be under developed.</li> <li>• The SAB uses the existing networks to heighten communities' awareness of the nature and prevalence of safeguarding issues enabling them to become more alert and vigilant, equipping them with the knowledge of where, to who and how concerns can be raised.</li> </ul>

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

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

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

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

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

## Safeguarding Adults Board Sub Groups 2017

\*Further information

### Practitioners Alliance of Safeguarding Adults (PASA)

Chair: Jackie Grigg, Money Advice Plus

### Task & Finish (T&F)

Chair: TBC – to be agreed when required

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

### Quality Assurance (QA) Sub Group

Chair: Rob Persey, Executive Director, HASC BHCC

### Safeguarding Adult Review (SAR) Sub Group

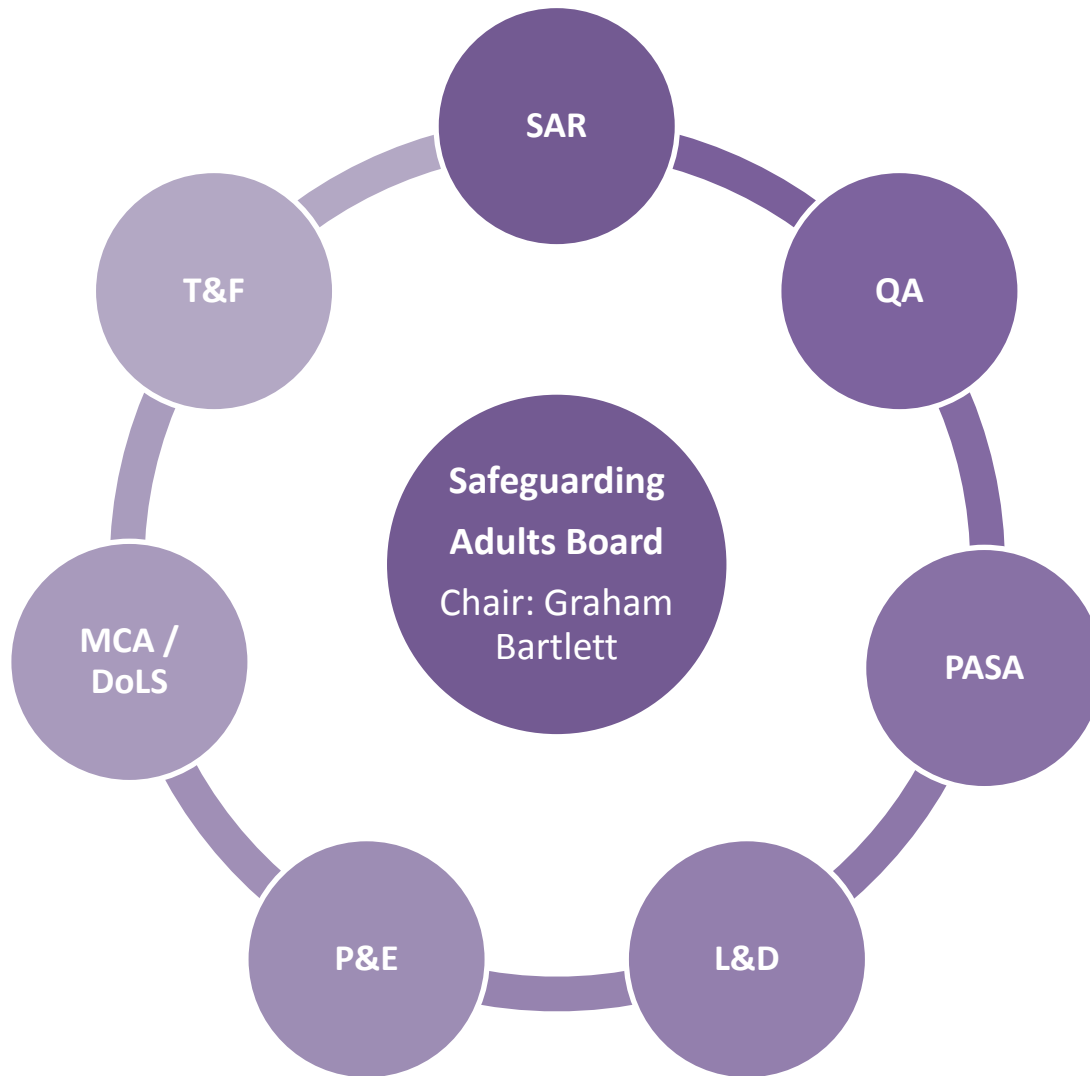
Chair: Roland Marden, Healthwatch

### Participation & Engagement (P&E)

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

### Learning & Development (L&D)

Chair: David Kemp, ESFRS



### 3. Performance and Practice 2015-16

#### 3.1 Summary of Main Points to Note

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

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

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

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

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

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

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

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

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

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

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



- enable the adult to achieve resolution and recovery.

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

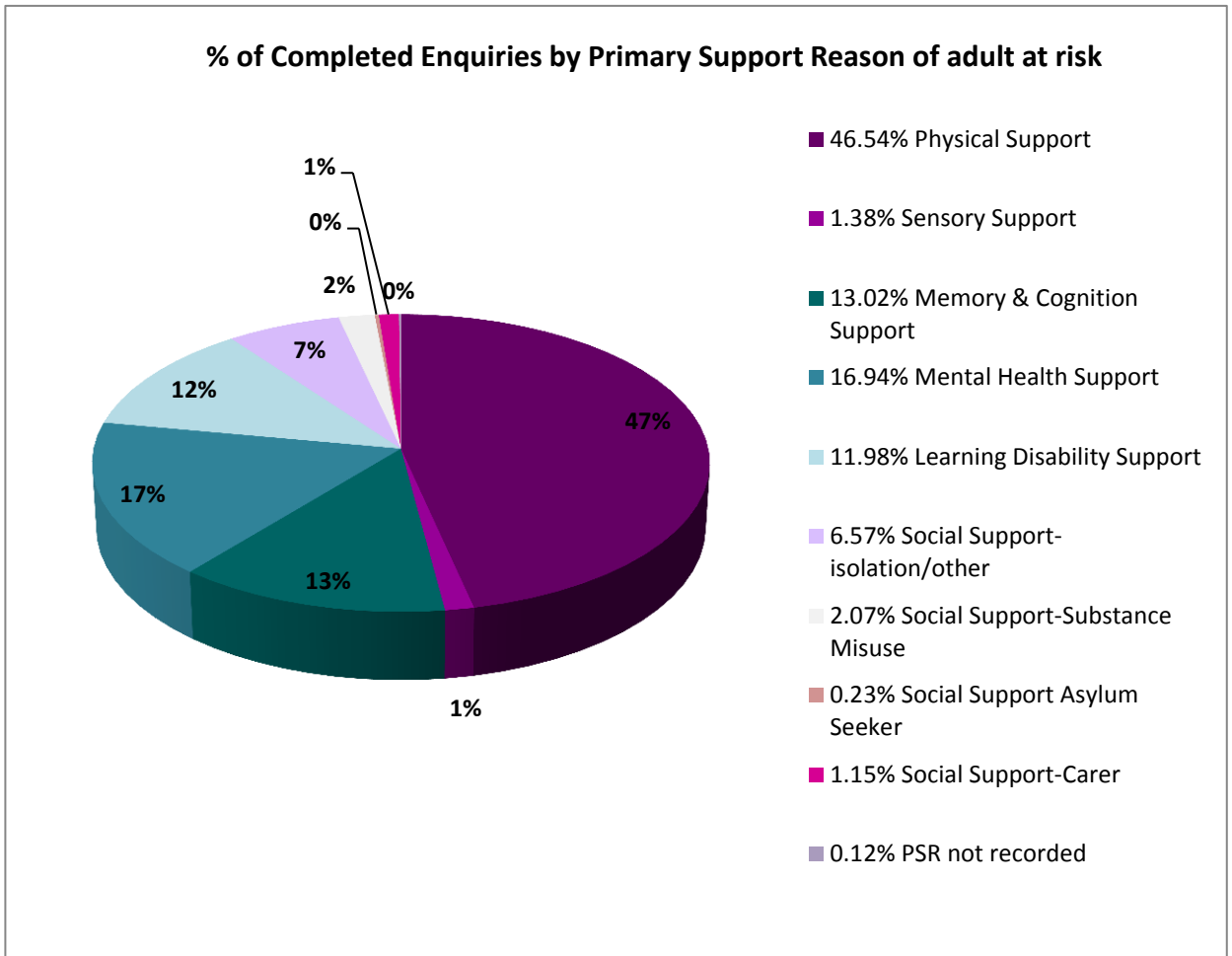
4) The table below shows some additional information available from completed enquiries.

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

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

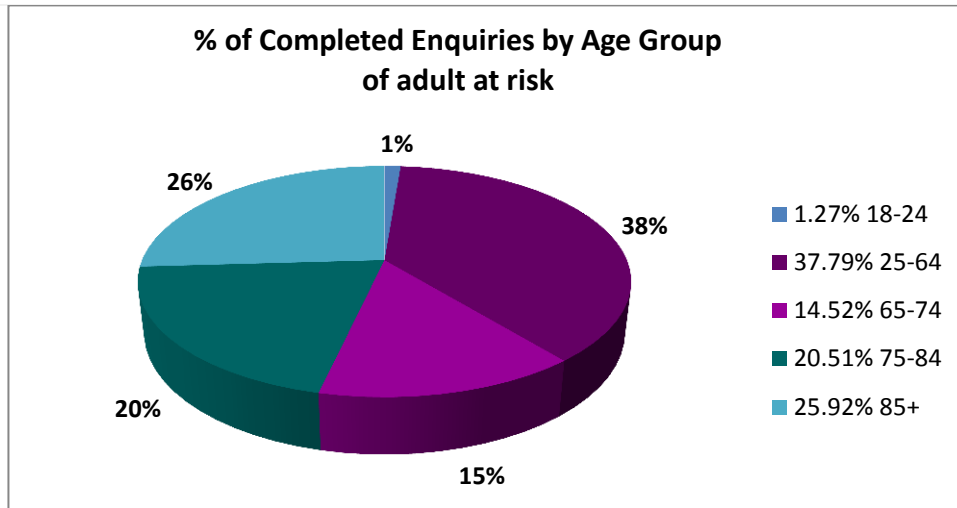
5) The following data below is taken from 868 completed enquiries during the period of 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016 inclusive.

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



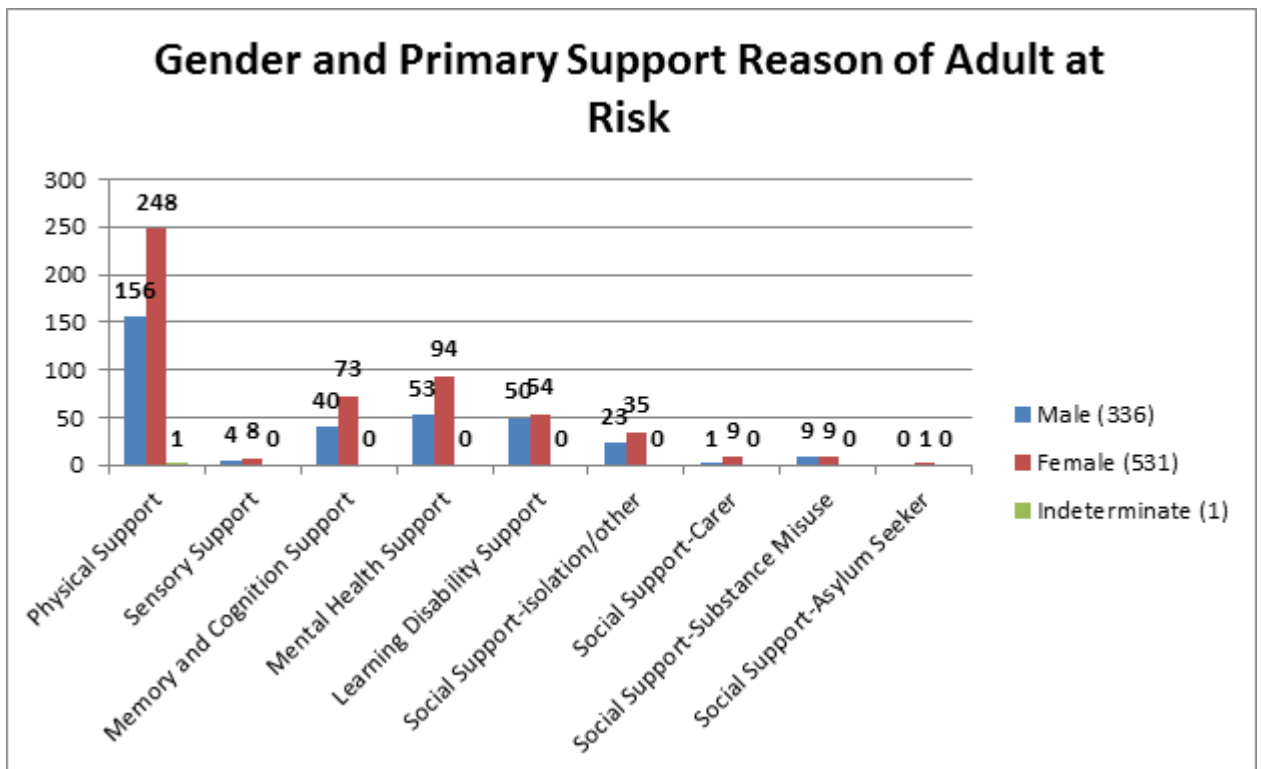
**Figure 1: Percentage of Investigations by Primary support Reasons of Adult at Risk**

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



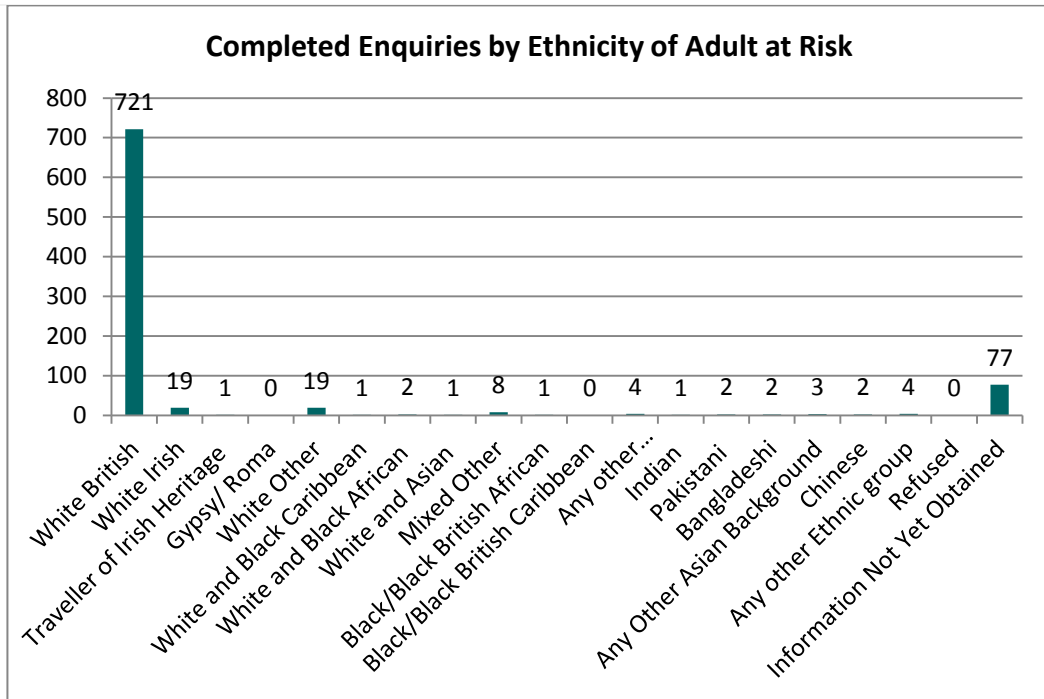
**Figure 2: Percentage of Completed Enquiries by age group of adult at risk**

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



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

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

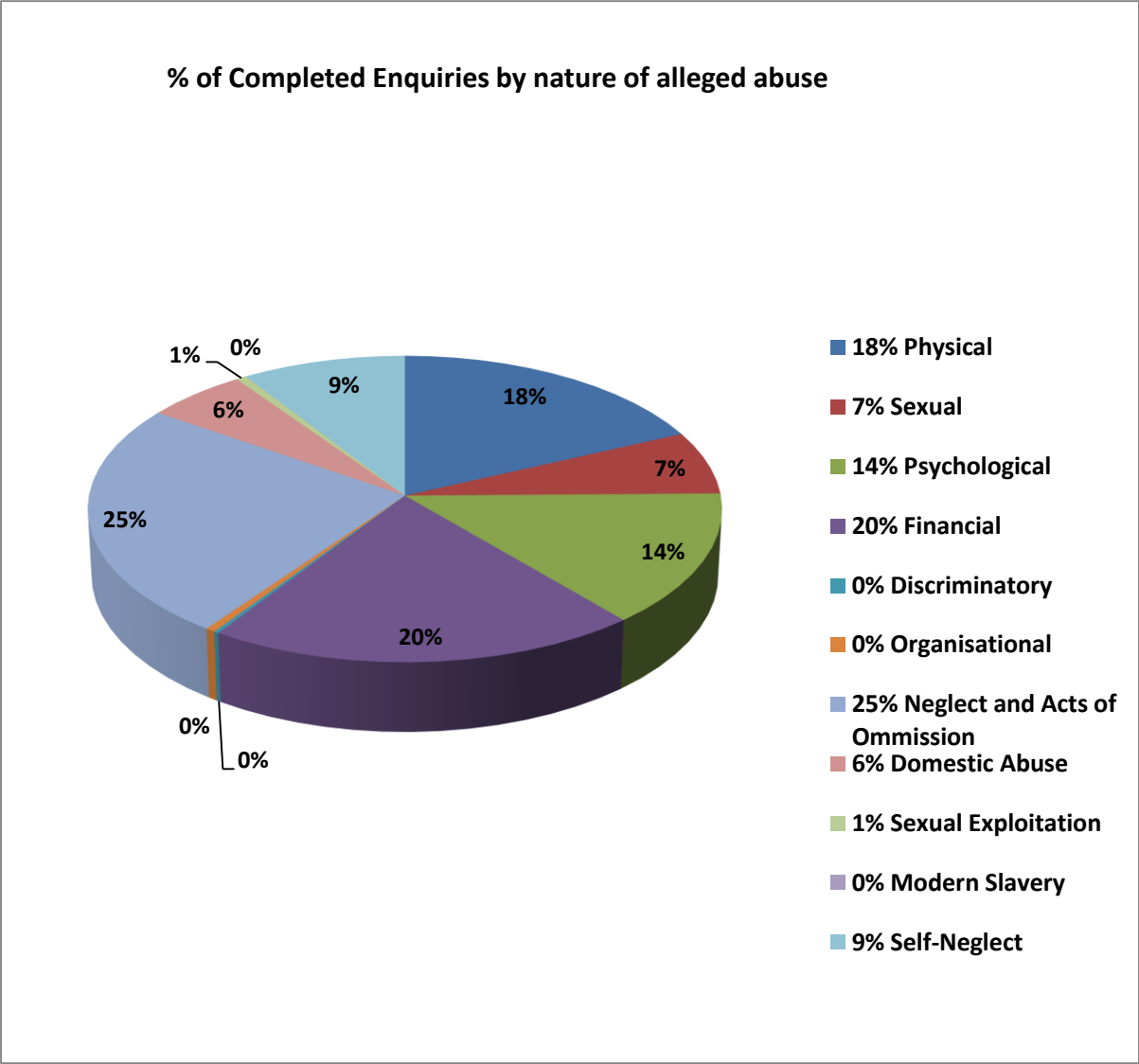


**Figure 4: Number of Investigations by Ethnicity of the Adult at Risk**

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

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

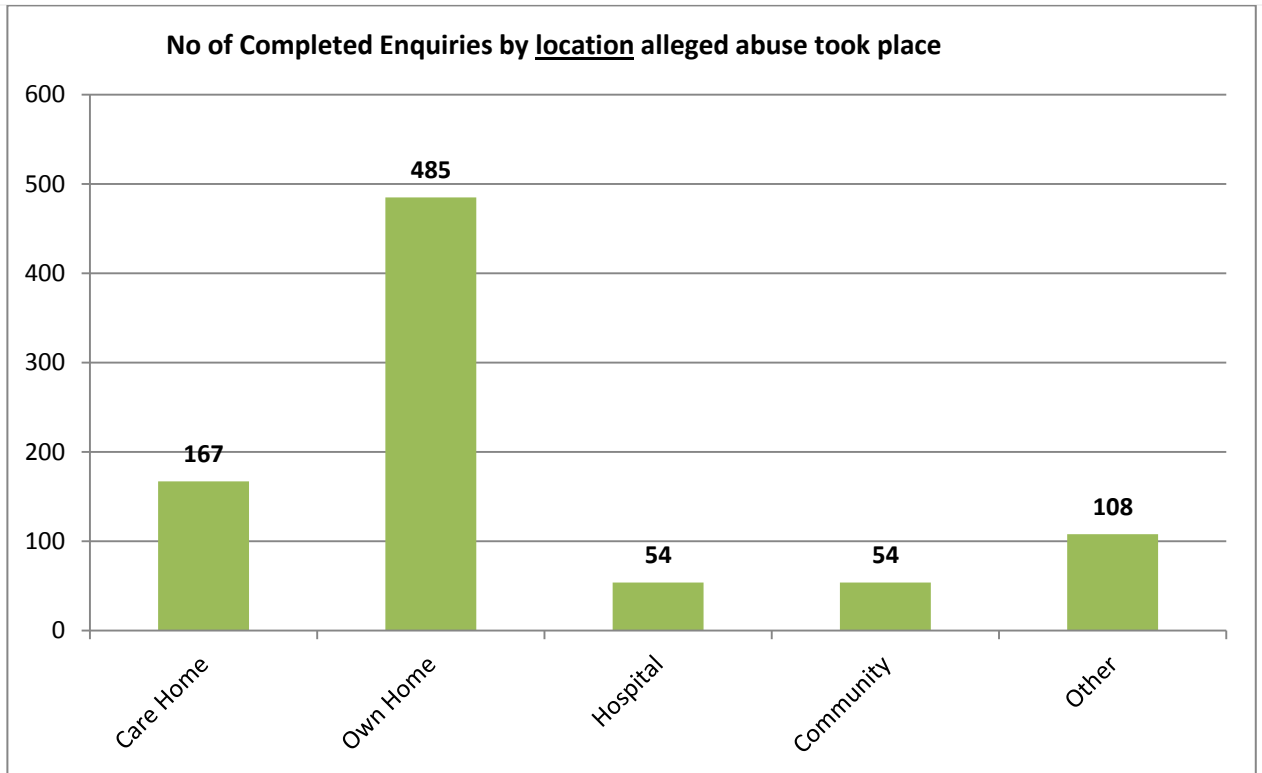
From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low compared to the percentage of residents from BME groups as a whole at 19.5%. However, this data does not take into account ages. A high percentage of safeguarding enquiries is regarding people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



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

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

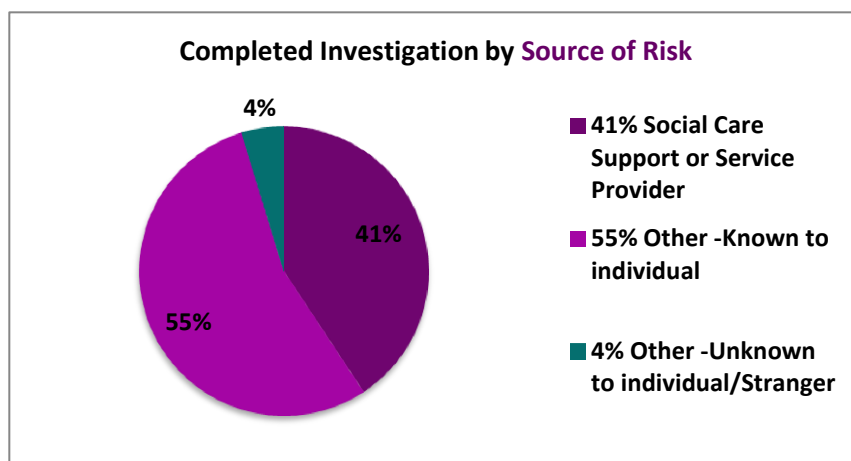
It must be noted that this data is based on the first type of abuse recorded in each enquiry to provide an idea of the spread. Multiple categories of abuse can be noted as part of one enquiry.



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

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

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



**Figure 9: Percentage of Investigations by Alleged Source of Risk**

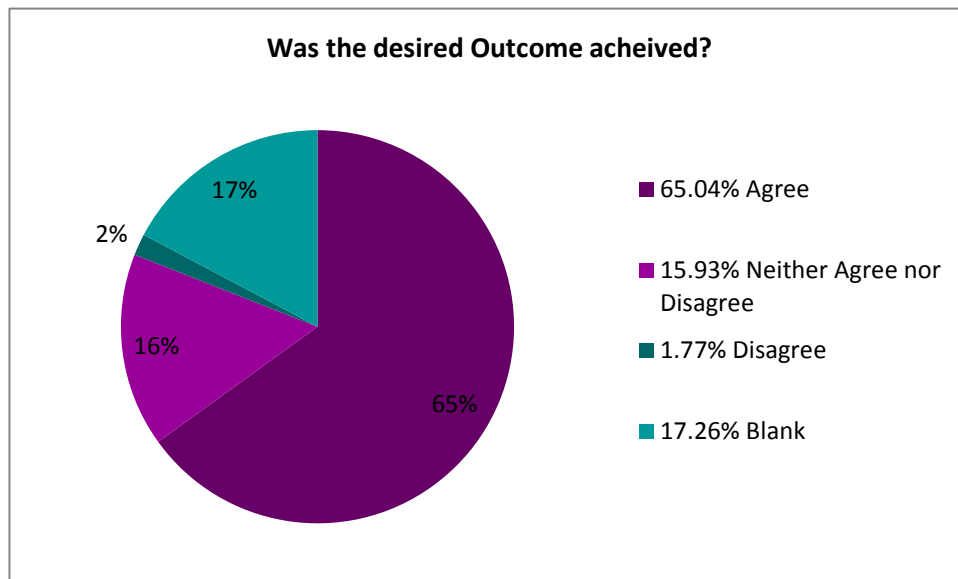
Figure 9 shows the percentage and number of enquiries broken down into the alleged source of risk to the person affected.

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

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

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

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



**Figure 10: Was the desired outcome achieved for the individual**

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

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

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

## 4. Safeguarding Adults Board Member Organisation Reports

### 4.1 Brighton & Hove City Council Adult Social Care Assessment Services

#### **General overview of the year 2015-16:**

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

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

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

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

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

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

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

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

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



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

### **Future plans / priority areas for 2016/17**

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

#### **Carolyn Woods**

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

## **4.2 Sussex Police**

### **What have we done?**

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

### **How well did we do it?**

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

### **What Difference did it make?**

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

## Priority area 1:

### Care Act 2014 and the Mental Capacity Act 2005

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

### Competent and well-informed workforce

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

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

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

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

## Priority area 2: Develop and strengthen quality assurance

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

## Priority area 3: Focus on Prevention and Early Intervention

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

**Future plans / priority areas for 2016/17**

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

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

**Stuart Hale**

Temporary Detective Chief Inspector  
Sussex Police

**4.3 Brighton & Hove Clinical Commissioning Group**

**Domestic Violence and Abuse**

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

**Prevent**

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

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

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

**Training**

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

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

[www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event](http://www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event)

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

For further information on the Law commission review see [www.lawcom.gov.uk/?s=DoLS](http://www.lawcom.gov.uk/?s=DoLS)

### **Safeguarding Enquiries**

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

### **Pan Sussex**

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

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

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

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

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

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

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

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

per organisation.

### **Recent Case Law Implications for Health Providers**

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

### **Domestic Homicide Review (DHR)**

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

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

### **Mental Health Homicide Investigation(MHHI)**

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

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

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

### **Assurance and Accountability**

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

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

### **Primary Care**

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

### **Wider Safeguarding Adults’ Initiatives**

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

## How well did we do it?

### Domestic violence and abuse

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

### Prevent

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

### Training

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

### Safeguarding enquires

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

### BIA & DoLs

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

### Assurance & Accountability Tool

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

### What difference did it make?

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

## Priority area 1:

### Care Act 2014 and the Mental Capacity Act 2005

#### Empowerment

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

### **Prevention**

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

### **Proportionality**

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

### **Protection**

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

### **Partnership**

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

### **Accountability**

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

### **Competent and well-informed workforce**

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

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

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

[www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event](http://www.gp.brightonandhoveccg.nhs.uk/primary-care/quality-streets-ahead-event)

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

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

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

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

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

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

### **Priority area 2: Develop and strengthen quality assurance**

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

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

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

### **Future plans / priority areas for 2016/17**

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

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



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

**Soline Jerram**

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

**Candy Gallinagh**

Designated Nurse for Safeguarding Adults  
Brighton & Hove Clinical Commissioning Group

**4.4 Adult Social Care Commissioning & Contracts Team**

**What have we done?**

**Quality Assurance Groups:**

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

**Quality Audits/inspections:**

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

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

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

**Quality Monitoring Team:**

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

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

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

**Health Watch/Impetus:**

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

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

**Carers**

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

**Care Governance Board**

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

**Care Home Programme**

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

**Supporting care workers with health related tasks:**

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

**New Care Home Contract**

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

**People who are homeless**

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

**Home Care Contract**

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

**Hospital Discharge**

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

**Transforming Care**

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

**How well did we do it?**

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

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

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

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

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

### **What difference did it make?**

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

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

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

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

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

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

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

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

### **Competent and well-informed workforce**

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

Monitoring Team through audit activity

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

### **Priority area 2: Develop and strengthen quality assurance**

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

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

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

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

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

### **Future plans / priority areas for 2016/17**

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

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

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

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

#### 4.5 Partnership Community Safety Team (PCST)

##### What have we done?

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

##### How well did we do it?

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

##### What difference did it make?

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

##### Priority area 1:

##### Care Act 2014 and the Mental Capacity Act 2005

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

##### Competent and well-informed workforce

### **Priority area 2: Develop and strengthen quality assurance**

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

### **Future plans / priority areas for 2016/17**

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

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

### **Peter Castleton**

Head of Community Safety  
Brighton & Hove City Council

## **4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)**

### **What have we done?**

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

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

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

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

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

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

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

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

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

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

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

### **How well did we do it?**

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

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

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

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

### **What difference did it make?**

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

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

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

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

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

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

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

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

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

### **Competent and well-informed workforce**

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

Reported figures show Safeguarding Adults training is at 54%

Reported figures show MCA & DoLS training is at 60%

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

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

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

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

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

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

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

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

## **Priority area 2: Develop and strengthen quality assurance**

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

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

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

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

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

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



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

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

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

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

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

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

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

### **Future plans / priority areas for 2015/16**

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

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

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

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

### **Joanna Henderson**

Lead Nurse Safeguarding Adults  
Brighton and Sussex University Hospitals NHS Trust

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

#### **What did we do?**

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

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

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

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

#### **How well did we do it?**

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

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

Cases referred to the Court of Protection remain problematic.

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

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

#### **What difference did it make?**

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

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

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

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

#### **Competent and well-informed workforce**

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

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

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

### Priority area 2: Develop and strengthen quality assurance

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

### Priority area 3: Focus on Prevention and Early Intervention

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

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

### Future plans / priority areas for 2016/17

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

#### Tracy John

Assistant Director

Housing, Brighton & Hove City Council

#### 4.8 South East Coast Ambulance Service (SECAMB)

##### Overview of 2015-16

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

##### 3 Key Achievements in 2015-16

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

### 3 Key Challenges in 2015-16

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

### Future Plans 2016 – 2017

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

**Jane Mitchell**

Safeguarding Lead

South East Coast Ambulance Service

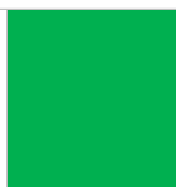
## 4.9 Sussex Community NHS Foundation Trust (SCFT)

### What have we done?

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

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

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

**How well did we do it?**

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

**What Difference did it make?**

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

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

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

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

**Competent and well-informed workforce**

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

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

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

**Source: SCFT Education and Training Department**

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

### **Priority area 2: Develop and strengthen quality assurance**

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

### **Future plans / priority areas for 2016/17**

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

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

#### **David Feakes**

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

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

##### **What have we done?**

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

Social Workers attend the Practice Development Groups run by BHCC.

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

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

##### **How well did we do it?**

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

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

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

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

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

##### **What difference did it make?**

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

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

Social Workers attend the Practice Development Groups run by BHCC.

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

##### **Priority area 1: Competent and well-informed workforce**



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

#### 2015/16 Brighton and Hove completions

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

#### Brighton and Hove Compliance ( including 2014/15)

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

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

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

#### Priority area 2: Develop and strengthen quality assurance

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

Staff attend the Practice Development Groups offered by BHCC.

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

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

#### Priority area 3: Focus on Prevention and Early Intervention

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

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

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

### Future plans / priority areas for 2016/17

#### Trust wide:

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

#### Brighton and Hove

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

#### Andy Porter

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

### 4.11 East Sussex Fire and Rescue Service (ESFRS)

#### General Overview of the year 2015-16

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

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

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

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

### Evaluation in relation to goals set in 2014-15 report

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

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

### How well did we do it?

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

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

### **What difference did it make?**

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

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

#### **Empowerment**

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

#### **Prevention**

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

#### **Proportionality**

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

#### **Protection**

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

#### **Partnership**

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

#### **Accountability**

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

### **Competent and well-informed workforce**

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

- Mental Capacity Act

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

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

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

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

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

### **Priority area 2: Develop and strengthen quality assurance**

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

### **Future plans / priority areas for 2016/17**

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

#### **Andy Reynolds**

Director of Prevention & Protection  
East Sussex Rescue & Fire Service

**4.12 Practitioner Alliance for Safeguarding Adults (PASA)**

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

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

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

**Activities in the year**

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

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

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

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

**PASA Members**

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

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

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

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

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

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

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

### **How well did we do it?**

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

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

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

### **What difference did it make?**

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

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

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

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

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

### **Competent and well-informed workforce**

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

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

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

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

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

### **Priority area 2: Develop and strengthen quality assurance**

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

### **Priority area 3: Focus on Prevention and Early Intervention**

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

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

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

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

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



for help following an assessment of housing need.

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

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

#### **Future plans / priority areas for 2015/16**

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

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

#### **Samuel Newbold**

Head of Service (Resettlement)

Kent, Surrey & Sussex Community Rehabilitation Company

#### **4.14 Healthwatch Brighton & Hove**

##### **What have we done?**

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

##### **How well did we do it?**

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

##### **What difference did it make?**

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

##### **Priority area 1:**

##### **Care Act 2014 and the Mental Capacity Act 2005**

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

### Competent and well-informed workforce

We did not deliver services.

### Priority area 3: Focus on Prevention and Early Intervention

We did not deliver services.

### Future plans / priority areas for 2015/16

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

#### David Liley

Chief Executive Officer,  
Brighton & Hove Healthwatch

#### 4.15 National Probation Service (NPS)

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

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

#### Andrea Saunders

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

#### 4.16 Safeguarding Adults Multi-Agency Training Strategy Sub Group

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

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

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

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

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

**Tim Wilson**

Development Manager  
Organisational and Workforce Development  
Brighton & Hove City Council

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

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

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

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

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

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

##### DoLS Data for Brighton & Hove

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

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

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

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

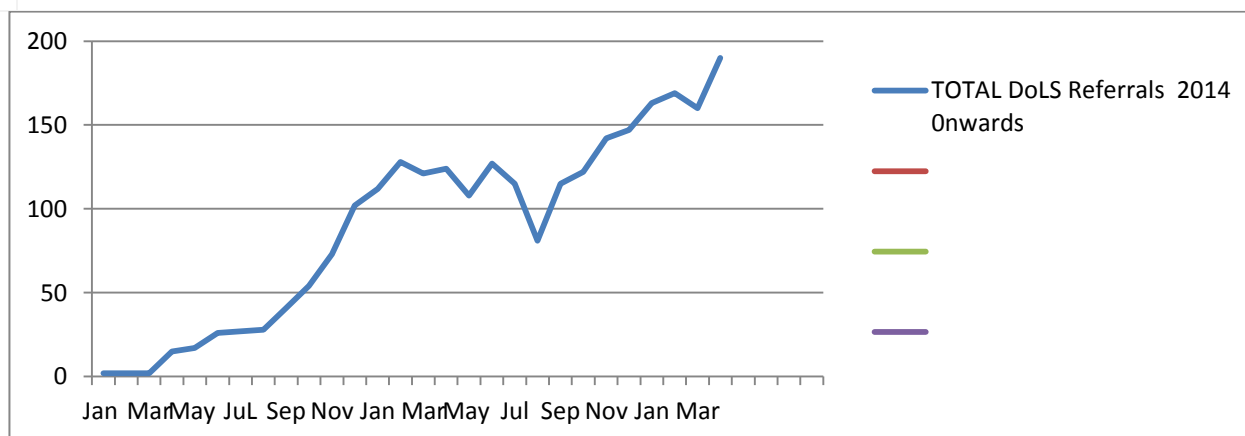


Figure 11 DoLS Referrals Jan 2014- April 2016

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

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

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

### Income

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

### Expenditure

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

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





*Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults as well as Healthwatch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.*

## **1. Title of Paper : Corporate Parenting Strategy**

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 31<sup>st</sup> January 2017.
- 1.3 Author of the Paper and contact details: Helen Gulvin – Assistant Director of Children’s Services – Brighton & Hove City Council, [helen.gulvin@brighton-hove.gcsx.gov.uk](mailto:helen.gulvin@brighton-hove.gcsx.gov.uk)

## **2. Summary**

This paper is the final version of the revised Corporate Parenting Strategy for 2016-19 which is presented for approval.

Work was undertaken to revise the existing Corporate Parenting Strategy 2013-16. As a result the revised draft Corporate Parenting Strategy 2016-19 was presented to the Corporate Parenting Board on 17<sup>th</sup> October 2016, following a 3 month consultation process with looked after children, key partners and Members.



### **3. Decisions, recommendations and any options**

- 3.1 This paper is the final version of the revised Corporate Parenting Strategy for 2016-19 which is presented for approval.
- 3.2 It is recommended that the Board approves the Strategy and supports the recommendations and declarations of intent contained within.
- 3.3 That the Board agree to adopt the revised Corporate Parenting Strategy 2016-19 and for this to be disseminated and circulated across Brighton & Hove.

### **4. Relevant information**

An overview of the Corporate Parenting Strategy is set out at page 16 of the attached document and details our declarations of intent.

The purpose of this strategy is to outline a vision of our role as corporate parents and to ensure that we are all working together to achieve common goals and ambitions for our children and young people in care to Brighton and Hove City Council and care leavers. As partner agencies, we recognise that the best outcomes for children looked after and care leavers can only be achieved through effective partnership working.

The strategy has been developed using information from a range of sources to ensure that it reflects what is most important to children looked after and care leavers in Brighton & Hove. This included the following;

- Consultation with children looked after via 'Our Choice' – 3 days of activities
- Feedback questionnaires with children attending the Children in Care Council
- Workshops with corporate parents

This strategy sits alongside our Pledge to children looked after and care leavers which outlines to children and young people our commitments to them, and the support they can expect from us.

The Brighton & Hove Pledge is a set of promises that set out the support and care we will provide to children looked after and those preparing to leave care. It has been written with our Children in Care Council and the



format of the two age-related pledges has been designed by a young person who has left care.

The Pledge (outlined at page 18-19 of the Strategy) sets 6 key statements/pledges demonstrating the commitment of councillors and staff to enable children in care to achieve to the best of their ability and comparable to their peer group. We want all of our children to live full, active lives and become confident individuals, responsible citizens and contributors These Pledges are:

1. We will involve you in making choices and decisions about you
2. We will keep you safe
3. Your Health and Activities
4. Your Education, Employment and training
5. Where you live
6. Preparation for the Future.

Our Vision is set out at Page 17 of the strategy and outlines that: “Brighton and Hove should be the best place in the country for children and young people to grow up. We want to ensure all children and young people have the best possible start in life, so that everyone has the opportunity to fulfil their potential, whatever that may be”.

“Love us like your family, love us like we are your own” is a key message from our looked after children.

Brighton & Hove is committed to being an effective, caring, and ambitious corporate parent. We must care *about* our children in care, not just *for* them, and ensure the same standard of care as any good parent. We will ensure that children and young people feel safe and secure, have stability in their lives and that we help them to achieve their full potential by supporting them in fulfilling their ambitions and aspirations.

The Corporate Parenting Strategy requires all partners to own what their organisation brings to the table and what is committed to provide for Children In Care(CIC) - this in the context of all organisations being aspirational for CIC and those being supported as a young adult under the terminology of ‘ Leaving Care’. This involves a commitment by agencies to deliver the best services we can for our Children in Care and for each agency to detail what this looks like.

The Final Page of the Corporate Parenting Strategy sets out the following key things we have agreed to do in 2016-19 :

2016-17

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- **Care Leavers Trust:** A fund is being established to support young people when they leave care at the age of 18 to increase the opportunities available to them. This will bring together charitable donations from a range of individuals and businesses. All young people leaving care will be able to apply to the fund. Any money awarded will be in addition to the money and grants that already exists for care leavers.
- **Social Work Profiles:** As part of the relationship based social work, all workers will exchange a 'profile' of themselves with children and families. The social work profile will include personal as well as professional information about the social worker. The young person will also complete their own profile which they can exchange with their social worker.
- **Provide an additional mental health resource** within social work pods to support young people, carers and social workers and to link with mainstream mental health services.

2017-18

- **The Children in Care Council** will be actively involved in the recruitment and training of foster carers.
- **Increase the visibility of children in care and care leavers** by putting anonymised case summaries and video clips of their achievements on the BHCC internal website, the Wave.
- **Launch the Asdan Independent Living Skills Programme** with children looked after from the age of 16
- **Corporate Parenting Mentors** We will link senior officers with children looked after and care leavers to enable the development of their aspirations and interests in future employment options and developing a strategic partnership with Brighton and Hove Connected.

2018-19

- **Develop a Training Module for Managers** in BHCC to support care leavers employed in apprenticeships.
- **Foster carers to develop profiles** that young people can see before they move to the placement.
- **Care Leaver Mentoring Scheme** for younger children looked after.

## 5. Important considerations and implications

Legal:



- 5.1 Corporate Parenting describes the responsibilities that all elected members and employees of Brighton & Hove City Council and its partner organisations have towards the children and young people in the care of the local authority

The Children and Young Persons Act 2008 places a statutory duty on all parts of a local authority to co-operate in promoting the welfare of children and young people in care and a duty on other partners and agencies to co-operate in fulfilling that duty

The strategy sets out the ways in which the local authority and other agencies can meet their statutory and ethical obligations and pledges to some of the most vulnerable children in the city, for whom the state by way of the local authority has adopted legal responsibility in a role as corporate parent.

Lawyer consulted: Natasha Watson Date: 11.1.17

Finance:

- 5.2 There are significant financial pressures on services for Children in Care and Social Work that will need to be closely monitored going forwards to ensure that the Corporate Parenting Strategy can be met from within existing financial resources.

Finance Officer consulted: Louise Hoten Date:11.1.17

- 5.3 Equalities :

There are no specific equalities issues for the Health & Wellbeing board in relation to this report regarding the Corporate Parenting Strategy.

Sustainability:

- 5.4 There are no specific Sustainability issues for the Health & Wellbeing board in relation to this report regarding the Corporate Parenting Strategy.



Health, social care, children's services and public health:

5.5 Given the central focus of the Corporate Parenting Strategy on health and social care this is already covered within the paper.

## **6. Supporting documents and information**

6.1 Draft Corporate Parenting Strategy (attached).





# Brighton & Hove's Corporate Parenting Strategy: 2016-19

### **Acknowledgements**

Thank you to the children and young people who participated in the 'Your Choice' 3 day group work programme 23-25<sup>th</sup> Aug 2016. Without your involvement it would have been difficult to write the corporate parenting strategy as your wishes and feelings are central to its development. Thank you also for the excellent artwork which you produced and which has been used throughout the strategy document.

Thank you also to Tina James, Quality Assurance Programme Manager, for her invaluable support in writing this strategy.





# Preface

**Dear Corporate Parent,**

**You are responsible for looking after us. Yes – YOU. You might not feel like you are; you are definitely not our Mum or Dad. But, you are our ‘Corporate Parent’, and we are your Corporate Children.**

**A few of us got together over the summer to have a bit of a think about how you’re doing. You’re doing all right but we noticed that there were some common things that you, and people that work for you get wrong.**

**We’re not going to go through and list them, but we had some ideas about things you could do to make sure you are being better Corporate Parents, for us, your corporate children.**

**But before you do that, we want to offer to you a challenge. We are often being asked our opinions about how things work and what could be better yet we see very little change. Some of us don’t even believe you will read this letter, let alone do anything about it. Some of us don’t think you will act at all on the advice we give in this letter in a meaningful way.**

**Prove us wrong.**

**From,**

**Children and young people who attended the ‘Our Choice’ activity days in August 2016.**



Dear Children in Care and Care Leavers,

The first thing I want to say is that I did read your letter - every word of it. And it touched me deeply. I am one of 54 councillors and 'corporate parents' elected to Brighton and Hove City Council. But more importantly, I was a looked after child from the age of 6. After years of foster care and social workers, I left school with few qualifications. Life was tough for a while, until I got the chance to volunteer on an overseas community project that would change the rest of my life.

As lead councillor for children and a former foster child, I bring to my role a steely determination to be both resilient and ambitious. Ambitious for you and all our looked after children. I've said to social workers that I want our city to be the best place to grow up in care. Whatever your specific background or challenges, 'being in care' is not something you should ever feel ashamed of.

Today, I run a successful small business and I have three children of my own. I love them dearly. I take an interest in who they are as individual characters and what they want to do in life. Like all families, we can fall out. But it is that strong bond of love and shared trust that always brings us back together.

You've given me a renewed resolve to ensure our children never again think 'you won't read this'. I want children who are looked after by us to never doubt that 'we love them as our own'. My children never doubt that I will not listen, not fight for them, not ensure their own individual needs are met and support them to dream and to achieve their dreams. All our children have an amazing capacity; they do not want to be seen as different but they are special. You are our children, and we love you as we would love our own. Our children demand special treatment, they need excellent focused services, there should be no gap to impair any recovery or development need. This strategy demonstrates this commitment across Agencies and the Local Authority and will be a living document. We will ensure that we work with every child and young person to ensure their demands are met.

You have my word.

**Cllr Tom Bewick, Chair of the Children, Young People and Skills Committee**

17<sup>th</sup> October 2016

# Brighton & Hove's Corporate Parenting Strategy

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## Dear Corporate Parent.....

To embed the voice of our looked after young people throughout the Corporate Parenting Strategy the BHCC Youth Service Advocacy & Participation team delivered a three-day group work programme 'Your Choice' with children and young people in August 2016. The aim of the programme was to find out from children and young people how we were doing as their corporate parents. Over three days children and young people designed the art work for the Corporate Parenting Strategy and provided feedback about the CiC Pledge and Care Leaver's Pledge.

The priority throughout was to listen to young people and act on what they tell us, ensuring that their voices were heard throughout the strategy. At the end of the 3 days, children & young people compiled a letter to their Corporate Parents;

Dear Corporate Parent,

You are responsible for looking after us. Yes – YOU. You might not feel like you are; you are definitely not our Mum or Dad. But, you are our 'Corporate Parent', and we are your Corporate Children.

A few of us got together over the summer to have a bit of a think about how you're doing. You're doing all right but we noticed that there were some common things that you, and people that work for you get wrong.

We're not going to go through and list them, but we had some ideas about things you could do to make sure you are being better Corporate Parents, for us, your corporate children.

But before you do that, we want to offer to you a challenge. We are often being asked our opinions about how things work and what could be better yet we see very little change. Some of us don't even believe you will read this letter, let alone do anything about it. Some of us don't think you will act at all on the advice we give in this letter in a meaningful way.

Prove us wrong.

We understand that we can't always get what we want, and that sometimes you and those that work with you will make decisions

which we don't like, but please make sure you are gentle with us. Like most young people, we often don't get what we want, but just because this is common with 'most teenagers' doesn't mean it is always okay. We still need help dealing with this and we need you to be understanding about the situation. Have time for us and understand that if we have been told that we will get a certain outcome and then that doesn't come about, it hurts. Please be able to comfort us.

A lot of us felt that at times whilst we have been in your care, we have been told things just to make us comply or to keep our hopes up. This is not okay; it's the main reason we have when we are struggling to trust you, just tell us the truth and give us the facts – always. We want you to be more 'trustable'. We are your corporate children and you should always be comfortable talking about issues with us. They will come up at some point so you might as well be straight with us. We do appreciate that it can definitely be hard, but if you love us like your family, love us like we are your own you'd just go ahead and tell it to us.

When we have different ideas about decisions that need to be made, you should still trust and respect what we say. We think those things for a reason and they should be respected even if you disagree. It feels like you guys already have complete power over us and our lives, this makes it very easy for us to be intimidated by you or angry at you with little in between. Because of this it feels bad when our decisions are dismissed. It feels like 'you come in, overrule us, then disappear' and forget about us until next time. At least listen to us, respect our decisions and opinions, and try to understand why we have the opinions we do because then we will probably be more open to understanding yours. We have needs and rights and this will be a great way of having a mutual understanding of both.

We need to be sure that we can tell you things, so make us feel like you have time for us even when you don't, and make us feel like it's not just your job, even though it is. You will never know how important what we want to say is until we have said it. This also counts for when we visit you, if we're in your hub or your offices or something, please make us feel welcome – even if our visit is a bit inconvenient. Smile at us in the corridor, say hello. Let us have a voice about our care as individuals and the care you give as a corporate parent. And listen to all of what we say. All of it. It's the bits you don't want to hear that you need to hear the most.

Good parenting 101: We need you to not just care for us, but be caring towards us. Make us feel like you are loving towards us. Don't shout at us (remember, there are reasons we do what we do), make sure we are living in a safe environment with healthy food options that we like, help us to maintain friendships with support and advice and guidance, like all good parents would. Make sure we attend our check-ups and don't just forget about us as soon as you are allowed to – you are our corporate parent not a forest animal, make sure we have support once we have left your care.

As well as being cared for, we want to be happy. We want our placements to be fun filled. We want help to play and socialise with friends. We want to be able to go to fun places and do fun activities. Sometimes there are barriers to our happiness. Please support our carers in this, and allow us to have priority referrals for CAMHS' - lots of us are bored whilst ill or waiting for help we know we need. Sometimes we just need some TLC from you all.

We think there needs to be a bit more education. Let's help each other to educate our peers and potential friends about what being looked after by not-a-birth-parent is. As well as this, we're kind of on our own once you stop caring for us. Most kids can pop back to their parents if things aren't working out. We can't. So, our life skills education needs to be a bit better. This will also help us now, as it will help us to be less anxious about when the time comes to leave care.

# Messages from children & young people to their Corporate Parents

## Listen

Be understanding

- Have time for us

Teach us life skills

Be comfortable to talk about issues

- Respect our decisions

Don't treat us like a job

Give us time and happiness

- Be able to comfort us
- Support after care
- Trust

Respect our needs and rights

Allow us to live in a safe environment

Be caring towards us

- Allow us to have a voice

Don't say something you don't know



# Introduction

## Corporate Parenting

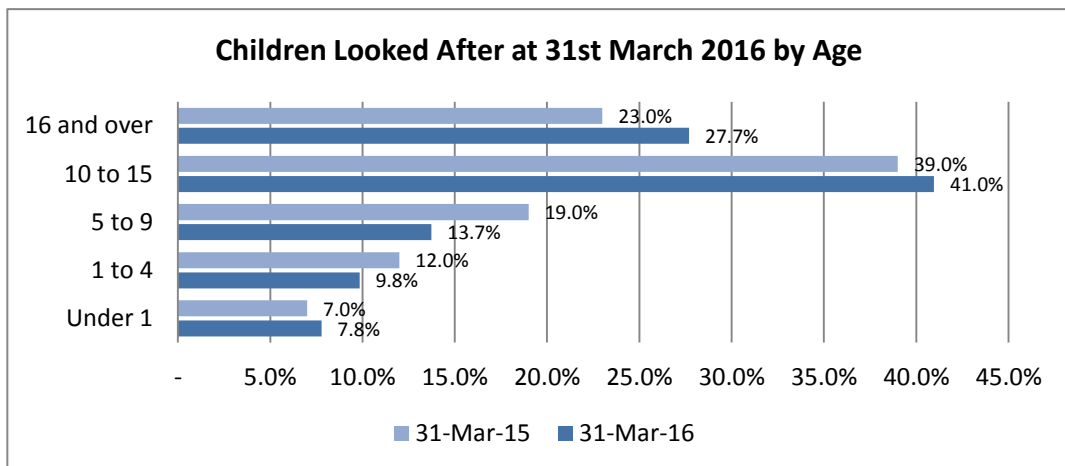
Corporate Parenting describes the collective responsibilities that members and officers of Brighton & Hove City Council and its partner organisations have towards children and young people in the care of the Local Authority.

### Our children and young people

The term Child Looked After (CLA) refers to any child or young person for whom the authority has, or shares, parental responsibility, or for whom the authority provides care and accommodation to the child or young person on behalf of their parent. The local authority also has a duty and responsibility to those young people who leave their long term care after the age of 16 years until they reach the age of 21 years or up to the age of 25 if they are in higher education.

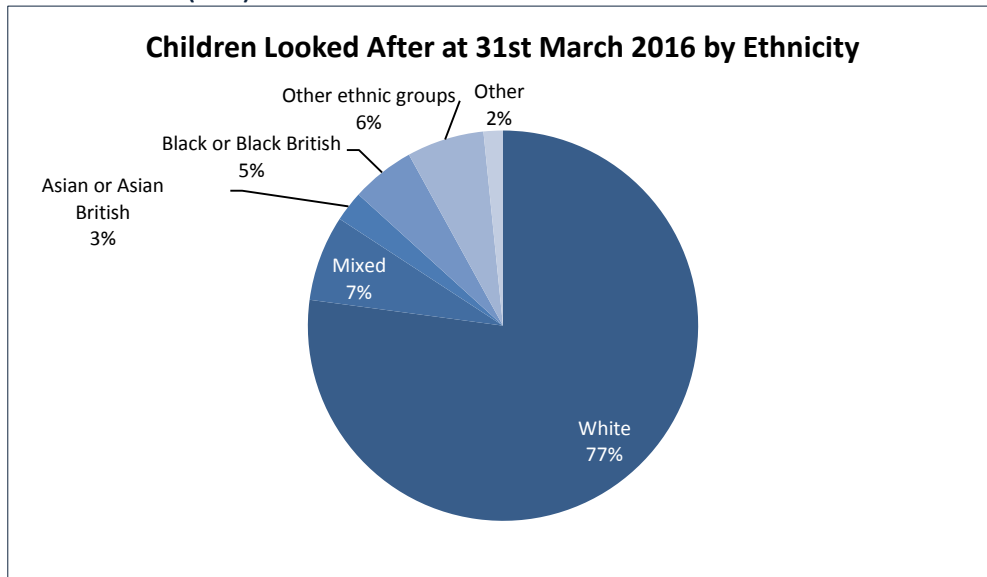
In Brighton & Hove we have 437 children and young people in our care including 34 unaccompanied children and young people. As at Sept 2016 there are 198 care leavers.

At 31st March 2016 the ratio of females to males in the children in care population was 49% to 51% which is similar to the ratio in previous years. This compares with the national average of 45% females and 55% males.



Sixty nine percent of children looked after were aged 10 years and over at 31<sup>st</sup> March 2016. The percentage of children over 16 increased in 2015-16 compared to the previous year.

At 31<sup>st</sup> March 2016, children looked after are predominantly White (77%). Children of Mixed ethnicity are the next largest group (7%) followed by Other ethnic groups (6%), Black or Black British (5%), Asian or Asian British (3%).



Brighton and Hove's rate of Children Looked After per 10,000 children aged over 18 has fallen from 93 at 31<sup>st</sup> March 2015 to 85 at 31<sup>st</sup> March 2016. However, this remains above the national average and statistical neighbour average of 60 and is the highest among our statistical and geographical neighbours.

The children and young people for whom we are responsible as corporate parents are talented, resourceful, articulate, have huge potential and many will lead successful adult lives. However, as a result of their early life experiences, the outcomes for children in care and care leavers nationally are poor, with research indicating that they are over represented amongst the homeless and prison populations; those who are not, on leaving school engaged in employment, education or training. Evidence suggests that mental health problems are over four times more likely for children looked after compared to their peers.

With the help of carefully planned support, many children looked after achieve great success in their individual lives. Responsibility and accountability for the well-being and future prospects for children looked after and care leavers rests with corporate parents.

A good corporate parent must offer everything that a good parent would offer and improving the role of the corporate parent is key to improving their children's outcomes.

This improvement relies on addressing both the difficulties which children and young people in care experience and the challenges of parenting within a complex system of different services. Equally it is important that the children and young people themselves have the opportunity to shape and influence the parenting they receive.

### **Roles and responsibilities**

Effective corporate parenting needs a commitment from all council employees and elected members, in a council-wide approach. It involves the whole council and its partners acting as a good parent, committing resources and working together to improve the lives of all children and young people in care and care leavers. It is about prioritising their needs, caring about what they want to and supporting them to make the most of their lives.

As corporate parents, members, officers and partners need to ask two questions:

*"If this was my child, would this be good enough for them?"*

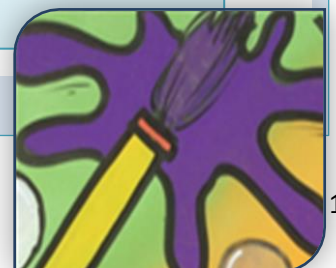
*"If I was that child or young person, would this have been good enough for me?"*

### **If this were my child.....**

When providing a service for our children looked after and care leavers we should challenge ourselves by asking, '**would this be good enough for my child?**' The government says that once a child is in the care of the local authority, all members and officers of the council, as their corporate parents, need to be concerned as if **they were their own**.

*"This concern should encompass their education, their health and welfare, what they do in their leisure time and holidays, how they celebrate their culture and how they receive praise and encouragement for their achievements."*

***If this were my child, DfES 2003.***

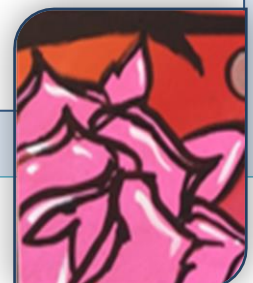


Brighton and Hove City council is committed to enabling looked after children and young people to be actively involved in services that directly affect them, including being honest about what can and cannot be changed. We want to promote the involvement of looked after children and young people in the planning and evaluation of services; the recruitment and selection of staff and carers; and in the decision making that affects their lives.

We will ensure looked after children and young people are aware of the complaints procedure if they are not happy with the way they are being treated. Their complaint will be listened to, treated seriously, investigated and acted upon, and they will have access to the Youth Advocacy Project (YAP).

The involvement and participation of young people is key to our success. We do this by;

- Our Children in Care Council which is made up of three groups (aged 8-12, 12-16 and 12-21) all of which feed into the Corporate Parenting Board and Youth Council. Meetings involving care leavers and younger members of the Children in Care Council take place regularly throughout the year, are represented at the Corporate Parenting Board, and are involved in member training.
- Ensuring all care leavers between 18-21 years are offered the opportunity of a 'Moving on from Care' interview to reflect upon their care experience. A target is set of 30% of completed interviews for the cohort of young people leaving care each year. A range of surveys and questionnaires on specific areas of service delivery are used to gain as many views as possible.
- The Young Assessors (16-21 year olds) inspect children's homes and foster care agencies by asking children in care what they think of where they are living, then write their own inspection reports based on the Ofsted standards.
- The Young Ambassadors are a group of care leavers play an increasingly important role in the recruitment and selection of social care staff.
- The Youth Advocacy Project (YAP) supports looked after children and care leavers, children with disabilities, children in Secure Accommodation, young people who attend Child Protection Conferences and Family Group Conferences. Advocates help young people make complaints or representations and provide a totally independent service for children and young people.



## Consultation with young people for the Corporate Parenting Strategy, Aug 2016

To embed the voice of our looked after young people throughout the Corporate Parenting Strategy the BHCC Youth Service Advocacy & Participation Team delivered a three-day group work programme 'Your Choice' in August 2016.



16 young people attended, one young person decided it wasn't for them early on day one and returned home, one decided it was for them and attended from day 2 and the rest came back every day.



all 16 achieved a silver Brighton & Hove Youth Award



All 16 have expressed an interest in continued involvement in the Children In Care Council



7 have put themselves forward to train to be Young Ambassadors (our project which trains and supports young care leavers to take part on interview panel's in recruitment of new BHCC staff)



6 have put themselves forward to train as ARC Young assessors (our project enabling young care leavers to visit & review residential establishments which we commission as an authority with the young people placed there)



4 young people have signed up for the Duke of Edinburgh Award

This is what children & young people told us about the event;

It's given me an interest of meeting new people

It was fun and I made a couple of friends

People are awesome and making friends was easy.

## Our Strategy

The purpose of this strategy is to outline a vision of our role as corporate parents and to ensure that we are all working together to achieve common goals and ambitions for our children and young people in care and care leavers. As partner agencies, we recognise that the best outcomes for children looked after and care leavers can only be achieved through effective partnership working.

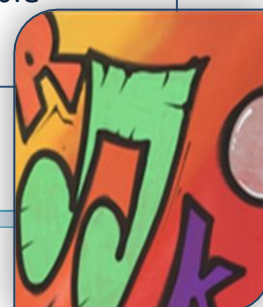
The strategy has been developed using information from a range of sources to ensure that it reflects what is most important to children looked after and care leavers in Brighton & Hove. This includes the following;

- Consultation with children looked after via 'Our Choice' – 3 days of activities
- Feedback questionnaires with children attending the Children in Care Council
- Exit Interviews with Care Leavers
- Workshops with corporate parents
- Ofsted Single Inspection Framework

This strategy sits alongside our Pledge to children looked after and care leavers which outlines to children and young people our commitments to them, and the support they can expect from us:

**The Brighton & Hove Pledge** is a set of promises that set out the support and care we will provide to children looked after and those preparing to leave care. It has been written with our Children in Care Council and the format of the two age-related pledges has been designed by a young person who has left care.

The Pledge sets out the commitment of councillors and staff to enable children in care to achieve to the best of their ability and comparable to their peer group. We want all of our children to live full, active lives and become confident individuals, responsible citizens and contributors.



## Our Vision

**“Brighton and Hove should be the best place in the country for children and young people to grow up. We want to ensure all children and young people have the best possible start in life, so that everyone has the opportunity to fulfil their potential, whatever that may be”**

**“Love us like your family, love us like we are your own”** is a key message from our children. As professionals we are sometimes uncomfortable responding to this message of the need to love our children in care – we are committed to honouring this wish by being loving, accepting, caring, and concerned on a human level, within safe professional boundaries and evidencing this in our day to day relationship based practice by being loving, honest, reliable and consistent.

Tom Stibbs, Principal Social Worker, Families, Children and Learning states:

*“We will make sure that all of our social workers know that this is what excellent social work looks like and that this is what children in care can expect from social workers. We will regularly check that our social workers are doing this and also ask children in care if this is the kind of support they are getting from their social workers.”*

Brighton & Hove is committed to being an effective, caring, and ambitious corporate parent. We must care about our children in care, not just for them, and ensure the same standard of care as any good parent.

We will ensure that children and young people feel safe and secure, have stability in their lives and that we help them to achieve their full potential by supporting them in fulfilling their ambitions and aspirations.



## Our Pledge

### 1: We will involve you in making choices and decisions about you

We will.....

- ask you what you think and listen to you
- try to do something about what you say as best we can
- tell you what we have done and when we have done it
- make sure any additional needs or disabilities you have are considered

We will always try to....

- explain what is going on in words you understand
- listen to your wishes and feelings
- make sure you are really involved in meetings about you

### 2: We will keep you safe

We will make sure you.....

- live in a safe place where you are well looked after
- have space to do homework and relax
- keep in touch with your family, other important people and friends including sleepovers
- have your own Social Worker
- should not have to change your Social Worker unless there is a good reason

### 3: Your Health & Activities

We will make sure you....

- keep you fit and healthy
- have regular health checkups and treatment if needed
- have a safe place to play
- join clubs and do sports and leisure activities that interest you
- have your achievements celebrated

### 4: Your Education, Employment and Training

We will make sure you....

- attend a good school
- can access a computer and the internet safely
- have extra tuition if needed
- don't have to change schools unless necessary especially in Years 10 & 11



#### 4: Your Education, Employment and Training

- have a Personal Education Plan (PEP) so you get the best education
- are encouraged to join in-school and out-of-school activities
- know there is a teacher (called a Designated Teacher) at your school who is there to help you  
*If you are a care leaver we will...*
- tell you what financial support is available to help you with college, university or any other courses
- make an education plan (Personal Opportunities Plan (POP)) together that includes your wishes and hopes.
- encourage you with 'later in life' learning such as re-sits or late take up of GCSE's, GNVQ's and Online learning.
- Make sure you have personal and financial support to help you with work experience, work placements, apprenticeship and training, volunteering and employment
- Provide extra support from our Employment and Training Personal Adviser and the Youth Employment Service.

#### 5: Where you live

- We will only use Bed and Breakfast accommodation on those rare times when nowhere else is available and only those inspected and approved by us will be used.
- Over 18 we will encourage you to stay with your foster carers until you complete your studies, if you want to and with their agreement.
- When you are ready to be independent we will make sure that you have somewhere safe, secure and affordable to live.
- When you move to your own place we will give you a Setting Up Allowance to help you buy what you need to set up home.

#### 6: Preparation for the future

- Together we will develop your Pathway Plan
- At least every 6 months we will update the plan together and this will be reviewed by your Independent Reviewing Officer or later on by your Social Worker or Personal Advisor
- By the time you are 18 we will make sure you have your National Insurance Number, passport, birth certificate and full details of your health history.

## 1: We will involve you in making choices and decisions about you

### Our Aspirations

We will meet with children and young people to seek their views about finding the right family for them to grow up in, **Service Manager Permanence, Adoption, Family & Friends.**

Brighton and Hove City Council has a strong commitment to listening to and involving children and young people in our care in making choices and decisions about their lives.

### So far we have achieved.....


- We have trained and involved young people in the recruitment of new social work staff in 2015-16 . All interview panels for social workers and senior social workers included a representative from the Young Ambassadors.
- In 2015-16 Children Looked After and Care Leavers made up 25% of the total number of referrals made to the Youth Advocacy Project (YAP).
- All care leavers between 18-21 years are offered the opportunity of a 'Moving on from Care' interview to reflect upon their care experience.
- A total of 1,171 Reviews were chaired by IROs in the year ending 31<sup>st</sup> March 2016. On a month on month basis the majority of statutory reviews of children and young people's care plans are held within the timeframe.
- Children looked after are seen regularly by social workers who know them well and who see them alone where appropriate.
- 96% of children have participated in their LAC reviews
- The evaluation of our service and our service redesign includes the views of children in care, for example, all audits now include a focus on the views of young people and children in care have completed feedback on social workers for the evaluation of our new service.
- The Virtual School have consulted with young people in its development e.g development of the new PEPs and involved young people in the delivery of training to designated teachers, for example, at its annual conference.
- Training to support the PEP process and paperwork are designed in such a way as to give the child a voice. It is vital that their own aspirations and views are heard and listened to when writing a plan.
- We have listened to the views of care leavers and other young people in reviewing the city's housing Allocation Policy, *BHCC Housing*.
- We consult with all our tenants including young people living in our housing stock, *BHCC Housing*.
- All interviews for staff have young people involved in the appointments panel, *Specialist CAMHS*.
- Young people are involved in discussions at all times about their care and treatment outcomes, *Specialist CAMHS*.

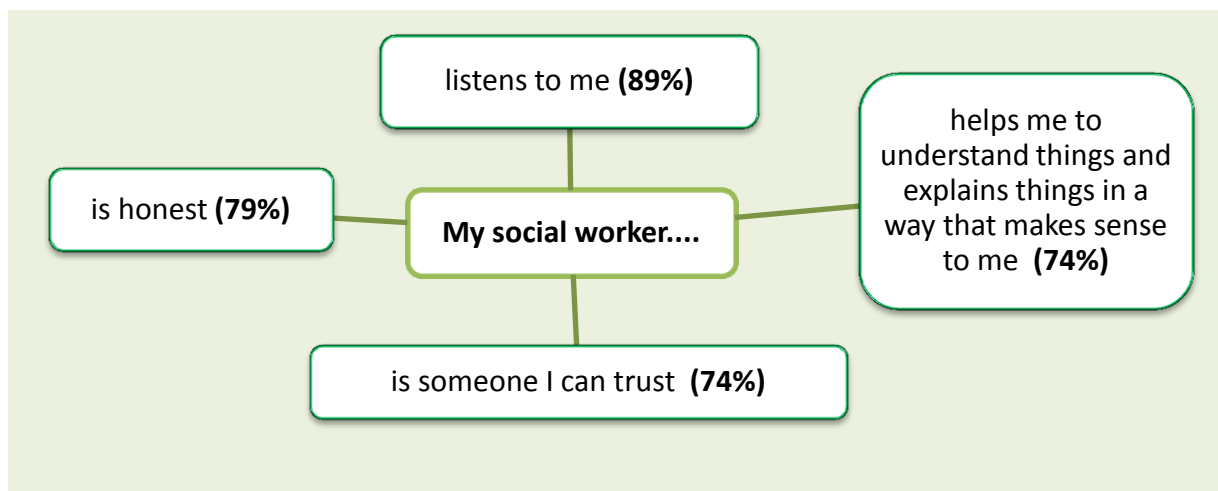
## **We plan to.....**

- Learning from "Taking it to the Next Level" NCB and A National Voice: review our CICC and aim to have a CIC Participation worker to build on the success of the 3 day 'Your Choice' programme, August 2016, to enhance the links to key corporate parents; focus on the continued recruitment; engagement and maintaining the interest of young people; and ensure feedback ( a "you said... we did" culture)
- Recruit a Looked after children Participation Worker in our Participation and Advocacy Service.
- We will meet with children and young people to seek their views about finding the right family for them to grow up in.
- The Safeguarding and Review Service plan to consult on a new, more engaging and child focused approach to Looked After Reviews. The new approach will be strengths based and will better capture the child's view and experiences to ensure that it is a process they enjoy, wish to take part in and are at the centre of.
- The Safeguarding and Review Service also plan to consult on the development of a new, more meaningful way of recording and sharing information which can contribute to children and young people's understanding of their life story.
- We respond to feedback from children and young people and display this in our waiting area on a ' You said we did' board, *Specialist CAMHS*.

## Views of children and young people

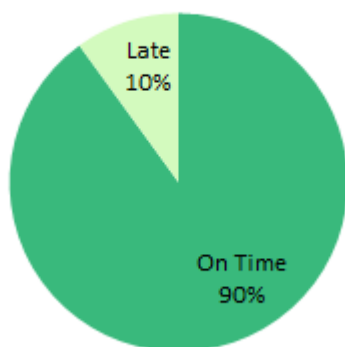
We will make sure you....

	<ul style="list-style-type: none"> <li>try to do something about what you say as best we can</li> </ul>	Disagree	Unsure	Agree
		35%	24%	41%
	<ul style="list-style-type: none"> <li>tell you what we have done and when we have done it</li> </ul>	Disagree	Unsure	Agree
	31%	38%	31%	
<ul style="list-style-type: none"> <li>make sure any additional needs or disabilities you have are considered</li> </ul>	Disagree	Unsure	Agree	
		25%	75%	



### Key Measures:

**LAC Reviews On Time**



- 96% of children participate in their LAC reviews
- 46% of care leavers had a Pathway Plan on time.
- 70.9% of CLA have Special Educational Needs– 28.7% with a statement or Education, Health and Care Plan or Statement and 42.2% with SEN Support.

## 2: We will keep you safe

### Our Aspirations

We, Sussex Police, undertake to treat children and young people with dignity and respect in all encounters and with due regard to the needs and welfare of the individuals concerned. Officers and staff will apply the principles of Sussex Police – Justice, Public Service, Courage, Compassion, Personal responsibility and Innovation.

Brighton and Hove City Council has a strong commitment to making sure our children live in a safe place and are well looked after

In respect of those Children and Young People in the care of the local authority, in any form, additional consideration will be given to ensuring they are not disadvantaged by their circumstances. This will be achieved by ensuring that information is appropriately shared and that they are given full access to their legal rights, in liaison with their legal guardians, in letter and spirit. We will respond to your concerns, in respect of your safety and wellbeing, swiftly and effectively with your best interests at the forefront of our activity, **Sussex Police.**

We will continue to seek assurances from all our partners that children become looked after appropriately to meet their needs and keep them safe from harm. We will continue to hold our partners to account to ensure all our looked after children thrive in good-quality placements, are helped to keep in touch with the people who are important to them (where it is safe and within the child's best interests to do so), are supported to access a wide range of leisure and educational opportunities, have timely assessments of their health needs, are not unnecessary criminalised, and are included in, and informing, decisions made about them. **Brighton & Hove LSCB**

### So far we have achieved.....

- We have developed good working relationships with Sussex Police and other key professionals, for example, social workers in fostering and adoption, to ensure children in care feel safe and protected in their placements
- We have developed clear policies so that if a child/young person goes missing, it is taken seriously and dealt with promptly
- Parents and carers of children leaving care via adoption, special guardianship and residence order have access to the Adoption Support Helpline, and Special Guardianship Support Duty Service when they are experiencing parenting challenges.

## So far we have achieved....(contin)

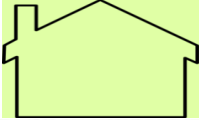



- We have commissioned an independent provider, 'Missing People' to undertake Return Home Interviews with children and young people who have been missing from their placement. The aim to find out why young people went missing, what happened while they were away, and what support they need to be safe and prevent them suffering any harm. 1-1 support is offered to children identified as vulnerable due to their missing experiences and provides one to one tailored support to help reduce their risk of harm.
- Our House in Multiple Occupation (HMO) citywide national licensing scheme, and additional licensing scheme for smaller HMOs in 12 of the city's 21 wards ensures that private rented accommodation in those areas are safe and well managed, *BHCC Housing*.
- We have a robust management of anti-social behaviour and nuisance and provide tailored victim and witness support, *BHCC Housing*.
- We have produced a Z-card 'When to be concerned' which is available on the Sussex Partnership Trust website: <http://www.sussexpartnership.nhs.uk/getting-help-children-and-young-people-sussex-kent-and-hampshire>
- We saw 95% children & young people within 4 weeks for an initial assessment and 95% of children & young people within 18 weeks for treatment, *Specialist CAMHS*.
- We work with other agencies and offer consultation to the team that supports the young person to feel they have someone to talk to about any difficulties, *Specialist CAMHS*
- We offer consultation to foster carers about how to support the young person, *Specialist CAMHS*.

## We plan to....

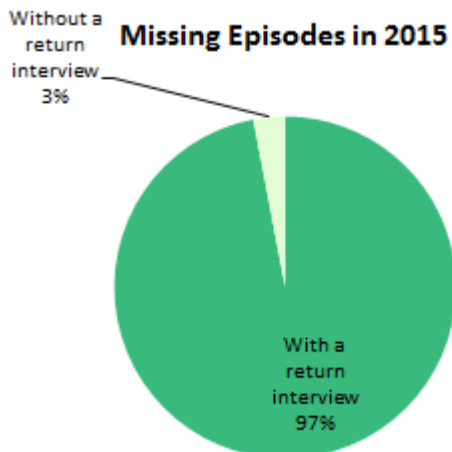
- Ensure that all of our social workers know about the 'See Me Hear Me' model of working to try and keep young people at risk of harm safe.
- Provide advice and guidance on safely navigating relationships via social media for adopted and special guardianship young people.
- Use the 10 Point check list designed by the Crown Prosecution Service to minimise looked after children in residential care being criminalised, *Sussex Police*
- Continue to work with the Youth Offending Team to reduce the rate of convictions for looked after children.
- Ensure that you have a plan to keep you safe. We call this a 'Risk Management Plan' and always discuss this with you, *Specialist CAMHS*.
- Improve our scrutiny of arrangements for children looked after outside of the City to ensure that they are not disadvantaged by this, *Brighton & Hove LSCB*
- Improve our scrutiny of pathways for looked after children to access services to support their emotional wellbeing and mental health, *Brighton & Hove LSCB*.

## Views of children and young people

We will make sure you....

	<i>....live in a safe place where you are well looked after</i>	Disagree	Unsure	Agree
		47%	13%	40%
	<i>....have your own social worker</i>	Disagree	Unsure	Agree
		19%	25%	56%
	<i>.... have space to do homework and relax</i>	Disagree	Unsure	Agree
		33%	47%	20%
	<i>....keep in touch with your family, important people, friends (including sleepovers)</i>	Disagree	Unsure	Agree
		38%	38%	25%

### Key Measures:



- 19 children looked after continuously for at least 12 months were convicted during 2015/16
- 13% of placements at 31<sup>st</sup> March 2015 were more than 20 miles from the child's home compared to 18% nationally.
- 28 Care Leavers were in 'Staying Put' arrangements

### 3: Your Health & Activities

#### Our Aspirations

Children and young people looked after share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of their early life experiences. We will contribute to meeting the health needs of children and young people looked after through commissioning effective services which provide co-ordinated care for each child and young person. Moving forward we will ensure that the mental health needs of our looked after children and young people are appropriately assessed, in a timely manner, and that as a result therapeutic interventions are provided to meet their individual needs, **Brighton & Hove Clinical Commissioning Group**.

Brighton and Hove City Council is committed to ensuring our children access a child friendly health service that is responsive and flexible to the needs of children in care, and to ensure they are supported to have an active and healthy lifestyle.

Specialist CAMHS is delighted to support the councils pledge to children and young people and will always involve you in choices and decisions regarding your mental health and wellbeing. We are keen to hear your views, thoughts and ideas and have a similar set of pledges to all the children & young people that we see. This is described in our '**Your guide to CAMHS**' booklet and in our waiting areas.

#### So far we have achieved.....

- Young people in care do not always have basic information about their medical history. We have developed the Brighton and Hove Health Passport for care leavers which is a document designed so young people can have a record of their health information. The Health Passport was identified by Ofsted in its April-May 2015 inspection as an area of good practice.
- Completed a Strengths and Difficulties Assessment (SDQ) with 80% of our looked after children cohort (children and young people who have been looked after continuously for at least 12 months) so that we have a good understanding of their emotional and mental health wellbeing and needs.
- Looked after Children have access to a "Listen Up" card which gives free access to Freedom leisure facilities in the City .
- The Virtual school runs clubs for CiC including for athletics, dance, table tennis and music (in association with Rhythmix). This has meant more than 25 Children in Care have had the opportunity for positive social interaction with other Children in Care and to be part of a club.



### **So far we have achieved...(contin....)**


- We believe that young people have a right to confidential sexual health advice and are training the LAC Health Team so they are able to provide basic advice and intervention at all health assessments. We have provided a specialist outreach service for some young people.
- We believe it is important that children and young people are supported to be healthy and that those looking after them know what they need to do to meet their health needs. We ensure 100% of children and young people are offered a health assessment.
- Specialist CAMHS is part of the well being in schools project to assist education staff to support young people's emotional wellbeing and mental health and to ensure that those young people who are needing specialist support receive this in a timely manner.
- *Specialist CAMHS* offer a service to young people about substance misuse through our worker at the r-u-ok? service. We have other specialist teams across the city including the CAMHS Learning Disability Team and the TAPA Team (Teen to Adult Personal Advisors).

### **We plan to.....**

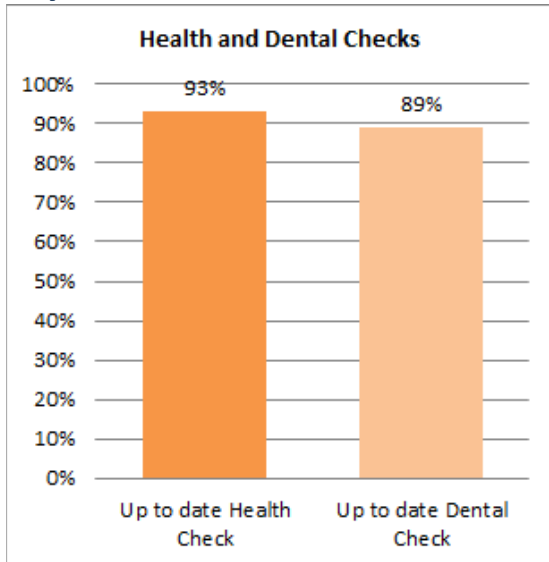
- We have identified the need for additional mental health support to children looked after as a key priority in the Brighton and Hove Children and Young People Transformation Plan. £50k of Transformation Funding has been identified in recognition of a need to improve the mental health pathway for this particularly vulnerable group across health and social care. This investment will provide an additional mental health resource within social work pods to support young people, carers and social workers and to link with mainstream mental health services.
- We will develop a briefing on SDQ's for social workers to ensure they are used to access appropriate support for children and young people experiencing emotional difficulties, Looked after children Health Nurse.
- We feel it is important that children young people are able to fully participate in their health assessments with this in mind we have developed child and young friendly health care plans which are being trialled.

## Views of children and young people

We will make sure you....

	....keep fit and healthy	Disagree	Unsure	Agree
		37%	12%	50%
	....have regular check ups	Disagree	Unsure	Agree
		20%		80%
	....have a safe place to play	Disagree	Unsure	Agree
		27%	27%	47%
	....have your achievements celebrated	Disagree	Unsure	Agree
		71%	14%	14%

### Key Measures:



Children looked after for at least 12 months at 31<sup>st</sup> March 2016.

- 93% of children had all of their immunisations up to date at 31<sup>st</sup> March 2016
- The average Strengths & Difficulties Questionnaire score is 15.8, up from 15.3 last year and above the 2014/15 national average of 13.9.
- 41 (14.1%) CLA were identified as having a substance misuse problem – above the 2014/15 national average of 4%.

## Priority 4: Your Education, Employment and Training

### Our Aspirations

“ We aim to support every child in care to attend good early years provider, schools or colleges whether within or outside the City and have the opportunity to make good progress”, **Virtual School Headteacher**

We want to ensure all children in care and care leavers are able to progress successfully into adulthood and succeed in education, employment and training.

In particular we want children in care and care leavers themselves feel that throughout their education they:

1. Feel Safe
2. Receive teaching and interventions that support them to do better
3. They are not made to feel different
4. They are listened to at school and have any processes such as PEP and pupil premium properly explained to them
5. Are prioritised for our services so being in care does not disadvantage them in any way.
6. Have opportunities in education or employment that all children and young people would receive.
7. Are believed in and people have high educational expectations of them.

### So far we have achieved.....

- 20% of Children Looked After for the last 12 months at 31<sup>st</sup> March 2015 achieved 5 or more GCSEs A\*-C including English and Maths compared to 14% of Children Looked After nationally, *Source: CLA –NPD Match Data, DfE 2015.*
- In 2014/15 there were no permanent exclusions of Children in Care in Brighton & Hove and there have not been any for 6 years.
- 16 Care leavers currently supported in University and a further 16 are starting in Sept 2016
- Over 120 young people through all key stages have received tuition to boost their educational attainment through bespoke 1:1 intervention packages. This marks a further significant rise in uptake and has been a huge success.
- The Virtual School has commissioned reading recovery support for 13 children in KS1 through the Every Child a Reader scheme.
- Over the last year the percentage of 16-18 children in care and care leavers (combined) who are not in education, employment or training (NEET) averaged at 21.6%, showing a general declining trend over the past two years.
- The Virtual School subscribed to The Letterbox Club programme. Last year 41 young people in school years 3 and 5 received the personalised parcels of books, games and stationery to help improve and promote their educational attainment.

## So far we have achieved.....(contin)





- We consistently continue to receive positive feedback from the young people and foster carers.
- The “Support for Care Leavers Project”, a partnership between Children’s Services Care Leavers Team and the Department of Work and Pensions, Brighton Job Centre Plus started in November 2014. It’s aim is to better support care leavers in their job seeking journey.
- We have successfully offered work placements to young people seeking work experience, along with a member of staff acting as a coach, and will increase this activity to make provision available throughout the year, *BHCC Housing*.

## We plan to ....

- Further develop our links with YES (Youth Employability Service) to access support and specialist advice and assistance (eg help with CV’s and job applications, interview preparation and practice, identifying future choices and building confidence and motivation) to our Care Leavers. They also provide targeted advice and guidance support to young people who are not in education, employment or training (NEET)
- Continue to work with The City Council’s Apprenticeship Co-ordinator who identifies council and partner apprenticeships as well as acting as an advocate in the process for young people leaving care. Care leavers are guaranteed an interview where it’s been identified by the Apprenticeship Co-ordinator that they meet the required standards.
- The Virtual school will continue to monitor the progress of all children in care and make sure they can access the resources they need for them to succeed at school. This will include access to Pupil Premium.
- We will ensure that adopted and special guardianship young people have the advice they need to locate the various options for financial support for college and university courses.
- Specialist CAMHS will always work with you to enable you to continue your education.
- We have three apprenticeship posts within the Housing service, as well as the 200 provided by our Mears contract over the duration of the contract.
- Our Work and Learning Co-ordinator will continue to provide information, advice and guidance as well as employment support on a one to one basis, *BHCC Housing*.
- We are increasing the number of trainee and apprenticeship posts we have within Housing, and will ensure these are promoted/publicised to people who are leaving or have left care e.g. through the City Council’s Apprenticeship Co-ordinator.
- We will offer volunteer opportunities to children who are looked after or to those leaving care in order to provide taster experience, to help build or increase confidence, and to help build or increase skills, *BHCC Housing*.
- Through the contracts we procure (eg repairs and maintenance contracts), we are able to offer a range of apprenticeships or work experience, *BHCC Housing*.

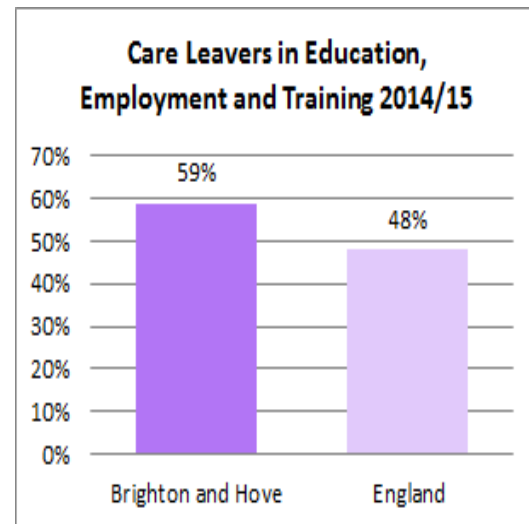
## Views of children and young people

We will make sure you....

	....attend a good school	Disagree	Unsure	Agree
		20%	27%	53%
	....can access a computer and internet safely	Disagree	Unsure	Agree
		28%	6%	67%
	....know there is a teacher (called a Designated Teacher) at your school who is there to help you	Disagree	Unsure	Agree
		38%		62%
	....have extra tuition if needed	Disagree	Unsure	Agree
		31%	12%	56%

### Key Measures:

- ◆ 20% of Children Looked After for the last 12 months at 31<sup>st</sup> March 2015 achieved 5 or more GCSEs A\*-C including English and Maths compared to 14% of Children Looked After nationally.
- ◆ 52.5% of school age children had a PEP completed and recorded on Care First since the beginning of the summer term
- ◆ 4.6% of sessions were missed through absence for CiC in Brighton and Hove (3.5% authorised and 1.1% unauthorised) compared with 4% for CiC nationally and 4.7% for all pupils in Brighton and Hove.



## Where You Live

### Our Aspirations

To work preventatively through early intervention to address negative factors that could result in homelessness and/or children becoming looked after.

To promote inclusion and help our tenants meet their aspirations and achieve improved outcomes for themselves, their families and their communities.

To see that our citywide Housing Strategy and the work of the Housing Department contributes to its fullest to enabling access to safe, decent, affordable and energy efficient housing for people leaving care, **BHCC Housing**.

Brighton and Hove City Council has a strong commitment to ensuring all our young people have a safe place to live. Good placements are those that are safe, homely environments that engender a sense of belonging. Carers are an important part of this, particularly in terms of “staying the course” with young people, and are supported to deal with challenges and not be quick to end placements when things get tough.

### So far we have achieved...

- Of the 134 children aged under 16 who had been looked after for at least two and a half years at 31st August 2016, 87 (65%) had been in the same placement for 2 years or placed for adoption.
- We have worked hard to reduce the numbers of placements more than 20 miles from Brighton & Hove and as at March 2015 this was 13% compared to 18% nationally
- 94% of Care Leavers in 2014/15 were in suitable Accommodation which is better than the national average of 81%.
- Supported accommodation is provided through the 16-25 yrs Accommodation and Support Pathway, a jointly commissioned arrangement between Housing, Children's Services and Downslink Group YMCA. This provides a range of options suited to the individual needs of care leavers and supported provision is allocated according to need by the Supported Accommodation Panel (SAP) This meets weekly with representatives attending from Housing, Children's Services and housing providers. In September 2015, 54 young people between 18-21 years were living in supported accommodation.
- The "Joint Housing Protocol for Care Leavers", reviewed and agreed in August 2015 ensures that care leavers can access affordable social housing when assessed as being ready for independent living. It enables Brighton & Hove City Council to meet its corporate parenting responsibilities by providing safe, secure and supportive accommodation for young people who have left care beyond the age of 18 years. It complements "Staying Put" by enabling young people to make an extended transition to adulthood and independent living.

## So far we have achieved.....(contin)

- Special guardians and residence order carers have been supported to move to more appropriate accommodation to ensure the young people in their care have the space they need to achieve their potential.
- Housing has recently carried out a review of the city's social housing Allocation Policy to ensure the best use is made of the limited provision of affordable housing in the city, and has retained priority A banding for care leavers who are ready to manage their own tenancy.
- Since 2012, 50 care leavers have been housed in social housing, which represents 4% of all households housed from Band A. 16 were housing association tenancies, and 34 were council housing tenancies.
- Of the 34 council tenancies offered to care leavers since 2012, the following are annual figures for tenancies that have been sustained:-
  - 2012/13 - 5 out of 5
  - 2013/14 - 9 out of 10
  - 2014/15 - 9 out of 9
  - 2015/16 - 10 out of 10

*Note: The reason for the single council tenancy coming to an end was because the tenant relinquished their tenancy to move in with another council tenant as an occupant.*

- Specialist CAMHS have continued to offer a service from the local team to those children and young people who are placed within 20 mile radius of the city.
- We offer a course on emotional regulation for young people to attend once a year. This can help young people be able to be alone and support themselves, *Specialist CAMHS*.

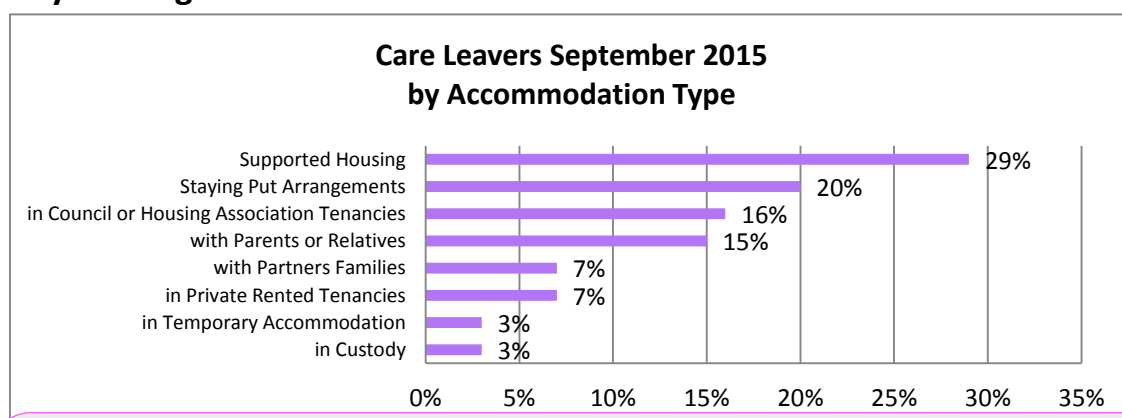
## We Plan to.....

- In 2016/17 we are jointly re-commissioning supported accommodation for young people based on the principles of the 'Positive accommodation and support pathways to adulthood' framework, a national good practice model which advocates an integrated approach in terms of: achieving in education, economic independence, health, positive relationships, and involvement in meaningful activities.
- The Fostering Service aims to increase the proportion of children placed with in-house foster carers to 65% by March 2018. We plan to involve the Children in Care Council in the recruitment and training of foster carers. Foster carers to develop profiles that young people can see before they move to the placement
- We will support adopters and special guardians to provide safe and attuned care for children and young people, helping them to understand their history and preparing them for successful independent living.
- We will continue to work with colleagues and partners to provide assistance in refurbishing or extending council homes to enable people providing foster care placements to continue to do this, or to prevent children becoming placed into the care of the council, *BHCC Housing*.

## We plan to....(BHCC Housing contin..)

- We will continue to work closely with social housing landlords and council colleagues to increase the supply of affordable housing in the city; being very much aware of the difficulties of housing and welfare benefit provision for young single people, *BHCC Housing*.
- Care leavers are acknowledged as a potentially vulnerable group of people and are therefore prioritised in the council's Allocation Policy where they are tenancy ready. Also, to increase their opportunities to secure social housing, they will have direct bids made for them in the choice based lettings scheme if they have not secured accommodation within 6 months of their priority banding.
- We have a range of officers (for example in housing needs, income management, tenancy sustainment, customer service and general housing management teams) who are trained and able to provide compassionate, understanding and supportive services to customers and council tenants who had formerly been children who were looked after. They understand some of the issues facing care leavers, for example how some people may have had insecure, troubled or disrupted lives or may feel isolated; and they are able to offer additional support or make appropriate referrals. Advice and guidance is offered on matters such as accessing services, money advice, budgeting, being a good neighbour etc.
- We will carry out full analysis of the reasons for tenancies failing among young people (and in particular people who have previously been children who were looked after), in order that we can increase our tailored support to prevent tenancy breakdown.
- We are developing pre-tenancy workshops which will include young people leaving care who are tenancy ready. They will include a range of matters that increase understanding of what it means to be a council or housing association tenant.

## Key Messages



- 38% of CLA are placed inside Brighton and Hove; 51% are placed in East or West Sussex; 7% are placed outside of Sussex and 4% are placed for adoption
- 15% of children looked after at 31st March 2015 had three or more placements during the year, above the national average of 10%.
- 94% of Care Leavers in 2014/15 were in suitable accommodation, better than the national average of 81%.



## Preparation for the Future

### Our Aspirations

Brighton and Hove City Council has a strong commitment to preparing our young people to live safe, successful lives where they are supported to achieve to the very best of their ability. We aim to do this by providing a stable home base, support from people who care, support to work and to access training and educational opportunities.

### So far we have achieved...

- The Ofsted inspection of services for children in help of need and protection, children looked after and care leavers took place from 14 April-8 May 2015. In its judgement on the "experiences and progress of care leavers", Ofsted found Brighton and Hove to be "Good". Ofsted found that;

*The authority has high aspirations for its care leavers and supports them well. This is reflected in the numbers of young people who are engaged in employment, education and training. Tenacious efforts are made to keep in touch with care leavers and young people value the support they receive. High numbers of care leavers remain with their foster carers after they are 18. The engagement of care leavers in service design and influencing future practice is good with clear impact.*

- The number of care leavers 'Staying Put' (remaining with foster carers beyond the age of 18) has increased from 24 at 30<sup>th</sup> Nov 2015 to 28 open at 31<sup>st</sup> Aug 2016
- The Leaving Care Pod runs a 2 day "Preparation for Independence" course in February, June and October every year. They are held during the half term in these months so students can attend and the average attendance is 8. Two Personal Advisors and a care leaver present this training as well as other specialist input.
- The high aspirations and support provided by Brighton and Hove can be evidenced by the number of care leavers attending University. We have 16 care leavers who have just started at University (that's 25% more than last year) – doubling the number at University making a total of 32. There is a great range of subjects being studied including Pharmacy, Civil Engineering, Performing Arts and Social Work.

## So far we have achieved....(contin)

- It continues to be our aim that as many as possible of our care leavers are engaged in employment, education and training. Although Brighton and Hove is one of the better authorities in the country at achieving this, there is still much that can be done to improve. To this end regular meetings are now being held with the Youth Employability Practice Manager, Leaving Care Team Personal Advisor and Team Manager. These meetings ensure that there is an action plan to help every Care Leaver into employment, education or training.

## We plan to...

- We will review our Pathway Plan assessments and reviews so that we support care leavers to prepare for the future as well as possible.
- In 2016-17 we intend to purchase an Independence Living course from ASDAN, who are an educational charity. The course will be made available for all children looked after from the age of 16 which will enable a consistent approach across the social work service. There are 60 hours of work involved in the course which can be completed at the young person's pace and can be overseen by foster carers, residential social workers, social workers and PAs. If the young person doing the course changes placement, then the course goes with them. When the young person transfers to the Leaving Care Team there will be clear information about what work has been undertaken. It covers a range of areas from career management to cooking on a budget.
- We will continue to work with our Youth Employability Service to ensure that there is an action plan to help every Care Leaver into employment, education or training
- The Virtual School will ensure all 16-18 year olds get access to careers advice
- We will ensure that adopted and special guardianship young people have the advice they need to locate the various options for financial support for college and university courses.
- We will support adopted and special guardianship young people to work through difficulties in their family relationships and maintain positive connections which will continue to support them in adult life.
- We will support you if you need to transition to adult services and we have our TAPA team who can bridge this as they work with young people aged 16-25 years, *Specialist CAMHS*.

## What we will do in 2016-19

We have listened to children and young people, and in order to meet their needs, and achieve our Pledge, we will....

### 2016-17

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**Care Leavers Trust:** A fund is being established to support young people when they leave care at the age of 18 to increase the opportunities available to them. This will bring together charitable donations from a range of individuals and businesses. All young people leaving care will be able to apply to the fund. Any money awarded will be in addition to the money and grants that already exists for care leavers.

**Social Work Profiles:** As part of the relationship based social work, all workers will exchange a 'profile' of themselves with children and families. The social work profile will include personal as well as professional information about the social worker. The young person will also complete their own profile which they can exchange with their social worker.

**Provide an additional mental health resource** within social work pods to support young people, carers and social workers and to link with mainstream mental health services.

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### 2017-18

**The Children in Care Council** will be actively involved in the recruitment and training of foster carers.

**Increase the visibility of children in care and care leavers** by putting anonymised case summaries and video clips of their achievements on the BHCC internal website, the Wave.

**Launch the Asdan Independent Living Skills Programme** with children looked after from the age of 16

**Corporate Parenting Mentors:** We will link senior officers with children looked after and care leavers to enable the development of their aspirations and interests in future employment options and developing a strategic partnership with Brighton and Hove Connected.

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### 2018-19

**Develop a Training Module for Managers** in BHCC to support care leavers employed in apprenticeships.

**Foster carers to develop profiles** that young people can see before they move to the placement.

**Develop a Care Leaver Mentoring Scheme** for younger children looked after.

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## Signatories

Councillor Warren Morgan, Leader of the Council

Geoff Raw, Chief Executive, Brighton & Hove City Council

Councillor Dan Chapman, Chair of the Children, Young People and Skills Committee

Pinaki Ghoshal, Executive Director, Families, Children & Learning

Graham Bartlett, Chair of the Brighton & Hove LSCB

Nev Kemp, Chair of Brighton and Hove Connected

19<sup>th</sup> January 2017









## Formal details of the paper

### 1.1. Annual Review of Adult Social Care Charging Policy 2016

### 1.2 General Public

### 1.3 Date of Health & Wellbeing Board meeting 31<sup>st</sup> January 2017

### 1.4 Author of the Paper and contact details **Angie Emerson, Head of Financial Assessments** **2<sup>nd</sup> Floor, Bartholomew House, Brighton, Telephone 295666** [angie.emerson@brighton-hove.gcsx.gov.uk](mailto:angie.emerson@brighton-hove.gcsx.gov.uk)

## 2. Summary

- 2.1 People eligible for social care services are means tested to establish whether they must contribute towards the cost. There are around 2300 service users with non-residential care and around 1300 in residential care homes. This includes older people, working age adults with physical disabilities, learning disabilities and mental health difficulties.
- 2.2 Under the Care Act 2014 charging policies are discretionary but subject to certain regulations and limitations. This report seeks approval of the Council's charging policy which is compliant with the Care Act.
- 2.3 Most care services, funded by the council, are provided by private organisations and the maximum charge depends upon the fees charged by them. However, where the council provides in-house services there are maximum charges which are reviewed in April of each year. Most charges are subject to a financial assessment to determine affordability but the charging policy also includes several, low cost, fixed rate charges. This report recommends uprating these charges.



- 2.4 It is the policy of the council to assist people who are able fund their own care services. Although we are permitted to charge self-funders for joining the council's home care contracted services we have not charged for this service to date This report seeks approval to introduce a charge for "brokerage" services due to the additional and increasing administrative tasks involved.

### 3. Decisions, recommendations and any options

With effect from 10<sup>th</sup> April 2017

- 3.1 To agree that the council continues with the current charging policies for non-residential care services and residential care homes which comply with the requirements of Section 17 of the Care Act 2014. The full charging policy is attached at Appendix 1.

- 3.2 To agree to this table of charges with effect from 10<sup>th</sup> April 2017

Maximum Charges	2016/17	Proposed for 2017/18
<b>Means Tested Charges</b>		
In-house home care/support	£22 per hour	<b>£23 per hour</b>
In – house day care	£35 per day	<b>£36 per day</b>
<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£3.60 per return	<b>£3.70 per return</b>
Fixed Meal Charge /Day Care	£4.40 per meal	<b>£4.50 per meal</b>

- 3.3 To agree to retain the existing fees for the council's Carelink Plus Service and to agree to apply the same fee rates to customers who currently have a protected lower charge of £17 per month. This will increase to £18.50 per month from April 2017.

- 3.4 To continue with the policy that no charges should apply to carers for any direct provision of care and support to them.

- 3.5 To increase the fee charged for setting up Deferred Payment Agreements for residential care home fees by 2% to £495 plus any additional costs for property valuations.

- 3.6 To introduce a new charge for arranging and contracting non-residential care for self-funders. (people with savings over £23,250).  
£260 for the initial one-off set-up fee with effect from April 2017:





£80 per year from April 2017 for annual review, administration and amendments

#### **4. Relevant information**

4.1 Where a person is assessed as eligible for care and support under sections 18 to 20 of the Care Act, the Council can charge the service user subject to the financial assessment set out in Section 17 of the Act.

4.2 Financial assessments determine a fair contribution towards care costs and are subject to appeal in exceptional circumstances.

##### **4.3.1 Charging for care services for people living at home in the community**

Non-residential services include personal care at home, community support, day activities, direct payments, adaptations, money management and other support.

There are around 2300 service users in their own homes with eligible needs and around 40% of them, who have minimal savings and limited income from state benefits, will continue to receive **free** means tested care services. They will only be affected by the fixed rate charges shown in Section 3.

4.3.2 Around 47% of service users are assessed to contribute an average of around £50-£60 per week, usually based on their entitlement to disability benefits. The proposed new maximum charges shown in 3.2 will not affect charges for these people but they may be affected by the increase in the fixed rate charges.

4.3.3 Most people receive home care services from the independent sector where lower fee rates are set and agreed under the council's contracted terms and conditions. The unit cost for in-house home care is £67 per hour. The current fee for standard home care with an approved agency is £17.24 per hour but rates can vary. People who have over £23,250 in savings will be required to pay the full fees charged by private agencies.

4.3.4 Around 13% of service users pay the maximum charge for in-house home care and day care. This affects people with savings over the threshold of £23,250 and also affects a small minority of people with very high income, or a low cost care package.

4.3.5 The council provides intermediate care and reablement services (either at home or in residential care) free of charge for up to 6 weeks.



If, in exceptional circumstances, a service continues beyond 6 weeks then the service user is means tested and may be charged up to £23 per hour for home care. Most people use private agencies where fees are generally lower.

- 4.3.6 The averaged actual cost of the council's day care provision is £94 per day. The maximum charge is now £35 per day and it is recommended to increase the maximum charge to £36 per day. This increase will only affect people who are assessed as able to pay this amount.

#### **4.4 Fixed Rate Charges – (non means tested)**

- 4.4.1 Flat rate charges for transport to day centres or other activities have fallen behind inflationary increases in travel costs. It is, therefore, recommended that the return journey charge is increased by 3% to £3.70 in April 2017

- 4.4.2 It is recommended that the fixed charge for meals provided in the council's day centres should be increased from £4.40 per meal to £4.50. This charge includes beverages and small snacks during the day.

#### **4.4.3 CareLink Plus Services:**

In 2016/17, the charging structure changed for new CareLink Plus customers to two bandings:

Standard Package: £18.50 per month (includes basic telecare devices)

Enhanced Package: £22.17 per month (includes enhanced telecare devices and for people with no key holders)

Existing customers had a small increase to a protected charge of £17 per month (from £16).

The 2017/18 proposal is for all customers on a protected charge of £17 per month to increase to the standard CareLink Plus package charge £18.50. This will enable CareLink Plus to remain competitive and to support the continued growth of CareLink Plus and telecare users. A report to the Health & Wellbeing board in June 2016, showed the significant preventative value of the service.

#### **4.5 Charging for Carer's services**

The Act empowers councils to charge for the direct provision of care and support to carers. The recommendation above is not to charge carers in recognition of the value of care provided to vulnerable people.



## 4.6 Residential Care

4.6.1 The Care Act specifies the charging regulations for residential care and these are included in the council's charging policy.

### 4.6.2 Deferred Payment Agreements: (DPA)

The Care Act requires council's, in specified circumstances, to "loan fund" care home fees, where the resident is assessed to pay the full fees because they own a property but they are not immediately able or willing to sell it. The Act permits council's to charge for this service. It is proposed to increase the set up fee for Deferred Payments by 2% to £495. This is based on the estimated average administrative cost for a DPA during the lifetime of an agreement including a legal charge on property, ongoing invoicing costs and termination costs.

## 4.7 Home Care Brokerage Charge

4.7.1 People with savings and assets in excess of £23,250 are required to "self-fund" their own care costs. However, they may need advice and assistance from the council to help them make arrangements with a care provider. General advice must always be free of charge. However, for non-residential care, if the person asks the council to contract with the care agency on their behalf, then the council is empowered to make a charge for this service.

4.7.2 At present there are 260 self-funders included in the council's home care contract and this "brokerage" service has traditionally been provided free of charge. Where a self-funding person chooses to use the Council to contract a care service on their behalf, there is additional work for council staff, to procure and set up the contract with the home care agency, set up financial arrangements and provide contract monitoring. The Council's contract guarantees the self-funder a set fee rate and a quality monitoring service. Also, the council is responsible for ensuring the care agency is paid for services provided if the service user fails to pay the fees to them direct. This can lead to an additional council billing and debt recovery processes. If the person fails to pay, the council will need to take legal action or write off any accrued debts.

4.7.3 In several neighbouring councils, they have introduced brokerage fees and many authorities are currently looking to update their charging arrangements for this service. All those who do charge have an initial set up fee, some have additional monthly charges to cover billing costs



and some have an additional charge for contract amendments, eg. Change of care needs. See chart below:

	Set up fee for non-res	Ongoing	
Surrey	295	5pw	
Bucks	250	70pa	
Oxfordshire	500	0	
Hampshire	296	6pw	
West Sussex	157.25 + 157.25 per change	5.05pw	
Kent	Not commissioning services		
East Sussex	0	0	

4.7.4 It is recommended that BHCC should introduce brokerage fees as follows:

- a) £260 for the initial one-off set-up fee for new service users
- b) £80 per annum for review, amendments and administration during the year. This fee will affect existing service users.

Based upon current numbers, we can estimate around 80 new cases per year and the income would be estimated at  $80 \times £260 = £20,800$   
 If the current numbers stay at around 260, subsequent annual fees at £80 per person would provide additional income of £20,800  
 Whilst the estimated income is fairly low, the introduction of this charge may reduce the numbers of self-funders requesting brokerage services which would reduce the existing burden of administration on social workers, care matching team, commissioning team, and the risk of bad debt to the council.

## Important considerations and implications

### 5.1 Legal -

It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care. Within the body of this report references are made to the relevant powers and duties in relation to Charging contained in the Care Act 2014. Duties must be adhered to. Where the exercise of Powers are recommended the Board must make a decision as to whether the Power should be exercised.

Sandra O'Brien

11/01/17



## 5.2 Finance

5.2.1 Charges for Adult Social Care services are reviewed annually in line with the Corporate Fees and Charges policy. The annual income from charging for in-house non residential services is approximately £1 million, out of the estimated total for non-residential services fees across Adult Social Care of £5.1million. It is anticipated that the proposed charges will deliver the level of income assumed in the 2017/18 budget strategy including an inflationary increase.

5.2.2 If agreed, the introduction of a charge for arranging and contracting non-residential care for self-funders will bring additional income to the council of £0.042m as set out in paragraph 4.7.4

5.2.3 Client income for the Carelink Plus service totals £0.501m per year. Increasing the charge from £17 to £18.50 per month will bring additional income of £0.025m which is above the 2% inflationary increase expected.

5.2.3 The costs of providing in house services are higher than the proposed charges. The 2015/16 unit costs are:

- Home Care £76 per hour compared to the proposed charge of £23 per hour
- Day Care ( Older People) £110 per day compared to the proposed charge of £36 per day

Finance Officer consulted: Sophie Warburton

Date 21/12/16

## 5.3 Equalities

All service users are subject to the same means test and will only be affected by this revised policy if they are able to pay. People will not be treated in any way less favourably on the grounds of personal differences.

## 5.4 Sustainability

*There are no sustainability issues.*

## 5.5 Health, social care, children's services and public health

*There are No identified issues*

## 6. Supporting documents and information

*The Charging Policy is a separate appendix 1*





# **BRIGHTON AND HOVE CITY COUNCIL**

## **CHARGING POLICY For Care Services – APRIL 2017 - 2018**

Effective from **10th April 2017**

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#### **Appendix A Disability Related Expenditure Assessment**

## **1. Introduction and Legal basis for charging for Care and Support**

1.1 This policy is approved by Brighton and Hove City Council and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all service users following an assessment of individual needs, and individual financial circumstances. It applies to all service users equitably.

Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided in their own home or in a care home. Some of the rules for residential care differ from non-residential but many are the same.

The policy for non-residential services was originally formulated in December 2002 under consultation with service users and their carers. This has been revised to take account of the requirements of the Care Act 2014. For the purposes of this policy, an adult is a service user aged 18 and over.

### **1.2 The services included for this financial assessment policy are:**

Residential Care including Nursing Homes  
Supported Accommodation\*  
Shared Lives Schemes\*  
Home Care  
Day Care, Day Activities  
Community Support / outreach services  
Money Advice and money management services  
Direct Payments / Personal Budgets for any services  
Tenancy Support (Supporting People) including Carelink alarm systems  
Adaptations over £1,000

\*People in Shared Lives and Supported Accommodation schemes, in addition to any assessed care and support charge, will also be responsible for paying rent, food and utilities from their own income, usually including Housing Benefit or universal credit.

### **1.3 Services excluded from charges are:**

All Daily Living Equipment  
Adaptations under £1000  
Services provided under Section 117 of the Mental Health Act, "after care" services.  
Intermediate Care and Reablement Services for the first 6 weeks  
Any Care funded under Continuing Health Care by the Health Authority  
Care and support provided to people with Creutzfeldt-Jacob Disease;  
Assessment of needs and care planning

### **1.4 Care and Support for Carers**

There is no charge to carers for any services provided directly to them during 2017/2018. This policy will be kept under review. Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.



## 2. From April 2017 the maximum charges for non-residential services are:

### 2.1 Home Care provided by the council, including all forms of support at home **£23.00 per hour**

(Please note that the charge is double where two carers are provided)

The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £23 per hour.

### 2.2 Day Care / Day Activity provided by the council (for any time period) **£36.00 per day**

The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £20 per hour.

### 2.3 Additional Fixed Rate charges

Any meals provided at a Day Centre and any transport costs will not form part of the assessed charge as they substitute for ordinary daily living costs.

**These charges are payable in addition to assessed contributions.**

Meals at a day centre      **£4.50 per meal**

Transport to day centres      **£3.70 per return journey**

## 3 The Financial Assessment Process

3.1 The financial assessment follows the care needs assessment. When care needs have been assessed, details are passed to the Financial Assessment team who will usually make arrangements for a personal visit to the service user or their representative. In some cases it may be possible to complete an assessment over the telephone or by post or email but information will be subject to full verification. Where a person lacks mental capacity to complete a financial assessment we will consult someone with Power of Attorney for Property and Affairs or a Deputy under the Court of Protection. If there is no person with a formal authority we can discuss with someone who has been given Appointeeship by the Department of Work and Pensions (DWP) or any other person who is dealing with that person's affairs.

We will:

- (a) Gather financial information from the service user or their representative and have sight of relevant documentation for verification purposes e.g. Bank statements, property valuations, completion statements etc.
- (b) Assist with the completion of the Financial Assessment Form which is signed as a correct statement by the service user or their representative
- (c) Arrange for "Forms of Authority" to be signed if any information needs further written verification from the asset holders, building societies etc.
- (d) Complete postal assessments and any further financial enquiries and verification
- (e) Undertake a Welfare benefits check, either directly with the person or remotely from council and DWP records and we will help with benefit claims if applicable.

- (f) Provide written notifications to service users of the chargeable amount
- (g) Notify the care provider of the charge for their collection (in some cases).
- (h) Arrange for invoices to be sent to the service user by the council's Central Collections Team (in some cases)

#### **4. The Financial Assessment Calculation for all services**

First we take account of Capital and Savings (see "tariff income" at 4.1)

Then we take account of income

Then we make allowances for various types of expenditure

The difference between the income calculation and the expenditure allowances is the amount charged for care services.

The amount charged will depend upon whether the service user needs a Residential Care Home service or other services while remaining in their own home (known as "non-residential services").

##### **4.1 Treatment of Capital and Savings**

People with over £23,250 in capital and savings pay the full cost of any service from the start date of the service.

People who do not want to disclose full financial information may opt to pay the full cost without going through a financial assessment.

People who are unable to show that they do not have savings above £23,250 will pay the full cost from the start of the service.

Where a person needs permanent care in a residential care home or nursing home, the net value of their former home, if owned by them, will be taken into account when calculating their level of savings and capital.

Where care needs are met in a person's own home, the main residence occupied by the service user will not be taken into account but the value of all other forms of capital and savings will be taken into account, including any other property, eg second homes, holiday homes, whether or not they are rented out and whether they are located in this country or abroad. Where a property is not occupied as a main home, for example where the person has moved out to live with other family members or to live in rented accommodation, the property value will be taken into account for charging purposes. The only exception to this rule is where the person is taking steps to occupy that home. In this case the value will be disregarded for a maximum of 26 weeks.

We take into account any form of savings irrespective of where and how they are invested (with the exception of special complex rules regarding capital held in a trust and capital held in investment bonds with Life Assurance). (Note that, where funds are held in trust, or in a disregarded savings bond, the financial assessment will seek to determine whether any income received should be included or disregarded. Copies of trust documents (e.g. Trust Deeds, Will Settlements etc.) must be provided for verification.

The capital limits are currently £23,250 upper limit and £14,250 lower limit with effect from 10/04/2017. Any capital above £14,250 is calculated as “tariff income” which is calculated as £1.00 per week for every complete £250 or part).

People with more than £23,250 held in their own name, or held in their share of joint accounts, or in accounts held by another person on their behalf, will pay the full cost of the care service. **This charge applies from the start date of the service.**

#### **4.2 Notional assets, savings or income included in the financial assessment:**

If a person has gifted any savings, investments, income or property to another person, prior to, or whilst receiving any care services, any such amounts will usually be included in the financial assessment as though they remain in their own possession. This is called “notional capital” or “notional income”. This may also apply where a person has spent down their capital more significantly than would usually be the case. Consideration will be given to exceptional circumstances.

This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the person to prove to the council that they no longer possess the income or asset and the council will determine whether to conduct an assessment as to whether deprivation has occurred. Where notional assets are included in the assessment and the person is unable to pay the charges, the council may charge the person who received the monies to pay for the costs of care services.

Notional capital or income will also be taken into account if a person is not claiming monies to which they are entitled.

#### **4.2 Income to be taken fully into account**

Income includes **most state benefits** means tested and non-means tested, including State Retirement Pension, Pension Credit, Employment and Support Allowance, Tax Credits, Child Benefit, Statutory Sick Pay, Income Support (including all premiums for age, family and disability), Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence Payments (PIP) for care, Universal credit etc.

And all other Income includes: **(subject to exceptions below in 4.3)**

Occupational Pensions

Private Pensions

Income from annuities

Trust Income

Income from charitable or voluntary sources (subject to £20 per week disregard)

Rental Income / lodging payments (including other persons in the household)

Where another person, who is not a spouse or partner or civil partner or a dependent child, lives in the household of the service user (e.g. A relative, a friend, a lodger) the payments they make towards the household expenses will be taken into account as income.

Where no actual payments are made by the person living in the household there will be an assumed income of one third of the basic Income Support allowance as a contribution towards general household living costs.

### 4.3 Income to be disregarded

Earnings are disregarded.

(Earnings consist of any remuneration or profit derived from employment or self-employment, including bonus or commission and holiday pay but excluding reimbursement of expenses and any occupational pension)

DLA (Mobility Allowance)

War Pensioners Mobility Supplement

War Widow(er) Special Payments

Tax credit income (related to earnings)

Pension Credit “**Savings Credit**” Payments are disregarded for non-residential services but there are other special rules for residential care with a partial disregard

## 5. Assessment for non-residential services

### 5.1 **General Living Allowance** – known as MIG (Minimum Income Guarantee)

Local authorities must ensure that a person’s income is not reduced below a specified level, after charges have been deducted. The allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. This allowance is for people who live in their own home and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.

In this policy single people or people in a couple will be given the following weekly allowance irrespective of the age of the service user.

£189 per week for single people

£289 per week for couples

£145 per week for one person in a couple

5.2 Where there are dependent children living in a household, the weekly allowance rates for adults differ according to age and other circumstances and the general allowance is calculated in accordance with Government Guidance as follows:

Where the adult is a single person the basic weekly allowances are:

a) aged 18 or older but less than 25, the amount of £72.40;

b) is aged 25 or older but less than pension credit age or is a lone parent aged 18 or over, the amount of £91.40.

c) has attained pension credit age, the amount of £189.00.

Where the adult is a member of a couple the basic weekly allowances are:

a) one or both are aged 18 or over, the amount of £71.80;

b) one or both have attained pension credit age, the amount of £144.30.

### **Additional weekly allowances apply as follows:**

1. For each dependent child living in the household an additional allowance of £83.65

2. For a single person with:

- a) Disability premium, the amount of the additional allowance is £40.35;
  - b) Enhanced disability premium, the amount of the additional allowance is £19.70.
- For one member of a couple in receipt of:
- a) Disability premium, the amount of the additional allowance is £28.75;
  - b) Enhanced disability premium, the amount of the additional allowance is £14.15.
3. When in receipt of carer premium, the amount of the additional allowance is £43.25.

## 5.2 The Disability Related Expenditure assessment (DRE)

Service Users will be asked to list any additional expenses, extra to the standard allowances explained in 5.1 that arise specifically as a consequence of disability. Examples of such expenditure and verification methods are set out in **Appendix A**.

## 5.3 Housing Costs

Allowances are given for the following housing costs:

- Rent (net of Housing Benefit - or Universal Credit)
- Council Tax (net of Council Tax Reduction and discounts)
- Minimum mortgage repayments (as a substitute for rent) excluding enhanced mortgage payments.  
Ground Rent and Maintenance (except costs already allowed in the standard living allowance eg. Lighting, heating, Hot water, etc.)
- Water Rates / Metered Water Costs

No Allowance for rent will be made where the service user lives in another person's household and there is no legal liability for rent payments. This is because any charge made for living in the other person's household will be deemed to be covered by the general living allowance of at least £189 per week. Where the person is not liable for these costs, but contributes towards them through a private board agreement or similar, then the service user will be expected to meet this expenditure from their general living allowance.

## 5.4 Method of Calculation for non-residential services

- a) Income less expenditure and allowances equals "assessable income"
- b) Assessable income is rounded down to the nearest whole pound.
- c) There is no charge if this is below £3.00 per week
- d) Note that where the actual service costs are less than the assessed charge, the lower amount will be charged.
- e) Note that for adaptations over £1000, the weekly charge will be calculated in the same way but the charge will be payable for a maximum of 7 years. No charge will be made once the cost of the adaptation has been repaid. For example, if the cost of the adaptation is £3000 and the person is assessed to pay £50 per week, charging will cease after 60 weeks as the full £3000 will have been repaid.

## 5.5 Assessing Couples

- a) Financial assessments may be carried out for couples by reference to all income, savings and expenditure of the household. Where means tested benefits are being paid, this will be a similar process to Income Support / ESA / JSA/ Guarantee Pension Credit, Housing Benefit / Universal Credit.

- b) Where no means tested benefits are in payment the income and savings of both partners will usually be considered in order to determine individual ownership including any beneficial interest of the service user.\* (see below)
- c) Where the total savings and assets of the service user are over £23,250, including any interest in savings held by their partner, the full cost of care services will apply.
- d) Councils may consider whether a service user could reasonably have access to, or legal entitlement to, resources held by another person, including a partner. For example, where there are savings in joint bank accounts or where savings and assets are held in one partner's name and can reasonably be assumed to be shared, particularly where the service user's monies have been saved in that account. In such cases it is reasonable to seek disclosure from the partner and refusal will allow the council to decide that the user has not shown they are unable to pay and therefore the full cost will be charged.
- e) Where income and savings are held in the partner's name an assessment may be made of the history of this arrangement and the extent to which the service user has some access to the resources held by the partner. Savings held in joint accounts will be treated as 50% ownership unless there is specific evidence as to a different percentage. The actual position regarding payments for rent, mortgage, water rates etc will be considered and the general living allowance will be amended accordingly.

## **6. Residential Care: Charging for care homes for permanent residents**

6.1 Only where a person has been assessed as having an eligible care and support need will a financial assessment be necessary to determine whether or not they must pay the full fees.

6.2. Charges for residential care are payable from the date care commences.

6.3 Property will usually be taken into account for charging purposes unless the resident is taking steps to occupy that home. In this case the value will be disregarded for a maximum of 26 weeks. Property is disregarded where it is occupied by a spouse or partner or another relative aged over 60 or disabled.

6.4 The Financial Assessment will take into account income, capital and the value of any assets. The charging calculation will take into consideration any mandatory disregards of income, capital and property as defined in the Charging for Care and Support Statutory Guidance.

6.5 The Assessment will allow the prescribed minimum personal allowance known as the 'Personal Expenditure Allowance' (PEA). This is £24.90 per week from April 2017.. Some people may also qualify for an additional Savings Credit Disregard depending upon the level of their income and state benefits.

6.6 Where a person chooses to live in a care home charging more than the council's agreed fee rates they must identify a person, known as a third party, to meet the

additional cost. This additional cost is often called a 'top-up'. The local authority has the right to refuse this option if the extra costs cannot be met over a sustained length of time.

6.7 The third party must confirm they are able to meet the costs of the top-up for as long as the resident remains in the care home and they will be asked to enter into a formal agreement.

6.8 People who own a property may be eligible to defer the cost of part of their care home fees costs. They will need to agreed to a legal charge against the value of their property and this is known as a Deferred Payment Agreement. Details of this scheme can be found in the council's separate Deferred Payment Agreement information sheet.

## **7. Charging for Residential and Nursing Home care on a TEMPORARY basis**

7.1 The council will financially assess and charge people having a temporary stay in a care home from the start date of the service.

7.2 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

7.3 Where a person's stay is intended to be permanent, but circumstances change and the stay is temporary, the council will charge on the basis of a temporary stay.

7.4 The financial assessment for temporary stays will disregard the person's main or only home where the resident intends to return to that home.

7.5 The financial assessment for a temporary stay will treat income and capital in the same way as for permanent residential care with the following exceptions:

- Disability Living Allowance or Attendance Allowance will be disregarded
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.

7.6 Liabilities for rent, mortgage interest and water rates are taken into account.

## **8. Financial re-assessment reviews for all Services**

- a) Where someone receives a new or backdated state benefit, such as Attendance Allowance, Severe Disability Premium etc. Note that charges will be backdated to the date of the DWP award for the additional benefit. (Actual payments from DWP may be later).
- b) At any time where the council discover an amendment to the financial information previously provided: e.g. Inheritance, previously undisclosed property, savings or income, including benefits (this can lead to additional charges being backdated).
- c) Where a person notifies the council that their circumstances have changed
- d) Where there is a significant change to Government regulations, state benefit entitlements or charging policy revisions
- e) Benefit Uprates for residential care in April of each year.

f) Otherwise, financial reviews will take place over a period of time.

## **9. Backdating charges**

Charges will usually date from the start of the service.

Backdated charges apply where additional benefits have been successfully claimed. People will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where people have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired.

Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.

Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.

## **10. Notification of Charges**

The outcome of the financial assessment and charge information will be confirmed in writing. This might provide a provisional charge pending the production of evidence of income, capital, costs of disability, or awaiting the outcome of additional benefit claims. If all information is complete the notification will provide details of the final assessment.

## **11. Paying the contributions**

### **11.1 Care Agencies:**

Where the person has capital over £23,250 and is therefore assessed to pay the full cost of all care services, they will usually pay the agency direct, upon receipt of an invoice from them or by standing order. If the service user fails to pay the provider further action will be taken.

Where the service is provided by an independent care agency and the person does not have to pay the full cost but does have to pay a contribution towards the home care fees, the council will invoice the service user, monthly in arrears upon receipt of the call data from the agency.

### **11.2 Council Services:**

Where the service is provided directly by the Council the service user will receive an invoice, monthly in arrears, from the Council's Central Collections Team.

### **11.3 Direct Payments for care services**

Where the service user receives Direct Payments in order to purchase their own care services, they will be required to pay their contribution into their Direct Payments account. The preferred method is for the service user to set up a standing order from their personal bank account into the Direct Payments account. Where a charge applies, the service user must pay this into the account first, to cover the first



part of the care costs, and the council will pay the remainder of the agreed eligible care costs into the account on a 4 weekly basis.

## **12. Recovery of Debt**

- a. Where a person fails to pay the amount they have been assessed to pay for arranging care and support, the Care Act 2014 provides the council with powers to recover money owed
- b. Action for recovery of debt extends to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment.
- c. The council will only proceed with Court action where alternatives have been exhausted. Any proceedings will go through the County Court.
- d. The council will deal with each case of debt on an individual basis and all circumstances will be carefully considered.

## **13. Appeals and Complaints**

Service users have the right to ask the Council for a review of the assessed charge if they consider it to be unreasonable.

The appeal will involve the following checks:-

- That income included in the assessment is correct
- That the standard disregards/allowances are correct
- That all eligible additional disability costs have been included
- That any further exceptional circumstance has been considered which may warrant special discretion.

The Appeal Decision is initially made by the Head of Financial Assessments to ensure consistency and equity with other service users and provides an information base of exceptional decisions.

The appeal should be completed within 4 weeks of referral including written notification of the outcome. If the service user is still dissatisfied they can use the complaints procedure.

### **Diversity and equality**

The council is committed to the broad principles of social justice and is opposed to any form of discrimination. It therefore embraces best practice in order to secure equality of both treatment and outcome. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

### **Summary of Publications**

The following publications have been referred to in the compilation of this policy

- The Care Act 2014
- The Care Act 2014 Regulations Part 1
- The Care Act 2014 Care and Support Statutory Guidance
- Mental Health Act 1983

## APPENDIX A - Assessing the costs of disability for non-residential care

Evidence of actual expenditure may be requested at the Council's discretion. Where receipts have not been kept, a council may request that this be done for future expenditure. It is legitimate for Councils to verify that items claimed have actually been purchased, particularly for unusual items or heavy expenditure.

Generally the items allowed for should be based on actual past expenditure; though in some cases estimates of annual spending based on available evidence will need to be made. Spending not yet incurred should not be allowed. It is not practicable for assessments to take account of expenditure users would incur if they had more income.

If, despite a request to keep future receipts, users fail to do so, it may be reasonable for Councils not to include this in the assessment.

The following allowances may be agreed but is not an exhaustive list of disability-related costs. It is reasonable to expect that most people would not qualify for the full range of allowances. These allowances should align with information gathered during the care assessment and should be identified in the Care Plan.

The council would not expect to allow costs that should otherwise be met by other agencies, such as the NHS. This includes therapies, such as physiotherapy, and to chiropody and continence pads

### DISABILITY EXPENDITURE ALLOWANCES 2017-2018

Additional fuel allowances where costs exceed the average as set out below:

(This section needs updating with DH information)

Figures for 2016/17	Standard Inc South		
Single person - Flat/Terrace	£1,143		
Couple – Flat/Terrace	£1,508		
Single person – Semi Detached	£1,214		
Couples – Semi Detached	£1,600		
Single – Detached	£1,477		
Couples – Detached	£1,947		

Notes - consideration will be made for additional householders contributing to household costs.

- if bills not retained, copies to be provided within 28 days. If not provided within this timescale the allowance will apply from the date that the evidence is provided.
- Winter Fuel and Cold Weather Payments are disregarded.

<b>ITEM</b>	<b>AMOUNT</b>	<b>EVIDENCE</b>
Community Alarm System	Actual cost to service user	Bills from provider
Private care and domestic help	Where part of Care Plan and Council funded care reduced accordingly.(does not usually allow payment to close family members)	Signed receipts for at least 4 weeks Maximum £12 per week if no receipts
Laundry/Washing Powder	£3.68 per week	Care Plan identifies continence problem. Allowance applies where more than 4 loads per week
Dietary	Discretionary as special dietary needs may not be more expensive than normal	Details of special purchases – Maximum £6 per week
Gardening	Discretionary based on individual costs of garden maintenance	Signed receipts for at least 4 weeks using a proper receipt book Maximum £12 per week
Wheelchair	£3.75 per week manual £9.12 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered bed	Actual cost divided by 500 (10 yr life) up to a maximum of £4.20 per week	Evidence of purchase if available
Turning bed	Actual cost divided by 500 up to a maximum of £7.27 per week	Evidence of purchase if available
Powered reclining chair	Actual cost divided by 500 up to a maximum of £3.30 per week	Evidence of purchase if available
Stair-lift	Actual cost divided by 500 up to a maximum of £5.88 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £2.88 per week	Evidence of purchase without DFG input
Prescription Charges.	Cost of an annual season ticket divided by 52 or actual cost of prescriptions whichever is less.	Where ineligible for free prescriptions
Transport.	Discretionary based on costs that are greater than those incurred by the general public.	Evidence in Care Plan for transport needs where person cannot use public transport–max £12 per week

Note: - Mobility Allowance cannot be included in the normal financial assessment as an income but the statutory guidance states that transport costs should be allowed where necessitated by illness or disability, over and above the mobility component of DLA if in payment. Therefore no further transport costs are allowed if Mobility Allowance covers them.





## 1. Market Sustainability and Fees to Provider 2017

1.1. The contents of this paper can be shared with the general public

1.2 Date of Health & Wellbeing Board meeting 31<sup>st</sup> January 2017

1.3 Author of the Paper and contact details

Jane MacDonald Commissioning Manager Adult Social Care

[Jane.macdonald@brighton-hove.gov.uk](mailto:Jane.macdonald@brighton-hove.gov.uk)

Tel: Brighton 01273 (29)5038

## 2. Summary

2.1 This paper outlines current fees paid to independent for profit, voluntary and community care providers. Those affected are care providers and potentially vulnerable adults for whom they provide care and support. It is recognised that public finances are under pressure. The services that are considered in this report are integral to the wider health and care system, which includes managing patient flow in and out of hospital. The recommendations are for fees to be paid from April 2017.

## 3. Decisions, recommendations and any options

3.1 The recommendations are set out below. The underpinning evidence is contained in the main body of the report:

Service	Current fee	New fee	% uplift
In city care homes – set fees	£543	£556	2.4%
In city care homes with nursing – set fees	£699.25	£712.25 Includes FNC at £156.25 note this may change	2.4%
In city care homes – individually negotiated	Variable	By negotiation	Variable
In city care homes with nursing – individually negotiated	Variable	By negotiation	Variable



Service	Current fee	New fee	% uplift
Out of city care homes – set fees	Host authority		Variable
Out of city care homes with nursing – set fees	Host authority		Variable
Out of city care homes – individually negotiated	Variable	Variable	Variable
Out of city care homes with nursing – individually negotiated	Variable	Variable	Variable
In city care homes and care homes with nursing individual negotiated rates	Variable	Not less than £556 plus FNC	
In city care homes and care homes with nursing block contacts	Variable	By negotiation	Variable
Supported Living for people with learning disabilities	Variable	Variable	1%
Community support for people with learning disabilities	Variable	£17.53	Variable
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	1%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	£17.53	Variable
Shared Lives fee to carers	Variable	Variable	2% to care
Home care main area/back up provider – core fee	£17.24	£17.53	1.68%
Home care main area/back up provider – enhanced fee	£19.24	£19.56	1.68%
Direct Payments Monday to Friday hourly rate	£10.40	£10.60	Variable
Direct Payments Weekend hourly rate	£11.40	£11.60	Variable
Existing Direct Payment contract uplifts hourly rate*	Variable	Variable	1.8%

The total cost to the Community Care budget is £1.030m

## 4. Relevant information

### 4.1 Overview of the market

4.1.1 The Care Act 2014 requires Local Authorities to promote a diverse market of high quality care and support services. The care market locally is fragile. In common with other areas in the region, many providers active in the city struggle to recruit and retain sufficient care workers to provide quality services. This has been an issue in older people services for a number of years, but increasingly now it is affecting services for younger adults.



4.1.2 The volume of care providers seeking to exit the local market is concerning. Whilst the number of care homes with nursing has remained relatively static over the last 4 years the number of care homes closing is at an all-time high. The number of home care providers leaving the market also exceeds those joining. Neighbouring authorities are experiencing similar issues and looking to secure their local provision through use of block contracts. This is likely to impact on Brighton and Hove as significant care home placements are made outside the city.

4.1.3 Both locally and nationally there is growing evidence that care providers are handing back unprofitable work, both home care packages of care and whole contracts. <https://www.theguardian.com/social-care-network/2016/aug/30/company-handing-homecare-contracts-back-to-councils>

4.1.4 At the same time the complexity of care and the skills needed by care workers continues to grow. Prevention of admission to hospital and timely discharge are critical to well-functioning health and care arrangements. A whole system approach to care relies on care providers being able to provide the services that are needed. In order to do this they need to be a viable a business, one that is sustainably funded.

## 4.2 Care homes and Care Homes with Nursing

4.2.1 Care homes and care homes with nursing in the city on set fees  
In September 2016, following a market engagement exercise care home and care home with nursing providers were awarded a significant uplift of set fees. The weekly set fee for a care home placement is £543. The Health supplied Funded Nursing Care (FNC) cost of £156.25 is added to the weekly care home fee to make a total of £699.25. This is the weekly set fee for a care home with nursing bed. The Living Wage Foundation is recommending uplifts of 2.4% to care workers pay. Whilst care homes are not contracted to pay Living Wage Foundation wages to care workers there is a desire from both the Council and CCG to support recruitment and retention in this sector. It is recommended that these set fees are uplifted by 2.4%.

4.2.2 The FNC rate was increased by 40% in August 2016 on an interim basis whilst a review takes place. Potentially this could lead to a reduction to the rate from January 2017.

4.2.3 Care homes and care homes with nursing in the city individual negotiated rates



Some placements made in some care homes and care homes with nursing are individually negotiated. These tend to be for people with learning disabilities, physical and or sensory disabilities, acquired brain injury or functional mental health needs. Fees and can vary significantly according to provider and individual user’s needs. There has not been a general uplift for six years and as a consequence some fees paid are lower than set rates. It is recommended that the fee paid should not be less than the set fee.

#### 4.2.4 Out of city care homes and care homes with nursing

4.2.4.1 It has long been recognised that each local area best understands their local market. It is recommended that Brighton and Hove City Council match the applicable host authority set fees for new and existing registered care home placements out of the city where these fees apply. This practise is common to most other councils. It is also recommended that unless there are exceptional circumstances any waiver or third party agreement will not be increased until the local set fee has been reached.

4.2.4.2 With regard to out of city placements where there are no set fees, the recommendation is to micro-commission future placements using current systems with future consideration of a Dynamic Purchasing System.

4.2.5 It is recommended that care homes and care homes with nursing that have block contract arrangements individually negotiate arrangements.

#### 4.2.6 Recommendations for care homes and care homes with nursing

Services	Current fee	New fee	% uplift
In city care homes – set fees	£543	£556	2.4%
In city care homes with nursing – set fees	£699.25	£712.25 Includes FNC at £156.25 note this may change	2.4%
In city care homes – individually negotiated	Variable	Not less than set rates	Variable
In city care homes with nursing – individually negotiated			
Out of city care homes – set fees	Host authority		Variable
Out of city care homes with nursing – set fees	Host authority		Variable
Out of city care homes – individually negotiated	Variable	By negotiation	Variable
Out of city care homes with nursing – individually negotiated	Variable	By negotiation	Variable
In city care homes and care homes with nursing block contacts	Variable	By negotiation	Variable





### 4.3 Learning Disability Fees: Supported Living, Community Support

4.3.1 Learning Disability services in Brighton & Hove have not received the same increase in fees as other areas of service for the past six years. Many fees are individually negotiated, making it difficult to apply a standard uplift. Learning disabilities services, are finding it increasingly difficult to recruit and retain staff.

#### 4.3.2 Supported living for people with learning disabilities

The Council has engaged with local providers of supported living services, to develop an understanding of the fees paid. There are now clear hourly set rates for supported living services that apply to both core costs and additional hourly rates. These rates are generally considered to be value for money. The recommendation is for supported living services for adults with a learning disability to increase fees by 1%

#### 4.3.3 Community support for people with learning disabilities

4.3.3.1 Community support services for adults with learning disabilities provide CQC registered care services that can support individuals with personal care needs. They also provide support for service users to access the community and develop independent living skills. Community support in some respects is similar to home care. Providers are competing for staff with home care agencies. Currently community support fees range from £15.50 to £16.50 per hour, which is less than the fee paid to contracted home care providers.

4.3.3.2 There is a risk to the sustainability of the market if community support providers are not able to recruit and retain staff. In 2016/2017 a large, local provider exited the market citing financial difficulties. The recommendation for community support services for adults with a learning disability is an increase to the same rate as the core home care rate (2017-8) of £17.53 per hour.

Services	Current fee	New fee	% uplift
Supported Living for people with learning disabilities	Variable	Variable	1%
Community support for people with learning disabilities	Variable	£17.53	Variable

### 4.4 Services for people with Physical and/or Sensory Disabilities and Acquired Brain Injury

4.4.1 Similarly to learning disability services, fees for services for people with physical, sensory and brain injuries generally have not been increased in recent years.



#### 4.4.2 Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury

Supported living is a developing area for these client groups and fees are currently individually negotiated. The recommendation is for supported living service fees for adults with a Physical and/or Sensory Disability and Acquired Brain Injury to increase by 1%.

#### 4.4.3 Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury

Community support rates have been individually negotiated with each provider. The work needed to support people with sensory needs and acquired brain injuries is specialist in nature and the fees reflect this. Workers provide support for service users to access the community and develop independent living skills. Where services are registered with CQC personal care may also be provided. However there are some providers who are receiving less than the fee paid to the contracted home care providers. The recommendation is for community support services for adults with physical /sensory disabilities and brain injuries to increase to the same rate as the core home care rate (2017-8) of £17.53 per hour.

Services	Current fee	New fee	% uplift
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	1%
Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	£17.53	Variable

### 4.5 Shared Lives

4.5.1 Shared lives services support adults who are unable to live independently and they are therefore supported in the community within a family home setting. Shared lives carers provide accommodation, care and support in their own home. Currently the services are being developed to support parents with learning disabilities, young people in transition to adult services and adults with physical disabilities and acquired brain injuries.

In order to facilitate the expansion of shared lives to further client groups and attract more carers an uplift of 2% is recommended to be added to the 2016/17 care component banding levels, and carers aligned to these bandings.

Services	Current fee	New fee	% uplift
Shared Lives Carer's Fee	Variable	Variable	2% to care



## 4.7 Home care

### 4.7.1 Home Care main area and back up providers

Much work was undertaken on the home care fee for implementation in September 2016, alongside the new home care contract. There are two rates. The core rate of £17.24 is for adult social care and the enhanced rate is for packages of care that have a Health element e.g. Continuing Health Care. These rates were based on the UKHCA's annual report 'A Fair Cost for Home Care', with some local variations to take into account the particularities of Brighton and Hove.

4.7.2 Unison Ethical Charter for Home Care advocated for the UK Foundation Living Wage of £8.25 per hour to be paid to care workers. The current fee incorporates this. The Living Wage Foundation rate announced on 1st November 2016 increases the UK rate by 2.4% from £8.25 to £8.45. It is recommended that fees paid to home care providers are uplifted to reflect this. Contracted home care providers are then obliged to pass on the uplift to care workers i.e. to pay a minimum of £8.45 per hour for all care workers from date of fee uplift.

Services	Current fee	New fee	%uplift
Home care main area/back up provider – core fee	£17.24	£17.53	1.68%
Home care main area/back up provider – enhanced fee	£19.24	£19.56	1.68%

## 4.8 Self-Directed Support

4.8.1 Self-directed support also called 'personalisation' gives people control of the support they need to live the life they choose. A key part of the service is the provision of direct payments - funding from the council made to people with assessed needs to buy services or employ people to support them. There are currently over 560 adults in receipt of direct payments and increasing this figure is a key target for Adult Social Care.

4.8.2 Where someone chooses to have direct payments to employ personal assistants the initial care plan is assessed at specific direct payment rates (which do not include profit margins and other agency costs). All people employing personal assistants are encouraged to pay their employees a minimum of £8.50 per hour. The new Living Wage Foundation rate introduced from 31/10/2016 increases the rate by 2.4% from £8.25 to £8.45. It is recommended that direct payment rates for those who employ personal assistants are uplifted to reflect this increase to the wage rate resulting in an overall percentage increase of 2%. The same uplift will be



applied to existing personal budgets. The funding in the personal budget can be used flexibly with agency care and/or personal assistants wages.

Services	Current fee 2016/17	New fee 2017/18	Percentage change
Direct Payments Monday to Friday hourly rate	£10.40	£10.60	2%
Direct Payments Weekend hourly rate	£11.40	£11.60	2%
Existing Direct Payment Personal budgets uplifts hourly rate*	Variable	Variable	2%

\*Where a person chooses to use their direct payment to purchase agency, the usual rate will be standard home care rates but this will depend upon their agreed personal budget and eligible care needs.

## 4.9 Service Contracts

4.9.1 Service contracts are funding arrangements for services provided in the community generally by voluntary and community sector organisations. This category includes day activities and advice and information services. The prospectus approach to commissioning was used for many funding arrangements. The prospectus included the facility for a bidder to set their price for overall delivery of service, including management and operations costs. Thus any relevant cost of living or uplift within the scope of the available funding should have been built into the bid for the length of the funding agreement. There is no recommended change in fees paid to current providers of service contracts.

4.9.2 Both council and NHS commissioners are continuing to work with providers to make efficiencies on an individual basis. There is no recommendation for a change of fee rate for service contracts.

## 4.10 Further considerations

### 4.10.1 Additional benefits

Following representation from providers, it is recommended that the current systems of additional benefits offered to providers remain in place. This includes Brighton & Hove City Council continuing to fund and provide a range of training and targeted advice sessions e.g. courses on a range of care topics and fire evaluations that are free to access. The Council also provides advice and support relating to health and safety. Forums for all care home and home care providers are held regularly and recruitment and retention of staff has featured as a main topic. There is also funding for flu vaccines for front line care workers.



#### 4.10.2 Providers experiencing financial difficulty

Any provider experiencing financial difficulty is urged to contact the council. If the council cannot assist directly, business support partners might be able to help. Information is available on the council website.

#### 4.10.3 Other Areas

Other local areas are also modelling rates that they will set. At the time of writing no clear picture is emerging regarding the outcome of this.

### **5. Important considerations and implications**

#### 5.1 Legal

It is a function of the Health and Well Being Board to oversee and make decisions concerning Adult Social Care in the City. The Local Authority has a duty pursuant to Section 5 of the Care Act 2014 to ensure there is a varied and sustainable market available to meet the needs of all persons in its area with care and support needs both now and in to the future. In securing an adequate and quality provision to meet care and support needs the responsible public bodies must have regard to individuals' Human Rights in accordance with the Human Rights Act 1998

Lawyer consulted: Judith Fisher

Date 10/01/2017

#### 5.2 Finance

5.2.1 The Council provides in the region of 3,800 packages of care with external providers for different types of care at a gross cost of £72m across all primary support groups i.e. Physical Support, Sensory Support, Memory & Cognition Support, Mental Health Support and Learning Disabilities.

5.2.2 The proposed increase in rates is set out in the main body of the report and summarised in paragraph 3.1. These changes will result in an increase Community Care spend by £1.3m. The current 2017/18 budget assumes a fee uplift of 2% which will fund a large proportion of the increase.

5.2.3 If the ASC Precept is agreed for 2017/18 it will be allocated to fund the fee uplift.

5.2.4 Out of area placements, not on set rates, will continue to be individually commissioned and the financial impact of any changes will be monitored.

Finance Officer consulted:

Sophie Warburton Date: 21/12/2016



### 5.3 Equalities

#### 5.3.1 Work is on-going into the Equalities Impact Assessment

### 5.4 Sustainability

5.4.1 The recommendations are intended to be fair and sustainable prices which support the care market to be sustainable.

## 5.5 **Engagement**

### 5.5.1 Public Health

Public Health is aware of the recommendations and they are in line with Public Health contracts.

Chris Naylor

Business Manager, Public Health

### 5.5.2 Clinical Commissioning Group Comments

The CCG is broadly in support of the recommendations in this report.

### 5.5.3 Families, Children and Learning

All of the fee proposals have been taken into account in calculating the additional pressures funding required.

Regan Delf

Assistant Director, Health, SEN &

Disability

### 5.5.4 Registered Care Association

In view of the announcement by the government that local authorities can increase the ASC precept from 2% to 3% for 2017/18 and similarly for 2018/19 the Brighton and Hove Registered Care Association feel that the recommended increase for in city care homes set fee should be on the assumption that the precept will be at 3%.

The Association considers it vital to take advantage of the opportunity now presented to increase the set fee by as much as possible from April 2017 so that providers can pay over the national living wage. This helps ensure the recruitment and retention of staff and the financial viability of care homes.

The Association is very pleased it is recommended (4.10.1) that the current systems of additional benefits offered to providers remain in place. Providers value these benefits including training and the information and networking at forums.

Graham Dean

Chair Brighton and Hove Registered Care Association



### 5.5.5 Housing, Communities and Neighbourhood

The Communities and Equalities team continue to work with Adult Social Care and CCG Commissioners with support for the EIA assessments and would suggest ensuring that assessment of how contracts are awarded. It is critical to take into account how to balance efficiencies with quality, social value and overhead costs in future reviews for all service contracts for all types of providers.

When the activity that is in the current prospectus is reconsidered, commissioners need to be mindful of both budget considerations and inflation.

## **6. Supporting documents and information**

None







## 1. Brooke Mead home care contract

- 1.1. The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on Tuesday 31<sup>st</sup> January 2017
- 1.3 Author/s of the Paper and contact details:  
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## 2. Summary

2.1 In summary, this report seeks approval to procure and award a contract for home care to support people living at Brooke Mead extra care scheme.

## 3. Decisions, recommendations and any options

- 3.1 It is recommended that Health & Wellbeing Board authorise the Executive Director of Health and Adult Social Care to:
  - (i) procure and award a contract for home care to support people living at Brooke Mead extra care scheme with a term of five years and;



- (ii) agree an extension (or extensions) of up to two years to the contract referred to in 3.1(i) above subject to satisfactory performance by the provider.

#### **4. Relevant information**

4.1 Brooke Mead is a Council owned, purpose built, extra care housing, dementia friendly scheme which is currently being built. The scheme is situated on Albion Hill in Brighton and is funded by the Homes and Communities Agency as detailed in the Councils allocations policy. It will have 45 self contained flats with double bedrooms and en suite facilities.

4.2 The home care contract is a joint agreement between the Council and Clinical Commissioning Group, as they have agreed to adopt a shared approach to purchasing services for care delivery at Brooke Mead. The contract will include a commitment to pay the living wage as recommended by the Living Wage Foundation.

4.3 The length of the contract will be five years with an optional extension(s) of up to two further years. This will bring this into line with the other city home care contracts which commenced on the 5<sup>th</sup> September 2016.

4.4 The contract is due to commence in Spring/Summer 2017 with a staged implementation, but the commencement date will be governed by the completion date of the build of the scheme.

4.5 The procured home care provider will be required to maintain an office at the scheme and provide care workers on site 24 hours a day, 7 days a week providing care and support to tenants who have eligible needs. Care and support will be provided as agreed in line with individuals care and support plans.

4.6 The provider will be required to be registered with the Care Quality Commission, meet the requirements of the specification and be able to demonstrate that they can provide value for money.

4.7 The tender process will be undertaken in accordance with the Public Contracts Regulations 2015, under the remit of the 'light touch regime'.

4.8 The tender will be conducted using the Council's e-procurement system, South East Shared Services and will be advertised on OJEU and Contracts Finder.



4.9 The contract will be awarded based on a 60% quality and 40% price split, with potential providers expected to demonstrate how they will deliver a high quality home care service, including staff recruitment and retention, working with a range of service users and a robust implementation plan.

4.10 Potential providers will be required to maintain an active CQC registration, evidence their financial stability and hold the required levels of insurance.

4.11 The value of this contract is likely to be in the region of £900,000 per annum.

## **5. Important considerations and implications**

### **5.1 Legal**

5.1.1 The services required by the proposed home care contract fall within Schedule 3 of the Public Contracts Regulations 2015 (SI 2015/102) and the procurement of those services is therefore subject to what is frequently referred to as the “light touch regime”. The value of the procurement exceeds the financial threshold (£589,148.00) at which an advertisement is required to be placed in the Official Journal of the European Union (OJEU). The opportunity will therefore be advertised across the European Union satisfying the requirement to seek value for money. The procurement process is not unduly proscribed but must accord with the fundamental public procurement principles of transparency, fairness and equal treatment. The OJEU notice is a fundamental procurement document and it is important the notice reflects the extent to which variation of the contract over its life is permitted to reflect changing circumstances and developments in best practice and further the provisions relating to the requirement to pay the living wage and the potential for a TUPE transfer.

5.1.2 Consideration must also be given when letting service contracts to the provision of social value (Public Services (Social Value) Act 2012).

5.1.3 It is a function of the Health and Well Being Board to oversee and make decisions concerning Adult Social Care. Section 5 of the Care Act 2014 imposes duties on the Local Authority to facilitate and shape the market so that it meets the needs of all people in its area who need care and support, regardless of how it is arranged or funded. The duties imposed require the Local Authority to ensure the market provides



diverse, high quality, sustainable options to meets needs now and in to the future.

Lawyer consulted: Isabella Sidoli and Sandra O'Brien Date: 12/01/2017

### 5.2 Finance

- 5.2.1 The tender price is likely to be in the region of £900k as outlined in the report. If all of the rooms have a single occupancy, the average unit cost will be £385 per week per client.
- 5.2.2 This contract is funded within the proposed Community Care budget going forward.

Finance Officer consulted; Sophie Warburton Date: 09/01/2017

### 5.3 Equalities

- 5.3.1 Work is ongoing into the Equalities Impact Assessment which was used for the main home care contract.

### 5.4 Sustainability

- 5.4.1 The recommendations of this report are intended to support the care market to be sustainable by paying fees which are fair.

### 5.5 Health, Social Care, Children's Services and Public

- 5.5.1 The contract will be a joint Council and NHS Health Clinical Commissioning Group contract

## **6. Supporting documents and information**

- 6.1 The report entitled Extra Care Housing Home Care Tender for Brooke Mead and Vernon Gardens 2017 was agreed at the Procurement Advisory Board 5th December 2016.

