



Who are we?

The Health & 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 on Tuesday 12 November 2019, 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 3 main items on the agenda

- Brighton & Hove Local Safeguarding Children Board (LSCB) Annual Report 2018/19;
- Brighton & Hove Safeguarding Adults Board, Annual Report 2018/19;
- Commissioning of a Supported Living Service for People With Cognitive Impairments;



Health & Wellbeing Board
12 November 2019
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

B&HCC Members: Clare Moonan (Chair), Carmen Appich (Deputy Chair), Shanks (Opposition Spokesperson), Bagaeen (Group Spokesperson) and Nield

Brighton and Hove CCG: (BHCCG) Andrew Hodson, Chair of CCG, Co-Deputy Chair of Board), Lola Banjoko, Malcolm Dennett and Ashley Scarff

Non-Voting Members: Geoff Raw, Chief Executive; Statutory Director of Children's Services; Rob Persey, (Statutory Director for Adult Care); Alistair Hill, Director of Public Health (BHCC); Graham Bartlett (Safeguarding Adults Board), Chris Robson (Local Safeguarding Children Board), David Liley (Brighton & Hove Healthwatch)

Contact: **Penny Jennings**
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AGENDA

Formal matters of procedure

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

Page

28 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

The Chair of the Board will formally ask if anyone is attending to represent another member, and if anyone has a personal and/or financial interest in anything being discussed at the meeting. The Board will then consider whether any of the discussions to be held need to be in private.

29 MINUTES

9 - 20

The Board will review the minutes of the last meeting held on the 10 September 2019 (copy attached)

30 CHAIR'S COMMUNICATIONS

The Chair of the Board will start the meeting with a short update on recent developments on health and wellbeing.

31 FORMAL PUBLIC INVOLVEMENT

21 - 24

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting Contact the Secretary to the Board at penny.jennings@brighton-hove.gov.uk

(a) Petitions - to consider any petitions received by noon on 6 November 2019 – to consider the Petition in respect of “5g” forwarded from Full Council on 24 October 2019 (copy attached);

(b) Written Questions - to consider any written questions received by noon on 6 November 2019;

(c) Deputations - to consider any Deputations received.

32 FORMAL MEMBER INVOLVEMENT



- 33 BRIGHTON & HOVE LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2018/19** **25 - 54**
- Report of Local Safeguarding Children Board (LSCB), Independent Chairperson (copy attached)
- 34 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD, ANNUAL REPORT 2018/19** **55 - 96**
- Report of Brighton & Hove Safeguarding Adults Board Independent Chairperson (copy attached)
- 35 COMMISSIONING OF A SUPPORTED LIVING SERVICE FOR PEOPLE WITH COGNITIVE IMPAIRMENTS** **97 - 102**
- Report of the Executive Director of Health and Social Care (copy attached)

WEBCASTING NOTICE

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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910656 or email 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.



Hove Town Hall has facilities for people with mobility impairments including a lift and wheelchair accessible WCs. However, in the event of an emergency use of the lift is restricted for health and safety reasons please refer to the Access Notice in the agenda below.

An infrared system operates to enhance sound for anyone wearing using a receiver which 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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- You should proceed calmly; do not run and do not use the lifts;
- 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.

BRIGHTON & HOVE CITY COUNCIL**HEALTH & WELLBEING BOARD****4.00pm 10 SEPTEMBER 2019****COUNCIL CHAMBER, HOVE TOWN HALL****MINUTES**

Present : Councillors Moonan (Chair); Appich (Deputy Chair), Shanks (Opposition Spokesperson) and Nield. Brighton and Hove Clinical Commissioning Group (BHCCG), Dr David Supple (Deputy Chair) and Ashley Scarff

Also in Attendance: Geoff Raw (Chief Executive); Rob Persey (Statutory Director, Adult Social Care); Pinaki Ghoshal (Statutory Director, Children's Services); Alistair Hill (Director of Public Health); Graham Bartlett (Brighton and Hove Safeguarding Adults Board); David Liley (Brighton and Hove Healthwatch) and Nicole Mouton (Senior Solicitor)

PART ONE**12 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS****12(a) Apologies**

12.1 Councillor Bagaeen sent his apologies. Apologies were also received from Lola BanJoko (CCG); Malcolm Dennett (CCG); Dr Jim Graham (CCG) and Chris Robson (Local Safeguarding Children Board).

12(b) Declarations of Substitutes, Interests and Exclusions

12.2 There were none.

12(c) Exclusion of the press and public

12.3 In accordance with Section 100A of the Local Government Act 1972 ("the Act"), the Health and Wellbeing Board considered whether the public should be excluded from the meeting during consideration of any item of business on the grounds that it is likely in view of the business to be transacted or the nature of the proceedings, that if members of the public were present during it, there would be disclosure to them of confidential information as defined in Section 100A (3) of the Act.

- 12.4 **RESOLVED** - That the public are not excluded from any item of business on the agenda.
- 12.5 The Chair explained that this meeting although being webcast would not be available to watch live, although once uploaded would be available for repeated future viewing.

13 MINUTES

- 13.1 The following amendments were made to the minutes put forward for signature by the Chair:

Paragraph 3.14 – final sentence ...”the citywide contract which would start in **October 2019...**”

Paragraph 10.5 to read “ Mr Bartlett, Safeguarding Adults Board, stated that the arrangements being put into place would **no longer** mirror those which existed to safeguard vulnerable adults **but** that close parallel working would continue.”

- 13.3 **RESOLVED** – That the subject to the amendments set out above the Chair be authorised to sign the minutes of the meeting held on 23 July 2019 as a correct record.

14 CHAIR'S COMMUNICATIONS

- 14.1 The Chair, Councillor Moonan, stated that at the previous Board meeting she had mentioned trialing a newsletter approach for the Board as a way of reducing the length of Chairs Communications. She was pleased to be able to confirm that following that day's meeting a final version of that newsletter would be produced and circulated. Draft copies had been tabled for the information of Board Members and any comments on that draft document should be forwarded either to herself as Chair or to the Public Health Business Manager, Barbara Deacon. There were however particular highlights from the newsletter which she wished to focus on:

The Ageing Well Festival

- 14.2 The Ageing Well Festival would be taking place between 30 September - to 13th October. There was an extensive programme of fun packed activities and the Chair urged Board Members to have a look at this.

Emotional Support for Children

- 14.3 Board Members views as well as those of the public were wanted about the emotional health and wellbeing support available in the city for children and young people. A survey was out and as part of the evidence gathering process as many people as possible were encouraged to give their views.

Fire at Wellington Road

- 14.4 Board Members may have heard that there had been a fire in a block of flats in Wellington Road, Brighton at the weekend. The fire had occurred in a block of flats

shared with housing for people with acquired brain injuries and 4 temporary accommodation flats. Disabilities Trust provided 24 hour support to our residents there. Assurances had been received that everyone had been evacuated swiftly and had been able to return to their flats by 3:30 with no injuries and no damage to any of the flats. The fire appeared to have started on one of the solar panels on the roof (this had yet to be confirmed) and the only damage had been to a sky light above the stairwell. Baron Homes were due to fix the skylight on Monday 9th September.

David Supple, Chair of CCG Retirement

- 14.5 The Chair concluded her communications by explaining that days meeting would be the last Board that Dr David Supple, the Chair of the CCG and one of the deputies of the Health & Wellbeing Board would be attending as he would be stepping down both from the Health and Wellbeing Board and CCG due to his retirement. Interviews for his replacement as Chair of the CCG were currently taking place. The Chair stated that she would like to take this opportunity to thank David for the knowledge and practical expertise he had brought to the Board. He had been highly supportive of the Board and its development and he was sure that the Board would want to add to her own comments in wishing him well in his retirement.
- 14.6 **RESOLVED** – That the content of the Chair’s Communications be received and noted.

CALLOVER

- 14.7 The Chair stated that there was one late report which she had accepted as the information given to the Board at its meeting in July needed to be updated in order to ensure that the Board were provided with the most up to date information.
- 14.8 The following items on the agenda were reserved for discussion:
- Item 20 – Future Use of Knoll House Resource Centre;
 - Item 22 – Brighton and Hove Healthwatch Annual Report 2018/19
- 14.9 The following items were not called for discussion and were therefore taken as received and the report recommendations agreed:
- Item 17 – Sussex Health and Care Strategic Plan and Response to the NHS Long Term Plan;
 - Item 18 – Better Care Plan Funding;
 - Item 19 - Winter Planning to Support the Health and Care System;
 - Item 22 – Pharmaceutical Needs Assessment - Suspension of Pharmacy Contract – Boots, 119 – 120 London Road, Brighton

15 FORMAL PUBLIC INVOLVEMENT

15(a) Written Questions

- 15.1 There were none.

15(b) Petitions

15.2 There were none.

15(c) Deputations – Mental Health Pledge

15.3 The Chair, Councillor Moonan, referred to the Deputation which had been forwarded to the Board from the July meeting of full Council and was set out on the agenda at pages, 23 – 28. As the matter had already been considered at Council and the Deputies had spoken there they did not have the opportunity to address the Board however the Board were invited to accept the Deputation in order that a formal response could be given by the Executive Director, Families, Children and Learning. The Board agreed and the Chair thanked the Deputies for their Deputation and invited the Executive Director to respond to the contents of the Deputation.

15.4 The Deputation stated:

“Our deputation is a request to Council to commit to collaborating with us to create a pledge to young people in Brighton and Hove, that will outline the experience they can expect when engaging with Mental Health Services in our city.

We are asking for this issue to be referred to the Council’s Health and Wellbeing Board, which would allow us to start a working relationship with the relevant health organisations that would allow us to create this pledge.

What should the Pledge look like?

The pledge will be a document of accountability of Mental Health Services in our city. It will aim to ensure a consistent and person-centered approach is offered to young people at every point of access, and set a minimum standard to be adhered to when engaging with young people around mental health.

The pledge will be Young Person Centred and designed by listening to the voices of young people of Brighton and Hove, and written in conjunction with the CCG, Primary Care Trust, local mental health charities and other relevant health authorities.

How will the Pledge be created?

The pledge will be created in partnership with service providers and lead by the young people of our city. This will involve focus group sessions with schools, youth groups, after school clubs and the universities. In working in conjunction with health organisations and the young people of our city we can ensure that the pledge is practical, informed by real lived experiences and can be implemented by relevant health services.”

15.5 The Executive Director, Families, Children and Learning responded:

“This deputation has come when there is a pan Sussex review of children’s and young people’s mental health services already underway. This review already has engagement

events as a part of its remit, both of the children and young people directly using services as well as their parent/carers.

There is already an established group in place, the Youth Voice Group, and it would be most sensible to refer the deputation to this group so that the Youth Voice Group can be central to the development of any pledge. The Youth Voice Group is made up of a wide range of youth groups including the Youth Council. We are also aware that a Young Minds pledge that has been launched for CYP MH - called #Iwill. <https://www.iwill.org.uk/pledge/youngminds/> and the local Youth Voice will be clearly focused on this.

Given the engagement work that is already in place for the pan Sussex review it would seem sensible to ask the Youth Voice Group to be central to the development of any pledge with services after review has finished. The review would also clarify what is a city service, what is a pan Sussex service which would also impact on any pledge coverage.

It needs to be clearly understood that any pledge would need to have the service providers and commissioners full understanding and support. In the main the mental health services are provided by the NHS and not the council.

We would anticipate we could update the Board of the outcome of the review in January 2020 and update the Board regarding the Mental Health Pledge in March 2020.”

15.6 **RESOLVED** – That the contents of the petition and response to it be noted.

16 FORMAL MEMBER INVOLVEMENT

16(a) Petitions

16.1 There were none.

16(b) Written Questions – Prescription Ordering Service

16.2 The Chair, Councillor Moonan, explained that one written had been received from Councillor Bagaeen (set out in the circulated addendum). Councillor Bagaeen had given his apologies for the meeting and a copy of the approved response provided by the CCG would be sent to him separately.

16.3 Councillor Bagaeen had asked:

“When I went into Boots to enquire about my own repeat prescription I was handed a leaflet from the CCG proclaiming a ‘new and convenient way to order your repeat prescription’. This was news to me and I bet will be news to many more people currently using the repeat prescription system. In my view, the CCG has failed miserably to advertise this service and the content of this leaflet should have certainly been advertised more to users. To make things worse, I got contradictory information from the pharmacist at Boots and from my GP surgery about the operation of the service. I attach the leaflet I was given. Please can the CCG explain the new prescription ordering

service that they have introduced for ordering repeat prescriptions and how they have advertised it locally.”

16.4 The Chair gave the following response which had been provided by the CCG:

“Two thirds of prescriptions issued in primary care are repeat prescriptions. These repeat prescriptions account for nearly 80 per cent of NHS medicine costs for primary care. The management of these prescriptions and the time involved in processing them can be significant. Nationally up to 410 million repeat prescriptions generated every year – equivalent to an average of more than 200 per GP per week. In the South Place (Brighton and Hove and High Weald Lewes Havens CCGs), 7.95 million prescriptions were issued in 17/18 at a total cost of £63.4 million. Around 60% of patients received at least one item on prescription, and it is estimated that around 47% of the population are currently on repeat medicines.

Poor repeat prescribing processes play a major role in generating waste; factors driving such waste include over-ordering of prescriptions by patients themselves and patients ordering their repeat medicines via community pharmacy. In the latter case, the pharmacy contractor will order the prescriptions on behalf of the patients with anecdotal evidence suggesting a lack of robust checks on current medicines needs. So called “managed repeats” often lead to requests for unnecessary repeat medicines and inevitably medicines waste. Additionally, general practice staff expend considerable amounts of time, processing, querying and issuing repeat prescriptions.

In November 2017, High Weald Lewes Havens CCG launched Prescription Ordering Direct (POD). Following the success of POD in HWLH and a trial in a small number of practices in Woodingdean, approval has been given to roll out the service across Brighton and Hove. We plan on the roll out being complete by the end of 2019. POD is an additional route to ordering repeat prescriptions. Paper and online requesting is still available. ‘Managed repeats’ by community pharmacy is no longer available for most patients but can still be provided if it will benefit a specific patient for example, a housebound patient.

The service allows patients to request repeat prescriptions via a call centre hosted by the CCG, with the call handler verifying each item requested. In addition to the financial benefits of reduced waste, it is evident that the service has affected the use of medicines in a much broader sense through:

- Improved safety of medicines use and prescribing.
- Improved quality of medicines use and prescribing.
- Reduction in practice and community pharmacy workload, enhanced primary care resilience and workforce optimisation.
- Improved patient outcomes and experience.
- Additionally, community pharmacies report better workflow management in the dispensary.

The team of call handlers have access to a registered pharmacy technician and pharmacist who can respond appropriately to clinical questions from the call handler or the caller.

Examples of activities undertaken by the service include:

- Acting as a point of control to prevent over ordering and stockpiling (particularly important from the perspective of high risk or controlled drugs).

- Empowering a patient centred approach in taking responsibility for medicines use.
- Adjusting prescribed quantities to align prescriptions (synchronisation)
- Action incoming medicines requests from secondary care (this is reactive and ad hoc);
- Dealing with prescribing queries and rapidly able to action the response as appropriate.
- For some practices, approximately 20% of prescription requests are handled by POD, reducing workload for practice prescription administration staff. The clinical input from pharmacy technicians and pharmacists also has a positive impact on GP workload.

POD is rolled out on a practice by practice basis, advertising approach is agreed with the practice and includes distribution of specific patient leaflets and posters in the practices and pharmacies. We have also engaged through Patient Participation Groups where possible, who have been supported implementation as well as a useful forum for feedback to further enhance the service.

With respect to receiving differing information from different providers, this is unfortunate but without knowing the detail we are unable to comment, but are happy to follow this up with further information so we can clarify understanding.”

16(c) Letters

16.5 There were none.

17 SUSSEX HEALTH AND CARE STRATEGIC PLAN - TO INCLUDE THE BRIGHTON AND HOVE WORKING RESPONSE

17.1 **RESOLVED** – (1) That the Board notes the development of the Sussex Health and Care Strategic Plan; and

(2) The Board agree that a Special Meeting of the Health and Wellbeing Board take place on 5 November 2019 to discuss the detailed version of the Plan prior to its submission to NHSE in November 2019.

18 BETTER CARE FUND PLANNING 2019/20

18.1 **RESOLVED** – (1) That the Board note the content of the report; and

(2) That the Board give delegated authority to the Executive Director of Health and Adult Social Care to sign off the final plan on behalf of Brighton and Hove City Council.

19 WINTER PLANNING TO SUPPORT THE HEALTH AND CARE SYSTEM

19.1 **RESOLVED** – That the Board notes the contents of the report.

20 FUTURE USE OF KNOLL HOUSE RESOURCE CENTRE

20.1 The Board considered a report of the Executive Director of Health and Adult Social Care summarising the recent background to the service remodelling which had impacted on the current use of Craven Vale and Knoll House. It explained the rationale underpinning

the proposal to merge the revised service to operate from one site, which had BHCC cross-party and CCG support.

20.2 The Executive Director, of Health and Adult Social Care explained that the action taken would release Knoll House for an alternative use. An initial desk top study had identified a number of potential uses for Knoll House, although the preferred use would be to retain the site within Health and Adult Social Care and to repurpose it to meet identified gaps in the provision of services for adults with support needs. The Board were being asked to support the preparation of a fully costed business case to support the future use of Knoll House. This document would be brought back to the Board for approval and would identify how best to meet the accommodation needs which were a priority for the city and would support future demand and support the best possible outcomes for adults with support needs.

20.3 It was noted that the following amendments to the recommendations had been received from the Green Group proposed by Councillor Shanks and seconded by Councillor Nield:

1.1.3 That the Board agrees to note with concern that the planned changes did not allow sufficient time for public involvement or scrutiny by the Health and Wellbeing Board and HOSC;

1.1.4 That in view of the proposals to close Knoll House as a council run rehabilitation service, that the Board agrees to receive a future report on:

- *an assessment of need for ongoing therapy and rehabilitation in Brighton and Hove;*
- *an understanding of how the above proposals for Knoll House help the council and CCG to achieve agreed proposals for 'Home Care' and community care;*

1.1.5 That the Board agrees to commission a further report for the November Health and Wellbeing Board meeting, detailing:

- *the capacity of the CCG to meet the needs of people who require more intensive and specialist nursing care following hospital discharge, including:*
- *detail on where facilities for Brighton and Hove residents are based*
- *information on the impact of new facilities being based outside of Brighton and Hove, and any need for, or support offered, to patients and families/carers who may incur associated transport costs resulting from the changes"*

20.4 Councillor Shanks whilst noting the rationale for the action taken had concerns that this issue had been concluded without being brought back before the Board for further discussion. Councillor Shanks considered that this would have been beneficial and would not want a similar approach used going forward, hence her request that a report be brought to the scheduled November meeting. Her concerns related to the process, rather than to the decision taken.

20.5 Councillor Nield who had seconded the amendments concurred with Councillor Shanks observations stating that additionally she had concerns at the potential practical impact

on families if they were required to travel greater distances and on the environmental impact which could result from a higher level of emissions.

- 20.6 Dr Supple, CCG, stated that the current offer was not always the most appropriate setting for a number of adults who had support needs and going forward it was important to look at the bigger picture in terms of community based provision which was equipped to meet changing demands. Fundamental to that process was the need for capacity planning in the light of the current review. Currently a number of adults were receiving care outside of the city in Crowborough, Newhaven and Uckfield and the intention was to provide those spaces on or closer to the city.
- 20.7 The Executive Director stated that he fully understood the concerns raised but considered it important to stress that there had been unusual circumstances around the decision taken. Following notification by the Sussex Community Foundation Trust of their intention to reduce their nursing and therapy services to Knoll House and Carven Vale patient safety had been of paramount concern as had the need to provide assurance for the dedicated staff employed. The action taken had avoided the need for any compulsory redundancies whilst allowing the services required to be delivered in a different way. Whilst providing emergency respite care it would enable a more appropriate package of care to be provided for those with less complex needs.
- 20.8 David Liley, Healthwatch confirmed that although non-specific and anonymised they had been notified of concerns in the past that it was that the action plans devised for individuals had worked well in some cases but not in others. Measures that had been put in place to address that were welcomed and would form the subject of separate reports to HOSC.
- 20.9 Councillor Appich stated that she had visited the staff at Knoll House with the Chair. A number of them were long serving and had not taken holidays for example due to insecurities regarding their futures. The action taken had removed that uncertainty and had avoided the need for any compulsory redundancies. It was accepted that the criteria used for admissions needed to change.
- 20.10 The Chair stated that whilst discussions would usually take place within the usual budget round there had been particular circumstances which had guided the decision making process in this instance. The decision taken had been the right one and had been supported by staff. They were to be thanked for their co-operation and the service albeit a smaller one was being retained with an options appraisal report being brought forward for approval by the Board in January 2010.
- 20.11 Councillor Shanks re-iterated that whilst not critical of the decision taken she wanted to stress the point that procedurally such decisions should come to the Board for decision so that members were aware of the germane issues and had a voice.
- 20.12 As no further matters were raised in respect of the item the Chair then took a vote on each of the proposed Green Group amendments in turn.

A vote was taken on 1.1.3 and it was lost on a vote of 5 to 1 and was therefore not carried;

A vote was taken on 1.1.4 which was agreed unanimously and was therefore carried;

A vote was taken on 1.1.5 which was agreed unanimously and was therefore carried;

20.13 The Chair then took a vote on the substantive amendments which were carried and are set out below:

20.14 **RESOLVED** – (1) That a business case and options appraisal be worked up for the use of Knoll House as; a) High level supported step-down accommodation for adults with mental health needs; or, b) Lower level supported accommodation for adults with a mental health condition to enable independent living c) Both of the above options will be considered within the business case and options appraisal;

(2) That a recommendation based upon the business case and options appraisal is brought back to the Board for approval by January 2020;

(3) That in view of the proposals to close Knoll House as a council run rehabilitation service, that the Board agrees to receive a future report on:

- an assessment of need for ongoing therapy and rehabilitation in Brighton and Hove;
- an understanding of how the above proposals for Knoll House, help the council and CCG to achieve agreed proposals for “Home Care” and community care;

(4) That the Board agrees to commission a further report for the November Health and Wellbeing Board meeting, detailing:

- the capacity of the CCG to meet the needs of people who require more intensive and specialist nursing care following hospital discharge, including;
- detail on where facilities for Brighton and Hove residents are based; and
- information on the impact of new facilities being based outside of Brighton and Hove, and any need for, or support offered, to patients and carers who may incur associated transport costs resulting from the changes.

21 BRIGHTON AND HOVE HEALTHWATCH ANNUAL REPORT 2018

21.1 The Board considered a joint report of the Executive Director of Health and Social Care and the Chief Executive of Health Watch (the local independent consumer champion for health and care) which presented the Healthwatch Annual Report for 2018/19.

21.2 The Chief Executive of Healthwatch, Mr Liley introduced the report and picked out the headline areas of work which had been carried out by Healthwatch during the period covered by the report and the work programme to be carried out for the coming year. Mr Liley went on to explain that Healthwatch had had a very busy year and had overseen various issues across the city, it was important to bear in mind that this had been achieved against a backdrop of a 6% reduction in budget. This had been by achieving by using a number of economies including achieving reductions in rent finding new

income streams and were a tribute to Healthwatch's staff. This had been managed going forward but funding and resourcing continued to present a challenge.

- 21.3 Amongst work of note had been follow up visits to adults in A &E. The provision in place for children were operating at a very high level and so it had not been deemed necessary to revisit that strand of work. Healthwatch had done something diff this year in terms of visting A&E departments over 24 hours in order to obtain a picture 2 general hospitals including the Royal Sussex. Three hospitals had been visited in December and would represent the most comprehensive review across the region, East Sussex, West Sussex and Brighton to date. It was intended that this would be unique and would provide an interesting picture from patients' perspectives. Work was also planned in reviewing patient's experiences of GP Practices and in terms of the complaints procedures in place, which were tortuously complex. Healthwatch had a number of other projects underway identified in the report.
- 21.4 The Executive Director of Health and Social Care referred to the input received in developing the Winter Plan. Healthwatch was critical and challenging in a positive way which was very much welcomed and was very important. Healthwatch delivered a great deal on a modest budget. Their relationship was not cosy, they were independent and had an approach which fostered informed discussion and debate.
- 21.5 Councillor Shanks referred to issue of hospital discharges. Asking whether Healthwatch had plans to look into instances where individuals were admitted to hospital unnecessarily, or where hospital stays were to lengthy and a patient should have been sent home or send to more appropriate accommodation at an earlier time. Mr Liley explained that whilst this might be addressed in future would impact on the other areas which they were focusing on. A high proportion of referrals were from GP surgeries and that did need to be addressed. Dr Supple, CCG, concurred in that view confirming that work was programmed to assess that further and to ensure appropriate strategies in place. A lot of work had been commissioned and was in place relating to frailty and those who had multiple health conditions and how their needs were most appropriately met.
- 21.6 Councillor Appich, the Deputy Chair, that she had been very fortune in visiting the Healthwatch with the Chair and had been very impressed at the level of work carried out with few resources in particular visits to A &E and on-going mystery shopping over 24 hrs for example, lots of frail elderly people who were observed and it had been difficult to understand why they were there. Mr Scarff, CCG, stated that he welcomed the contribution of Healthwatch which had helped to facilitate triangulation of resources and development of planned responses which would help to inform processes the CCG was continuing to look at and this as a cornerstones of strategy for future services.
- 21.7 The Director of Public Health referred to the important role which Healthwatch played in helping to speak for those for instance, who required end of life support who found it hard to speak up for themselves.
- 21.8 Mr Bartlett, Safeguarding Adults Board, referred to the unique role of that Healthwatch and the perspectives and the skill, diplomacy, experience and expertise that they had brought to the table safeguarding, particularly when assessing very serious cases, where hard but right decisions had been made.

21.9 The Chair, Councillor Moonan, welcomed the report stating that the City was grateful to have such an outstanding Healthwatch and wanted to thank all the staff and in particular the volunteers.

21.10- **RESOLVED** – That the Board agrees to note the Healthwatch Annual Report.

22 PHARMACEUTICAL NEEDS ASSESSMENT - SUSPENSION OF PHARMACY CONTRACT, BOOTS, 119-120 LONDON ROAD, BRIGHTON

22.1 This report was submitted as a Late Additional Item by reason of the special circumstances, and in accordance with section 100B(4) (b) of the 1972 Act, the Chair of the meeting having been consulted and was of the opinion that this item should be considered at the meeting as a matter of urgency given the changing circumstances surrounding the provision provided by Boots in the London Road, Brighton. These circumstances impact on the Pharmaceutical Needs Assessment of the city which is a key responsibility of the Board. Given the previous content in the Chair's Communications given at the July Board meeting (made in good faith with the information known at that time) it was considered important to ensure that the Board was provided with the most up to date information.

22.2 **RESOLVED** – (1) That the Board agrees that the Council should publish an updated supplementary statement (Appendix 2 to the report) to reflect that there will be no gap in service due to the temporary closure of Boots at 119-120 London Road, Brighton; and

(2) That the Board be kept informed of future changes as they occur and any change in our Pharmaceutical Needs Assessment.

ITEMS TO BE SUBMITTED TO COUNCIL FOR INFORMATION

22.3 There were none.

The meeting concluded at 5.15pm

Signed

Chair

Dated this

day of

Subject:	Items referred from the Council meeting held on the 24 October 2019		
Date of Meeting:	12 November 2019		
Report of:	Executive Lead Officer for Strategy, Governance & Law		
Contact Officer:	Name:	Mark Wall	Tel: 01273 291006
	E-mail:	mark.wall@brighton-hove.gov.uk	
Wards Affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 To receive the following petition which was debated at and referred from the full Council meeting held on the 24 October 2019.

2. RECOMMENDATIONS:

- 2.1 That the petition be noted and a report on the issue provided for consideration at the next available meeting of Health & Wellbeing Board.

3. CONTEXT / BACKGROUND INFORMATION

- 3.1 To receive the following extract from the minutes of the full council meeting held on the 24 October 2019 setting out the petition and recommendation for the committee to consider as detailed.

To Halt the Rollout of 5G Technology.

Lead Petitioner – Irina Blosse

Additional Information:

We the undersigned petition Brighton & Hove Council to halt the rollout of 5G technology in Brighton & Hove and invoke the Precautionary Principal adopted by the EU in 2005 which states: "When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm." We, the residents of Brighton & Hove, insist that our City Council invoke the Precautionary Principal regarding 5G technology and all associated infrastructure before deploying it in our city. We (the residents) now call for independent research and for the City Council to prove to its constituents that 5G is SAFE and poses NO risk to human health, animals, wildlife, insects, birds and the ecosystem as a whole. Once 5G is deployed fully, it will expose people 24/7 to mandatory radiation without their informed consent, which constitutes a blatant breach of their Human Rights. WE DO NOT CONSENT UNTIL PROVEN SAFE

- 3.2 Extract from full Council:

COUNCIL

4.30pm 24 OCTOBER 2019
HOVE TOWN HALL, - COUNCIL CHAMBER

MINUTES

Present: Councillors Phillips (Chair), Robins (Deputy Chair), Simson, Allcock, Bagaeen, Barnett, Bell, Brennan, Brown, Childs, Clare, Davis, Deane, Druitt, Ebel, Evans, Fishleigh, Fowler, Gibson, Grimshaw, Hamilton, Heley, Hill, Hills, Hugh-Jones, Janio, Knight, Lewry, Lloyd, Mac Cafferty, Mears, McNair, Miller, Moonan, Nemeth, Nield, O'Quinn, Osborne, Peltzer Dunn, Pissaridou, Platts, Powell, Rainey, Shanks, C Theobald, West, Wilkinson and Williams.

PART ONE

38 PETITIONS FOR DEBATE.

(1) TO HALT THE ROLLOUT OF 5G TECHNOLOGY

38.1 The Mayor stated that where a petition secured 1,250 or more signatures it could be debated at the council meeting. She had been made aware of two such petitions and noted that there was an amendment to the cover report's recommendation for the first petition from the Green Group. The Mayor also noted that there was a Notice of Motion listed as Item 45 (6) Safe School Walking Zones on the agenda and stated that she was minded to take the motion along with the second petition and to have one debate on the matter.

38.2 The Mayor then invited Ms. Gillian Foote to present the petition on 5G technology.

38.3 Ms. Foote thanked the Mayor and stated that the petition which had been signed by 2,240 people called on the Council to halt the rollout of 5G technology in Brighton & Hove and invoke the Precautionary Principal adopted by the EU in 2005 which stated:

"When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm."

She stated that the residents of Brighton & Hove, insisted that the City Council should invoke the Precautionary Principal regarding 5G technology and all associated infrastructure before deploying it in our city. We (the residents) now call for independent research and for the City Council to prove to its constituents that 5G is SAFE and poses NO risk to human health, animals, wildlife, insects, birds and the ecosystem as a whole. Once 5G is deployed fully, it will expose people 24/7 to mandatory radiation without their informed consent, which constitutes a blatant breach of their Human Rights.

38.4 Councillor Moonan thanked Ms. Foote for presenting the petition and stated that she hoped she could give her and the petitioners some reassurance. Public Health England (PHE) took the lead nationally and provided expert advice on public health matters associated with mobile phone technology. We have liaised with PHE to get the

latest information and guidance and to seek their advice on whether there are any health risks for the public. PHE have told us that the current exposure of the general public to radio waves is well within the international health-related guideline levels that are used in the UK. They said that when 5G is added to an existing network or in a new area the overall exposure to radio waves is expected to remain low relative to these guidelines. As such there should be no consequences for public health.

5G is now being rolled out across the country and UK network operators implementing 5G are committed to complying with the current guidelines. The ability of councils to influence the roll-out of mobile technology is limited by central government regulations and we are unable to adopt a policy to halt the roll out of 5G. But the planning system does require that any new installations are consistent with the international guidelines PHE adheres to.

The council has a vital role to play in encouraging economic development in the city, and digital connectivity is a key part of this. It's particularly important as our local economy has such a strong specialism in the creative, digital and IT sectors. We're keen to promote the most up-to-date and effective mobile and wireless technology for work premises in the city. Our residents also expect this in their homes and on their phones.

Councillor Moonan also stated that she was happy to accept the amendment from the Green Group.

- 38.5 Councillor Osborne moved the amendment on behalf of the Green Group and stated that it was felt that more information was required so that councillors understood the situation and hoped that it could be supported.
- 38.6 Councillor Powell formally seconded the amendment and reserved her right to speak in the debate.
- 38.7 Councillor Bagaen stated that the matter was an interesting topic and raised important concerns which he had raised with the Director of Public Health England and had been assured that there was no evidence of a danger to health. They maintained precautionary advice on the limited information they had and he suggested that more should be done to get the involvement of mobile operators.
- 38.8 The Mayor noted that was Councillor Bagaen's maiden speech and congratulated him on behalf of the council.
- 38.9 Councillor Powell noted the comments and sated she had nothing to add.
- 38.10 Councillor Moonan thanked everyone for their comments and sated that she would be happy to explore the matter further at the meeting of the Health & Wellbeing Board.
- 38.11 The Mayor thanked Ms. Foote for attending the meeting and presenting the petition and noted that the amendment had been accepted. She therefore put the recommendation as amended to the vote which was carried unanimously.
- 38.12 **RESOLVED:** That the petition be noted and a report on the issue provided for consideration at the next available meeting of Health & Wellbeing Board.



Although a formal committee of Brighton & Hove 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 and Healthwatch.

Title:	Brighton & Hove Local Safeguarding Children Board (LSCB), Annual Report, 2018/19
Date of Meeting:	12 November 2019
Report of:	Chris Robson, Local Safeguarding Children Board (LSCB), Independent Chairperson
Contact:	Laura Perkins, LSCB Business Manager Tel: 01273 296736
Email:	laura.perkins@brighton-hove.gov.uk
Wards Affected:	All
FOR GENERAL RELEASE	
Executive Summary	
<p>The Brighton & Hove Local Safeguarding Children Board (LSCB) comprises of senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for keeping children safe. The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by; monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children, undertaking serious case reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities, collecting and analysing information about child deaths, drawing evidence from the testimony of children, young people and frontline professionals and publishing an annual report</p> <p>The annual report outlines progress the LSCB has made over the last year in respect to safeguarding and promoting the welfare of children and young people. It covers the period 1st April 2018 to 31st March 2019.</p> <p>This is the last annual report of the LSCB as we begin the transition to new safeguarding partnership arrangements brought about by the enactment of the Children and Social Work Act (2017). Going forward the 'Safeguarding Partners' – the Local Authority, Brighton & Hove Clinical Commissioning Group and Sussex Police will have joint responsibility for all</p>	



safeguarding arrangements.

Glossary of Terms

LSCB – Local Safeguarding Children Board
SCR – Serious Case Review
CDOP – Child Death Overview Panel
SAB – Safeguarding Adult Board
CCE – Child Criminal Exploitation
CSE- Child Sexual Exploitation
CSA – Child Sexual Abuse
CSARC – Children’s Sexual Abuse Referral Centre

1. Decisions, recommendations and any options

It is recommended that the Board:

- 1.1 note the report and commend partner agencies in their contribution to keep children safe from abuse and neglect.
- 1.2 note LSCB achievements and challenges on page 7.

2. Relevant information

- 2.1 During this reporting period it was 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.
- 2.2 The LSCB has continued to work in partnership with member agencies to protect children from abuse and neglect, and to minimise any adverse consequences of abuse.
- 2.3 In summary this year:
 - We co-hosted a Pan Sussex Conference to look at all aspects of Safeguarding Adolescents, including looking at Adolescent Neglect, Risk of Suicide, Contextual Safeguarding and exploitation, thus reinforcing that neglect is a priority risk factor.
 - We completed a Learning Review this year concerning Baby Alex. The review looked at the circumstances surrounding an injury to Alex while in the care of his parents. Prior to his injuries there were no safeguarding concerns about Alex or his sibling. They were not known to children’s social care (CSC) or the police. The family was in receipt of enhanced health visiting support, initially due to financial issues and Father’s insecure immigration status. This year we also commissioned a large Serious Case Review featuring a family of four children with a history of chronic neglect. The family were well known to services in the city. Learning from this review will be made available in early 2020.
 - Between April 2018 and March 2019, the Child Death Overview Panel (CDOP) was notified of 15 deaths of children who were resident in Brighton & Hove. The number of children who died has increased from the previous year when there were 8 deaths notified. The CDOP update can be found on page 19 of the report.

- It has been another busy and successful year of multi-agency training. We have increased the numbers of staff that we have been able to reach via the training programme and a total of 1034 staff attended LSCB training between April 2018 & March 2019. It is of note that 403 staff came to mandatory level 2 core training (65 more than in the previous year) and that 631 staff attended the more specific level 3 training offers (again an increase on the previous year).

2.4 Achievements are listed out fully on page 7 of the report, below are a few of our achievements:

- The development of our neglect strategy has gathered pace with a new neglect assessment tool, Graded Care Profile (GCP2) purchased, our implementation plan is now well underway. We are confident that this will help frontline practitioners improve outcomes for our children in this key area.
- We have recognised the need to have a robust multi agency exploitation response to all forms of exploitation, widening the remit of our sub-group that formally dealt primarily with CSE. We have achieved some excellent joint working with the Safeguarding Adult Board (SAB) and the Community Safety Partnership (CSP) in this emerging high-risk area. We are planning a Violence, Vulnerability and Exploitation week of action later this year, the theme of the week will be 'Spotting the signs of Exploitation'.
- We have continued our commitment to providing high quality briefings to front-line staff, delivering face-to face inputs on SCRs and audits. In addition, we have developed on-line briefings to reach a wider audience. We continue to monitor the effectiveness of this input on practice through our audits.

This is the last Annual Report for the LSCB. We have transitioned into our new Safeguarding Arrangements.

3. Important considerations and implications

Legal:

Notwithstanding that in future the work of the LSCB will be conducted in new arrangements the work of the Board and the information contained in the report remains crucial to the ability of the different agencies represented to be satisfied that they are meeting their statutory obligations to work together to prioritise the safeguarding and wellbeing of children.

Lawyer consulted: Natasha Watson

Date: 7.10.19

Finance:

The full financial breakdown can be read on page 14 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 consulted: Brian McGonigle

Date: 04/10/19

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. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

Equalities Manager consulted: Anna Spragg

Date: 04/10/19

Sustainability:

The LSCB is a statutory requirement. It needs to be appropriately resourced to fulfil its statutory obligations.

Supporting documents and information

Appendix 1: LSCB Annual Report 2018/2019

Brighton & Hove Local Safeguarding Children Board Annual Report 2018-19



**Safeguarding doesn't
have a season**



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Foreword by Independent Chairperson

Welcome to what will be the final annual report for Brighton & Hove Local Safeguarding Children Board. I have taken the opportunity, having listened to feedback, to produce a report that is more concise. We will deal with the real 'headlines' rather than vast detail. If you feel you require greater subject specific detail, please visit our web site.

Later this year the board will cease to exist as we transition into new arrangements for safeguarding our children. New legislation gives us an opportunity to re-galvanise existing partnerships, implement change and improve outcomes. It has been a great privilege to chair your LSCB for its last 2 years. I have been extremely lucky to work with partners who are so talented and dedicated to safeguarding, I am confident that they will continue to contribute significantly under the new arrangements. I would also like to take this opportunity to thank the LSCB Business Support Team whose professionalism and hard work has underpinned the board's success.

There is nothing more important than working together to keep children safe. Each child deserves the right to be safe and have the opportunity to thrive, we must ensure we continue to do everything in our power to achieve this. I write this foreword at a time when new threats and challenges to our children's safety are emerging. Youth violence, knife crime, county lines, e-safety and mental health are all prevalent with the partnership working to prevent the impact they have and support children and families

who are affected by them. Whilst there will always be emerging themes to consider it is important that we do not lose sight of those that are a constant in the safeguarding arena. This report covers the second year of the Board's Strategic Plan 2016 -19 and as you will read we have continued to build on last year's efforts to ensure it is appropriately focused on the outcomes for children and young people. I am pleased to report that we have made steady progress in all areas but acknowledge that we can and should continue to improve. That improvement will only come if we adopt a reflective process to assessing our progress. We must never become complacent and always strive to attain the best possible outcomes for our children.

I would like to wish those charged with building our new partnership every success. I know that they will receive your support.



A handwritten signature in black ink, appearing to read 'Chris Robson', written over a white rectangular background.

Chris Robson
Independent Chairperson
Brighton & Hove LSCB

Introduction

This annual report

Who we are and what we do:

Brighton & Hove LSCB is made up of senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for keeping children safe. This includes, for example, the City Council, the Police, Health Partners,

We coordinate local work by:

- Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority

Brighton & Hove Figures 2018/19

- Monitoring and scrutinising what is done

Our vision is that:

Children and young people in Brighton & Hove live a life free from fear, harm, abuse, and exploitation, enabling every child in every part of the city to achieve their potential.

children, young people and frontline professionals **England Average 21.9%**

- Publishing this annual report

Advised/Informed 32.8%

Forward to Early Help 13.6%

Initial Contacts, Referrals and Assessments

Strengthening Families Assessments Completed

2486

Referrals to Children's Social Care

3123

Initial Contacts to Front Door for Families

14237



440

Early Help Assessments Completed Year Ending 31st March 2019

4

Children Subject of a CP Plan by Category of Abuse

55
50

Children Subject of a CP Plan by Age

Unborn 4

Children Missing from Education



36

Children Missing from Education
March 2019

Criteria 1: 15 pupils known to be not on roll and missing for the period **January to March 2019**.

Criteria 2: 21 children who were reported to have come off roll from a school with an unconfirmed destination in another authority.

Pupils Educated at Home – to end of March 2019



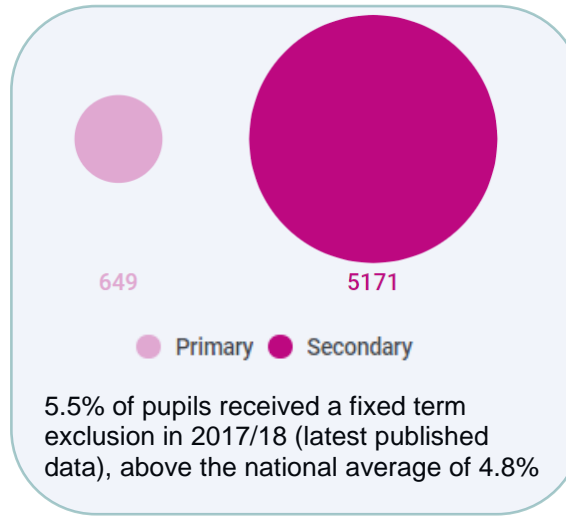
223

Pupils Educated at Home, up from 201 at 31st March 2018

Permanent Exclusion Rate 17/18

A pupil is classified as a persistent absentee if they miss 10 per cent or more of their possible sessions (i.e. 90% attendance).

Sessions (half days) missed through fixed term exclusion 2017/18



CAMHS Caseload (Child and Adolescent Mental Health Services)



1065

Cases open to CAMHS at 31st March 2019, up from 906 at 31st March 2018.



10

Young People in the Transition Process at 31st March 2019



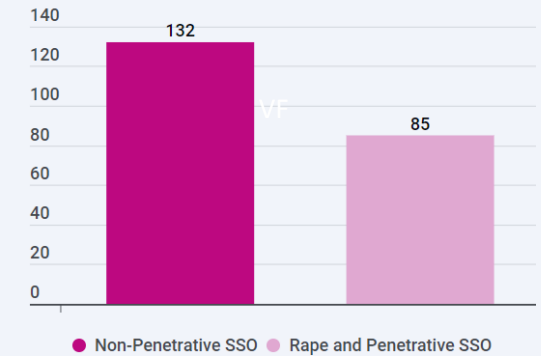
35

Children referred to CSARC year ending 31st March 2019
7 Children Seen

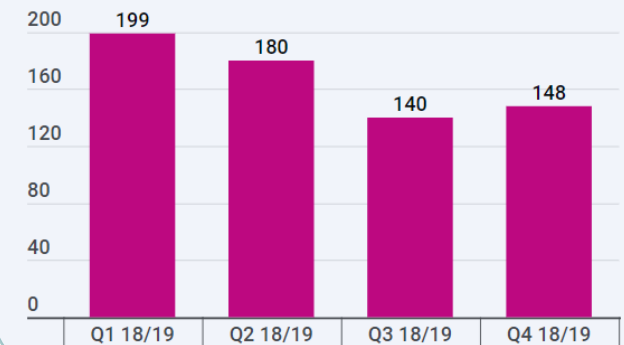
AVRM (Adolescent Vulnerability Risk Meeting) nominals Q3 2018-19









Rape & Penetrative Serious Sexual Offences where the victim's Age was 17 years or less







Crimes where the victim's Age was 17 years or less



Summary of Achievements

-  Our exceptional training programme has continued with a flexible response to emerging issues from local and national reviews, enhancing input to frontline practitioners in areas such as secondary carers, exploitation and neglect.
-  The development of our neglect strategy has gathered pace with a new neglect assessment tool, Graded Care Profile, (GCP2) purchased our implementation plan is now well underway. We are confident that this will help frontline practitioners improve outcomes for our children in this key area.
-  We have worked hard in developing the City's response to new legislation, achieving a clear plan for the new safeguarding arrangements with our statutory partners and are in position to implement the change in a positive and effective way.
-  We have recognised the need to have a robust multi agency exploitation response to all forms of exploitation, widening the remit of our sub-group that formerly dealt primarily with CSE. We have achieved some excellent joint working with the Safeguarding Adult Board (SAB) and the Community Safety partnership (CSP) in this emerging high-risk area. We are planning a Violence Vulnerability and Exploitation week of action later this year, the theme of the week will be Spotting the Signs of Exploitation.
-  Safety Net produce a 'Safety Rocks' newsletter for parents and careers which is part funded by the LSCB and Public Health. Over the last year the termly newsletter was distributed to all primary and secondary schools and featured a wide range of safeguarding related articles including on County Lines, Xanax misuse, children's mental health and well-being, different forms of abuse, online safety and local support services.
-  We have continued our commitment to provide high quality briefings to front-line staff, delivering face-to face inputs on SCR's and audits. In addition, we have developed on-line briefings to reach a wider audience. We continue to monitor the effectiveness of this input on practice through our audits.

Summary of Challenges

-  The main challenge for 18/19 has been managing the current Board through the transition into the new safeguarding arrangements. Maintaining the Board's performance to a high level has been managed against a background of significant change through good local partnership consultation and the commitment of LSCB staff.
-  We continue to struggle with hearing the voice of the child and a number of initiatives have as yet not resulted in significant improvement for this area. This has been raised with those who will lead the new arrangements as a priority area of work.
-  We have continued seeking to engage with our hard to reach communities through community, voluntary sector and faith groups.
-  We were unable to undertake our planned trauma review in 18/19 due to organisational issues.

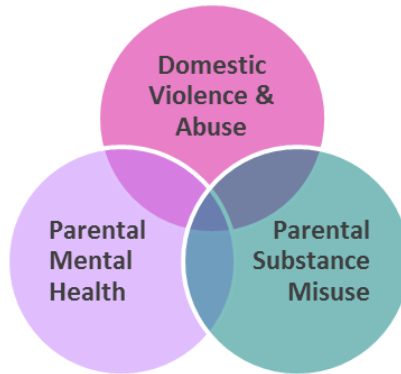
Priority Area 1: Neglect & Emotional Harm

(Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

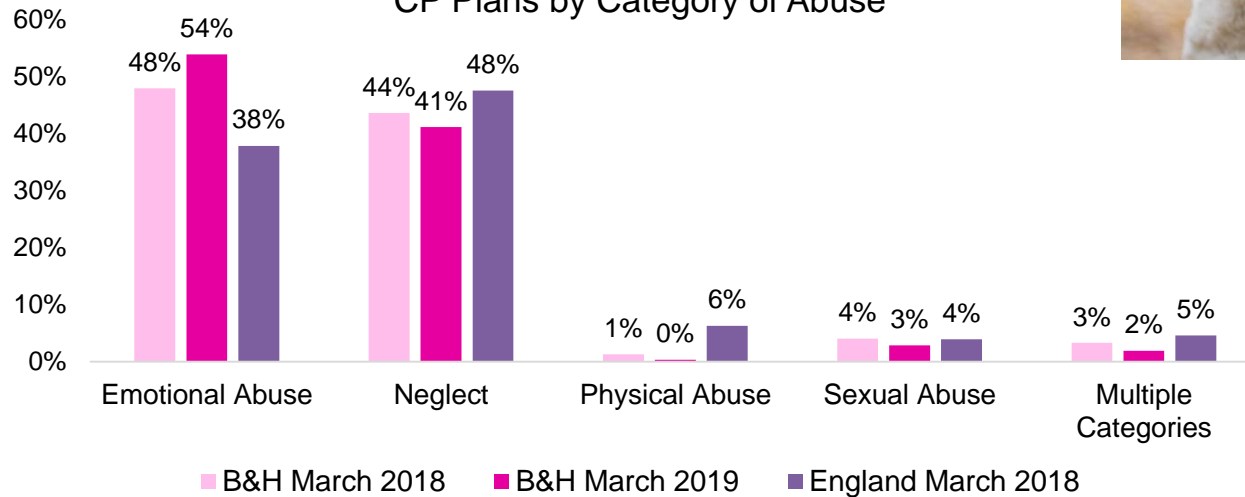
Why is it a priority?

We focus on neglect because it is one of the highest categories for children and young people in Brighton and Hove on a child protection plan.

Research shows that nationally, neglect is the most common reason for taking child protection action and it is a factor in 60% of serious case reviews (source NSPCC). It remains a constant issue for children, young people and families in Brighton and Hove.



CP Plans by Category of Abuse



What are we trying to achieve?

We continue to seek avenues to improve practice in this consistent area of concern. Our aim is to improve outcomes for children, support families and recognise neglect at the earliest opportunity, reducing impact and the escalation to child protection interventions.

What have we done?

- Co-Hosted a Pan Sussex Conference to look at all aspects of Safeguarding Adolescents, including looking at Adolescent Neglect, Risk of Suicide, Contextual Safeguarding and exploitation, thus reinforcing that neglect is a priority risk factor.
- Committed to improving practice through the implementation of a new 'toolkit' – Graded Care Profile (GCP2) to benefit early identification and referral of neglect.
- Delivered multi-agency training to all safeguarding partners
- Commissioned multi-agency audit to maximise learning and improve practice.
- Commissioned a serious case review on a family where there was neglect and sexual abuse.
- Multi-agency audit of domestic abuse highlighted the experiences of children living in families where domestic abuse is just one feature of complexity. It recognised the challenges for professionals where there are multiple complexities aside domestic abuse, such as serious neglect issues or parental learning disability. It highlighted the need for equal attention to be given to these issues to avoid them being lost in the planning and decision making.



Areas for Development

We need to ensure our investment in a new neglect toolkit is widely promoted to staff so it can have a positive impact on practice.



Priority Area 2: Sexual Harm and Violence Towards Children (Child Sexual Exploitation and Child Sexual Abuse)

Why is it a priority?

Sexual harm and violence can have a devastating impact on the lives of children and may have far reaching consequences for their families and our communities. It is not limited to any particular gender, geographical area or social background, but it is clear from the increased awareness arising from a number of high-profile media cases that it remains prevalent throughout the UK.



What have we done?

A Multi-agency audit on intra-familial child sexual abuse was completed which highlighted the need for closer working with the Sexual Assault Referral Centres (SARC) – practice changes were made to strategy discussions and SARC information is now included in the data set to monitor practice. Training was delivered at the Front Door for Families and the SARC Open Days and training was promoted.

The Local Authority have considered the findings from a single agency schools audit on 'Peer on Peer' abuse and sexual harassment. The education safeguarding lead is working with local secondary schools on a Learning Review and using the detailed case studies provided as a training resource for school staff.

This year the LSCB Exploitation group has evolved. The agenda has widened to include the Safeguarding Adult's Board (SAB) alongside children's exploitation. This has allowed for a more cohesive and clear approach to Violence, Vulnerability and Exploitation (VVE) across the city. The Group holds accountability for the scrutiny and part delivery of the VVE Plan with other stakeholders. In the coming year, the Group will explore issues around licensed premises in the city and 'safe space' guidance.

In collaboration with safeguarding partners there has been a robust exploitation training plan put in place. This has been primarily for taxi drivers, with a future plan to widened out this training to licenced premises and hotels. All of these establishments have a place in safeguarding young people at risk of exploitation. This is alongside the face to face training offered via the LSCB Training Programme.

We continue to monitor children missing education or who are not in school for periods of time, whether this be Elective Home Educated or on part-time timetables, because of the potentially increased vulnerability to harm and exploitation.

We are in the process of building our own e-learning training module, which should be in place by the later part of this year, and which will be offered alongside the face to face training offer provided by our partners from the Wise Project.



Areas for development

Monitoring and Evaluation are planning to undertake a multi-agency audit of children at risk of, or experiencing, exploitation to understand how children in the city are being protected from sexual harm, wider exploitation and violence. We plan to implement the learning from the 2018-19 Domestic Abuse Audit.



Priority Area 3: Early Help, Pathways, Thresholds and Assessments

Why is it a priority?

Early help is an approach rather than a discrete service. It involves all partners sharing responsibility for intervening as early as possible to help children, young people and families at risk of poor outcomes. Effective early help relies upon partners working together to:

What are we trying to achieve?

Emerging problems and potential unmet needs are identified at the earliest possible opportunity so that families and children receive the right support at the right time.

What have we done?



Areas for development

We need to seek assurance that children and families are getting the right help at the right time. This will be through a multi-agency review of prevention and early help.

We need to continue to develop strong messages to ensure early help approach is delivered across the entire partnership and viewed as everybody's responsibility.

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Priority area 4: Governance, Quality Assurance & LSCB Scrutiny

Why is it a priority?

Effective governance remains a priority, allowing the partnership to coordinate and challenge multi-agency safeguarding across Brighton and Hove. Without this we are unable to measure our effectiveness and drive improvement.



What are we trying to achieve?

A coordinated approach amongst partners that ensures the best possible multi-agency response to safeguarding and a culture where scrutiny is seen as an essential component of success.

Quality Assurance Activity

Our multi-agency audit programme has continued to thrive. Our audits have highlighted weaknesses in existing systems and processes. They have also made recommendations for action leading to improvement and these have been robustly monitored for implementation, progress and impact, by the Monitoring & Evaluation Subcommittee. We have heard about how well our partner's quality assure their own safeguarding activity. We have undertaken 2 multi-agency audits this year on domestic abuse and Intrafamilial child sexual abuse.

Performance Management

There has been increased focus on using management information to generate hypotheses about practice and the experience of the child. This year, we have continued to review our performance measures to ensure they are closely aligned with our priorities and focused on assessing outcomes for children. We have worked to make this a truly multi-agency dataset to support



Work is still required to engage with faith groups and minority communities.

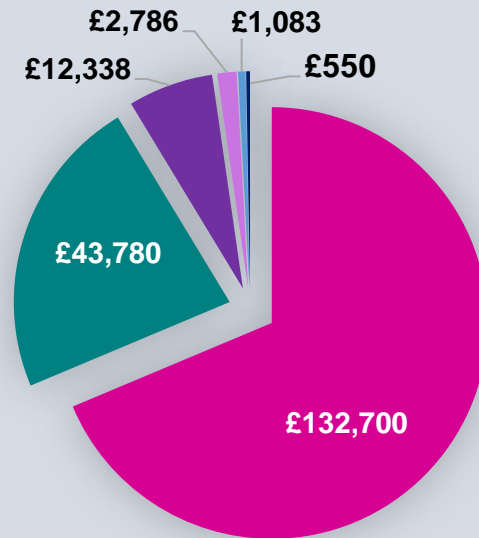
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Finance

In the financial year 2018/19 our total expenditure was **£205,655** and there was an overspend of **£380**. The training programme self-generated **£12,038** income

Contributions to the Budget

- Brighton & Hove City Council
- Brighton & Hove CCG
- Sussex Police
- Kent Surrey & Sussex Community Rehabilitation Company
- National Probation Service
- CAFCASS



Expenditure

Staffing	129,900
SCRs/LRs	4,721
CDOP	12,500
Training Expenses	4,949
Transport	£658
Venue Hire	£689
Printing & Stationary	1,040
Conferences	£469
Communications (Internet)	2,150
Computer Costs	£1,029
Telephony	£671
Payments to Other Bodies	£16,080
Hospitality	£406
Support Service Charges	£27,400
Misc.	£2,994

Total £205,655

Priority area 5: Participation & Engagement

Why is it a priority?

Regulation 5 of the Local Safeguarding Children Boards regulations 2006 provides the 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”. We believe it is important that our work is communicated across our target audiences so that they feel informed about work we do to improve safeguarding in Brighton and Hove.

What are we trying to achieve?

Learning from LSCB reviews is known, understood and influences the practice of staff across the partnership and learning and improvement is informed by feedback from those who access and deliver safeguarding and child protection services in Brighton & Hove.



- We...
- T... ed its work with Safety Net to produce a parent

Areas for development

- Due to staff changes in LSCB Board Briefings were not consistently produced in 18/19.
- Agencies are asked to consider feedback in their Single Agency audits and the Monitoring and Evaluation group needs to find ways to incorporate feedback into the Quality Assurance Framework.
- Voice of children and Young people has not been developed as we hoped in 18/19 and Community engage at an early stage of development. However, these development opportunities form a significant part of the New Children’s Safeguarding Arrangements for the coming year and will be developed by the Business Manager.
- We plan to update our website so that it is more user friendly and relevant to a wider audience.

Operation Encompass

What have we achieved?

This year we implemented Operation Encompass in Brighton and Hove, and 88 out of 91 educational establishments have now signed up to the scheme. Since roll out in January, over 350 notifications have been completed by police to schools, promptly informing them of instances where a child has been involved in domestic abuse.

Police have worked with schools to ensure that Operation Encompass is known to parents and children. This has been achieved by incorporating it into the school prospectus, promoting it on school websites, and letters sent to all parents.

A key achievement for Brighton and Hove has been improved information sharing between police and schools. A survey has now also been sent out to all schools participating, seeking their views on the scheme to gauge the effect it has had and to gather any feedback that can help us improve in the future.

What is Operation Encompass?

Operation Encompass connects the police with schools to help protect and ensure better outcomes for children who are subject to or witness to police-attended incidents of domestic abuse. The rapid sharing of information helps the school put in place a plan for appropriate support to be made for the child, safeguarding them against the short, medium, and long-term effect of domestic abuse. Domestic abuse is an Adverse Childhood Experience (ACE) that can lead to emotional, physical, and psychological harm in children who witness it or are subject to it, and Operation Encompass aims to mitigate this harm by enabling immediate support.



Areas for development

- We hope to improve compliance levels (the percentage of relevant reports where the notification is promptly sent by Police officers).
- The School survey will provide a written report that will outline the current situation and any future improvements that can be made.

Learning & Development

It has been another busy and successful year of multi-agency training. We have increased the numbers of staff that we have been able to reach via the training programme and a total of 1034 staff attended LSCB training between April 2018 & March 2019. It is of note that 403 staff came to mandatory level 2 core training (65 more than in the previous year) and that 631 staff attended the more specific level 3 training offers (again an increase on the previous year).

All our training is child focussed, ensuring the voice of the child and the child's welfare remains paramount. This year we have been able to gain the view and voice of people using services with service users inputting into our Impact of Substance Misuse and Safeguarding Adolescents training. We continue to look at ways of increasing this, working towards a safe and inclusive way of bringing the "voice" into training delivery.

In January, to highlight our commitment to reducing neglect, the LSCB made the decision to sign up to the NSPCC GCP2 neglect toolkit. We now have an implementation working group and a list of 20 trainers. The tool will enable continuity across multi-agency staff and ensure the same language is spoken when it comes to neglect.

New Courses for Consideration/In Development

Cultural Competency in Safeguarding

The LSCB Training Officer has commissioned an independent consultant to look at how we might gain better engagement with faith and community groups. There have been around 220 letters/ emails sent out to various groups asking for their views on what safeguarding offers we can make. This project is ongoing, and we are now looking at the potential for an "open" meeting to encourage engagement and look at how we might provide a safeguarding offer.

Exploitation

This year has seen a complete re write of our face to face training offer for Exploitation, while still looking at CSE, it all looks at the much wider range of exploitative situations young people may find themselves drawn into. We have also worked closely with colleagues in Wise and Community Safety to increase safeguarding partners awareness. We will be adding a new e-learning offer to this by the end of 2019.

Trauma

The Trauma informed practice training has been extremely well received, and this is delivered in collaboration with Sussex University. The LSCB have also looked at the potential for a research/scoping project to look at the offers currently being delivered across the local authority. This is currently being held back until the new partnership arrangements are finalised.

Reviews

In 2018/19 we completed a Learning Review and started a Serious Case Review. Details are below:

Learning Review: Baby Alex

Outline of case:

The Baby Alex Learning Review and Action Plan have been finalised, and a learning briefing has been shared on our website. The key learning points were:

- There is a need for the promotion of communication with GPs if there are concerns in a family regarding domestic abuse.
- When predisposing vulnerabilities are evident, including financial stress due to no recourse to public funds (NRPF), and domestic abuse, these should be considered, and the information shared appropriately.
- It is known that domestic abuse is harmful to children emotionally, but they can also be physically harmed.
- Professional persistence is essential to safeguard children.
- It is good practice to consider the impact of a new baby on fathers or secondary carers as well as mothers. This is particularly the case where concerns have been shared such as about the financial and practical impact of having a baby, or relationship issues. It is understood however that there are limited resources to promote this as standard practice in all cases but telling fathers that how they are feeling is important too is a start.
- Changing practice to ensure that there is a professional focus on fathers/secondary carers, particularly when they are the alleged perpetrators of domestic abuse, would involve action on three levels; as a public health issue, in early help service provision, and with individual practitioners.
- If a professional is referring a child for an assessment or opinion, it is acceptable to state that they do not know what the specific issue is?

Serious Case Review: Family Gray

This year we commissioned a large Serious Case Review featuring a family of four children with a history of chronic neglect. The family were well known to services in the city. The children had a period of Child Protection planning from 2010 to 2012 under the category of neglect. This was stepped down to Child in Need and closed in July 2013. Concerns began to emerge in August 2013 and resulted in the second period of Child Protection planning in December 2013 again under the category of neglect. The children were removed into care in February 2014 and subsequently began to disclose sexual abuse. In 2017 their mother and step father were found guilty of multiple offences relating to sexual abuse.

Learning from this review will be made available in early 2020.

Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) is a statutory function of the Brighton & Hove LSCB. The overall purpose of the child death review process is to determine whether a death could have been prevented; that is whether there were modifiable factors which may have contributed to the death and where, if actions could be taken through national or local interventions, the risk of future death could be reduced.

The work of the CDOP

Between April 2018 and March 2019, the CDOP was notified of 15 deaths of children living in Brighton & Hove. The number of children who died has increased from the previous year when there were 8 deaths notified. During this period, the CDOP met 7 times, reviewing a total of 8 deaths. Of these deaths, 4 were deemed to have modifiable factors. Following from these reviews the following recommendations were made by the CDOP to the LSCB:

- The LSCB support the intended Public Health campaign and strategy to refocus on the risks posed by cannabis and other drugs.
- The LSCB to consider whether work should be done to identify the prevalence of street homeless pregnant women with substance misuse problems and whether there are gaps in service provision for these women.
- The LSCB should consider whether current guidance given to parents / carers (via schools and other agencies) provides sufficient focus on the need for parents/carers to work together to ensure a safe environment in which young people can socialise, including safe travel arrangements to and from home.
- The LSCB should work to enable all professionals to understand the risk of Herpes Simplex virus to young babies; and, with Public Health, should consider whether there is a need for a public health campaign to raise awareness of the risks.

The CDOP is well attended. There is a strong commitment from the Independent Chair and multi-agency panel members to carefully consider the information presented about each child death, as this can make a real difference to keeping children safer by informing future practice. The work of the CDOP continued to be strengthened during 2018/19 by a CDOP coordinator that worked across the three areas of Sussex. This has enabled greater sharing of learning and best practice.

It should be noted that from 29 September 2019 the responsibility for reviewing child deaths will no longer be a function of the LSCB, but of local child death review partners: the local clinical commissioning groups and local authority. During the last year the Brighton & Hove CDOP, along with members of the West Sussex and East Sussex CDOPs, have worked together to respond to the national changes to review child death as set out in Working Together 2018 and Child Death Review: Statutory and Operational Guidance 2018. As part of this: -

- An agreement was made to purchase a new Child Death Case Management System (eCDOP). This is a cloud-based system that will streamline the previous management of sensitive information. eCDOP went live in April 2019.
- Child Death Review (CDR) partners agreed to establish a pan Sussex CDOP from October 2019 and developed operational guidance for joint working. It was also agreed to recruit a single Independent Chair for the panel.
- The CDOPs helped support the design of the child death review process in local hospital settings.

Private Fostering Highlights

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 2018-19 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:

- In February 2019 the Private Fostering Monitor delivered training to professionals from services working with children and families in Brighton & Hove. The training is part of a LSCB one day training day called Hidden Children and Young People: Working with Invisible Families
- Information about Private Fostering is regularly shared by the LSCB with professionals and members of the public via social media.
- Information about private fostering has been included in the primary and secondary school admissions booklets 2018-19.
- Brighton & Hove City Council continues to raise awareness about the private fostering regulations with Language Schools and Guardianship Agencies.

Monitoring Compliance with Duties and Functions

The number of children living in Private Fostering Arrangements in 2018-19 is **31** compared to **30** in 2017-18. During the year, **23** new notifications were received and **20** were confirmed as being private fostering. All new notifications received an initial visit, with **80%** taking place within 7 working days. **17** arrangements ended during the year, leaving a total of **14** children living in Private Fostering arrangements at 31 March 2019.

Notification Arrangements

The Brighton & Hove Front Door for Families receives all enquiries and notifications about private fostering as follows; by telephone: **01273 290400** or [Online Referral Form](#)

Email: FrontDoorForFamilies@brighton-hove.gov.uk

Local Authority Designated Officer (LADO) Report Highlights



- The total number of referrals (including suitability) for 2018-19 is 380 up 54 from 2017-18 (326). The year saw a continuing pattern of increasing allegations up from 156 in 2017-18 to 195. Since 2014-15 most referrals have been regarding suitability. This year saw this trend reversed. Schools remains the highest employment sector and the proportion of allegations of approximately 45% has remained consistent.
- Of the 380 referrals, 174 were substantiated, 57 unsubstantiated and 81 deemed unfounded. 52 were considered false, 10 malicious and 6 are unknown (ongoing cases).
- 81% of cases were completed within a month and 10% within 3 months.
- There was a significant spike in Q2 from previous years. the main variations attributable to Schools; increase by 32, Residential; increase by 21, and Early Years Services by 12. these increases were across all settings and had no identifiable pattern.
- The LADO audited cases over the past two years involving professional conduct where negligent care could have led to harm of a child, such as leaving a child unattended or providing prohibited food that could cause an allergic reaction. These are now categorised as harm, category 'neglect'.

Member Organisation Reports

Each year, the board asks partner organisations to provide reports outlining their achievements over the last year. Below is a brief summary of each organisation's achievements. If you wish to see the reports in whole, please email us at LSCBAdmin@brighton-hove.gov.uk

BHCC, Education Safeguarding Lead

- ✓ Providing safeguarding training, support and guidance to schools/colleges through termly meetings, email bulletins, visits, phone calls and email.
- ✓ Requesting and assessing information from schools/colleges to support decision-making during screening of referrals to Brighton & Hove Front Door for Families.
- ✓ Participating in LSCB committees/groups to provide an education perspective.
- ✓ Preparation, distribution, collection and analysis of S175/S157 safeguarding audit (completed by 93 schools/colleges).
- ✓ Working with Sussex Police to get almost 100% of Brighton & Hove schools/colleges participating in Operation Encompass.
- ✓ Working with local secondary schools on a Learning Review of peer-on-peer sexual violence and sexual harassment. The detailed case studies provide a training resource.

BHCC, Safer Communities Team (SCT)

- ✓ Dev Community safety casework team took part in the Home Office violence and vulnerability unit's (VVU) locality review to establish a clear scoping of the impact of County Lines and VVE within the city's neighbourhoods and communities. This led to the development of a city-wide multi-agency VVE strategy and action plan owned by the B&H Community Safety Partnership; signed off by NICE committee. The action plan is divided into four key sections which are: early intervention & safeguarding; disruption & enforcement; communications & education; and data analysis & research. This action plan has activity to ensure early help, referral pathways and safeguarding processes are fit for purpose to address VVE
- ✓ Coordinated and delivered a locality review follow-up event in November 2018 to update workers / services who inputted into the locality review to brief them on the outcomes / recommendations and to identify additional activity to build into the VVE action plan
- ✓ Supported the development of cuckooing guidance describing what it looks like, how to seek help and what will happen to protect children and vulnerable adults in the city found in identified properties
- ✓ Maximised the council's investment in tackling VVE using the £21k underspend from VVE coordinator salary to contribute towards a 'think exploitation' campaign commissioned to WiSE; commissioned 'County Lines and young women' training delivered by Abianda and commissioned VVU exploitation awareness online training to be promoted via the CSP / LSCB / SAB, etc.
- ✓ Regularly attended the city's Adolescent Vulnerability & Risk Meeting (AVRM) to provide input from a community safety perspective into action plans to reduce the risks posed to and from young people in the city related to CCE / CSE / offending behaviour.

BSUH

- ✓ CP-IS & MARAC flagging has been introduced plus information sharing with schools with consent from the young person.
- ✓ Safeguarding training includes the learning from SCR, and most recently the midwifery documentation was updated to ensure safeguarding aspects of care and potential vulnerability is recorded and reviewed regularly throughout a woman's pregnancy and postnatal care.

- ✓ The well-established health IDVA service continues to respond to victims quickly within the targeted areas of A&E, midwifery and sexual health.
- ✓ Equality and diversity is a Trust value and as such all staff are expected to treat patients as individuals and with dignity and respect. Within the Trust there is a diversity and equality lead who provides support. Patients are involved in decision making about their care to ensure it is as individualised as possible.
- ✓ In addition to the mandatory training a well evaluated specific raising awareness session was held to highlight the topics of modern slavery, sexual exploitation, mental health issues within families, the impact of adverse childhood experiences, being trauma informed and what the SIU team is doing.

ESFRS

- ✓ Development and launch of multi-agency Hoarding framework, supported by multi-agency review group.
- ✓ Increased numbers of staff and volunteers trained and improved tracking of training records.
- ✓ Increased number of referrals for Safeguarding concerns from staff
- ✓ Safeguarding roadshows commenced with bespoke training to enhance crew's understanding of safeguarding
- Continuation of iLearn training package
- Increase number of actionable safeguarding alerts submitted by ops crews
- Embedding learning points from SCRs
- Continuing development of Modern Slavery working group
- Increase number of referrals for home safety visits of vulnerable clients to ESFRS from BHCC CSC

KSS CRC

We utilised internal communications to raise awareness of the different strands to safeguarding for both children and adults by:

- ✓ Implementing the Safeguarding Campaign (see below)
- ✓ Providing Safeguarding Educational Articles 'Why Domestic Abuse escalates over the Christmas Period' for the staff magazine
- ✓ Cascaded the Bristol University and NSPCC report on 'Partner Exploitation and Violence in Teenage Intimate Relationships' to teams
- ✓ We embedded the use of professional curiosity within probation practice to support both adult and children's safeguarding by ensuring that all responsible officers attend mandatory 'Developing Professional Curiosity in Assessing Risk to Children' training and opening this training to other frontline staff and administrators. As well as holding a number of 'Curious & Curiouser' workshops for responsible officers.
- ✓ We have shared serious case reviews themes and serious further offences with teams across KSS CRC through attendance at team meetings by one of our Safeguarding Leads

Safety Net

- ✓ We delivered safeguarding training (introduction and safeguarding lead) to 113 workers and volunteers in the community and voluntary sector in Brighton and Hove from 31 different community sector organisations. This is a lower figure than last year as our support funding from BHCC came to an end in December 2018 and was not renewed.
- ✓ We are now operating a charging model. We undertook 476 DBS checks and provided safer recruitment information and support to 68 B&H organisations last year
- ✓ Our Safety Rocks newsletter for parents and carers, produced by Safety Net and part funded by the LSCB and Public Health, was distributed to all primary and secondary schools. The termly newsletter featured a wide range of safeguarding related articles including on County Lines, Xanax misuse, children's mental health and well-being, different forms of abuse, online safety and local support services.
- ✓ We delivered early help support through individual and small group work to 135 vulnerable primary aged 8 – 14 children through our SNAP Programme (Safety Net Assertiveness Programme). This includes resilience building and safety awareness strategies and skills.

- ✓ We have provided home safety equipment to 97 families with children under the age of 2 to improve safety in the home. This includes 30 families who were supported as a result of referrals following a child protection or child in need process.
- ✓ We delivered safeguarding training (introduction and safeguarding lead) to 113 workers and volunteers in the community and voluntary sector in Brighton and Hove from 31 different community sector organisations. This is a lower figure than last year as our support funding from BHCC came to an end in December 2018 and was not renewed.

NPS

- ✓ We delivered safeguarding training (introduction and safeguarding lead) to 113 workers and volunteers Court staff attended a Safeguarding workshop which highlighted the importance of safeguarding children and adults in our day to day work – this was devised from a National Performance Tool concerning Safeguarding procedures and processes. This explored all areas covered in LSCB Priorities and focussed on the 4 R's Recognising, Responding, Referring and Recording.
- ✓ All NPS staff undertake national Safeguarding training every three years. Staff also access LSCB training, as required.
- ✓ Offender managers work in partnership with other agencies, including Children's Services to assess and analyse potential risk to children through attendance at professionals' meetings, core groups and case conferences.
- ✓ NPS co-chair MAPPA Level 2 and Level 3 meetings with the Police, which have particular focus to "the voice of the child" and ensuring that actions are taken by the MAPPA Panel to safeguard children

SCFT

- ✓ Early Help: Development of Out of school Drop -Ins for children and young people run by School Nurses in priority Youth service sites including Allsorts Youth Project for LGBT young people & a Young Asylum Seekers group.
- ✓ Development of sound pathways in the HCP Healthy Futures Team to offer enhanced intensive support to over 300 vulnerable children, teenagers & their families Criteria includes: teenage parents, pre-birth assessments, asylum seekers & refugees, travellers, children educated other than school & emergency housing.
- ✓ Neglect: In collaboration with Social care & LSCB researching and committing to the Graded Care Profile 2 Neglect tool - training to be rolled out in the autumn. Named Professionals involvement in the bi-monthly multi-agency neglect consultation group for practitioners or "stuck cases" & the delivery of LSCB Neglect multi-agency training.
- ✓ Child Sexual abuse: The NHS England 5-year Strategic Direction for Sexual Assault and Abuse Services document stated that the Children's Sexual Assault Referral Centre (CSARC) which is operationally managed by SCFT Named Doctor & Specialist Nurse "an excellent example in the care of children with additional needs" and highlighted the "excellent multi-agency working of the CSARC to deliver high quality joined-up care for children"
- ✓ Work with unaccompanied asylum-seeking young people to ensure they are safe sexually, understand healthy relationships and consent. This included the Specialist Nurse Children in Care team publishing a paper "Supporting positive sexual health and healthy sexual development: a relationship and sex education programme for unaccompanied asylum-seeking young people" Adoption & Fostering 2018, Vol 42(4) 432-435. Sexual Health Education Programme for Unaccompanied Asylum seeking Children.

Public Health

- ✓ A new and more joined up approach to Adolescent Health for young people who are involved with or at risk of substance misuse/teenage pregnancy is now in place that links health promotion campaigns, Personal, Social and Health Education, diversionary activities, prevention and treatment under one umbrella. This includes a new pathway for young people excluded or at risk of being excluded from schools for drugs and alcohol related incidents.

- ✓ The Public Health Schools Programme has worked with schools and key partners to improve health and wellbeing by continuing to ensure developments are in place attached to early identification and prevention, e.g. a whole school approach to emotional, mental health and wellbeing is embedded in secondary schools and being rolled out to primary, and a new A&E pathway in place with schools for young people who present for self-harm.
- ✓ The Public Health Community Nursing Service is now established to provide four levels of services for children and young people aged 0-19 across the city. Support is available to all families to give children and young people the foundations for good health and identify those who need extra support early. The Healthy Futures Team is now well established and works with the most vulnerable families including teenage parents, those living with a learning disability or open to social work.
- ✓ Improvements in the understanding of young people's needs and working together between Adult Substance Misuse Service and Young People's Substance Misuse Services attached to meeting young people's needs of high-risk young people and prescribing.
- ✓ Secured Innovation Funding for a new approach to identify parents who are alcohol dependent and supporting their access to substance misuse treatment and identifying more children affected by this hidden hard and increasing direct support for them.

SPFT

- ✓ Promotion of the new Safeguarding team including attendance at Care Delivery Service meetings, team away days, development days and learning events
- ✓ Safeguarding Lead Nurse is a member of the SPFT Policy Forum to ensure Safeguarding, the voice of the Child and Child Not Brought pathway is integral to all relevant policies
- ✓ Patient Safety Learning events on SCR learning
- ✓ Reviewed and updated the SPFT Safeguarding policy and procedure
- ✓ Data capture with Ulysses pilot planned to ensure effective data capture
- ✓ Consultation with staff for safeguarding issues
- ✓ Emotional wellbeing and Mental Health-Launched a new Sussex CAMHS website in February 2019 to mark Young Peoples Mental Health Week to improve access for advice and support for mental health and well-being the site contains useful information for parents and those working with children and young people. The site is divided into three areas to make it easy to navigate: Children and Young People, Parents and Carers and Professionals

Sussex CCGs

- ✓ in cases of children who go missing from home.
- ✓ The CCG commissions therapeutic interventions for children who have experienced sexual assault (under 14 years old), and this has included education and training around grooming and safe relationships.
- ✓ The CCG have contributed to the funding of a health specialist and admin support for the Front Door for Families (MASH) Liaison Service alongside SPFT/SCFT/BSUH
- ✓ The CCG commissions Health Independent Domestic Violence Advisor services within the acute Trust
- ✓ The CCG commissions mental health services to support staff with children and young people who attend The Royal Alex Children's Hospital – the Paediatric Mental Health Liaison Team
- ✓ The CCG has recruited a Designated Nurse for Looked after Children to assist service planning and to advise clinical commissioning groups in fulfilling their responsibilities as commissioner of services to improve the health of Looked after Children.
- ✓ The CCG was successful in its bid, working with the Local Authority, Sussex Partnership FT and Sussex Community FT, to pilot mental health practitioners and resource being part of the LAC assessments carried out by the LAC nurses. The pilot will start in July 2019 for one year. Evaluation will determine sustainability
- ✓ The CCG is working with partners across Sussex as an independent review of children's mental health services take place. The review will conclude in the autumn 2019.

Sussex Police

In November 2018 HMICFRS published its CP Inspection of Sussex Police. It does not provide a grading but identifies areas for improvement (recommendations). HMICFRS published 8 recommendations for Sussex Police;

- ✓ Consider whether any CP cases should be dealt with in the Incident Resolution Centre.
- ✓ To improve practices in cases of children who go missing from home.
- ✓ To ensure officers record observations of children's behaviour and demeanour, to better assess needs.
- ✓ Improve its CP and exploitation investigations, paying attention to; risk assessments that consider the whole of a child's circumstances and risks to other children, and improving oversight and management of cases.
- ✓ Ensure all relevant information is properly recorded and readily accessible in all cases where there are concerns about the welfare of children.
- ✓ Sussex Police should review its approach to providing information on registered sex offenders Response and Prevention officers.
- ✓ Sussex Police should undertake a review to examine the referral processes to ensure that they identify risk to children effectively and share the necessary information appropriately with external agencies.
- ✓ Sussex Police should undertake a review (jointly with children's social care and other relevant agencies) of how it manages the detention of children.
- ✓ In June 2019 Sussex Police were subject to a follow up inspection, to assess the progress in these areas. The progress and objectives for the next year are covered in the last section.

Oasis

- ✓ We delivered the POCAR programme to approx. 80 parents (men and women) whose children were open to children's social care due to their substance misuse (neglect, abuse)
- ✓ We delivered support to parents and children who were identified as being at risk of criminal exploitation (knife crime) with new funding from the Home Office.
- ✓ We delivered Mellow Parenting Programme to 20 mums – this is an evidence-based parenting programme focused on attachment.
- ✓ 61 children affected by family substance misuse received a 1-1 programme of therapeutic support of which 44% had experienced domestic violence and 35% were on Child Protection or Child in Need plans.

B&H Children's Services

- ✓ We were inspected by Ofsted and our safeguarding services were judged to be Good.
- ✓ We developed the adolescent risk meeting to ensure plans around those at risk of exploitation are multi-agency and robust.
- ✓ We developed a violence vulnerability and exploitation strategy
- ✓ We reduced the number of children on child protection plans and entering care.



YMCA DOWNSLINK GROUP



East Sussex Fire & Rescue Service



Brighton & Hove LSCB

Moulsecoomb North Hub
Hodshrove Lane
Brighton
BN2 4SE



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



allsorts youth project



Although a formal committee of Brighton & Hove 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 and Healthwatch.

Title:	Brighton & Hove Safeguarding Adults Board, Annual Report, 2018/19	
Date of Meeting:	12 November 2019	
Report of:	Graham Bartlett, B&H Safeguarding Adults Board, Independent Chairperson	
Contact:	Laura Perkins, SAB Business Manager	Tel: 01273 296736
Email:	laura.perkins@brighton-hove.gov.uk	
Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>The Brighton & Hove Safeguarding Adults Board (B&H SAB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for safeguarding adults with care and support needs. The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by:</p> <ul style="list-style-type: none"> • Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs • Undertaking Safeguarding Adult Reviews (SARs) and other multi-agency 		



learning reviews, audits and qualitative reviews as well as sharing learning opportunities

- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing an annual report

This annual report outlines progress the B&H SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1st April 2018 to 31st March 2019.

Glossary of Terms

CE –Criminal Exploitation

HASC – Health and Adult Social Care

SA –Sexual Abuse

SAB –Safeguarding Adults Board

SAR – Safeguarding Adult Review

SARC –Sexual Abuse Referral Centre

SE- Sexual Exploitation

1. Decisions, recommendations and any options

It is recommended that the Board:

- 1.1 Note the report and commends partner agencies for their contribution to safeguarding adults with care and support needs.
- 1.2 Note SAB achievements and challenges on pages 9 & 10.

2. Relevant information

- 2.1 It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.
- 2.2 The B&H SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.
 - 2.3.1 In summary this year:
 - We conducted a multi-agency audit of cases to evaluate the effectiveness of the application of the Mental Capacity Act Code of Practice. The aims of the audit were to assess how well agencies apply the principles of the Mental Capacity Act when assessing mental capacity and making ‘best interests’ decisions. The audit also looked at the effectiveness of multi-agency working.

- We completed a Learning Review for ‘D’ and began an Action Plan based on the key recommendations which includes:
 - The Board seeking assurance around the local housing commissioning arrangements,
 - The Board reviewing multi agency communications and pathways relating to Complex needs and “high risk” case management
 - The Board to seeking assurance that agencies’ risk assessments and risk management is being undertaken in dynamic way and in line with policies and procedures.
- We commissioned a new safeguarding adult review: ‘AW’, which involved a man who died unexpectedly while in treatment with a local substance misuse service. We will explore the finding of this review in next years’ Annual Report.
- Last year’s report provided information about a SAR concerning Adult X – a homeless individual. This year we completed the action plan developed in response to this SAR.
- Through the strategic safeguarding self-assessment process, we have tested how agencies embed safeguarding in their services so they are better placed to manage risk of abuse and neglect. We have strengthened the safeguarding assessment process to include questions on how agencies are Making Safeguarding Personal.
- The SAB Website and our Twitter account have gone some way to supporting the public in understanding the role and remit of the board. We have continued to share news and links about good safeguarding practice on Twitter, where we have over 300 followers.
- Through our joint Exploitation Group, the SAB has been working in collaboration with the Local Safeguarding Children Board (LSCB) and the Safeguarding Children Partnership (BHSCP) to raise awareness of Violence, Vulnerability and Exploitation (VVE) in the Brighton and Hove area.
- We have endorsed the [Hoarding Framework](#) developed by East Sussex Fire and Rescue Service (ESFRS). This significant document sets out the expectations for collaborative multi-agency working for any professional coming into contact with someone who is hoarding. We are now working with our ESFRS to increase the number of referrals we receive around this, so agencies can respond sensitively yet effectively.

- We have developed a robust process to easily share audit findings and/or recommendations widely with staff across the safeguarding partnership which is both quick to digest and informative.

3. Important considerations and implications

Legal:

Schedule 2 to The Care Act 2014 requires the SAB to publish an annual report and provide a copy of the same to the Health and Wellbeing Board.

Lawyer consulted: Sandra O'Brien

Date: 02/10/19

Finance:

The Brighton and Hove SAB has an agreed budget with multi-agency funding and received the following contributions in financial year 2018/19; the Local Authority £0.037m, the Police and Crime Commissioner for Sussex £0.010m and Brighton and Hove Clinical Commissioning Group £0.012m.

These contributions cover the running costs of the board and the expenditure is detailed on page 7 of the annual report.

Finance Officer consulted: Sophie Warburton

Date: 01/10/2019

Equalities:

The SAB through the City Council and other partner agencies will continue to work to ensure people with care and support needs and their carers 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. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

Equalities Manager consulted: Anna Spragg

Date: 04/10/19

Sustainability:

The SAB is a statutory requirement. It needs to be appropriately resourced to fulfil its statutory obligations.

Supporting documents and information

Appendix1: B&H SAB Annual Report 2018-19.



Brighton & Hove
SAB
Safeguarding
Adults Board

Brighton & Hove Safeguarding Adults Board Annual Report 2018-19



1. Foreword


I am delighted to introduce the Brighton and Hove Safeguarding Adults Board Annual Report 2018–19.

Our aim as a Safeguarding Adults Board (SAB) is to provide strategic leadership to ensure that adults who are at risk of abuse or neglect are effectively safeguarded and to co-ordinate and assure the safeguarding system. As Independent Chair, I support and challenge SAB partners and agencies in the City to work collaboratively for the benefit of adults with care and support needs and bring about continuous improvement.

Reflecting on our achievements over the past year, we have made some real progress against the priorities set out in our Strategic Plan and I would like to acknowledge the hard work and commitment shown by all our partner agencies to achieve these aims. A notable success has been the positive impact of the Quality Assurance and Learning Development Officer role we share with East Sussex in improving our data, taking our auditing arrangements from strength to strength and ensuring that learning from reviews is taken forward and embedded into practice. We have struggled with some of our priorities as, compared with similar Boards, we operate with a particularly small budget which has a real impact on capacity. I am committed to working with the Local Authority, Police and NHS – the statutory partners – to improve this situation as it presents an ongoing risk to the Board

The SAB has not published any Safeguarding Adults Reviews (SARs) this year, but we have completed one Learning Review and have a SAR ongoing, and we will share the findings from that in next year's annual report.

We hope you find this report interesting and are assured of the commitment of the Brighton and Hove SAB to continual improvement and decisive action when things go wrong.



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

2. Comments from Healthwatch

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

The SAB has helped Healthwatch make a real impact in highlighting difficulties faced by vulnerable people particularly those receiving home care services and some people in temporary accommodation. Healthwatch volunteers visit 20-30 people each month to check if their Home Care services are safe, dignified and suited to their personal needs. Concerns are escalated to Adult Social Care and Safeguarding systems in a spirit of cooperation.

The issues around Personal Independence Payments (PIP) and Employment Support Allowance (ESA) raised last year have not been forgotten. The work of the SAB and Healthwatch has made a real impact and helped local voluntary and statutory organisations work more closely with some of the private sector organisations who provide these assessment services. This work is not complete and continues it is a joint challenge to improve quality and safety into a system that seems to be publicly funded but lacking in public accountability.

Safeguarding adult issues are routinely raised by Healthwatch Brighton and Hove as part of our service reviews, including feedback about hospital, community and mental health services.

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



David Liley, CEO, Healthwatch Brighton & Hove

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4. Introduction

This annual report covers the period 1st April 2018 to 31st March 2019. It provides an assessment of how well local services are improving the lives of our residents with care and support needs and sets out how the Brighton & Hove Safeguarding Adults Board has helped to create better outcomes through improving multi-agency processes and coordination.

Our vision and mission

The vision of the Board is that partners will:

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

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

Who we are and what we do

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

The board ensures the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs
- Undertaking safeguarding adult and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing safeguarding data
- Drawing evidence from the testimony of adults with care and support needs and frontline professionals
- Publishing this annual report

5. Local Context

Population

The city of Brighton & Hove sits on the South East coast of England. The city's population was estimated to be 290,395 in 2018, a 10.83% increase from 2008. This is a larger increase than across England (8.03%).

The city has relatively fewer children and older residents, and a far larger proportion of working-age adults and student population.



Percentage of population by age group (2018 Estimates)

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

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

2,875 Estimated number of adults who are **transgender**

Neighbourhoods

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

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

Care and Support Needs



18,226

Number of 18 to 64 year olds predicted to have a moderate or serious physical disability



4,934

Number of 18 to 64 year olds predicted to have a learning disability



23,967

Number of people informally caring for someone (9% of the population)



1,811

Number of people registered as living with dementia



32,025

Number of 18 to 64 year olds predicted to have a common mental health disorder

From 2016-2018 there were 9.7 drug-related deaths per 100,000 city residents. This compares to 3.9 in the South East and an average of 4.5 across England.

Older Residents

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



Ethnicity & Immigration

In 2011, 19.5% or 1 in 5 residents identified as belonging to a minority ethnic group (14.5% South East, 20.2% England), an increase from 12% in 2001.

In 2016, 18% of residents were born outside the UK (14% South East, 16% England). Of these, 42% in were born in EU countries, 6% elsewhere in Europe, and 26% in Asia. 1/5 of students come from abroad to study at the two Universities.



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

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

Languages

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



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

Poverty

Deprivation is more acute in the city than in neighbouring counties. Of 152 Upper tier Local Authorities, Brighton & Hove ranks 76th most deprived. (East and West Sussex rank 99th and 130th respectively). On income deprivation affecting older people, Brighton & Hove ranks 46th most deprived. In 2015, 45% of the population of the city lived in the 40% most deprived areas in England and only 7% in the 20% least deprived areas

In 2017 4.8% of adults in the city are unemployed. Employment rates are lower for those with long term conditions, a learning disability, and those in contact with secondary mental health services. City residents are also more likely to live in private rented housing than the national average. In 2008, up to 37,000 homes in the city were considered to be "non-decent". 2016 estimates suggest 11% of households were living in fuel poverty, putting older and younger residents at risk of ill health during the colder months.

Homelessness

Rates of homelessness are high in Brighton & Hove. The council commissions accommodation and support services. People sleeping rough are a constantly changing population and the city's street services work with more than 1,200 cases each year, 15 new cases every week.

6. Budget

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

Income

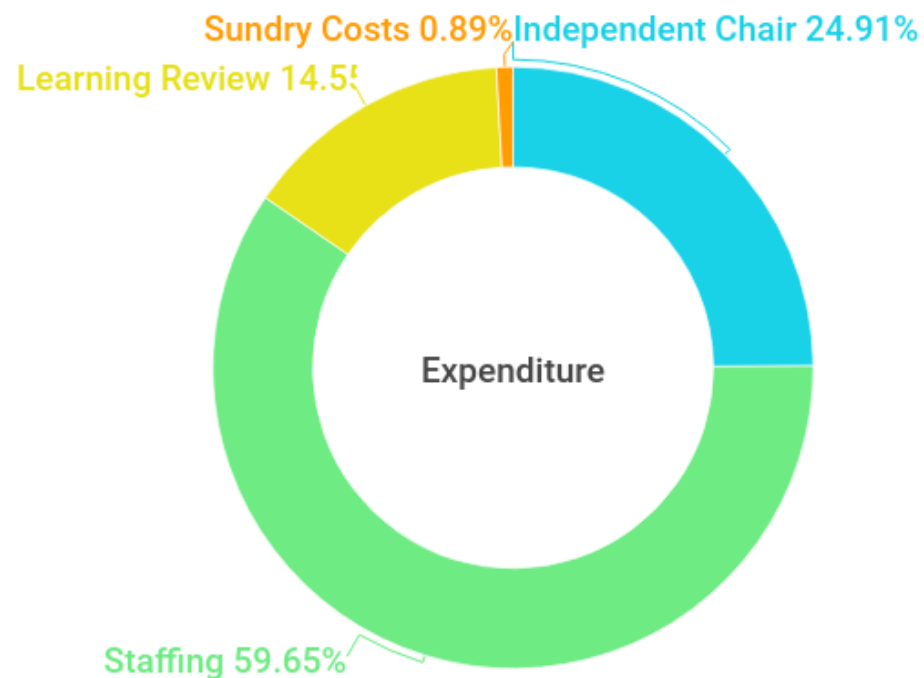
Brighton & Hove City Council	£37,000
Sussex Police	£10,000
Brighton & Hove Clinical Commissioning Group	£12,000
Total	£59,000

The board carried forward some of the Brighton & Hove City Council and third-party income from the 2017/18 budget into 2018/19 and some has again been carried forward into 2019/20.

Expenditure

Independent Chair	£13,264
Safeguarding Adult Reviews	£Zero
Staffing Total:	£31,765

Administrator	£17,980
Quality Assurance	£13,785
Learning Review	£7,750
Sundry costs	£472
Total	£53,251



7. Executive Summary

Achievements

- In June this year we succeeded in launching the 4th Edition of the Sussex Safeguarding Adults Policy. We also revised the self-neglect procedures and published them in January 2019. These procedures set out a clear framework for collaborative multi-agency working when supporting adults who are experiencing self-neglect.
- The SAB has endorsed the Hoarding Framework developed by East Sussex Fire and Rescue Service (ESFRS). This significant document sets out the expectations for collaborative multi-agency working for any professional coming into contact with someone who is hoarding. We are now working with our ESFRS to increase the number of referrals we receive around this, so agencies can respond sensitively yet effectively.
- We have developed a robust process to easily share audit findings and/or recommendations widely with staff across the safeguarding partnership which is both quick to digest and informative.
- We conducted a multi-agency audit of cases to evaluate the effectiveness of the application of the Mental Capacity Act Code of Practice. The aims of the audit were to assess how well agencies apply the principles of the Mental Capacity Act when assessing mental capacity and making 'best interests' decisions. The audit also looked at the effectiveness of multi-agency working.
- This year we have developed a robust data reporting process. The SAB Quality Assurance Sub-committee now receives a detailed report twice a year that includes data collected by SAB partner agencies as well as Health & Adult Social Care (HASC) and includes a comparison with published national data.
- Through our joint Exploitation Group, the SAB has been working in collaboration with the Local Safeguarding Children Board (LSCB) and the Safeguarding Children Partnership (BHSCP) to raise awareness of Violence, Vulnerability and Exploitation (VVE) in the Brighton and Hove area.
- Five safeguarding adult review (SAR) referrals were made in 2018–19. This year we have commissioned on SAR 'AW' and completed a learning review for 'D'.

Challenges

- Limited SAB funding and consequent part time Business Manager support has restricted our progress against some priority areas. For example, we were unable to hold an Annual Safeguarding Conference in 2018 which has limited one of the main ways that we promote our strategic priority of prevention and early intervention.
- Changes in legislation around Children's Safeguarding and Brighton and Hove's response to this will include some shared Sub-committees being disbanded. This presents a significant risk to the SAB being able to fulfil its statutory duties under The Care Act 2014. These changes will come into effect by September 2019.
- We still need to improve our mechanisms for assuring that the Deprivation of Liberty Safeguards (DoLS) are embedded and effective within and across relevant agencies, and that communication regarding adults who are under a deprivation of liberty is effective as they move from setting to setting. We are awaiting new legislation on this issue.
- We need to develop a complex abuse protocol which will ensure that agencies work together seamlessly in all safeguarding enquires



8. Safeguarding data for 2018-2019

8.0.1 854 safeguarding enquiries were completed in 2018/19, a 5.5% increase on the corresponding data for 2017/18 when a total of 809 enquiries were completed.

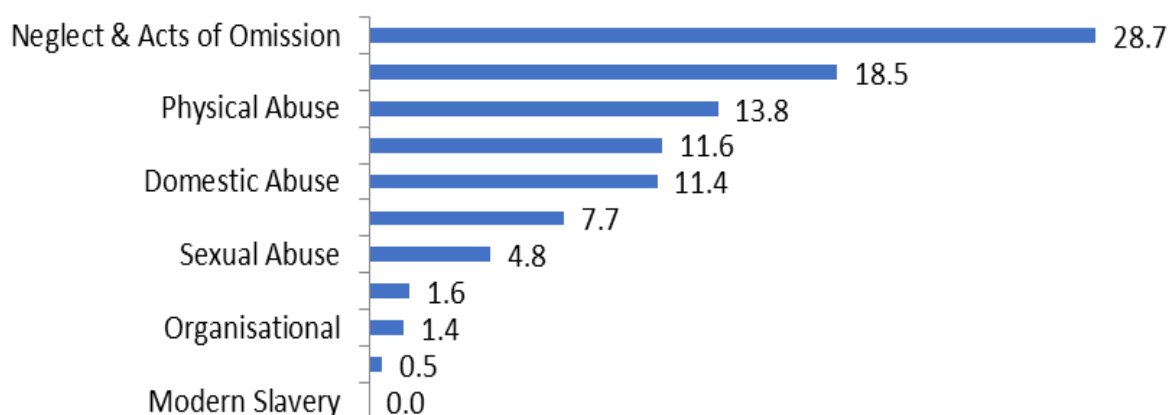
8.0.2 It should be noted that these figures include safeguarding enquiries conducted by Sussex Partnership Foundation NHS Trust (SPFT) under a Section 75 (NHS Act 2000) agreement with the local authority.

8.0.3 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.

8.1. Enquiries by type of abuse

Safeguarding enquiries by type of abuse (%)

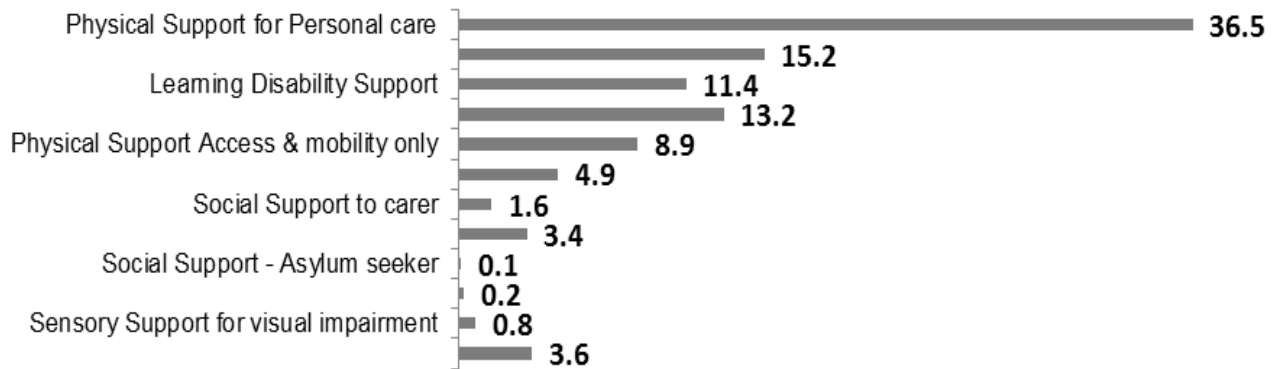


8.1.1 Neglect and omission continue to represent the largest volume of enquiries, followed by financial abuse. There has been an increase in the proportion of enquiries in Brighton & Hove relating to organisational abuse (1.4%) compared with 0.9% in 2017-18.

8.1.2 The proportion of enquiries relating to physical abuse in Brighton & Hove continues to be significantly lower than national averages, while the Brighton & Hove figures for financial abuse and self-neglect remain higher. The latter may be due in part to the presence of a multi-agency self-neglect policy and procedures that form part of the Sussex safeguarding policy and procedures.

8.2. Primary Support Reason

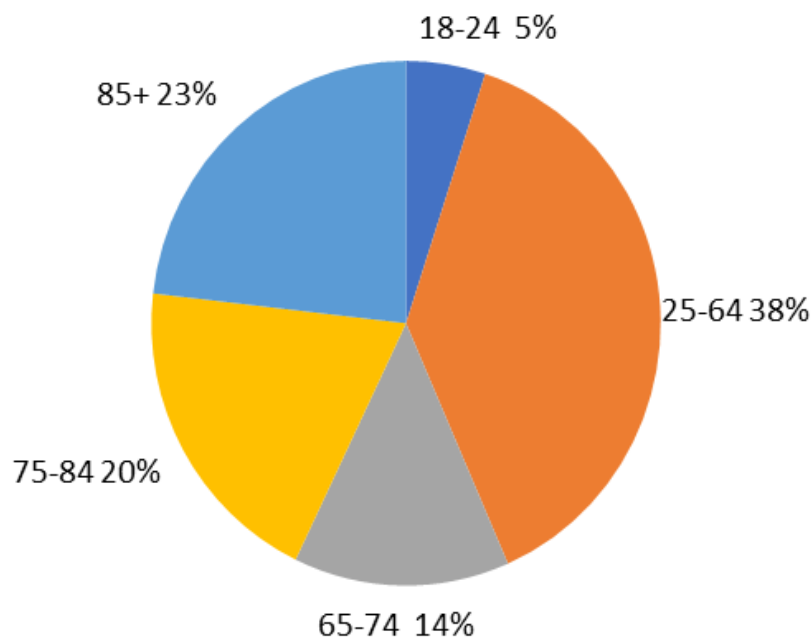
Percentage of Enquiries by Primary Support Reason



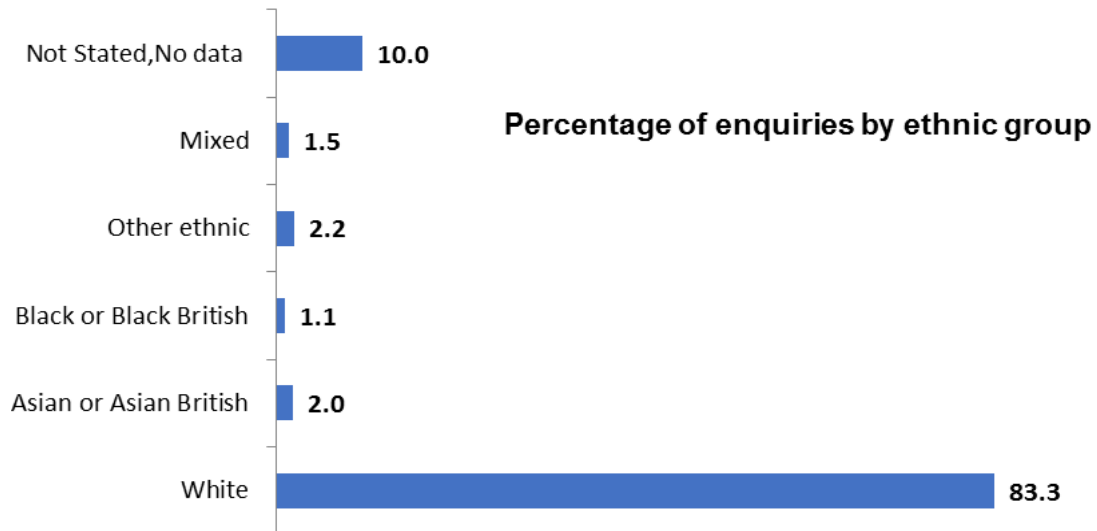
8.2.1 The breakdown of enquiries by primary support reason is broadly in line with that for 2017/18, with physical support representing the largest category. This is consistent with national comparators.

8.3. Enquiries by age group

Percentage of safeguarding enquiries by age group



8.4. Enquiries by ethnic group

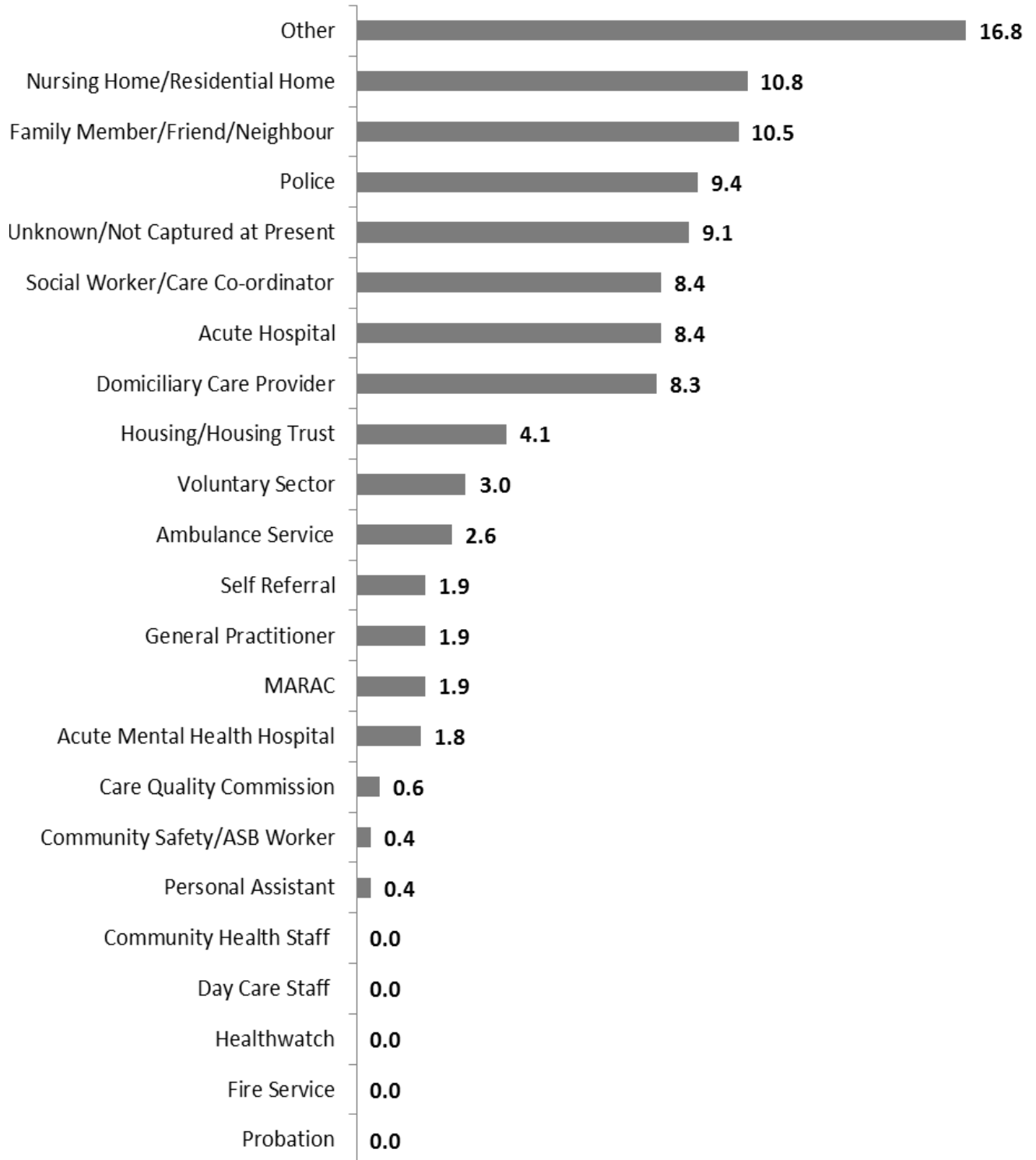


- 8.4.1 Enquiries involving adults of white origin remain the highest proportion of enquiries (83.3%). The proportion of safeguarding enquiries in relation to Asian/Asian British adults remains low in comparison with the national figures and when compared with the local population figures; 4.1% of the local population are Asian/Asian British. However, this is a trend that is replicated in other areas of the country and is likely to be due in part to differing age profiles in ethnic groups.
- 8.4.2 The Quality Assurance Officer has met with the Brighton & Hove Equalities Manager to explore these issues in more detail and the SAB is consulting with SABs in other parts of the country. Any further appropriate actions resulting from this will be brought back to the SAB for consideration.

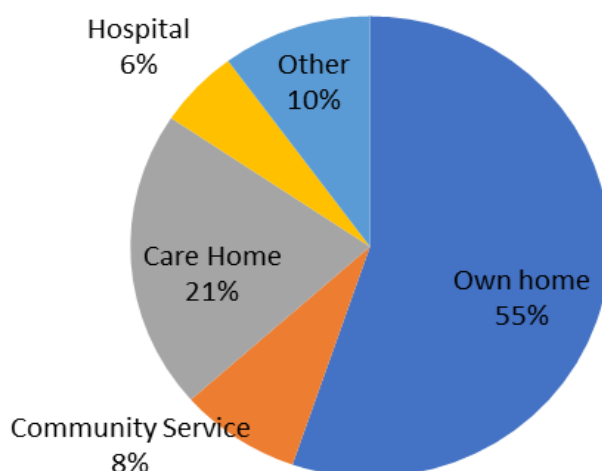


8.5. Source of referral

Percentage of Enquiries by Referral Source



8.6. Location

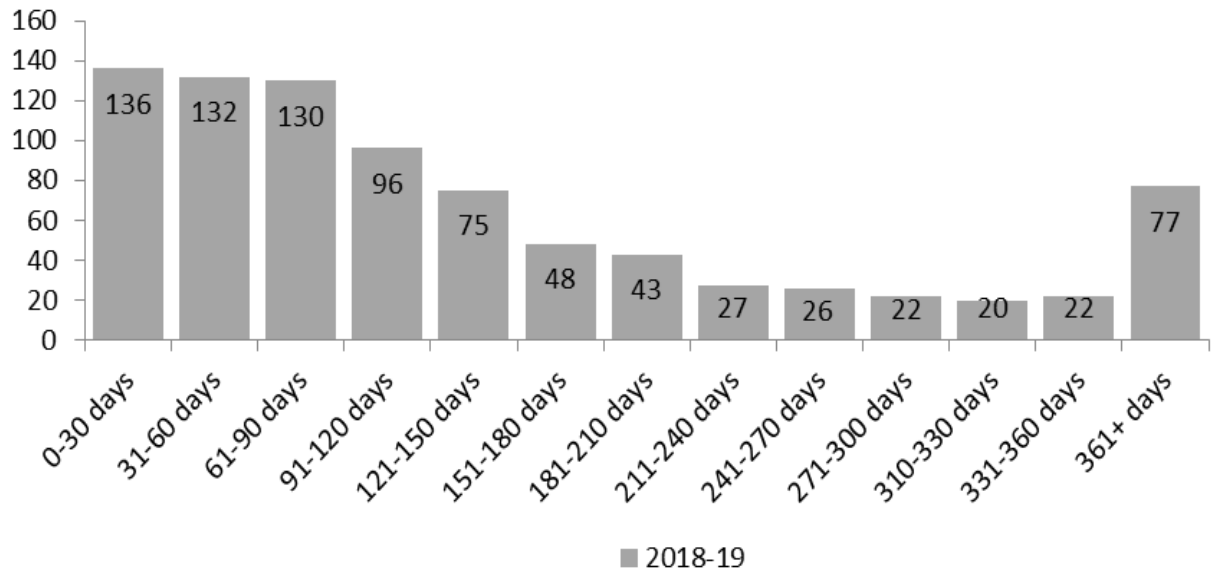


- 8.6.1 As in 2017-18 the majority of enquiries (55%) related to abuse or risk of abuse in adults' own homes. This compares with 43.5% nationally (based on 2017/18 national data). The proportion of enquiries relating to hospital settings increased from 2.6% in 2017-18 to 6%, whilst the level of enquiries relating to adults in care homes (21%) is slightly lower than 2017-18 when 23.4% of enquiries were in this category. This is also significantly lower than the national figure of 35.6%.

8.7. Making Safeguarding Personal

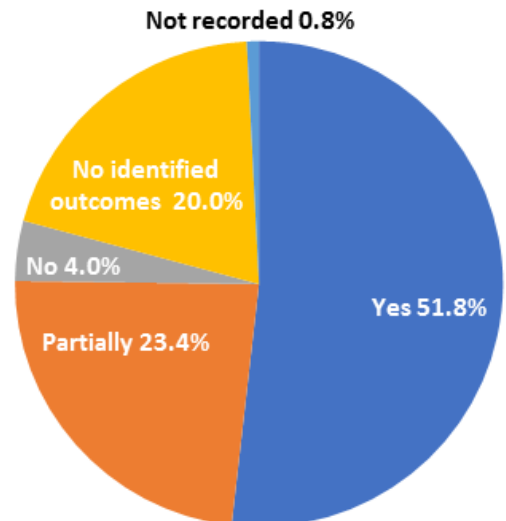
- 8.7.1 In accordance with the Care Act 2014 safeguarding enquiries must be person-centred rather than process-driven. An enquiry can range from a conversation with the adult, to a more formal multi-agency plan or course of action. There are no set timescales for completion though local procedures are clear that there should be a 'principle of no delay'. Adults who are the subject of safeguarding enquiries are asked what outcomes they want to achieve and asked at the conclusion of the enquiry whether they feel their identified outcomes have been met.
- 8.7.2 The chart below shows a breakdown of the number of completed enquiries broken down by time taken to complete. The majority of enquiries were completed in less than 180 days. 77 enquiries took longer than 361 days or longer to complete.

**Number of completed enquiries by time taken
April 2018 - March 2019**



8.7.3 In 2018 - 19 51.2% of individuals who had identified the outcomes they wanted to see felt their outcomes had been achieved, while a further 23.4% felt their outcomes had been partly achieved. The figures from 2017/18 were 57% and 16% respectively.

**Was the desired outcome achieved?
Q1 - Q4 2018/19**



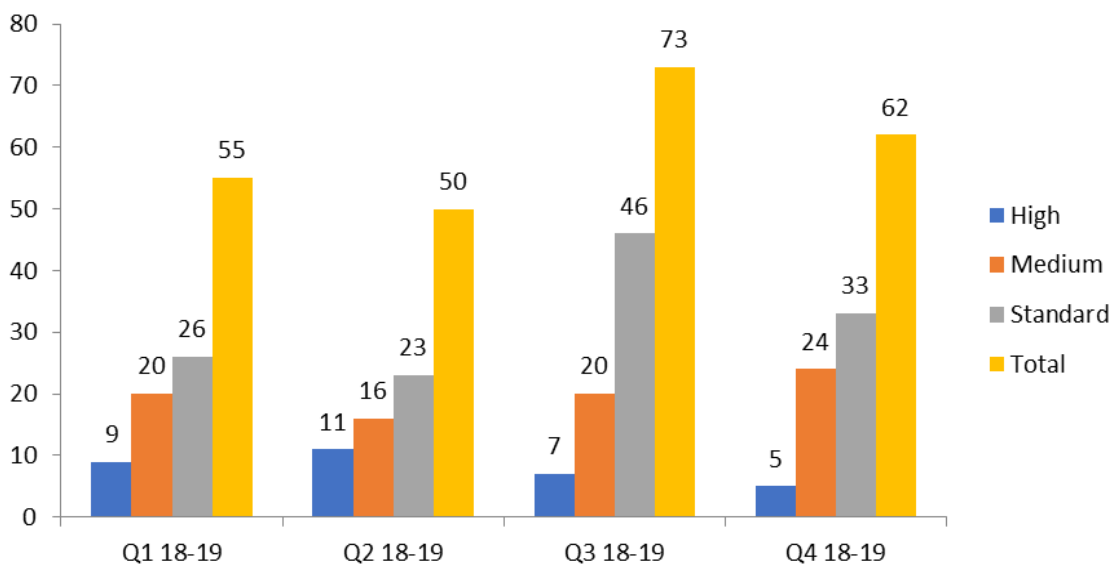
9. Safeguarding data from partner agencies

9.0.1 The SAB, through the Quality Assurance (QA) Sub-committee is in a unique position to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment of services can be identified.

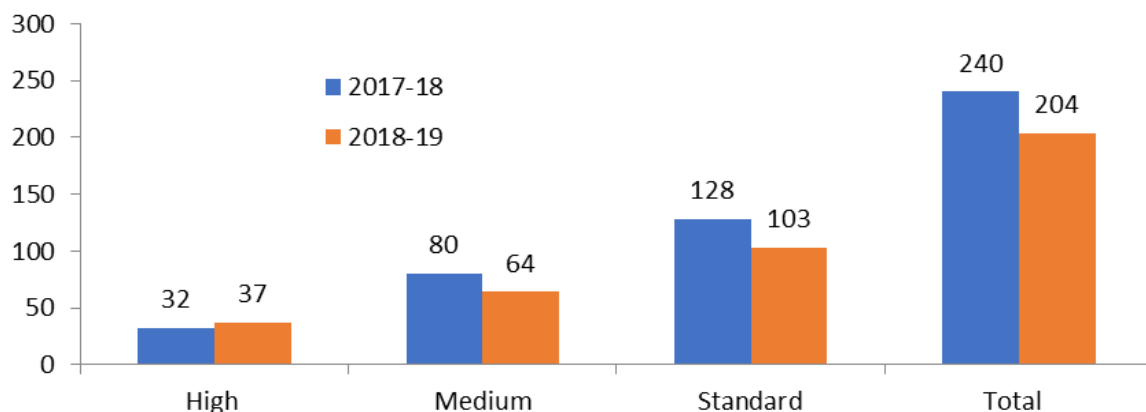
9.0.2 The QA Sub-committee has developed a multi-agency dataset and receives a multi-agency data report twice a year. A summary of the data collected by some of the SAB partner agencies for the period 1st April 2018 - 31st March 2019 is included below. Further information about safeguarding work undertaken by SAB partner agencies is included later in this report on pages 32-34.

9.1. Sussex Police

9.1.1 Operation Signature is the Sussex Police's operational response to identify and support vulnerable, and often elderly, victims of fraud. The chart below shows the number of Operation Signature cases identified by risk level and broken down by quarter.



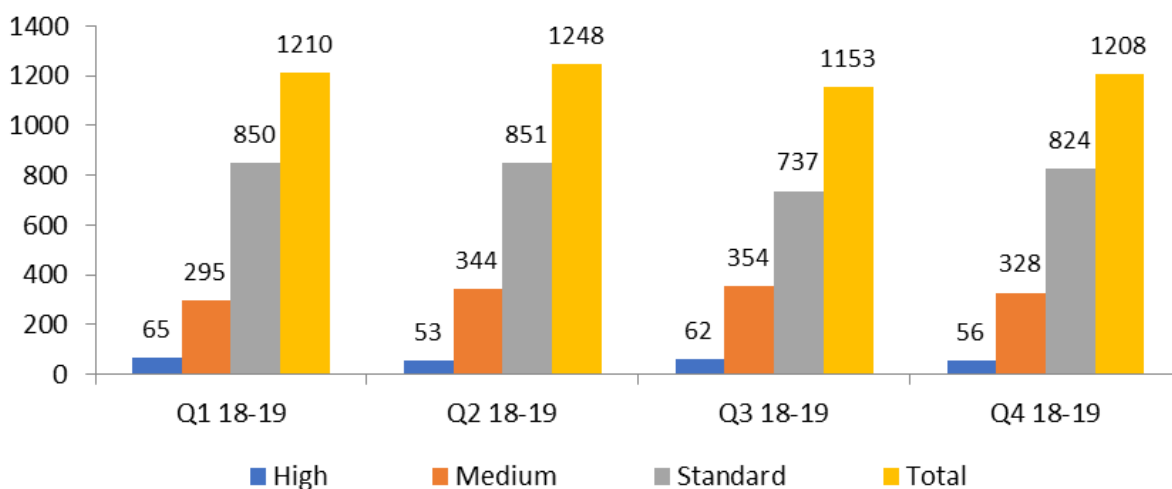
9.1.2 The chart below shows a comparison with the data from 2017-18.



DASH referrals

9.1.3 Incidents of Domestic Abuse are subject to a risk assessment, as part of the Single Combined Assessment of Risk Form (SCARF). An officer completes the form with the victim, assessing the level of risk and taking initial steps to manage it. The referral is reviewed and forwarded to the Safeguarding Investigations Unit (SIU). High and medium risk cases are subject to a secondary risk assessment. High-risk cases are referred to the monthly Multi-Agency Risk Assessment Conference (MARAC)¹. SIU will refer all cases of Domestic Abuse involving a vulnerable adult to Adult Social Care.

9.1.4 The chart below shows the number of DASH (Domestic Abuse Stalking and Harassment) referrals made by Sussex Police in Brighton & Hove in each quarter in 2018-19. These are also broken down by risk level.

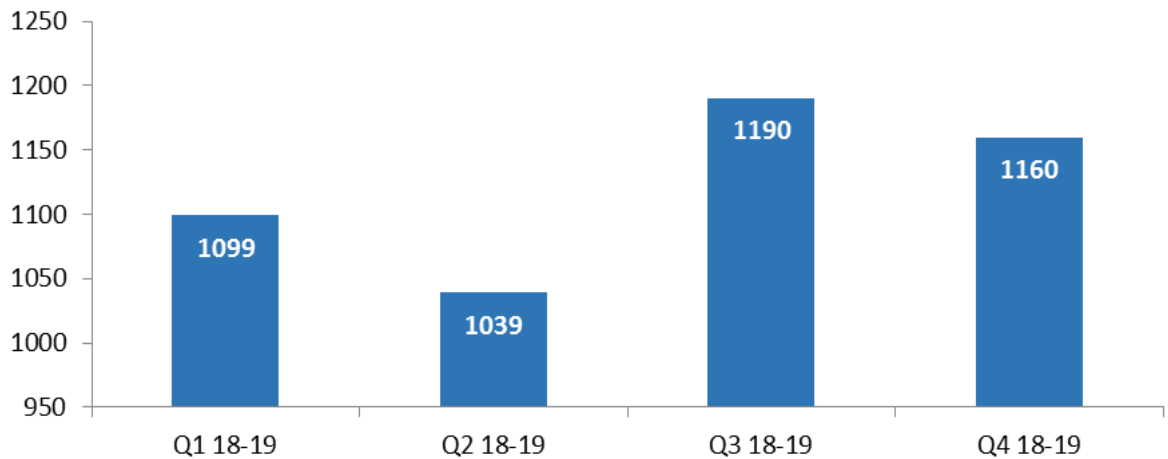


VAAR referrals

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

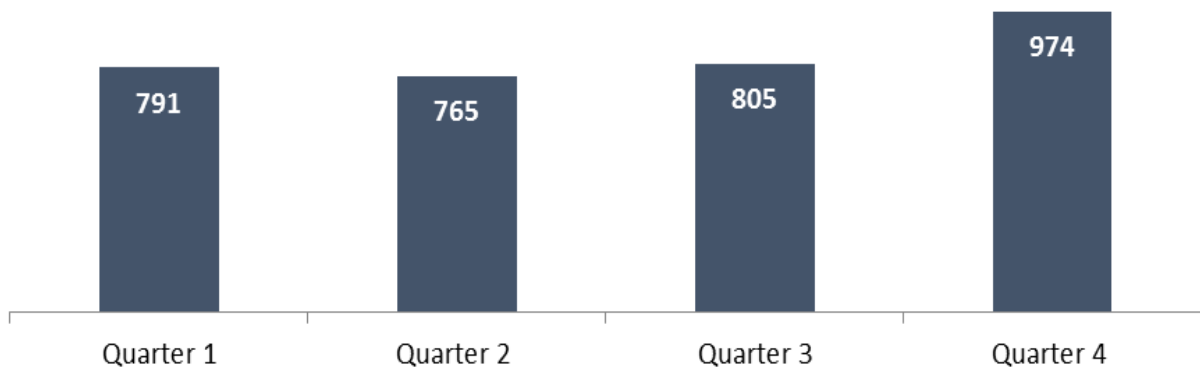
9.1.6 The chart which follows shows the number of VAAR (Vulnerable Adult at Risk) referrals made by Sussex Police in Brighton & Hove, in each quarter in 2018-19. There continues to be a high volume of referrals. These are assessed and allocated accordingly within Brighton & Hove Health & Adult Social Care (HASC). HASC has been working closely with Sussex Police to improve the quality of referrals. It should be noted that not all VAAR referrals will involve a recorded crime. The level of VAAR referrals is therefore higher than the number of crimes where abuse of a vulnerable adult was reported, as shown in the figure on page 16.

¹ The MARAC process is currently under review



9.2. East Sussex Fire and Rescue Service (ESFRS)

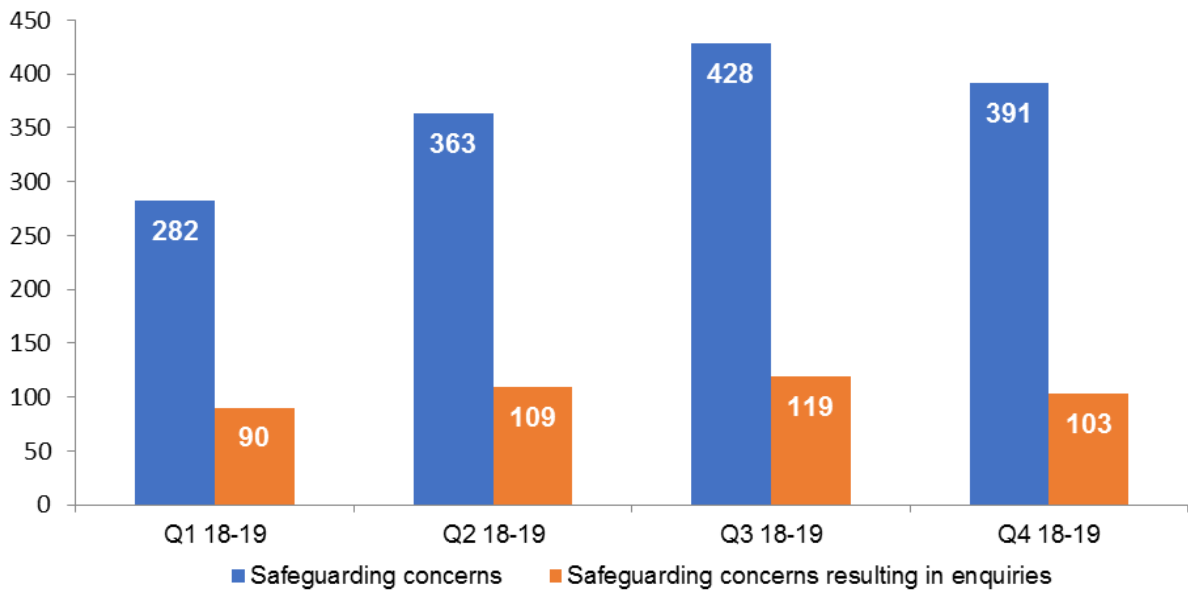
9.2.1 ESFRS offer Home Safety Visits to people who are most at risk from fires in their homes. This includes those with reduced mobility and with hearing or sight impairments. The chart below shows the number of Home Safety Visits conducted by ESFRS in each quarter in 2018-19. Home Safety Visits are a good example of the application of the safeguarding principle of prevention and help to ensure that risks of neglect and self-neglect are addressed at an early stage.



9.3. Sussex Partnership NHS Foundation Trust (SPFT)

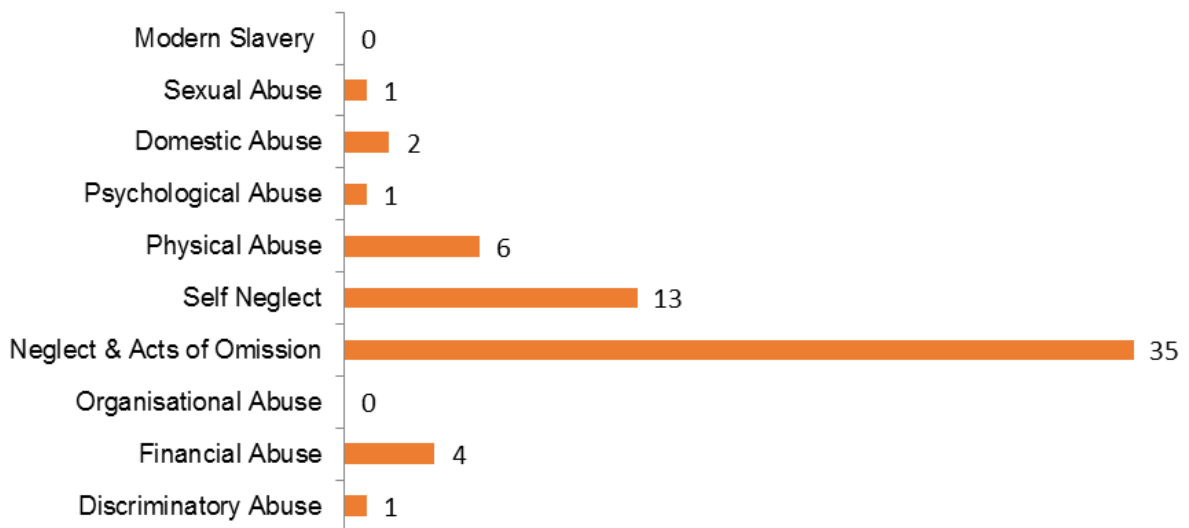
9.3.1 Brighton & Hove adult Mental Health services are provided jointly by the local authority and SPFT under a Section 75 (NHS Act 2000) agreement which allows for the integration of Health and Social Care services. Safeguarding enquiries are undertaken by the social care staff who are co-located within SPFT mental health services.

9.3.2 The chart below shows the number of safeguarding concerns received for people under the care of SPFT in 2018-19 and how many resulted in safeguarding enquiries under the Section 75 agreement.



9.4. Sussex Community NHS Foundation Trust (SCFT)

9.4.1 The chart below shows the number of safeguarding concerns raised by SCFT in 2018-19 by type of abuse.



10. Progress against our business plan

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

Why is it a priority?

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

What have we done?

- We have again this year sought assurance that all partners have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
- The Learning & Development Sub-committee has met four times this year and has supported our understanding of how competent and well-informed the safeguarding workforce is across the city.
- We launched Edition 4 of the Sussex Safeguarding Adults Policy and in June 2018. This is available [online](#). Revised self-neglect procedures were published in January 2019 and sets out a clear framework for collaborative multi-agency working when supporting adults who are experiencing self-neglect.
- Alongside the self-neglect procedures, the SAB has endorsed the [Hoarding Framework](#) developed by East Sussex Fire and Rescue Service (ESFRS). This document sets out the expectations for collaborative multi-agency working for any professional coming into contact with someone who is hoarding so agencies can respond sensitively yet effectively.
- We have begun the process for our biennial Strategic Safeguarding Self-Assessment process where we formally test that partners have structures and accountabilities which meet the requirements of the Care Act 2014.
- Through the Learning & Development Sub-committee partners have agreed to adopt the national Mental Capacity Act (MCA) Competency Framework.
- Assessment of compliance with the MCA competency framework will be measured in the Biennial strategic safeguarding self-assessment process.

What are we planning to do?

- We are planning a SAB Conference later in 2019/20 for Safeguarding Adults week with the theme of Exploitation.
- Sussex and Surrey Safeguarding Adults Boards (SABs) have agreed to jointly commission the SCIE Learning Together Programme in June 2019. We plan to offer this training to statutory partners of the SAB, with the expectation that following the

training, those members of staff will be able to undertake Safeguarding Adults Reviews (SARs) as a reciprocal arrangement across these local authority areas. We anticipate this will save money over time and increase Board member awareness and understanding of the complex process of Safeguarding Adult Reviews.

- We plan to pick up the development of a Complex Abuse Protocol to make sure that all our partners work seamlessly together in instances where there is abuse involving one or more abusers and a number of adults with care and support needs (related or non-related). This work was delayed at the request of the West Sussex SAB so that the learning from a recently published Safeguarding Adults Review could be considered.

10.2. Priority Area 2: Develop and strengthen quality assurance

Why is it a priority?

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

What have we done?

The Quality Assurance Sub-committee has developed a quality assurance framework to give assurance that the Board and its constituent partner agencies have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk. This Quality Assurance Framework is a key mechanism by which the SAB holds local agencies to account for their safeguarding work, including prevention and risk management.

Safeguarding self-assessment and Peer Challenge

- Following the Sussex wide self-assessment process and the peer challenge event in 2017, considerable progress has been made by partner agencies in relation to areas identified for improvement, including reviewing and updating internal safeguarding training courses, improving knowledge of the Mental Capacity Act (MCA) in practice and the promotion of Making Safeguarding Personal.

Multi-agency audits

- We conducted a multi-agency audit of cases to evaluate the effectiveness of the application of the Mental Capacity Act Code of Practice. The aims of the audit were to assess how well agencies apply the principles of the Mental Capacity Act when assessing mental capacity and making 'best interests' decisions. The audit also looked at the effectiveness of multi-agency working.
- The audit resulted in a number of recommendations and actions including:
 - The development of a SAB Resolution Protocol to enable agencies to challenge each other or to escalate concerns.

- The inclusion of additional standards in the biennial self-assessment to provide assurance to the SAB that agencies have systems in place to quality monitor recording in relation to mental capacity assessments and 'best interests' decision making.
- A learning briefing will be produced covering the audit findings and relevant learning outcomes.
- In 2018/19 we also progressed actions resulting from the multi-agency audit of sexual abuse cases conducted in 2017/18, including producing a learning briefing for all partner agencies which included links to best practice guidance and signposted professionals to referral pathways for specialist services available to survivors of sexual abuse.
- We have developed a robust process to easily share audit findings and/or recommendations widely with staff across the safeguarding partnership which is both quick to digest and informative.

Multi-agency safeguarding data reporting

- We have developed a robust data reporting process whereby the SAB Quality Assurance Sub-committee receives a detailed report twice a year that includes data collected by SAB partner agencies as well as Brighton Health & Adult Social Care and includes a comparison with published national data. You can read more about this on page 9.

What are we planning to do?

- In 2019/20 we plan to conduct a multi-agency audit to evaluate the extent to which SAB agencies are applying the principle of Making Safeguarding Personal (MSP).
- We will continue to develop the multi-agency data set to ensure the SAB has strategic oversight of safeguarding activity in all partner agencies.
- In accordance with the two- year cycle for the self-assessment process, we have started planning for the next self-assessment programme in May 2019 with our partner SABs in East Sussex and West Sussex. We will be co-organising and hosting a Sussex-wide peer challenge and support event in July 2019.

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

Why is it a priority?

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

What have we done?

- Through the strategic safeguarding self-assessment process, we have tested how agencies embed in their services the enablement of adults to identify and manage risk of abuse and neglect for themselves. We have strengthened the safeguarding

assessment process to include questions on how agencies are Making Safeguarding Personal

- Throughout the year we have encouraged partners to promote their own pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity.
- Both the strategic safeguarding self-assessment and our quality assurance frameworks have been our key mechanisms to hold partners to account for their safeguarding work, including prevention and risk management.
- This year the SAB has been sighted on two significant emergent themes: Modern Slavery and Vulnerability, Violence and Exploitation (VVE). We are collaborating with partners to formulate a response to these significant challenges:
- The Modern Slavery Act 2015 sets out a duty for specified public authorities, including the police and the local authority, to notify the Home Office of any one encountered in England and Wales who they believe is a suspected victim of modern slavery or human trafficking. Work has commenced this year to develop a specific modern slavery referral pathway and associated operational guidance, to outline how potential victims should be supported through this National Referral Mechanism (NRM) process. This will be published later in 2019.
- This year the SAB worked in collaboration with the LSCB to raise awareness of **Violence, Vulnerability and Exploitation (VVE)**.
- Hoarding – we have started working with East Sussex Fire and Rescue Service (ESFRS) to increase the number of referrals on this key issue.

What do we mean by Vulnerability, Violence and Exploitation (VVE)?

Violence, Vulnerability and Exploitation (VVE) describes what happens when **County Lines** drug dealers, who are gangs involved in organised crime, use children and other vulnerable people through **Criminal Exploitation, Sexual Exploitation and Cuckooing**. The children or vulnerable adults may be from the same area as the gang, or could be local, and may be exploited to carry out criminal acts to reduce the gang members risk of getting caught or as an end in itself. People are often moved around locally or nationally for this purpose, a form of **Modern Slavery & Trafficking**. The risks to the child or vulnerable adult are significant, but they may not see this, or may feel trapped in the situation. You can read the full briefing [here](#).

What are we planning to do?

- Hoarding – we plan to develop our work on this issue with our Pan Sussex partners with a view to developing a Pan Sussex Hoarding Framework.
- The SAB is concerned around the proportionally high rate of suicides in the city. We are working collaboratively with Public Health to explore how the SAB can have sight of this serious issue.

10.4. Priority Area 4: Community Awareness and Capacity Building

Why is it a priority?

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

What have we done?

- The joint LSCB and SAB Participation & Engagement Sub-committee has been developing a communication strategy on behalf of both safeguarding Boards.
- Following the Sussex wide self-assessment process and the peer challenge event in 2017 considerable progress has been made by partner agencies in relation to areas identified for improvement, including reviewing agencies safeguarding training courses, improving knowledge of the Mental Capacity Act (MCA) in practice and the promotion of Making Safeguarding Personal.
- In accordance with the two-year cycle for the self-assessment process started in March 2019 and we have begun planning for the challenge and support event in July 2019.
- Through the strategic safeguarding self-assessment, we have been assured that all partners have briefing and awareness mechanisms that provide staff with emerging local and national developments about the protection and support of vulnerable adults.
- Board briefings which summarise the discussions held at each main SAB meeting continue to be distributed by partner agencies. These can also be read [here](#).
- Quality Assurance briefings have also been developed this year. Following the sexual abuse audit a short briefing summarising learning was produced and disseminated across the safeguarding partnership. This can be read [here](#).
- The SAB Website and our Twitter account have gone some way to supporting the public to understand the role and remit of the board. We have continued to share news and links about good safeguarding practice on Twitter, where we have over 300 followers.
- We have promoted awareness campaigns to raise the profile of the nature of abuse and neglect this has included: Female genital mutilation (FGM), Hoarding Awareness.
- As a part of Scam Awareness Month in June 2018 we promoted a Sussex Police initiative 'Operation Signature' to address scams and fraud perpetrated against vulnerable older people. The campaign sought to raise community awareness, help people take steps to protect themselves, and equip banks and other professionals in contact with older people, to spot the signs that someone may be a victim. It also involved practical work with victims to prevent further losses. This included mail re-

direction, offering advice on call blocking devices, contacting family to appoint Powers of Attorney, and referring to other support services.

- We have promoted the work of 'Rightful Lives', an online exhibition which incorporates creative works, by individuals with autism and/or learning disabilities and their families, friends and carers. The [exhibition](#) provided valuable insight into the experiences of people with learning disabilities and their families, and also included thoughts from the Wild Rainbows, a local LGBTQ+ social group, formed by Gig Buddies, a project by local grassroots charity Stay Up Late. Stay Up Late promote the right for people with learning disabilities to have a choice about how they live their lives. You can read more about the Wild Rainbows [here](#).
- We have worked with our Pan Sussex colleagues to develop and update safeguarding leaflets for circulation. ([Link](#))

What are we planning to do?

- SAB staff plan to run a stall at the NHS Domestic Abuse Conference being held at the AMEX Stadium in May 2019 promoting the work of the SAB and hand out leaflets about adult safeguarding issues, including information about Safeguarding Adult Reviews.
- The Pan Sussex self-assessment process will take place in 2019, and a peer challenge and support event will take place in July 2019 which will provide agencies excellent opportunity to evaluate their safeguarding practice.
- Through the Exploitation Group we plan to undertake a scoping exercise with Brighton Crime Reduction Partnership to examine how we can engage local businesses with safeguarding.
- Next year we hope to purchase our own website as currently we have just a few pages on the LSCB site. This will enable us to promote key adult safeguarding messages to a wider audience.
- We have an aspiration to develop an adult safeguarding training programme, however this would depend on staffing levels and funding for the Board.

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

Why is this a Priority?

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.

What have we done?

- The SAB continues to have a clear and influential role on the Health and Wellbeing Board, evidenced by constructive challenge, an independent voice, the reflection of safeguarding throughout the Board's business and escalation of SAB matters where required.

- We have created a joint SAB and LSCB Leadership Group to ensure that we have strong collaboration on issues of interest to both safeguarding boards.
- The Lead Member for Adult Services and the Director of Adult Services have provided political and strategic direction to the SAB throughout the year.
- We are developing a strategic oversight group comprising of the three statutory partners: Local Authority, CCG and police to steer the work of the SAB.
- We are trialling an Adult Safeguarding Liaison Group (ASLG). This is a place where multi-agency partners can discuss specific cases. This helps to address multi-agency operational safeguarding issues.
- We have co-created a joint Exploitation Group with the LSCB. This is where the VVE Strategy is held (see page 9.)
- The SAB is committed to maintaining regular liaison with Sussex-wide and national networks and forums: South East Regional SAB Chairs, Pan Sussex Board Managers meetings, and the National Chairs Network.
- The SAB has maintained its links with a number of other strategic partnerships, including the Health and Wellbeing Board, Local Safeguarding Children Board and Community Safety Partnership. The commitment to these partnerships ensures that our strategic priorities are better aligned to the principles of Making Safeguarding Personal.
- The Police and Crime Commissioner has been represented at several board meetings and briefed the SAB on relevant commissioned services.

Planning ahead

- In preparation for the upcoming **local election**, we are planning how to ensure that new lead members are sighted on our safeguarding adults' responsibilities.
- **Liberty Protection Safeguards** – 2020 will see significant changes to the Deprivation of Liberty Safeguards with the introduction of the Liberty Protection Safeguards (LPS), this is expected to be implemented in October 2020. There will be implications for many organisations (particularly the NHS Trusts and CCG's) and the SAB will be involved in seeking assurance that partner agencies are understanding and applying the law correctly.
- **Safeguarding Children Partnership** - Multi-agency arrangements for safeguarding children have changed in response to The Children and Social Work Act 2017, which has created a new statutory duty for police, health and the local authority to have equal responsibility to safeguard and promote the welfare of children in their area. The Brighton and Hove Safeguarding Children Partnership (BHSCP) will replace the Local Safeguarding Children Board (LSCB). The new arrangements will be in place by the end of September 2019. The SAB will continue to work collaboratively with the BHSCP and will take the opportunity to learn from this new way of working.

11. Pan Sussex Learning and Development Strategy

Work has started to develop a three-year Learning & Development Strategy from 2019-2022, which will be shared across the Brighton & Hove, East Sussex and West Sussex SABs and will be published later in 2019. The aim of the strategy is to provide an overarching framework for adult safeguarding training and workforce development across Sussex. The strategy provides a shared approach to the promotion of safeguarding competency frameworks, analysis of learning outcomes from Safeguarding Adults Reviews (SARs) and multi-agency audits and how such learning outcomes are put into practice.

Implementation of the strategy will support staff working with adults who have care and support needs to be competent and confident to carry out their responsibilities, and assist them in appropriately responding to, and preventing, abuse and neglect.

This strategy is also driven by requirements set out in the Care Act 2014:

- to create shared learning opportunities between agencies
- to embed the Making Safeguarding Personal (MSP) principles into practice
- to ensure the new categories of abuse of modern slavery, self-neglect and domestic abuse are appropriately incorporated and addressed in training and development activities.

This strategy will sit alongside the national safeguarding competencies for multi-agency use, and the national Mental Capacity Act competency framework, both endorsed by all three Sussex area SABs. Implementation of the strategy will support staff working with adults who have care and support needs to be competent and confident to carry out their responsibilities, and assist them in appropriately responding to, and preventing, abuse and neglect.

12. Safeguarding Adult Reviews

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

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

Last year we told you about a safeguarding adult review we had published, [SAR X](#). During 2018/19 we have been working on the Action Plan resulting from this SAR, this work is almost complete.

This year we have completed one Learning Review and commissioned one SAR.

12.1. D Learning Review

Case Overview

D was known to multiple agencies, both statutory and community-based projects. D's wellbeing deteriorated significantly throughout a period of being street homeless until the point of admission to an inpatient facility for assessment of their mental health and learning disability needs in September 2017. D often displayed aggressive and challenging behaviour resulting in their exclusion from premises and services.

D was afforded multiple opportunities of emergency, hostel and supported accommodation, however, due to presenting risks to themselves or others, he was not able to sustain these placements.

D is now living in a specialist learning disability placement out of the Brighton and Hove area and doing well.

The Learning Review identified some **key recommendations** including:

- The Board seeking assurance around the local housing commissioning arrangements,
- The Board to review multi agency communications and pathways relating to Complex needs and "high risk" case management
- The Board to seek assurance that agencies' risk assessments and risk management is being undertaken in dynamic and in line with policies and procedures.
- The Board review and seek assurance from agencies as to how learning from previous reviews is disseminated and embedded to promote learning in practice and systems

We are in the process of writing an Action Plan from these recommendations we will report on progress in 19/20.

12.2. Safeguarding Adults Review (SAR)

In December 2018 the SAB initiated a new SAR (Ongoing):

The facts of the case are that the person died unexpectedly while in treatment with a local substance misuse service. The service subsequently investigated this as a Serious Incident (SI). The death was also reviewed at the multi-agency Drug Related Deaths meeting. Both reviews identified concerns and potential learning. The board's Safeguarding Adults Review (SAR) Sub-committee reviewed summaries of information requested from agencies, along with both external reviews, and took the view that the case meets the criteria for a SAR. The Sub-committee also expressed concern about key similarities with X SAR (completed 2017) the D Learning Review and of other referrals. We will report the finding from this SAR in next year.

13. Managing Allegations of People in Positions of Trust

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

The Sussex Safeguarding Adults Boards advocate that the local authority and partner agencies establish a nominated lead to provide advice and guidance to their organisation regarding situations in which allegations are raised against people working in positions of trust. (Source: Sussex Safeguarding Procedures 2.5 Safeguarding and Managing Allegations against People in Positions of Trust) ([Link](#))

Locally, the council's Health and Adult Social Care (HASC) directorate has oversight of positions of trust issues within Safeguarding Adults S.42 enquiries and in a number of complex cases where it is indicated that there may be wider public interest risks that should be given consideration. This function is provided by the Professional Standards and Safeguarding Team (PSS), with a lead manager providing overall oversight. The PSS team provide advice and guidance for front line social work practitioners and liaise with the Local Authority Designated Officer (LADO) in Children's Services and multi-agency partners on a regular basis around these complex issues. Trends and themes such as type of abuse/neglect issues which may have wider considerations and outcomes such as Disclosure and Barring (DBS) referral completion by employers where necessary (legal duty) is monitored by the lead manager.

Ongoing Development Work

- Information governance and sharing protocols around positions of trust information between multi agency partners.
- Encouraging multi agency partners of the SAB to develop a nominated lead and a relevant policy and continue to work together effectively to ensure a local network for mutual cooperation where wider safeguarding adults risks may be indicated and need consideration by partners.

14. Challenge and scrutiny

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

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

Examples of challenge in 2018-19 include:

Homelessness: September Board: Councillor Moonan challenged the Board to note the government's Rough Sleeping Strategy (2018). The fact that homeless women have a life expectancy 30 years lower than average, and many in the homeless community suffer from physical illness, such as chest infections and the community are also disproportionately affected by suicide. The Board were challenged to consider trends in rough sleeping to highlight themes, learning, or areas where more support is needed. The SAB are liaising with BHCC Adult Social Care who are instigating a Homeless Mortality review process to provide greater scrutiny of this issue.

MCA audit March Board: The audit raised a number of important multiagency issues relating to mental capacity which affect a number of SAB agencies. Head of Safeguarding, Michelle Jenkins, challenged that the MCA audit raised concerns about strategic oversight and noted that the Strategy does not make clear where MCA/DoLS sits regarding overall oversight and governance. At the time, the board considered it to sit in both the QA and L&D Sub-committees, however, she challenged that the Board needs make clear whether it is overseeing MCA/DoLS or not. It has been agreed that the Board will seek assurance on this issue through the bi-annual assessment tool. The action plan from the MCA audit will continue to explore this issue.

Multi-agency Safeguarding Data Report and Ethnicity March Board: The multi-agency safeguarding data report is received by the Quality Assurance Sub-committee. Key findings and highlights are then presented to the Board. At the March Board, George Coleby, Quality Assurance Officer, presented key finding for Q1 & Q2. It was noted that only 1.6% of safeguarding enquires in this period involved adults with Asian/Asian-British ethnicity. The Board challenged why this was. Through discussion it was established that the proportion of ethnic group varies by age group and the lower number of referrals for Asian/Asian British people is reflective of older population groups who are statistically more likely to be subject to safeguarding enquiries. To assure ourselves of this issue, we are investigating how other boards address this issue.



15. Member Organisation Reports

Each year, the board asks partner organisations to provide reports outlining their achievements for the year, and areas of focus for the next. Pages 32-34 provide a summary of organisations' achievements and objectives. If you wish to see the reports in full, email us at SAB@brighton-hove.gov.uk

BHCC, HASC

- ✓ Training for care providers in undertaking safeguarding enquiries developed and rolled out
- ✓ Guidance for Health Enquiry work reviewed in partnership with CCG
- ✓ Pilot MCA audit undertaken, and learning being developed through MCA Project Group
- ✓ Prevent agenda included in the development programme for all Newly Qualified Social Workers
- ✓ Planning started for implementing Liberty Protection Safeguards
- Develop local guidance regarding large scale enquiries, including organisational abuse
- Roll out Advanced Safeguarding training for experienced practitioners
- Work with Sussex Police to launch roll out the use of the Police Intelligence gathering documentation
- Continue preparation with appropriate partners for delivery of the Liberty Protection Safeguards

- Implement a new database for recording care provider quality monitoring

BHCC, Housing

- ✓ Attendance at SAB and other multi-agency forums
- ✓ Dissemination of learning and implementing action plans from serious case reviews
- ✓ In-house safeguarding training for Housing Trainees
- Audit current safeguarding training, feeding into divisional training plan for 19/20
- Working group set up in 2019, safeguarding meeting held with manager,
- Housing Management safeguarding and monitoring in place

BHCC, Safer Communities (SC)

- ✓ Developing contextual safeguarding approach with colleagues in neighbouring LAs, piloted in SC casework team
- ✓ Multi-agency Exploitation group developed to include HASC representative, supported by VVE coordinator
- ✓ Modern Slavery coordinator appointed, to ensure stat obligations are met, with training planned to roll out Q3 19/20

- Continue to develop and embed contextual safeguarding within BHCC social care / safer communities

BSUH

- ✓ Multi-agency review and audit identified areas for improvement in training and documentation
- ✓ Inter-agency work with Health colleagues on Mental Health Steering Group and High Intensity User Group.
- ✓ Trust wide training compliance for safeguarding adults (L2) at 92%. Mandatory training reviewed and refreshed 2019.
- ✓ Appointment of new MCA/Safeguarding Adults Education Lead
- Develop and implement improvements to monitoring and recording safeguarding concerns
- L3 training to be developed and implemented by summer 2019
- Improvements to discharge, identified as Quality Improvement Project for 19/20, expected reduction in s42 enquiries relating to discharge
- Improvements to implementing principles of MCA in practice, evidenced by improvements in documentation, identified in audit of MCA documentation and multi-agency MCA audit.

ESFRS

- ✓ Development and launch of multi-agency **Hoarding framework**, supported by multi-agency review group.
- ✓ Development
- ✓ Increased numbers of staff and volunteers trained and improved tracking of training records.
- ✓ Increased number of referrals for Safeguarding concerns from staff
- ✓ **Safeguarding roadshows** commenced with bespoke training to enhance crew's understanding of safeguarding
- Continuation of iLearn training package
- Increase number of actionable safeguarding alerts submitted by ops crews
- Embedding learning points from SARs
- Continuing development of **Modern Slavery** working group
- Increase number of referrals for home safety visits of vulnerable clients to ESFRS from BHCC HASC

Healthwatch

No return received

KSS CRC

- ✓ Implemented 'See me, Hear me, Protect me, I'm not invisible' safeguarding campaign.
- ✓ KSS CRC **Women's Strategy** launched in 2018, trained women's leads to facilitate a trauma informed approach.

- ✓ **Inter-agency work** with Brighton Women's Centre, Turning Tides, Public Health England and Pavilions.
- ✓ **100% workforce trained** to appropriate safeguarding standard in last 3 years
- ✓ **Trauma informed training** delivered last year for staff working as women's leads, approach forms the basis for interventions with women service users.
- Focusing on **risk assessment + management**, including identification of safeguarding needs.
- Focus on practitioners' **professional curiosity** in identifying and pursuing warning signs re safeguarding needs, and **tenacity** in investigating/pursuing relevant referrals and activities.

NHS England

No return received

NPS

No return received

Pavilions

- ✓ Participation in ongoing SAB **Learning Review**, and action plan following X **SAR**.
- ✓ Complete internal Safeguarding audit, led to introduction of more **effective recording** for **safeguarding concerns**.
- ✓ Joint-working with BHCC and Sussex Police to support clients affected by **cuckooing**
- ✓ Impact of parental substance misuse **refresher training** for care coordinators

- Develop a protocol for **Cuckooing action days** with Sussex Police
- Undertake **Supervision Audit** to ensure safeguarding concerns are discussed in 1:1 supervisions with care coordinators.

SCFT

- ✓ **Adult Safeguarding Advice Line** provides ongoing support to pan-Sussex staff. Discussion ensures consideration made in particular to MCA and DoLS, and legislative process followed, supporting staff to evidence adherence to principle 5.
- ✓ Multi-agency working through SAB board and subgroup participation, submitting information for SARs, and working with Pan-Sussex LAs to complete enquiry reports
- ✓ Robust **data collection** from adult **safeguarding concerns** raised by staff, and **S42 requests** from ASC, to determine trends and themes.
- ✓ **Mental Capacity Assessment Tool** and **Best Interest Decision** document accessible to all Nursing and Allied Health Professional staff via SCFT intranet.
- ✓ Partnership working with the Quality and Improvement Patient Safety Leads within the **NHS Serious Incident process** to support an Enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.
- Aiming for 85% compliance of **training target** cohorts by 2021, as per

Intercollegiate Document recommendations,

SEC Amb

No return received

SPFT

- ✓ Participation in SAB and subgroups, multi-agency **audits** and **learning reviews**. Trust wide learning event held.
- ✓ Safeguarding **Training compliance** at 93% for L1, 87% for L2 trust-wide. L3 developed and provided as mandatory for all clinical staff at bands 6 + 7.
- ✓ Incident reports **scrutinised** to identify concerns. Internal **safeguarding data** cross referenced with LA data to improve quality and accuracy.
- ✓ Safeguarding adults' practitioner provides advice and **support to staff** and teams, providing awareness training and promoting work of SABs/LSCBs
- ✓ Well established process for Prevent and Channel engagement in all 3 local authority areas, meeting NHS England mandatory training requirements for Prevent.
- Continue **inter-agency work** with Joint Unit for DA & VAWG to improve interface between them and SPFT
- Development of Trust wide **safeguarding strategy** for adults and children.
- Improve the **data** we record and are able to use relating to Safeguarding

- Improve **Governance processes** which include evidence of clear reporting lines, roles and robust scrutiny of SARs ,DHRs, SCRs and learning
- Trust wide adoption and Implementation of a **revised training strategy** to enable staff to learn through experience and broaden their knowledge and skills
- Champion the **patient and carers voice** and provide opportunities for greater involvement in Safeguarding training and forums

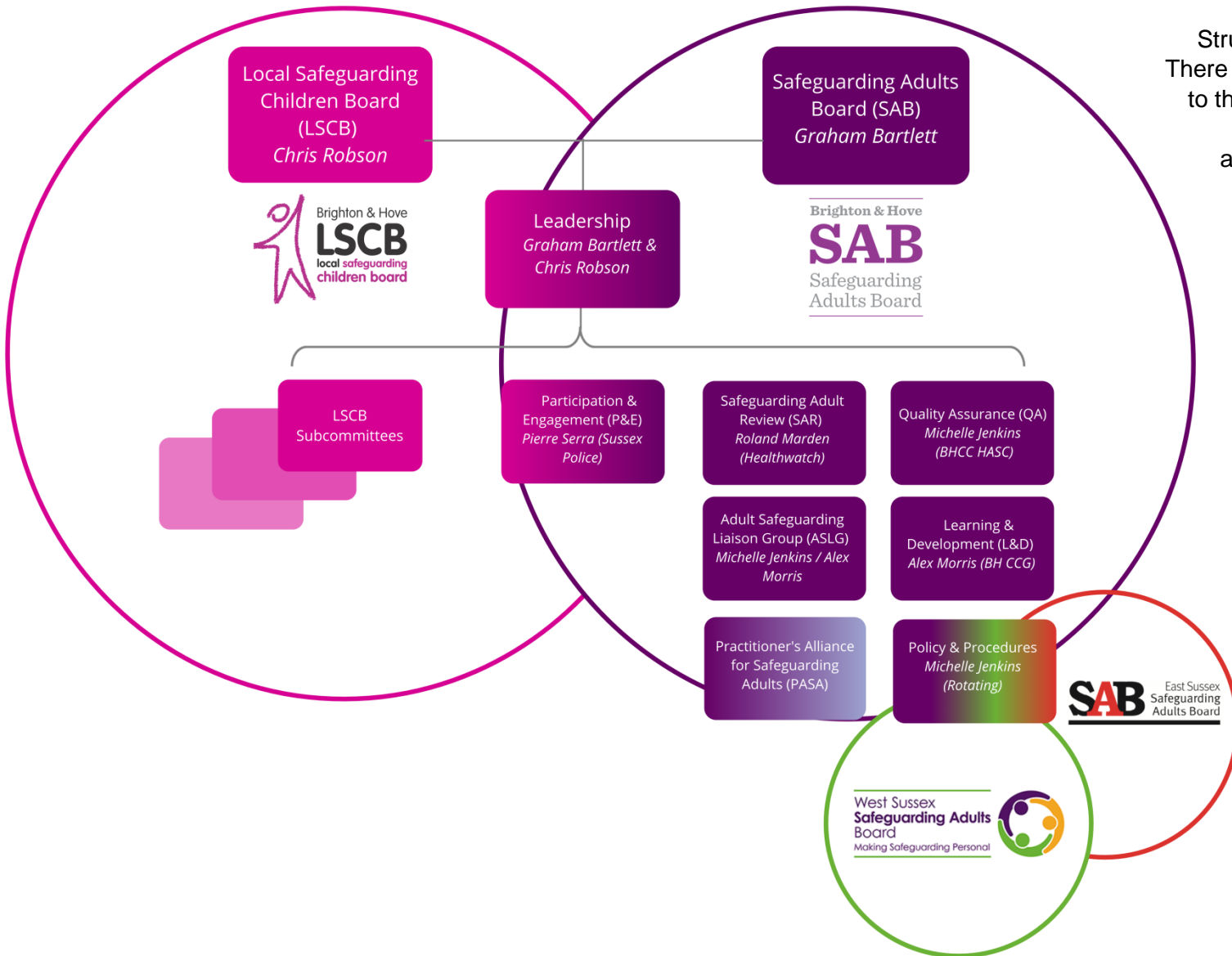
Sussex CCGs

- ✓ **Training for PC and CCG staff** aligned to Intercollegiate Document competencies, with regular training opportunities across Sussex.
- ✓ **Safeguarding assurance tool** for care homes has been developed, aimed for pilot in 19-20.
- ✓ SES developed a dashboard for commencement in Q1 19-20 to assist with **data collection and interrogation** for commissioned services.
- **Primary care assurance**; assist practices in discharging their safeguarding responsibilities, offer support to all GP providers in Brighton and Hove to complete the primary care safeguarding assurance tool.
- To participate in the Care Home Safeguarding Standards pilot.
- To develop and implement with partner agencies a plan for the **implementation of Liberty Protection Safeguards**.

Sussex Police

- ✓ Sussex Police Adult Safeguarding improvement plan refined, and an Adult Safeguarding Working Group formed to take actions forward
- ✓ Updating HMICFRS on Force Management Statements (FMS)
- ✓ Force Improvement Plan includes work to
 - Raise knowledge and **awareness** amongst officers and staff, specifically around Adult Safeguarding (under the Care Act and in accordance with the pan-Sussex procedures)
 - Improved quality of VAAR completion through SCARF review process. Public Protection Notification module will be implemented this year, to help improve the quality of SCARF submissions.
 - Improve knowledge/awareness of Mental Capacity, with work planned in the next 6 months via the Adult Safeguarding Working Group.
- **Improve knowledge**, understanding and identification of vulnerability and the **Mental Capacity Act** amongst front-line officers and staff Improve the protection of vulnerable adults by embedding a culture and practice of **Making Safeguarding Personal**
- Improve outcomes for vulnerable adults by ensuring an effective, timely and consistent **referral process**

16. Appendix A: Governance and Accountability: Board Structure



Structure correct as at 18/19. There have since been changes to the joint working structures, following the new arrangements in Children's safeguarding

17. Appendix B: Board Membership

Name	Title	Representing
Graham Bartlett	Independent Chair	B&H Safeguarding Adults Board
Mia Brown	Business Manager	B&H Safeguarding Adults Board
Laura Perkins	Business Manager (Incoming)	B&H Safeguarding Adults Board
George Coleby	Quality Assurance & Learning Development Officer	B&H Safeguarding Adults Board
Michelle Jenkins	Head of Safeguarding & Professional Standards	Health & Adult Social Care, Brighton & Hove City Council
Rob Persey	Executive Director	Health & Adult Social Care, Brighton & Hove City Council
Brian Doughty	Head of Adult Assessment Services	Health & Adult Social Care, Brighton & Hove City Council
Candy Gallinagh	Designated Nurse Safeguarding Adults, MCA Lead	NHS Brighton and Hove CCG
Alex Morris	Designated Nurse Safeguarding Adults (Incoming)	NHS Brighton and Hove CCG
Allison Cannon	Chief Nurse for Sussex CCGs	NHS Hastings and Rother CCG
Fiona Macpherson	Detective Superintendent	Sussex Police
Richard Bates	Detective Chief Inspector, Head of Safeguarding	Sussex Police
Emma Vickers	Detective Inspector, Safeguarding and Investigations Unit	Sussex Police
Duncan Elliot	Detective Inspector, Safeguarding and Investigations Unit	Sussex Police
Pierre Serra	Detective Chief Inspector, Safeguarding and Investigations Unit	Sussex Police
Andrea Saunders	Head of Probation, Sussex	National Probation Service
Catherine Carr	Senior Probation Officer	National Probation Service
Andy Porter	Deputy Director of Social Work & Principal Social Worker	Sussex Partnership NHS Foundation trust
Rachel Cashman	Chief Executive, Age UK Brighton & Hove	Age UK Brighton & Hove
Caroline Davies	Nursing Director	Brighton & Sussex University Hospital NHS Trust
Christina Chatfield	Lay Member	
Cllr Clare Moonan	Councillor, Lead Member Adult Social Care	Brighton & Hove City Council

David Feakes	Head of Safeguarding	Sussex Community NHS Foundation Trust
David Kemp	Head of Community Safety	East Sussex Fire & Rescue Service
Keira Woodroofe	Partnership Manager	East Sussex Fire & Rescue Service
Jodie Potter	SPO at Community Rehab	Kent, Surrey & Sussex CRC
Domenica Basini	Assistant Director Safeguarding Adults	NHS England
Eleanor Battie	Lay Member	
Andrea Finch	Senior Manager Client Services	Money Advice Plus
Jane Mitchell	Safeguarding Lead	SECamb NHS Foundation Trust
Jo Henderson	Lead Nurse, Safeguarding Adults	Brighton & Sussex University Hospital NHS Trust
Jo-Anne Welsh	Director	Brighton Oasis Project (VAWG Forum)
Regan Delf	Assistant Director	Health, SEN & Disability Service, Brighton & Hove City Council
Georgina Clarke-Green	Assistant Direct	Health, SEN & Disability Service, Brighton & Hove City Council
Richard Cattell	Principal Social Worker (Adults)	Health & Adult Social Care, Brighton & Hove City Council
Robert Sobotka	Lead Inspector	Care Quality Commission
Roland Marden	Evidence & Insight Manager	Healthwatch Brighton & Hove
Simon Hughes	Senior Manager, Support Services	Brighton Housing Trust
Tony Benton	Safeguarding Adviser	Healthwatch Brighton & Hove
Sylvia Peckham	Head of Housing Needs	Housing Options, Brighton & Hove City Council
Emma Gilbert	Tenancy Services Operations Manager	Housing Management, Brighton & Hove City Council
Wendy Taylor	Deputy Director of Operations	Cranstoun



Although a formal committee of Brighton & Hove 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 and Healthwatch.

<i>Title:</i>	Commissioning of a Supported Living Service for People with Cognitive Impairments	
<i>Date of Meeting:</i>	12 th November 2019	
<i>Report of:</i>	Rob Persey, Executive Director of Health & Social Care	
<i>Contact:</i>	Anne Richardson-Locke	Tel: 01273 290379
<i>Email:</i>	anne.richardson-locke@brighton-hove.gov.uk	
<i>Wards Affected:</i>	ALL	
FOR GENERAL RELEASE		
Executive Summary		
<p>The report sets out the need for further supported living services for adults with cognitive impairments in Brighton & Hove and directly supports the Health & Wellbeing Strategy of the Council Living Well agenda by helping people to live as independently in their community.</p> <p>It asks for permission to procure and award a contract to a suitably qualified and experienced provider to provide a supported living service to four adults in 4 self-contained flats in the Poet's Corner area of Hove.</p>		
Glossary of Terms		
<i>FCL – Families Children and Learning</i>		
<i>HASC – Health & Adult Social Care</i>		
<i>PCR – Public Contracts Regulations</i>		
<i>PIN - Prior Information Notice</i>		



1. Decisions, recommendations and any options

- 1.1 The purpose of this report is to seek approval from the Health and Wellbeing Board for the procurement of a Supported Living Service for 4 persons with cognitive disabilities living in independent accommodation in the area of Poet's Corner Hove.
- 1.2 It is recommended that the Board approve the two optioned approach of procuring Support Services as outlined in paras 2.9 – 2.13
- 1.3 That the Board confirm the agreed procurement route following a review of the procurement options appraisal. This could take place through an urgency meeting if this does not fit with current Board timelines.
- 1.4 Following the agreement of the procurement route it is recommended that the Board grant delegated authority to the Executive Director of Health & Adult Social Care (HASC) to:
 - 1.4.1 Undertake the procurement of a suitably qualified Provider to deliver a Supported Living Service to the value of £250,000 per annum, and to award a contract for three years to the successful Provider
 - 1.4.2 Extend the contract at the end of the three year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

2. Relevant information

Background

- 2.1. In 2011 a Supported Living Service was commissioned for people with learning disabilities in the Poets Corner area of Hove. A private landlord bought and developed four self-contained flats and leased the property to Dimensions who provided support and housing management for people with complex needs. The flats were designed to meet the needs of four named individuals with very high, complex needs. The site is split into two separate properties each accommodating two 1 bedroom self-contained flats.
- 2.2. In 2016 Dimensions gave notice on the support service due to issues with recruitment and retention of staff and difficulty supporting service users with complex needs and behaviours. Southdown Housing Association took over the support with Dimensions retaining the housing management function. The Council entered into a Nominations Agreement with Dimensions to secure the right to nominate appropriate tenants in to the accommodation.
- 2.3. On 1st July 2019 Southdown Housing Association gave notice to the Council terminating their contract to provide the Supported Living Service at the

properties as in their view the design of the properties is not conducive to meeting the complex needs of three of the service users placed there. These service users were moved in August and September into other Southdown services and Dimensions approached HASC to gauge interest in the property as they have a lease and continue to have a rental liability.

- 2.4. Families, Children & Learning (FCL) Assessment Services have not been able to find alternative accommodation for one resident who continues to successfully live there and Southdown Housing Association will continue to support them until an alternative support provider has been procured. FCL have confirmed that they no longer have a use for the other three flats but will continue to fund the support costs for the current resident.

Proposed Service

- 2.5. Commissioners within HASC are currently carrying out a needs assessment to inform the commissioning intentions for people under 65 who require physical and /or social support due to a physical or mental impairment or illness. This directly supports the Health & Wellbeing Strategy of the Council Living Well agenda by helping people to live independently in their community. Commissioners have identified a significant shortage of supported living options and an over reliance on residential care and out of area placements, particularly for people with acquired brain injuries and people with physical conditions such as Multiple Sclerosis and Huntington's.
- 2.6. Currently in the city services for this group include a residential care home for people with acquired brain injuries in the city with (31 beds), a supported living service for people with brain injuries (7 flats) and an Extra Care service for people with physical disabilities (10 flats). All of these services are in great demand and people are ready to move on from the care home but have nowhere to move on to. Freeing up beds in the care home would also prevent those with brain injuries being placed out of city and enable some of the people placed out of the city to move back.
- 2.7. Commissioners consider the remaining three flats would suit people with cognitive impairments who do not have behaviours that challenge but have been in rehabilitation or residential care and require a step down to supported living or are no longer able to manage at home. Support would be shared across all four flats and provided by an organisation with experience of supporting people with learning disabilities and autism and also people with cognitive impairments due to brain injury or other neurological conditions.
- 2.8. Early engagement will take place with local residents to keep them informed of the Council's intentions and the Lead Member for Health & Adult Social Care is keen to be involved in this work with officers from the Council.

Procuring of Support Services

2.9. There is a limited market of providers locally with the experience and capability of providing supported living services for the identified cohort. In order to take advantage of the availability of the accommodation and to place those in need quickly with a support package in place it is proposed that officers undertake two exercises simultaneously. These are:

2.9.1. Seek expressions of interest from external providers

2.9.2. Investigate an in house option.

Having undertaken these exercises the Board will decide the best option forward.

2.10. The Council's Strategic Procurement Manager for HASC recommended the following: that the opportunity to tender for these Light Touch services under Schedule 3 of the Public Contracts Regulations 2015 (PCR 2015) be advertised by way of the publication of a Prior Information Notice (PIN) as a Call for Competition in the Official Journal of the European Union. Such a notice requests interested parties to submit an expression of interest for tendering for the service and tests the strength of the market interest in the opportunity.

2.11. A notice was posted on 25th October asking for expressions of interest from prospective bidders by 21st November 2019. Should there be multiple interested parties it is proposed to run a quick tender exercise amongst those expressing an interest. If there is only one bidder capable of providing the services the PCR permit negotiations with that party for delivery of the services. In the event that no bids are received the PCR permit the direct negotiation with potential providers.

Investigating an in house option

2.12 At the same time the Council will investigate if this specialist service could be provided by the Council directly that would meet the needs of the current individuals.

2.13 Whatever approach is adopted officers will ensure due diligence is carried out on potential providers that will include checks on financial stability, insurance arrangements, appropriate policies and procedures as well as ensuring that the proposed service represents value for money for the Council. The publication of PIN as a call for competition does not commit the Council to proceed with the procurement of an external provider for these services.

Cost and staffing of the Service

- 2.14 The service will provide 24 hour support with waking night staff shared across four people.
- 2.15 Assuming this similar level of staffing and hourly rate as an equivalent supported living service in the independent sector the cost is projected to be between £0.229m and £0.291m per annum depending on the individual amounts of 1:1 support provided.
- 2.16 There is the opportunity to make financial savings on this service as the potential service users are currently in or at risk of being admitted to residential care at a higher cost.
- 2.17 There is a staff team still supporting the current resident who may be eligible to TUPE to the successful Provider.

3. Important considerations and implications

3.1 Legal

The Council's Contract Standing Orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee which in this case is the Health and Wellbeing Board.

As indicated in the body of the report the proposed contract falls within Schedule 3 of the Public Contracts Regulations 2015 and is therefore classed as Light Touch. The value of the contract exceeds the threshold of £615,278.00 above which Light Touch Contracts are required to be advertised in the Official Journal of the European Union by way of a contract notice or a Prior Information Notice as a call for competition.

The tender process must be conducted so as to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.

Section 5 of the Care Act 2014 imposes a duty on the Council to promote diversity and quality in provision of services. The Council must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market has a variety of providers to choose from who (taken together) provide a variety of services and has a variety of high quality services to choose from. In performing that duty, a local authority must have regard to various matters including the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand. In having regard to this a local authority

must also have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area.

The Care and Support Statutory Guidance at paragraph 4.41 advises that local authorities should encourage a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options such as shared lives, extra care housing, supported living, support provided at home, and live-in domiciliary care as alternatives to homes care, and low volume and specialist services for people with less common needs.

Lawyer consulted: Judith Fisher and Nicole Mouton Date 15.10.2019:

3.2 Finance:

- 3.2.1 The potential cost of this service provided by the independent sector is projected to be between £0.229m and £0.291m per annum depending on the level of support.
- 3.2.2 There is significant increasing demand within this client cohort and securing this provision is likely to result in financial savings when compared to the costs of residential care.
- 3.2.3 There is potential financial risk if there are any voids within the service due to the high rental costs.

Finance Officer consulted: Sophie Warburton Date: 11/10/2019

3.3 Equalities:

- 3.3.1 An EIA is underway to support the commissioning intentions for people under 65 requiring physical and social support. This has identified equalities issues that include younger people being placed in older people's care homes, people being placed out of city away from their families and networks and a need for specialist supported living for people with autism, cognitive impairments, physical disabilities and complex needs locally.
- 3.3.2 This service will have a significant impact on the above equalities issues by offering supported living locally to people who may otherwise have been placed in residential care with older people or placed out of city.

3.4 Sustainability:

- 3.4.1 Procurement processes will take into account the sustainability of potential providers in the City and the principles of social value in order to achieve best value for money and sustainability of services.