

Brighton & Hove Safeguarding Adults Board

Annual Report 2013/14

TABLE OF CONTENTS

1. Foreword	4
2. Progress Report	5
• 2.1 National Developments	5
• 2.2 Progress on Key Priorities	7
• 2.3 Key Priorities	8
3. Performance & Practice	9
• 3.1 Summary Points	9
• 3.2 Performance Data 2011-12	10
4. Safeguarding Adults Board Member Organisation Reports	18
• 4.1 Brighton & Hove City Council Adult Social Care Assessment Services	18
• 4.2 Sussex Police	19
• 4.3 Commissioning Unit (Adult Social Care)	20
• 4.4 Partnership Community Safety Team (PCST)	24
• 4.5 Brighton & Hove City Council Adult Social Care Provider Services	25
• 4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)	26
• 4.7 Brighton & Hove City Council Housing	29
• 4.8 South East Coastal Ambulance Service	32
• 4.9 Sussex Community NHS Trust	33

• 4.10 Sussex Partnership NHS Foundation Trust	36
• 4.11 Brighton & Hove Clinical Commissioning Group	39
• 4.12 East Sussex Fire and Rescue Service	42
• 4.13 Practitioner Alliance for Safeguarding Adults (PASA)	44
• 4.14 Mental Capacity Act	44
• 4.15 Safeguarding Adults Multi Agency Training Strategy Sub Group	47
• 4.16 Safeguarding Adults Multi – Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan 2013.14	49
5. Brighton & Hove Safeguarding Adults Board Members	51
• Appendix 1: Levels of Investigation	52

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



I am pleased to introduce this annual report of the Brighton & Hove Safeguarding Adults Board for 2013-14. This report gives an overview of the Boards progress against the key priorities planned in the previous year, sets goals for the year ahead, and includes data of the safeguarding alerts raised during this period, and the investigations undertaken.

In April 2015 the Care Act comes into statute, and puts safeguarding adults on a statutory footing. This includes making Safeguarding Adults Boards statutory, in line with Safeguarding Children's Boards. We all welcome this change in law, and the emphasis it gives to the importance of protecting the most vulnerable people in the City from abuse, harm and exploitation.

In the light of this upcoming statutory requirement on Safeguarding Adults Boards, I am proud to report that the B&H Board and its members continue to work well together, and all members recognise the importance of this work in protecting vulnerable people. Through this report Board members have continued to provide the Board with assurances that effective systems and processes are in place, and that practitioners are working to good clear standards to protect adults at risk of harm. The report highlights achievements made by organisations represented on the Board, ongoing plans for improvements, and how by working in partnership we have achieved the goals we set in the previous year.

I believe therefore we have strong foundations to meet the challenges ahead, and this report reflects that good position. The report evidences the commitment and strength of the partnership working in B&H. However, we are not complacent about the need to continue improving in order to meet our statutory duties. This year we have undertaken a review of the function of our Board, in order to ensure that the positive work we have in place will be developed. The focus for the year ahead will be to put into place the recommendations from this review, which includes considering further joint working possibilities such as joint training, and considering independent Chairing arrangements.

I am also pleased that this year B&H took part in the 'Making Safeguarding Personal' pilot. Thank you to the staff who took part in this and shared their learning. The evidence gathered nationally from this pilot confirms this is the direction that we should be moving with safeguarding work, ensuring that the person is kept at the heart of it, and that the focus of the work should be on understanding their desired outcomes and not solely on processes and procedures. We will be reflecting this local and national learning in the updating of our safeguarding procedures and in developing staff practice.

The changes required to ensure we are ready locally for the Care Act can appear daunting. This is going to be a very busy year ahead, and all in the context of pressure on resources. Working together has therefore never been so important, but I feel confident from this report that we have good foundations in place to achieve this.

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

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

2. National Developments

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

The Care Act

During 13/14 the Care Bill continued the parliamentary process, and received royal assent in May 2014. The Adult Safeguarding sections provide that all local authority areas have a duty to have a multi-agency Safeguarding Adults Board with prescribed membership, and an agreed strategy for overseeing safeguarding and prevention work. Local Safeguarding Adults Boards will be required under statute to publish a strategic plan every year, setting out how it will protect and help adults in the area, and what actions each member of the Board will take to deliver the plans. The Board must produce an annual report, clearly stating what both the Board and its members have done to carry out and deliver the objectives and the content of the strategic plan.

There will be a duty on the Local Authority to make enquiries, or cause another organisation to make enquiries, where abuse of a vulnerable adult is suspected or known to have taken place, and a duty on agencies to co-operate with investigations. Locally we will need to ensure that when the Act comes into force in April 2015 all statutory requirements are being met.

Cheshire West Supreme Court Decision

On 19th March 2014 a Supreme Court Judgment clarified the criteria for assessing whether a person lacking capacity regarding decisions for their care and support is being 'deprived of their liberty' in a care home, hospital or other care setting.

The implications of the judgment are significant, and numbers of people assessed under the Deprivation of Liberty Safeguards legislation is increasing and likely to continue to increase rapidly.

Current figures would indicate this could be an increase as much as tenfold, though at this stage it is difficult to judge the full impact. Due to this being a change in case law, this has happened very quickly, and has therefore had a sudden impact on how this process is managed within the Local Authority and on partner agencies who support in the process and those who provide care for people lacking capacity.

Health and Wellbeing Boards

Locally the Health and Wellbeing Board is now fully functioning, bringing together key leaders from the health and care system to support the improvement of the health and wellbeing of the local population. There are obvious links with the Local Safeguarding Children's and Adult's Boards, and a protocol to support these links has been developed.

Healthwatch England (April 2013) The health and social care reforms of 2012 set an ambition of putting people at the centre of health and social care. To realise this ambition the reforms created a Healthwatch in every local area across England and Healthwatch England, the national body.

Local Healthwatch organisations have replaced Local Involvement Networks (LINKs), and taken on additional functions to help ensure the views and feedback from patients, customers and carers form an integral part of local commissioning in health and social care.

Under the Care Act there will be a duty for Local Safeguarding Adults Board to have consulted with the local Healthwatch, and the local community, in preparing the strategic plan for the Safeguarding Board.

Response to Winterbourne View

In 2012 all local areas responded to “Transforming Care”; the Government Report into abuse and mistreatment of patients with learning disabilities at Winterbourne View Hospital in Gloucester. A local action plan was put in place to ensure that all people with learning disabilities in hospital placements receive good quality care and treatment, regular review, and active discharge planning. This work has continued through 2013-14 with the development of a comprehensive local Joint Strategic Plan, which sets out a range of strategic objectives and actions to ensure the appropriate use of specialist hospitals and enhance the capacity and quality of community services. A local Winterbourne View Steering Group has been set up to oversee the delivery of the Strategic Plan. All hospital placements continue to be closely monitored, with discharge planning an integral part of the case management process. Brighton & Hove City Council and Clinical Commissioning Group are working closely with local stakeholders and the national Winterbourne View program to ensure that we comply with new requirements in data collection and are making continuous improvements in commissioning and service delivery to ensure best possible outcomes for individuals.

Changes in the Care Quality Commission (CQC)

In the past year the CQC have made changes to the way they inspect and regulate health and social care services, including a new rating system. CQC's Strategy for 2013-16 published last year outlines the changes that apply to many services regulated by the Commission, including using specialist teams and trained members of the public (Experts by Experience) for inspecting services such as GP Practices, and other specialist areas. During 2013-14 national teams have been introduced to inspect NHS hospitals and mental health trusts. These teams use their specialist expertise to carry out in depth reviews of hospitals with significant or long standing problems.

Social Work Reform Agenda

A Social Work Task Force was set up in December 2008 following the death of Baby P (Peter Connelly) in August 2007 which triggered an examination of the way social work is undertaken and its systems and working practices. The task force was formed to undertake a comprehensive review of social work practice, and published its report with 15 recommendations in December 2009. The Social Work Reform Board was set up in 2010 to implement the recommendations. The main areas for reform are

- developing a Professional Capabilities Framework setting out consistent expectations for all social workers, and links to training and professional development of social workers.
- Standards for Employers and a Supervision Framework, setting out support standards for the profession that all employers should meet
- Continuing professional development (CPD), with a new CPD framework and a focus on social work education standards

In July 2012 the Care and Support White Paper *Caring for our future: reforming care and support* set out a commitment to establishing the role of Principal Social Worker in adult services to mirror developments in Children's services and created the role of Chief Social Worker for Adults in the Department of Health.

Locally we have created the post of Principal Social Worker in Adult Social Care and recruited to this post. This post will lead on social work reform within BHCC, working closely with the Principal Social Worker for Children's Services, and with the Head of Adult Safeguarding in ensuring staff competency, practice and support required to meet the expectations of the Care Act.

2.2 Progress on Key Priorities Identified by the Safeguarding Adults Board for 2013-14

Making Safeguarding Personal

Brighton & Hove participated in a national pilot called 'Making Safeguarding Personal', led by the Local Government Association (LGA). The pilot supported local areas to re-look at safeguarding practice and consider how this could move away from being process driven, to being more person centred, focussing on the outcomes that the adult at risk wishes for. A number of Senior Social Workers took part in the pilot, and were supported in approaching safeguarding investigations in this way. They then wrote reflective statements which were used to feedback into the national pilot. Brighton & Hove Safeguarding Adults Board supported this pilot, recognising the importance of developing a real understanding of what people want to achieve when they are in a situation which has caused them to be harmed or abused. The Board was given regular updates of the pilot and its outcomes.

53 Local Authorities participated in the pilot, far more than was anticipated, showing a real desire across the country for a different approach to safeguarding. This has resulted in a good evidence base of the advantage of a personalised approach, which clearly has been noted by the Department of Health, as Making Safeguarding Personal has been included in the statutory guidance for the Care Act, with an expectation that all safeguarding work should be undertaken in this way. The work for this year locally will be to ensure that the Sussex Multi Agency Safeguarding Adults Procedures are updated in line with the statutory requirements of the Care Act, and have a personalised approach to safeguarding throughout.

Care Act

The Care Act will give a formal mandate to safeguarding adults, from April 2015. In the light of the new legislation a review of the Brighton & Hove Safeguarding Adults Board has been undertaken, to ensure that the Board is able to demonstrate it is meeting its duties under the Care Act, and that it is operating effectively for the vulnerable citizens of Brighton & Hove. An independent reviewer was commissioned to undertake this work. Workshops, feedback meetings, data collection and an on line survey were all methods used to undertake this review. In particular areas of governance, structure, effectiveness and operational delivery were considered in the review. A report of the review was completed with its findings and recommendations. The review found that the Board has in place the foundations of an effective and robust structure, that it had delivered numerous positive pieces of work, and has a strong core membership and attendance, with good partnership working. Recommendations focussed on building on these strengths to develop the strategic objectives required under the new legislation, and in ensuring that the Board is linking effectively with other strategic planning across the City, such as with the Safeguarding Children's Board and the Health and Wellbeing Board. Work for the year ahead is to consider each recommendation, and actions required to meet them.

Self Neglect

The Sussex Multi Agency Self Neglect Procedures have been finalised and are in use across the City, and across Sussex, endorsed by all 3 Safeguarding Adults Boards. An awareness booklet has been produced for all front line staff, and training has been developed; an awareness course for those working directly with people who self neglect, and a course for senior practitioners and lead agencies who will be co-ordinating work under the procedures. Work this year will be to review the effectiveness of these procedures across Sussex, and consider any updates and changes.

2.3 Key Priorities for 2014-15

Implementation of the Care Act is the key priority for this year. The safeguarding sections of the Act bring in new legislation and duties for safeguarding adults, making local changes a priority to ensure that we are meeting legal requirements.

- the Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk will require a full review so as to reflect the new duty to enquire, and other duties under the Act such as the right for an adult at risk to have access to advocacy in certain circumstances. It is anticipated that this review will significantly change the process for safeguarding adults locally, changing not only the language used, such as 'investigation' to 'enquiry', but also the current process and pathway for safeguarding concerns. The revised Policy and Procedure will need to be agreed by all 3 Safeguarding Adults Boards across Sussex, and be in place by April 2015.

- the Care Act puts an emphasis on 'Making Safeguarding Personal', so any revision to Policy and Procedures must consider this throughout and ensure that the focus is not on the process but on the person, how to ascertain and meet their goals and desired outcomes. Consideration also needs to be given as to how information on this can be reported to the Safeguarding Board, in order to monitor the effectiveness of the revised procedure and of staff practice.

- a significant change to the Policy and Procedures will require to be launched to all stakeholders, and for changes to the staff training programme, to the recording and documentation for safeguarding adults and to any quality monitoring and audit process. These changes will all need to be in place by April 2015.

- the Care Act puts Local Safeguarding Adults Boards on a statutory footing in line with Safeguarding Children's Boards. This includes a duty for certain organisations to be represented, a statutory requirement for the Board to publish a yearly strategy and to produce a yearly progress report on this strategy. Safeguarding Adults Boards must also conduct Safeguarding Adults Reviews either under specific circumstances such as if an adult in its area dies as a result of abuse or neglect (known currently as Serious Case Reviews) or any case the Board considers appropriate. A review of the Brighton & Hove Board has been undertaken, and work for the year ahead will be to consider the recommendations, and complete any work required to ensure that the Board is compliant with the Care Act, and is functioning effectively.

- the Care Act puts an emphasis on cooperation in order to protect adults experiencing or at risk of abuse or neglect. Local authorities must cooperate with each of their relevant partners, and those partners must cooperate with the Local Authority. Locally there are expectations for cooperation under the current safeguarding procedures, and many informal arrangements for this are successfully working in practice. These will need some formal agreements to ensure that cooperation is robust and fully accountable.

3. Performance and Practice 2013-14

3.1 Summary of Main Points to Note

- 1) The total number of safeguarding alerts raised due to suspected harm or abuse of an adult at risk in Brighton and Hove for the year 2013-14 (April –end March) is **1,861**. Last year the total was 1,876, so this is a very slight decrease from 2012-13 of 0.8%. Last year there was a 29% increase, and in general since 2004, when data collection started, there has been a yearly increase of between 20-60%.
- 2) This year the number of alerts received in Adult Social Care services is 1111. This is a 15% increase from last year. The number of alerts received in Mental Health and Substance Misuse Services is 750. Last year 909, a 17% decrease.
- 3) These figures therefore show no real increase over all for alerts, which is a change to the trend in past years of a continuous increase. This may be that the number of alerts has now plateaued, though with only 1 year's data showing this it is hard to know if this is a trend. However, in Adult Social Care there has been an increase of recorded alerts, and in Mental Health and Substance Misuse Services, combined, a decrease is showing, indicating a difference between the two areas. It is not clear at this stage why there is this difference, and this is being explored within assessment services. Due to the Care Act, recording will be based on different criteria from 2015, so any ongoing trends from this year will be hard to judge beyond this.
- 4) The number of alerts which required a safeguarding investigation this year totalled **845**. Last year there were 858 investigations, so a 1.5% decrease in number of investigations undertaken from last year. Previous years have shown between a 5% - 20% increase. 845 investigations breaks down to 16.25 safeguarding investigations per week.
- 5) The percentage of alerts which required to be investigated under the safeguarding procedures last year was 46%. This year it is **45%**, showing a fairly steady approach, and has remained near this figure for the last few years.
In Adult Social Care Services (ASC) 378 investigations were undertaken. Therefore 34% of alerts received by ASC services required an investigation under the safeguarding procedures.
In Mental Health and Substance Misuse Services 467 investigations were undertaken. Therefore 62% of alerts received by these services required an investigation under the safeguarding procedures. Last year this split remained equal at 46% across all services.
- 6) A decrease in investigations, even though only slight, is again a change in the trend from previous years. Again, as with alerts this may be finally showing a plateau. What is significant this year is the difference in proportion of alerts going into investigation between Adult Social Care teams, and Mental Health/Substance Misuse teams. In all previous years recorded, the proportion between the teams has remained equal between the teams at about 45 to 50%. This requires further exploration by the assessment service, as could indicate a data recording issue, or a difference in approach in applying the threshold for investigating. An audit last year of alerts that did not go into investigation did not show any concerns with the application of the threshold, but this data will require further exploration for assurance.

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

Additional Information	Total
Is alert related to care delivered via a Direct Payment?	7
Is this alert linked to domestic violence?	78
Is this alert linked to hate crime?	8
Is this alert linked to anti-social behaviour?	29
Is the adult at risk an informal carer	20
Is the person alleged responsible the main informal carer	100
Does the person alleged responsible live with adult at risk?	74
What was the result of action taken under safeguarding?	
Criminal investigation / prosecution	44
Serious incident investigation (Health Process)	10
Referral to professional body	18
Referral to Disclosure and Barring Service	17
GP / Health Notified	195

8) The following data below is taken from 600 completed investigations during the period of 1st April 2013 to 31st March 2014 inclusive.

3.2 Performance Data 2013 – 2014

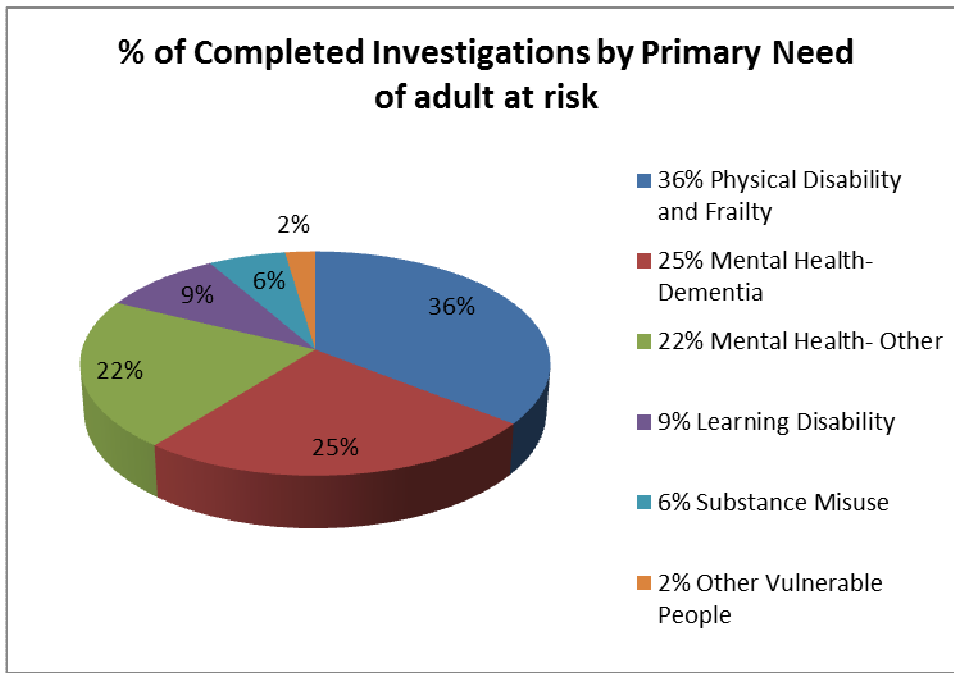


Figure 1: Number of Investigations by Primary Need of Adult at Risk

In figure 1 we can see that people with mental health needs, including dementia are the largest group of adults at risk in the city for whom a safeguarding investigation is required. The proportion of investigations for client groups remains very similar from the previous year.

In 3% of all client groups the alleged victim was an informal carer. This is the same percentage as last year.

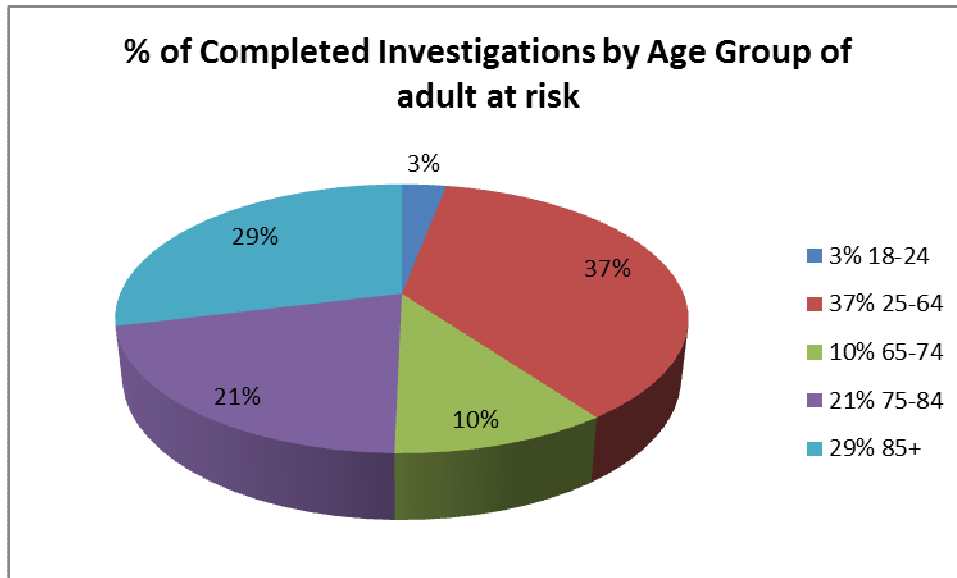


Figure 2: Number of Investigations by age group of adult at risk

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

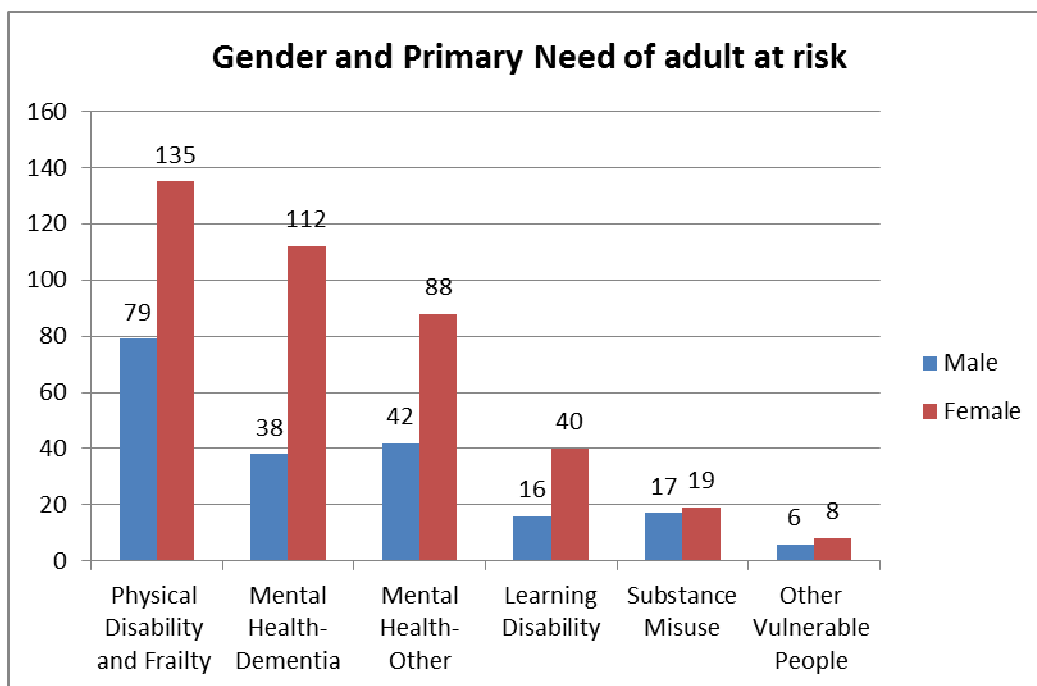


Figure 3: Number of Investigations by Gender and Primary Need of Adults at Risk

In figure 3 we can see the number of investigations undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 600 completed investigations 402 of the adults at risk were female, and 198 were male. As a percentage that is 67% women, 33% men. This is a very similar proportion to previous years.

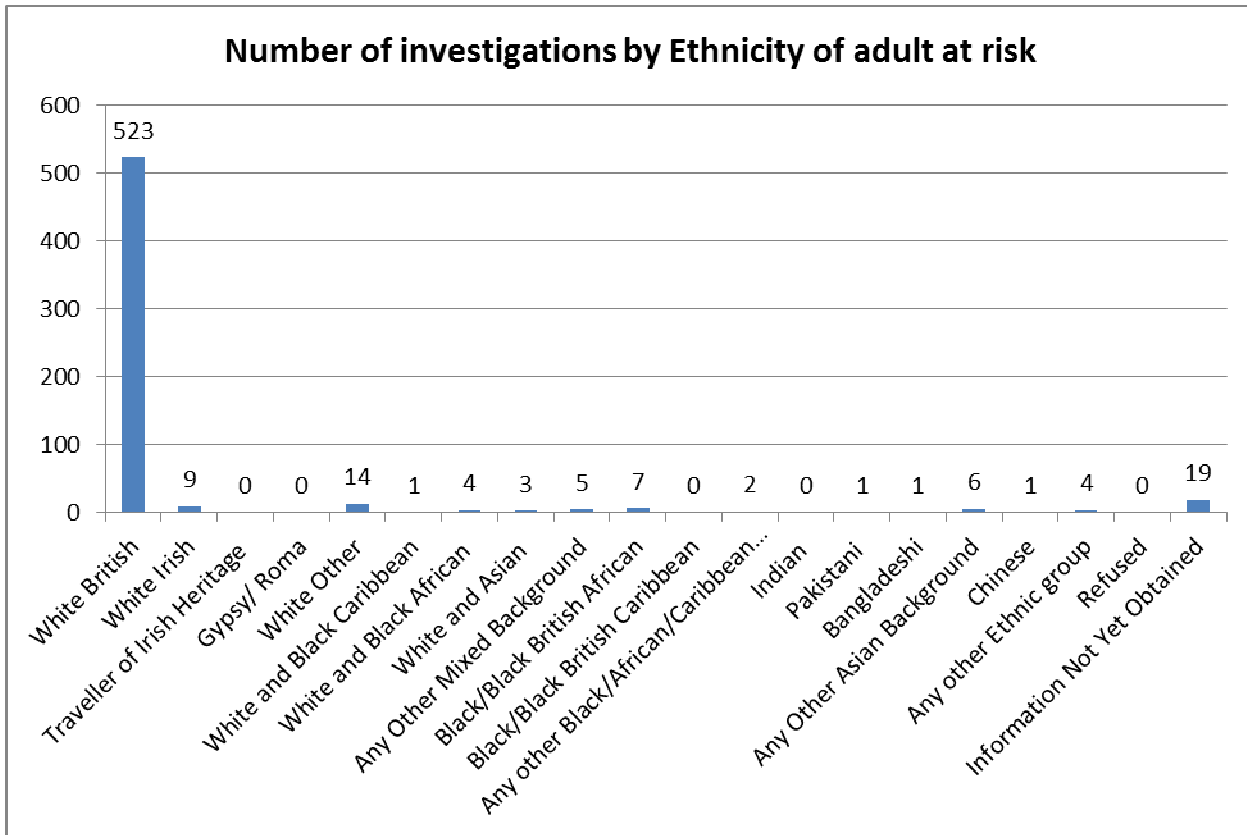


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

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

In figure 4 investigations for adults at risk in the 'All White' ethnicity category from obtained data stand at 94%, Black and Minority Ethnic (BME) at 6%, an increase of 1% from last year.

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low at 6% compared to the percentage of residents from BME groups as a whole at 19.5%. However, this data does not take into account ages. A high percentage of safeguarding investigations are regarding people of 65 years and over, and this age group may locally include fewer people from BME groups.

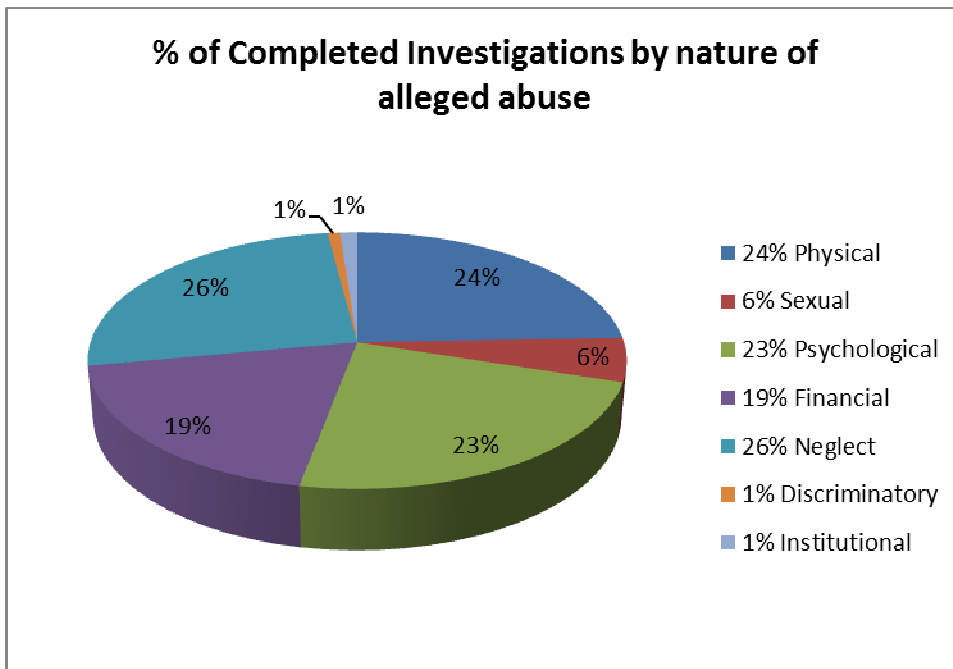


Figure 5: Percentage of Investigations by the nature of the alleged abuse

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

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

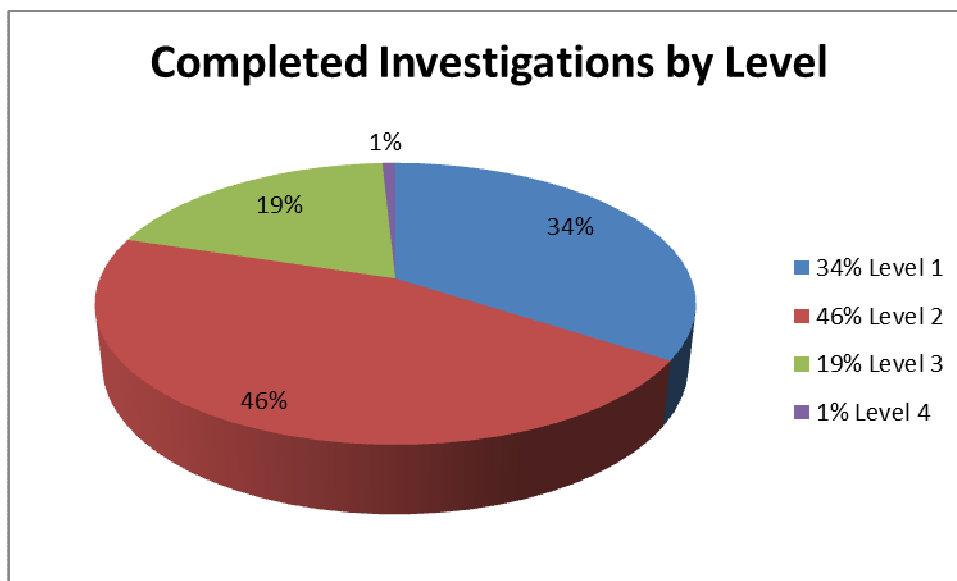


Figure 6: Percentage of investigations by level of investigation.

In Sussex safeguarding investigations procedures require each investigation to be assigned a level of investigation. Levels are 1 to 4, with Level 1 and 2 indicating harm, Level 3 indicating significant harm. Level 4 is an allegation that requires an investigation for more than 1 adult at risk. Please see appendix for further guidance on levels of investigation from the procedures. This is not something that is reported nationally, but is of local interest.

This year Level 1 and level 2 investigations stand at 80% of all investigations, which is in line with last year's figures, and reflects current practice developments.

Number of Investigations by Referral Source	Total	%
Domiciliary Staff	50	8
Residential Care Staff	58	10
Nursing Home care Staff	42	7
Day Care Staff	19	3
Social Worker / Care Manager	86	14.5
Housing Staff	39	6.5
Personal Assistant	0	0
Acute Hospital Staff	72	12
Acute Mental Health Hospital Staff	23	4
Community Health Staff	62	10
General Practitioner	5	1
Ambulance Service	7	1
Police	34	6
Self- referral	27	4.5
Family Member	32	5.5
Friend/Neighbour	7	1
Care Quality Commission	11	2
Other	26	4

Figure 7: Number of Investigations by Referral source

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

42.5% alerts came from Social Care Staff, which includes the voluntary and independent sector.

28% came from Health Staff, 6% police, 6.5% Housing.

4.5% were self referrals from the adult at risk, which is a slight increase from last year. When alerts from family members/friends are included it makes 11.5% of all alerts.

There are no alerts which went into investigations logged from Personal Assistants (carers arranged under Direct Payments).

The category of 'other' at 4% includes;

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

All these proportions remain very similar to last year's data, with a slight increase in referrals from social care staff due to an improvement in data entry causing a decrease in the category 'other' being used.

Work will need to continue regarding raising awareness amongst Personal Assistants. As these arrangements are generally organised between the person and the carer directly, training and awareness of safeguarding is not always assured. However, work has been done in this area, with additional support now being offered from The Fed to people employing carers via Direct Payments, which will hopefully increase awareness in this area.

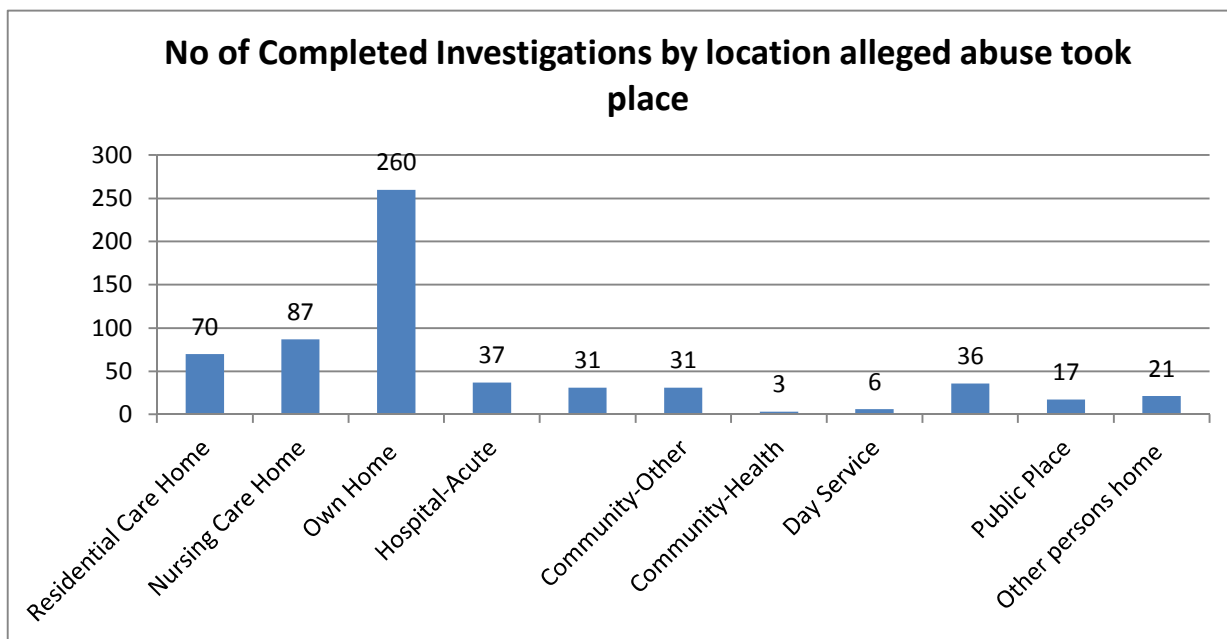


Figure 8: Number of Completed Investigations by Location Alleged Abuse Took Place

In figure 8 we can see that the person's own home is the most likely place for abuse to be alleged to have taken place, at 33% of all other logged locations. Last year this figure was 38%, though due to national reporting requirements the headings have changed from last year, so it is hard to make any exact comparisons.

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

Acute and Community Hospitals has remained at 7%, Acute Mental Health at 5% (4% last year).

Completed Investigations by Source of Risk	Total	
Social care Support or Service provider	185	Social care Support or service paid, contracted/commissioned
Social care Support or Service provider-voluntary	7	
Relative/ family carer	125	Other -Known to individual
Individual-known but not related	44	
primary health Care	26	
Secondary health Care	19	
Social care Staff-care mgmt + Assessment	9	
Police	0	
Regulator	0	
Other public sector	6	
Other private sector	37	
Other voluntary	2	
Other Adult at risk	111	
Stranger	29	

Figure 9: Number of Investigations by Source of Risk

Figure 9 shows the number of investigations broken down by the relationship of the person alleged to have caused harm with the adult at risk.

The data collection required has significantly changed since previous years, making an ongoing

comparison difficult. If the data regarding alleged abuse from a partner, family member, neighbour or friend are combined, this comes to 29% of all investigations. (2011-12 36%, 2010-11 32%)

Allegations about Social Care Staff, including staff from the independent and voluntary sector come to 21% (2011-12 22%, 2010-11 13%), and Health Care Workers 12% (2011-12 12%, 2010-11 9%).

Allegations regarding abuse or harm from other adults at risk are 12% (2011-12 11%, 2010-11 12%).

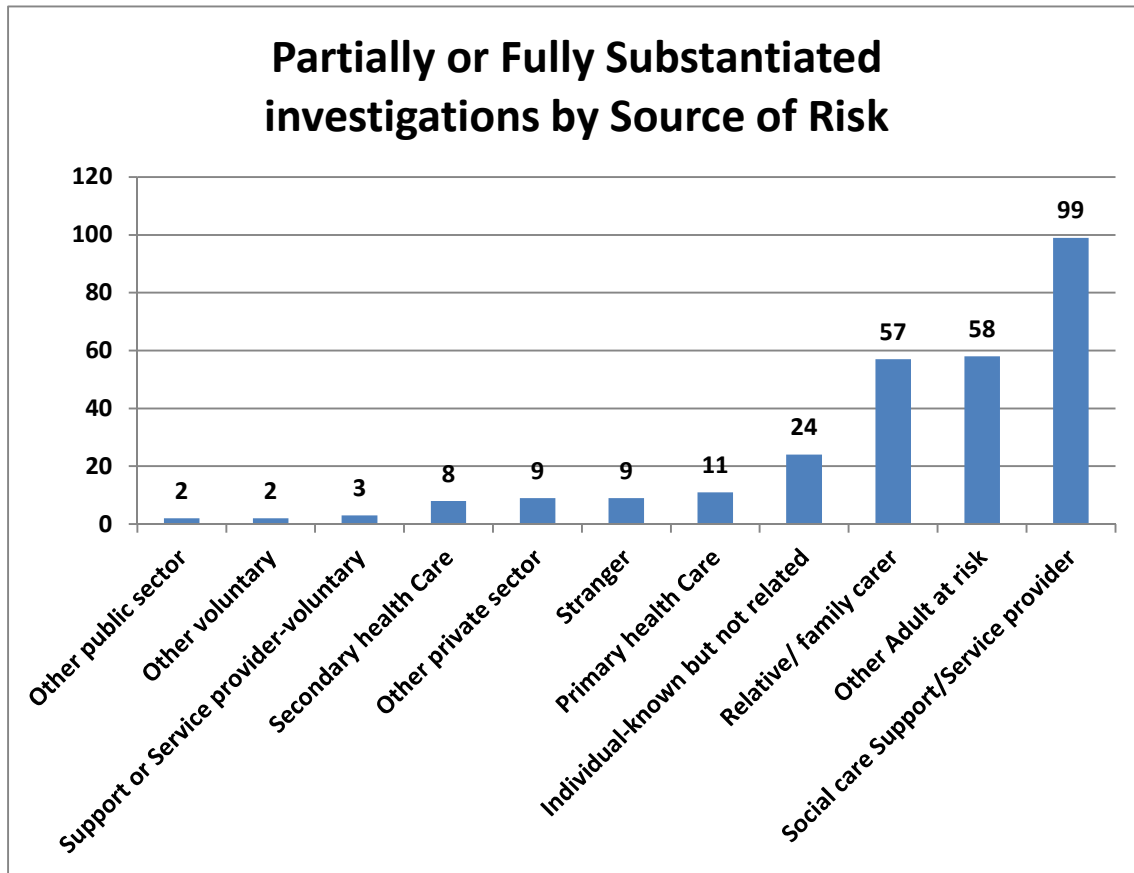


Figure 10: Number of Substantiated Investigations by relationship of person who has caused harm to an adult at risk

Figure 10, shows further information on the source of risk, as it shows the information by substantiated and partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded. Out of 600 investigations 282 were outcomed as substantiated, or partially substantiated which means an element of the allegation was substantiated.

Again, as data requirements are so different from the previous year a clear comparison is difficult, but the following gives a breakdown;

35% social care provider (not including voluntary sector) (15% social care staff last year, though this does not reflect the same groupings as this year's data collection)

29% relative or family member or friend or neighbour (last year 25%)

Other adult at risk 20.5% (last year 25%)

Health – Primary and secondary 7% (13% last year)

What may be a more useful way to compare with last year's data is to combine the categories into professional roles and non professional roles, such as family members/friends etc.

This breaks down as;

Professional (including voluntary) 48% (50% approx. last year)

Non professional 52% (50% approx. last year)

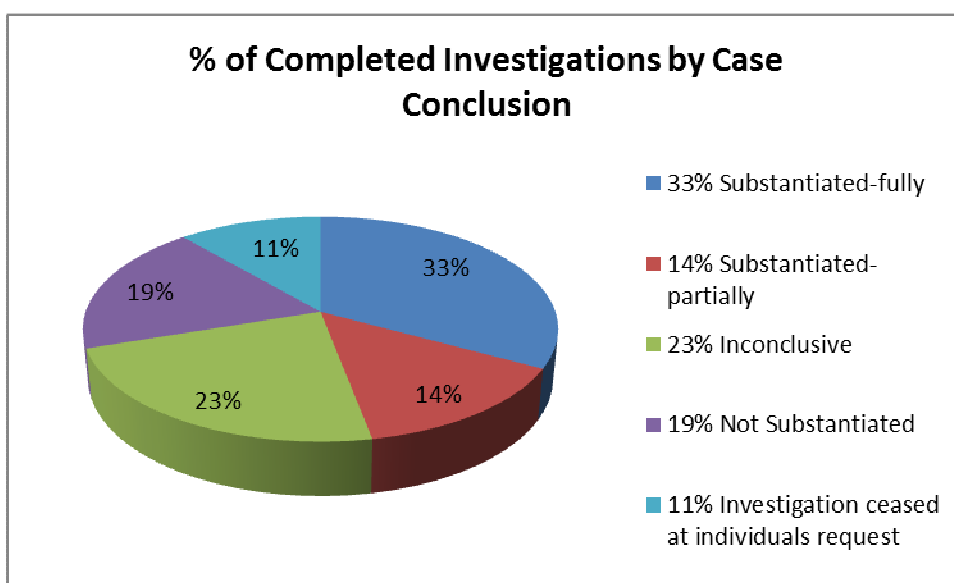


Figure 11: Percentage of Completed Investigations by Case Conclusion

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

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

Percentages of outcomes have reduced slightly in some areas this year due to the national requirement to add in data regarding the investigation ceasing at the individual's request prior to the case conclusion.

Abuse or harm to an adult at risk has been substantiated or partially substantiated in 47% of all investigations completed in 2012-13. (2012-13 51%, 2011-12 55%, 2010-11 52%).

Abuse or harm was not substantiated in 19% of all investigations undertaken. (2012-13 28%, 2011-12 27%, 2010-11 21%).

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

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

General overview of the year 2013-14:

Against a background of increasing amount of complex work and increasing demands and activity around Deprivation of Liberty Safeguards (DoL's), we have continued to strengthen our response by bolstering management and social work capacity throughout assessment services with a particular focus upon the Access Point. In addition we have seconded an experienced Mental Health Social Worker to work within Access to provide effective triage of Mental Health cases and to advice and support to colleagues on Mental Health Issues.

We have begun preparation for implementation of the Care Act which will mean we have to review and restructure our workforce to meet the new demands including the new focus on Safeguarding Enquiries and related duties under the Act. This will require, in Brighton & Hove, a strengthening of our qualified and registered social work complement. The Care Act also highlights the importance of Mental Capacity (MCA) as a key component in work as we move forward which will be an increasing focus and training for staff

Assessment staff participated in a Making Safeguarding Personal (MSP) pilot and findings from this pilot will inform our response to safeguarding as we move forward, particularly as the Care Act confirms that this is the direction of travel. Feedback from service users involved in the pilot was a particular focus of the Assessment Services staff conference.

The recent Supreme Court ruling in relation to DoL's has increased activity, with a sharp rise in the number of authorisations. In response to the increase in statutory duties additional management capacity has been secured, we have increased the number of staff who are trained and qualified to act as Best Interest Assessors (BIA's), and the management team has agreed that all appropriately experienced and qualified staff should undertake the BIA qualification.

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

Future plans / priority areas for 2014/15:

- Ensuring Care Act compliance
- Response to the Supreme Court ruling
- Making Safeguarding Personal
- Workforce redesign to meet implication of the Care Act and new duties and responsibilities.
- Workforce development focus upon the new duties and responsibilities enshrined in the Care Act, MCA, DoL's.
- Disseminate Learning from complex cases

Brian Doughty

Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

General overview of the year 2013-14:

- Sussex Police had an intake of new Police Constables this year. Each new PC undertakes a comprehensive Foundation Training Course, which includes theoretical and practical training that covers several areas relating to safeguarding alerts.
- Sussex Police implemented a new crime recording system this year; Niche. Detailed training and processes were developed and implemented to ensure accurate crime recording.
- A representative from the force Protecting Vulnerable People Branch has attended the Safeguarding Adults Board and relevant sub groups throughout the year.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

- The force has taken steps to improve multi-agency working in relation to safeguarding adults. This includes the development of a Multi-Agency Safeguarding Hub at County Hall North in West Sussex. Where the force's Adult Protection Team is co-located with adult safeguarding colleagues from the Local Authority.
- Sussex Police undertook an audit looking at the quality and quantity of Vulnerable Adult at Risk (VAAR) Forms completed by officers and staff. This form provides a mechanism for the force to refer adults at risk to the Local Authority. Recommendations were provided from this audit and will be implemented throughout the next year.

Future plans / priority areas for 2014/15:

- Sussex Police are implementing a new Single Combined Assessment of Risk Form (SCARF). This will replace the VAAR form and once completed by an officer or member of staff will be forwarded to the relevant Local Authority. This new form avoids duplication and double keying and allows officers and staff the opportunity to provide more information about the adult at risk. In turn, this will improve the referrals received by the Local Authority.

Review of staff competency through training and development during year 2013/14:

- Sussex Police had an intake of new Police Constables this year. Each new PC undertakes a comprehensive Foundation Training Course, which includes theoretical and practical training that covers several areas relating to safeguarding alerts. This includes how to recognise and respond to an adult at risk, accurate recording and risk assessment of safeguarding matters and features talks from victims and case studies. The training also includes a two week community placement which often includes working with vulnerable members of the community.
- Sussex Police are also working with a PHD Student who is undertaking work with each Adult Protection Team to establish what training is currently provided in relation to safeguarding adults and whether there are any gaps in knowledge or improvements required.

Future plans for staff competency through training and other means:

- In addition to the above, further PCs are being recruited and will undertake relevant safeguarding adults training. Likewise, the PHD Student will continue their work and report back on their findings.

Any other information / areas / issues:

- Sussex Police are currently working more closely with Surrey Police and collaborating in

several areas. The Protecting Vulnerable People Branch is currently being aligned with their counter parts in Surrey; Public Protection. Overall this will improve the work undertaken by the Protecting Vulnerable People Branch; however there may be initial challenges whilst these two branches align.

The Protecting Vulnerable People Branch will also change its' name to Public Protection Branch in June 2014.

Louise Williams

Policy and Audit Supervisor
Sussex Police

4.3 Adult Social Care Commissioning Unit

General overview of the year 2012-13:

The Adult Social Care (ASC) Commissioning & Contracts team merged in April; this will ensure better links between the commissioning, contracts & quality monitoring functions.

- **The Care Governance strategy** is aimed at promoting good quality care, identifying concerns early on and intervening effectively when poor quality of care is identified. It clearly links closely to the work of the Safeguarding Board and particularly the preventive aspect of that agenda.
- **The Market Position Statement** was issued to Adult Social care providers in spring 2014. It outlines Adult Social Care Commissioning Priorities which are to: invest in preventive services, support carers, enable a range of personalised services, invest in community-based services that promote independence, commission accommodation options that deliver good outcomes, develop care homes that are flexible and community facing and assuring quality services for the people that use them. To this end, commissioning and contracting mechanisms continue to be driven by the outcomes for people that use services.
- **Self-Directed Support:** There have been a number of measures taken to provide more choice and more safeguards for individuals using direct payments. Whether the balance between risk and choice is right needs further exploration. A briefing will be going to the Care Governance Board in the autumn to explore the balance of choice v risks. It will also consider the number of Personal Assistants undertaking safe guarding training, the number of safe guarding alerts and the systems in place to make self-directed support safe.
- **Electronic care monitoring system:** This system is used by home care providers & has continued to evolve. It is now used in the auditing process to ensure key standards of care are being maintained. The development of a quality portal has begun; this will provide information about the quality of each provider and once fully developed will be available via a web link to the public.
- **The Home Care Dignity Champions Forum** has continued through 13-14 and is generally well attended by a range of providers and with staff at different levels in the organisations.
- **Autism / Learning Disability services:** There has been significant progress on key strategic areas for people with Autism and people with challenging behaviour. Local services for people with LD and/or Autism have been improved through new service commissioning and service development.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

A) COMMISSIONING TEAM

- **Support with Confidence:** This has been re-launched and number of Personal Assistants that are Support with Confidence approved is growing. A different model of training has been developed with dedicated home care providers working in partnership with the Council and The Fed to improve this training.
- **Continuing Independence Agency:** The Fed is piloting the Continuing Independence Agency (CIA) which is CQC registered. This means that DP users can choose to be supported with employer responsibilities, or the CIA can take on all these responsibilities. All CIA Personal Assistants will be Support with Confidence approved.
- **Back up Plans for Direct Payment Users:** From 28th July all direct payments users will be offered and supported to construct a back-up plan which may involve a home care provider. This provides identified back-up arrangements for when Personal Assistants are unable to work for them.
- **Insurance for Direct Payment Users:** Insurance currently being tendered, this will provide Public Liability/Employment Insurance for Direct Payment Users employing Personal Assistants and an arrangement providing Insurance for Personal Assistants under the employ of Direct Payment Users. The intention is to ensure that users and PAs are insured appropriately.
- **Complex Home Care Tasks:** Work has continued with CCG and Sussex Community Trust colleagues to clarify the roles and responsibilities of health care workers and care workers with regard to level three medication tasks such as Peg feeds. This work is ongoing and is being monitored through the Council's Care Governance board.
- **Hospital Discharge:** Home care providers have made specific suggestions about how to improve the process of transfer home for people leaving hospital, this led to the development of a pilot scheme whereby providers will work with the ward staff to collect and accompany people home and to settle them in.

B) CONTRACTS TEAM

- The number of services suspended or contracts terminated due to poor quality amounted to 3 in 2013/14, one of which was a voluntary suspension instigated by the provider themselves.
- There are a range of key themes across the sector where there is an opportunity for improvement actions. In 2013/14 this included care planning, improvement in medication auditing, pressure area and falls prevention. There has been extensive work with, and training has been provided to, care home providers relating to these areas.
- A programme of actively promoting quality through Dignity Champion groups and Quality Assurance support groups has continued. Dignity and Quality Assurance groups have addressed the topic areas of dignity in care for people with sensory loss, social and recreational activity, hydration, working with carers and families as full care partners, continence promotion; sex, personal relationships and sexuality in care homes; communication within care homes; risk assessing whilst respecting rights; nutrition and menus for special diets; and infection control.
- The Electronic Care Monitoring System (ECMS), this has now become a significant component in the monitoring of home care provision, with the production of quarterly reports which cover a range of quality areas including continuity of care and timekeeping.
- The Contracts Team's risk based approach to care governance and audit has been enhanced by the availability of more Care Quality Commission (CQC) Compliance reports which are analysed each week, and discussions have been had with Healthwatch regarding undertaking more enter and view visits in care homes in the City. The risk based approach to monitoring providers has continued, with reactive visits to services where there are concerns given priority within the timetable of visits. Despite this, all home care providers have been audited at least once, and there have been 56 audits of 48 care homes in the City.

Future plans / priority areas for 2014/15:

A) COMMISSIONING TEAM

- Continue to work with CCG & other partners on the Better Care programme to deliver services that benefit people's health & social care needs
- Refresh Market Position Statement for 2014/15 which will continue to emphasise the commitment to providing safe, quality-driven services.
- Work with the CCG and the roll out of Personal Health budgets.
- Work with CCG to clarify how we will commission home care services that can safely provide level three tasks, with clarity around governance, training and competency.
- Review home care contract in preparation for retender process in 2015, with particular focus on an outcome based model that supports people to have more control, maintain their independence and to live safely.
- Develop Quality Portal to provide transparent information on the quality of home care provision.
- Review use of ECMS and determine whether use of the system could be extended to four new approved providers.
- Develop training plan with CCG and SCT for End of Life training for home care providers to replace Liverpool Care Pathway training and protocol.
- Work with CCG commissioners and colleagues in Sussex Community Trust and Brighton and Sussex University Hospital Trust to develop responsive pathways for all people requiring home care, both directly from hospital and from Community Short Term Services to prevent delays and support safe discharge plans.
- Commissioning of new complex needs Supported Living service in partnership with families
- Create new outcomes framework and service specification for Learning Disability services
- Commission new support for people with Autism using 'Autism Fund'
- Review progress locally in relation to CIPOLD (Confidential Inquiry into premature deaths of people with learning disabilities)

B) CONTRACTS TEAM

- Finalise benchmarking tools around the various quality areas, e.g. staffing, medication, care planning; along with a series of templates to support audit activity and create more consistency of report writing throughout the team.
- Publish quality information on in City providers on the Council Website in line with the Care Act 2014.
- Develop and refine information sharing processes with Healthwatch.
- Maintain the performance of delivery of draft audit reports to provider within 10 working days to 85 percent.
- To review the quarterly quality reports produced for the Care Governance Board.
- A key quality theme for 2014/15 will be the promotion of continence in care homes, and this has been taken up more strategically through the Care Governance Board so that all partner agencies are involved in promoting this.
- Improvement themes for 2014/5 will also include, risk assessing whilst ensuring minimal restrictive practices, communication with service users, communication within services and the provision of information about the quality of services.

Review of staff competency through training and development during year 2013/14.

Commissioned services continue to access Council training. This is monitored by the Contract Unit.

Competency is reviewed each year through Professional Development Plans (PDP) and supervision with the expectation that all staff are competent and training and development are

facilitated where required.

All staff are up-to-date with regard to Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA) and Safeguarding Adults at Risk (SAR) training, though some additional DOLS update training following the recent Supreme Court ruling on Cheshire West and P & Q is required.

Future plans for staff competency through training and other means.

- Review contractual requirements for training in preparation for new home care contract
- All staff have completed their PDP's and this includes ensuring relevant training needs re safeguarding, MCA and DOLS are met. The target is that all staff are competent and appropriate training is arranged each year as identified through PDP and supervision process

Any other information / areas / issues:

Care Governance Framework

The council has a Care Governance framework in place through which it seeks to:

- promote good quality care across the sector
- assure itself of quality in each service, and
- ensure effective action is taken when quality is not achieving acceptable standards.

The framework seeks to work positively with all providers of care and support, seeking to identify concerns about quality early and intervene before they have a negative impact on service users. The safety and well-being of service users is always paramount.

The Care Governance framework is overseen by a Board of Senior Managers including CCG representation. It is supported by two panels:

- a) The 'Promoting Good Quality In Care Panel' actively promotes sector-wide improvement through informing a Learning and Development Programme (which is open to all social care providers in the city) and through its co-ordination of Dignity and Quality assurance networks. The Panel identifies key themes across the sector on which to focus improvement activity. The emphasis is on sharing best practice and exploring the difficult issues that face all providers in an open and outcome focused manner.
- b) The 'Service Improvement Panel' monitors the quality of individual services, co-ordinates action when services are not achieving acceptable standards and ensures effective service improvement planning. The monitoring of quality includes gathering information from a range of sources including the CQC, health practitioners, the complaints team and the council's assessment team. The views and experiences of service users and their families are of particular importance in making judgements about the quality of services.

In developing the Care Governance framework ASC will continue to take account of national developments such as the learning gathered through the Think Local Act Personal consortium, the development of national quality ratings, the use of the NHS Choices website and national guidance such as the 'Bringing Clarity to Quality in Care and Support'.

Contracts with providers

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

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

risk is in immediate danger. Where possible they need to remove the person from danger, and contact the police if an alleged criminal offence has been committed.

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

Anne Hagan

Lead Commissioner Adult Social Care
Brighton & Hove City Council

4.4 Partnership Community Safety Team (PCST)

General overview of the year 2013/14:

We have continued to develop shared priorities and outcomes and expand integrated working practices, specifically in relation to:

ECINS, a partnership casework software application, which aids joint working to rapidly assess vulnerability and address risk and harm relating to Anti-social Behaviour (ASB) and hate incidents is now established as an effective way of working across agencies to rapidly share relevant information to assess risk and harm.

MARAT (Multi Agency Risk Assessment and Tasking group) which oversees the most vulnerable ASB and hate incident cases is attended by Adult Social Care and Mental Health colleagues among others who help to problem solve cases.

Continued application of nationally accredited victim and witness standards which further protect and reassure vulnerable victims.

Together with relevant partner agencies monitor the increasing scale and vulnerability of the street population (which includes those within temporary & hostel accommodation) and ensure sufficient provision to manage risk and harm including the establishment of the Street Population Board to help co-ordinate work.

We have established a Violence Against Women and Girls Strategy which coordinates the work to address domestic violence & abuse, stalking, rape and sexual violence, sexual harassment, sexual exploitation, trafficking, honour based violence, forced marriage and female genital mutilation. A new city wide Programme Board will be leading this work which will include initiatives which seek to achieve social and cultural change as well as those which protect victims and bring offenders to justice.

The city has undertaken a number of Domestic Homicide Reviews (DHR) in this period (<http://www.safeinthecity.info/domestic-homicide-reviews>). DHRs are a statutory requirement in cases where a death of an individual is due to, or suspected to have been caused by, domestic violence and abuse. The aim of a review is to identify how local professionals and organizations can improve the way they work together and identify what needs to be changed to reduce the risk of it happening again in the future. The Violence against Women and Girls Commission is producing a combined action plan to take forward actions to address findings, including those that are relevant to safeguarding adults.

The Community Safety, Crime Reduction and Drugs includes a priority and detailed plan to tackle disability hate crimes & incidents and in the harm caused to individuals and communities. The focus is on achieving increased reporting, reducing harm and risk, establishing effective

monitoring strategies and bringing perpetrators to justice.

Specific developments, achievements & work undertaken in 2013/14

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

Future plans / priority areas for 2013/14

Ensuring the new ASB Act does not compromise the swift resolution of cases of ASB and hate for the most vulnerable victims. Managers are working together to interpret the new ASB Act, develop local guidance, briefing and training.

Continue to increase awareness among disabled people on how to report hate incidents and access support through outreach and engagement, targeting those older people who are most excluded.

Provide information for older people in order to reduce their fear of being a victim of crime which is disproportionate to the actual level of risk. Improved feelings of safety help improve the quality of life of older people.

Improvements in monitoring and analysing information by age, gender, ethnicity, disability and sexual orientation relating to alcohol misuse, domestic abuse and other forms of violence against women and girls, safeguarding and hate crimes and incidents will enable partners to focus on older people as a priority group within their work plans.

Responding to issues identified in Domestic Homicide Reviews, in particular in relation raising awareness among professionals about the links between domestic violence & abuse, elder abuse and safeguarding adults, as well as importance of professional curiosity.

Develop more drop in centres for targeted communities and staff working with them to increase trust and confidence and ultimately reporting.

Launch safe space scheme where people with a learning disability or mental health issues can go in the city centre if they feel unsafe when they are out and about. This will include council buildings.

Linda Beanlands

Commissioner Community Safety
Partnership Community Safety Team

4.5 Brighton & Hove City Council Adult Social Care Provider Services

General overview of the year 2013-14:

Improved overview and delivery of training:

- Mental Capacity Act (MCA) training- 55% of all managers have attended and evidence of achieving MCA competency framework is monitored annually
- Deprivation of Liberty Safeguards (DoLS) training target of 60% of all managers
- Safeguarding basic awareness training- target 85%- achieved 85% plus in 2012/13.
Safeguarding for Provider Managers (level 1 investigation) target 70%, achieved 80% in

2012/13.

- No target for refresher training but evidencing safeguarding competency framework on PIER annually.

Restrictive Practices: introduced document to ensure least restrictive practice.

Specific developments, achievements & work undertaken in 2013-14:

- Launch of Speaking Up Campaign in Provider services
- Over 90% of Provider staff who responded to the 2013 staff survey were aware of whistleblowing procedures.
- Change to the management of care crew (in-house peripatetic care staff) from external agency organisation to identified managers has improved the supervision and ensured improved training of staff including safeguarding.
- Knoll House moved out of level 4 safeguarding, and returned to full occupancy. It is now fully Care Quality Commission (CQC) compliant.
- MCA capability framework is now available on the Council's intranet including summary codes of practice, on-line learning etc.

Future plans / priority areas for 2014/15:

- Autism accreditation for some specialist Learning Disability Homes.
- Review of mandatory training and frequency of refresher training
- Improved overview of training
- Learning from Orchid View Serious Case Review (West Sussex) and a themed approach to improving quality and practice across Provider services

Future plans for staff competency through training and other means.

Training targets 2014/15:

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

Improve training and practice- DoLS/MCA

Review of medication policy and practice and introduce a new medication policy in line with NICE guidance.

Review of observation policy in line with DoLS case law.

Karin Dival

Head of Provider Services
Brighton & Hove City Council

4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)

General overview of the year 2013-14:

The Adult Safeguarding Team has continued to work with partner organisations and develop staff understanding in relation to Adult Safeguarding. The Team has developed a number of initiatives which have supported the safeguarding agenda in the Trust. The Safeguarding Committee has continued to meet throughout the year and is attended by a number of partner organisations. The Associate Director for Safeguarding Adults continues to be supported by the Lead Nurse for Safeguarding and a Health investigator Officer post, which has been a new appointment during the last financial year. The post has led mainly on safeguarding alerts which have been raised in relation to

pressure damage. There has been joint working with the Tissue Viability Team to improve practice and learn lessons following safeguarding investigations. The Safeguarding Team have been working closely with the Learning Disability Liaison nurses and the Dementia nurses.

The governance arrangements for Safeguarding Adults are that the Trust Board receives an annual report, the Quality and Safety Committee receives a six monthly report. The Safeguarding Committee meets on a Quarterly basis and the Nurse Executive Board receives a Weekly update.

The challenges remain ensuring that investigations are completed within time frames and that lessons learnt from Safeguarding investigations are fed back to the organisation and practice changes as a consequence.

A hospital review was conducted on the 5th March 2014 by people with learning disabilities, families, carers and professionals.

The key themes that came up in the review were:

- Staff are not aware of flagging and what this means
- Not all staff are aware of the passport and where to get them from
- Learning Disability Liaison Team information needs to be updated it is out of date
- Concerns were raised on environmental issues such as - signage and toilets that are accessible
- Training needs will be identified from the review and area staff groups to be offered training

Flagging patients who have a learning disability has been the one of the priorities for the Learning Disability Liaison Team (LDLT) since the beginning of 2012. We now have an additional 249 patients flagged since this point. No records of those previously flagged are available so there is some uncertainty of the actual numbers flagged.

All people with a Learning Disability (PLD) referred to the LDLT are now flagged on Symphony and Oasis, hospital databases.

The Safeguarding Team has also achieved the following;

New departmental guides have been produced. 'No Decision About me Without Me' provides additional information to staff regarding safeguarding, mental capacity and Deprivation of Liberty Safeguards, supporting patients with a Learning Disability in hospital and handy hints regarding communication.

Recent promotion days have been held on both Royal Sussex County Hospital (RSCH) and Princess Royal Hospital (PRH) sites to raise awareness of the above. The events were also supported by the Dementia Nurse Specialists and the Safeguarding Children Nurse provided additional information regarding domestic abuse.

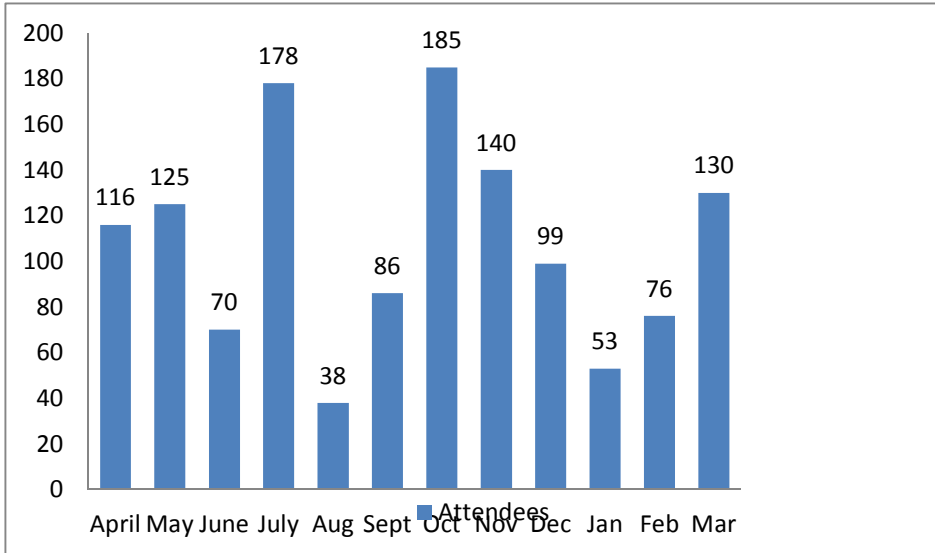
79 staff completed a short quiz. From a possible total score of 26, individual scores ranged from 10 to 18.5. The quiz highlighted a gap in knowledge regarding supporting patients with a learning disability as one of the main areas for development; as well as a lack of understanding regarding who is responsible for carrying out a capacity assessment and the different categories of abuse.

A learning Disability Hospital Review was undertaken, which involved service users who gave feedback as to how the hospital could be improved from a user's perspective.

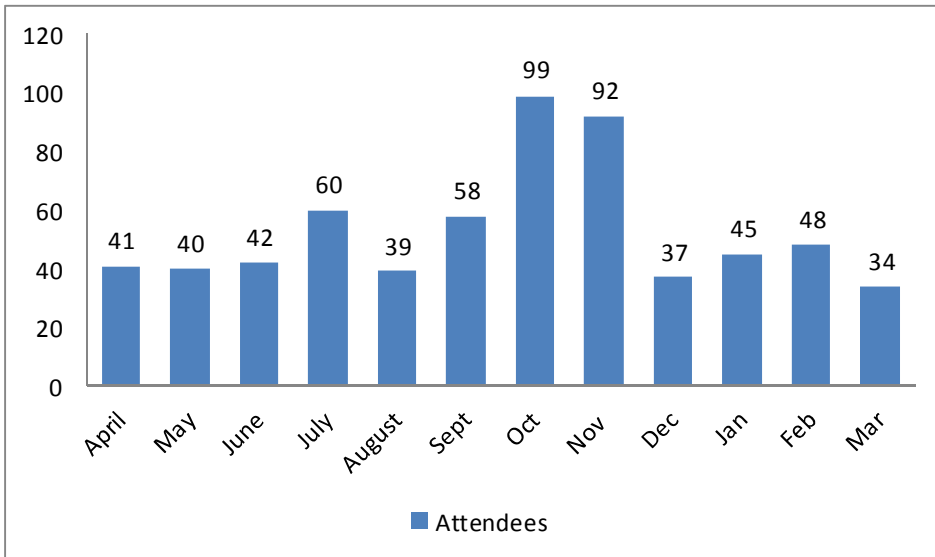
Developed a Top Ten Tips for Staff when caring for and Managing patients who are at risk of Pressure sore Development.

Review of staff competency through training and development during year 2013/14.

Training of Staff continues and below shows the number of staff trained in Adult Safeguarding. There has been an increased focus on training staff in the Mental Capacity Act and Deprivation of liberty Safeguards



Numbers of Staff Trained in Mental Capacity (MCA) and Deprivation of Liberty Safeguards (Dols)



Training Continues and the Trust is currently working with Sussex Partnership Foundation Trust as part of a Joint Health Economy Training project funded by the Care Commissioning Group (CCG). The training will be launched in September running until end of March and is open to staff working within NHS Trusts, GP surgeries and Providers across Brighton and Hove and East Sussex. Through this project a training post has been funded for a period of six months to support this training and deliver training within the Trust.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

The Trust achieved all the goals which it identified in the previous Annual Report and are highlighted below.

Goals for 2012/13 has highlighted in the Annual report

Produce a bi-monthly newsletter	Completed 3 newsletters produce
Summary of actions of investigations to be produced	Action plans developed and reviewed at the Safeguarding Committee
To review MCA and Safeguarding polices	Reviewed and disseminated
To implement a competency framework document	Competency Framework document not developed, but a workbook has been used for training
To Continue to use the Sit and See Tool	Use of the tool continues, shortlisted for a Nursing Times award
To hold a Safeguarding Study Day 13 th September 2013	Study Day Held

Future plans / priority areas for 2014/15:

To hold a further promotion day on both the RSCH and PRH sites

To develop a Capacity Assessment / Best Interest Decision evidence form which is to be piloted throughout the month of August. The aim is to provide a template to improve the standard of documentation to evidence capacity assessments and best interest decisions in line with the principles of the Mental Capacity Act.

To organise and hold a Study day in February 2015

To undertake an audit of best interest decisions and Capacity Assessments within the Trust.

To fulfil all the training requirements as agreed for the Joint Health Economy MCA training project.

To undertake a Learning disability Peer Review at the RSCH and PRH site.

Sherree Fagge

Director of Nursing

Brighton and Sussex University Hospital NHS Trust

4.7 Brighton & Hove City Council Housing – Rachel Chasseaud General overview of the year 2013-14:

Housing Management continued to work closely with the Mental Capacity Act Practice Lead. The procedure for ending tenancies for people who lack mental capacity was reviewed. In particular, there was a review of applications to the Court of Protection to ensure that the correct procedure was followed and cases were resolved without undue delay.

The procedure regarding welfare checks for residents was reviewed to ensure that they

received the appropriate support at the earliest moment.

There was a review of personal evacuation plans to ensure the needs of vulnerable tenants were met.

A new computerised risk assessment form was designed to aid multi agency working. Frontline staff received training in the use of this system.

The Temporary Accommodation Team continue to provide Emergency and Temporary Accommodation for homeless households in the city, a significant amount of which have multiple complex needs. The teams now manage close to 1800 properties in the city and also along the coast as far as Newhaven.

The demands on all forms of Housing in the City has continued to increase, fuelled by an increasing population which is exacerbated by an increasing student population – the result of which has put significant upward pressure on housing costs both for owner occupation and for rented. We have also seen the introduction of welfare reforms which has resulted in some households no longer able to cover their rent. This has presented significant challenges for preventing homelessness but the housing options teams have still produced some good results and we have contained the increase in statutory homeless applications.

The increase in demand from homeless households for accommodation coupled with increasing cost and scarcity of accommodation has meant we have seen a significant increase in the use of spot purchase B&B type accommodation. This has risen from an average of 10 to 60.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

Over 30 frontline staff attended training courses in the Sussex self-neglect procedure. Those who attended the course were able to feed back to their teams allowing all front line staff to be informed.

Housing piloted implementation of self neglect procedures prior to formal introduction of the pan-Sussex procedures. This included arranging the first multi-agency review meeting.

All procedures were reviewed to comply with the safeguarding action plan.

Training was given to staff in a new computerised risk assessment form which aided multi-agency working.

Temporary Accommodation Managers have refreshed training on safeguarding actions, particularly in relation to households in B&B emergency type accommodation and we have reviewed and refreshed procedures in the light of this.

Housing Support Service was expanded to provide support to the growing number of households in temporary and emergency accommodation.

We have visited at home all households who may be affected by the Benefit Cap and have intensively worked with them to realise options to sustain accommodation.

We have successfully taken on the management of over 400 new refurbished Seaside Homes properties which have been allocated to Vulnerable homeless households in the city.

Future plans / priority areas for 2014/15:

In Housing Management A review of the procedure regarding the storage of tenant's goods during the termination of tenancy process will be undertaken to make sure the MCA is fully complied with.

The Housing inclusion Team will lead a programme of training for residents in how to prevent financial abuse.

Housing is to increase pre-tenancy training. One of the aims of this is to give tenants a greater awareness of safeguarding issues before beginning a tenancy.

In Temporary and emergency Accommodation basic training to be completed by October 2014.

Training needs to be discussed with the corporate centre with a view to appropriate further training being provided – by January 2015.

Issues around the embedding of safeguarding in the framework agreement to be discussed with legal to assess whether this is legally enforceable/practicable.

Review of staff competency through training and development during year 2013/14

An assessment of the numbers of Housing Management staff who had received safeguarding and MCA training was undertaken in conjunction with Learning and Development Team. Over 80% of frontline staff have received this training.

A review of training needs will be undertaken to make sure that new staff are training in safeguarding and the MCA.

There was a discussion with the MCA Practice Lead on the particular needs of Housing in regard to DoLS. It was agreed that Housing staff would not need detailed training in DoLS as this is not core to their work.

In Temporary and Emergency Accommodation Mental Capacity Act training has been provided for relevant managers and we have reviewed staff competencies to ensure staff are trained and developed appropriately.

Future plans for staff competency through training and other means

In Housing Management there remains a debate in regard to the best way to review competency. This was part of the discussion with the MCA Practice Lead. It is acknowledging that the core skills and responsibilities for Housing staff are different from those of Adult Social

Care. Competency is assessed by each individual manager according to the needs of their team.

In Temporary and Emergency Accommodation Core competencies have been identified and then further competency is assessed by each individual manager according to the needs of their team.

Any other information

Housing Management has given training to many staff in preventing hoarding. It contains to seek to be at the forefront of good practice and new thinking in regard of how to deal with hoarding in a way that provides the best results for tenants and helps to strengthen their life skills.

In Temporary and Emergency Accommodation we are working closely with colleagues in Adult Social Care regarding those complex vulnerable households who are in emergency accommodation so as to ensure they are safe whilst assessed and waiting to move on into supported accommodation.

We have introduced home visits for all young people who are at risk of becoming homeless due to parental eviction and have achieved good results at preventing homelessness amongst this vulnerable group. We are reviewing how to replicate this success with older households.

We have embarked on a major procurement exercise for the replacement and acquisition of temporary accommodation as many existing contracts are ending. This has been an opportunity to re-specify standards and expectations of accommodation providers so as to ensure good quality accommodation that is well managed. We hope to have new contracts in place by April 2015.

4.8 South East Coast Ambulance Service (SECAMB)

What key developments achievements & activity has your organisation undertaken in relation to safeguarding adults between 1st April 2013 and 31st March 2014?

SECAMB has made 316 vulnerable person referrals (approximately 7% of all referrals made to ASC) to Brighton and Hove over the past year; these were a combination of social care issues (such as increasing care needs) and safeguarding concerns. SECAMB also piloted a domestic abuse programme, offering support to victims of domestic abuse identified by SECAMB crews. This was delivered in partnership with one of the Domestic Abuse charities in the area.

What safeguarding training has been delivered within your organisation between 1st April 2013 and 31st March 2014?

There has been a drive within SECAMB to deliver training through alternative mediums such as distance learning packages. Training over 2013/14 has been focussed on delivering child safeguarding training, adult training will take place over 14/15 in line with the organisational training plan.

What planned developments, future plans/priority areas for 2014/15 &/or beyond for safeguarding adults does your organisation have?

The Trust is looking at how the work undertaken under the domestic abuse pilot could be taken forward and expanded across the whole Trust. An electronic vulnerable person report form is also under development which will facilitate closer scrutiny of concerns being raised and make reporting against these more robust.

Other information related to safeguarding in your organisation such as challenges/issues.

With the continued increase in activity being seen within the Trust, there have been some communication and capacity issues across the area we cover; these have been extremely challenging. Working closely with partners is a key area of safeguarding and improving this will be another area of focus within SECamb for the coming year.

Jane Mitchell

Safeguarding Lead

South East Coast Ambulance Service NHS Foundation Trust

4.9 Sussex Community NHS Trust (SCT)

General overview of the year 2013-14:

The biggest challenge has been that of gaining attendance at SCT internal Safeguarding Adults group from all services and also attendance at training sessions.

Through previous Safeguarding Adults investigations it has been recognised that awareness of the Mental Capacity Act and Deprivation of Liberty guidance has not been adequately implemented in all clinical areas within SCT. This will be addressed by improving access to the relevant training for SCT staff.

Participation in multi agency audits continues to be beneficial with lessons learned shared through the SCT Safeguarding Adults group.

Participation in the Orchid View Serious Case Review in West Sussex has been an invaluable experience and lessons taken from the report and SCT Investigation Management Report will be discussed and actioned as appropriate via the SCT Safeguarding Adults group.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

Due to the IT systems used by the Trust's two local authorities(i.e. West Sussex, and Brighton and Hove) it is very difficult to confirm the number of safeguarding alerts raised against SCT by other organisations and there is some evidence to suggest that others are raised against the Trust that are not coming to the attention of the Safeguarding Adults Lead – particularly if an investigation has been set at Level 1. Information held by the Safeguarding Adults Lead records that twenty two alerts were raised against SCT during 2013/14. Of the 22 alerts identified it appears the broad themes for alerts included:

- allegations of poor multi-agency communication between community provider services resulted in poor bowel management and poor access to equipment;
- allegations that a bedded area discharged a patient to a care home with sacral pressure damage.

The Safeguarding Adults investigations also ran in parallel with internal Serious Incident investigations and robust action plans have been developed by the relevant managers to mitigate any future risk which are monitored via the Serious Incident Review Group

The table below identifies the number of alerts raised against SCT that are recorded on the Safeguarding Adults team's database and the outcome of the subsequent investigation. One Level 3 investigation recorded two outcomes.

Level of Investigation	No of Alerts raised against SCT	Outcomes						
		Allegation Substantiated	Allegation unsubstantiated	Allegation Inconclusive	Awaiting Case Conference	No Further Action	On-going	No record of outcomes
NFA	16					16		
Information gathering	2						2	0
1	0	0	0	0	0	0	0	0
2	2	1	0	1	0	0	0	0
3	3	1	1	1	0	0	0	0
4	0	0	0	0	0	0	0	0
Total	23	2	1	2	0	16	2	0

Figures from 2012-13 and 2013-14 show a reduction of 33 per cent in the number of safeguarding adults alerts implicating Sussex Community Trust indicating that we are improving our care delivery.

One of the functions of the Trust's Safeguarding Adults Group is to monitor individual action plans developed as part of a safeguarding investigation. Additionally, the Safeguarding Adults team was able to provide support through training and advice to a number of clinical areas where Serious Incidents have run in parallel to safeguarding investigations, with the aim of improving practise and awareness of the safeguarding philosophy.

Priority Areas for 2013-14

1. Development and implementation of a Trust Safeguarding Adults Strategy from 2013 – 16, which will include a Training Strategy to address Safeguarding Awareness, Mental Capacity and Deprivation of Liberty.
2. Closer integration of clinical metrics and safeguarding activity through the Safeguarding Adults Group.

Update on priority areas:

1. The Safeguarding Adults Strategy has been approved by the Trust's Safeguarding Adults Group. Significant resource has been identified to be invested in the Trust's Safeguarding Adults structure to ensure delivery on the strategy. The Trust's Safeguarding Adults Training Plan has been agreed and will provide a four-level approach.
2. Quality metrics are reported monthly to SCT Board as part of an integrated performance report.

Future plans / priority areas for 2014/15:

Governance

Development of an SCT Safeguarding People Group in recognition that safeguarding adults, children and young people is everybody's business. This joint group will also enable shared learning. The group will be chaired by the Chief Nurse and report to the Trust wide Clinical Governance Group. (August 2014)

Partnership working: SCT will ensure attendance at Local Safeguarding Adult Boards (West Sussex and Brighton and Hove) and sub groups and that the priorities from those Boards are included in the SCT workplan. (August 2014)

Independent review: In recognition that SCT has significant gaps in both safeguarding resource, embedment in practice, in preparedness for a CQC inspection visit in the Autumn and as a learning

organisation, an independent review has been commissioned (to look at both adult and children/young people safeguarding) to see how the Trust allocates resources, responds to safeguarding and learns from any deviations. (This review is currently underway, to be completed by 20th August 2014)

Leadership

Increase leadership capacity to establish and embed the SCT Safeguarding Adults Strategy within practice areas. This will enable SCT to ensure it has mechanisms in place to mitigate risks identified in the Winterbourne Review, the Jimmy Savile Enquiry and the Francis Report into failings at Mid Staffs and also to ensure that it can respond to requirements of the new Care Bill from April 2015. (Senior Locality Nurses have safeguarding adults as part of their portfolio for their locality. Recruitment is currently underway for a Head of Safeguarding and a Safeguarding Adults Specialist Practitioner)

Training

The statutory and mandatory training plan has been refreshed again for 2014/15 with the ultimate aim to improve the Trust's compliance with statutory training.

Induction – Basic awareness of safeguarding will be included for all new staff.

Level 1 – E-learning for all staff in clinical and non-clinical settings.

Level 2 – Face to face training for all staff who work predominantly with adults and have clinical line management responsibilities (excluding staff working within Children's Services). This focuses on when and how to refer abuse into the safeguarding process. This level of training will also include face to face Mental Capacity and DoLS for those clinical staff based within bedded areas.

Level 3 – Specialist modules run in collaboration with local authorities for staff who have been identified as co-ordinators or investigating officers.

A safeguarding adults training needs analysis is a priority for the Trust in terms of determining numbers of staff that require each level of training. Our aim is to achieve 85% compliance for eligible staff for levels 1-3 training.

Health Education Kent Surrey Sussex (HEKSS) have funded a collaborative training programme led by Brighton and Hove CCG for health and social services staff across the local health economy. The Head of Workforce Education is a member of the steering group on behalf of the Trust to ensure the training is in line with national requirements for SAR. The training will include safeguarding adults, mental capacity and Deprivation of Liberty Safeguards and will acknowledge dementia as a thread throughout. The training programme will be mapped against competencies and will be delivered by safeguarding adults trainers from collaborative organisations. Resources will be shared across the local health economy.

The timescale for delivery of the programme is:

- Pilot in September 2014.
- Roll out and deliver the training October to December 2014.

In the meantime the Chief Nurse is liaising with the Head of Workforce Development to commission a "one off" basic awareness face to face training session for all staff to be completed by the end of quarter 3.

Changes in the core Safeguarding Adults Service could result in more clinical staff being required to undertake a Health Investigating Officer role. The Trust needs to establish a system on how training and supervision will be structured for these roles.

The introduction of Pan Sussex procedures to support people who self neglect has highlighted another training requirement which the Head of Workforce Development is currently discussing with social services regarding accessibility and delivery of training sessions.

Independent review of Safeguarding This review is about sharing of good practice and highlighting any

gaps.

Review of staff competency through training and development during year 2013/14, including overall percentage of staff trained, reviewed against targets set in 2012-13.

Training activity

From April 1st 2013 – 28th February 2014 a total of 1181 members of staff are recorded to have undertaken SAR Basic Awareness training. This figure corresponds to around 25% of the total workforce of the Trust.

This demonstrates a significant improvement on last year's total of ten per cent of the workforce. The Trust recognises this is unacceptable and the new training strategy will ensure increased compliance. Staff are also able to access training provided by both local authorities but the number of staff who have accessed this training is not available to date.

Deprivation of Liberties Safeguards (DoLS)

The Assurance team, part of the wider Clinical Governance team, were allocated the responsibility for notifying the Care Quality Commission (CQC) of all DoLS applications made by any service within the trust.

The Trust notified the CQC of eight applications for deprivation of liberty authorisations during the year. A recent CQC report highlighted a number of national concerns regarding the lack of understanding of the Mental Capacity Act and the Deprivation of Liberties Safeguards. They also highlighted a lack of training.

These concerns have been acknowledged within the Trust and there are plans to increase the delivery of DoLS training to all applicable staff in 2014/15 to ensure that the workforce is up to date and able to identify possible Deprivation of Liberties and make an application when required.

Sue Giddings

Deputy Chief Nurse
Children & Specialist Services
Sussex Community NHS Trust

4.10 Sussex Partnership NHS Foundation Trust (SPFT)

General overview of the year 2013-14:

Sussex Partnership is committed to the Pan Sussex Multi Agency Safeguarding Policies and Procedures. These provide an overarching framework to co-ordinate all activities undertaken where a concern relates to actual or alleged harm or risk.

The Sussex Partnership Safeguarding Adults policy has been updated and reviewed to ensure compliance with legal requirements and the local joint agency agreements. This includes a clear link between NHS Serious Incident reporting and Adult Safeguarding.

The Trust works closely with Local Authority Adult Social Care Departments across Sussex and the Director of Social Care and Partnerships represents the Trust on the 3 Sussex Local Authority Safeguarding Boards.

In Brighton and Hove our services are integrated with the Local Authority under a Section 75 agreement and we take responsibility for all Adult Safeguarding investigations within mental health and substance misuse services.

Activities in 2013/14 have focussed on delivering improvements in practice in adult safeguarding. To this end we participated in the national Making Safeguarding Personal pilot. This generated positive feedback and is underpinning preparation for the Care Act in relation to Safeguarding Adults at Risk (SAR) work.

Regular audits of safeguarding investigations are undertaken and the outcomes are fed back to

Investigating managers (IM) and Investigating Officers (IO) – these are used to improve quality and are directly reported to the Quality and Review meetings below.

Bi-monthly Quality and Review meetings have continued within the integrated services and are chaired by the Service Director and attended by the Head of Safeguarding Adults in Brighton & Hove City Council (BHCC).

The function of this group is:

- To receive the quarterly audits.
- To ensure that the actions from the audits are completed and evidenced.
- To ensure that any training needs identified in the audits has been completed.
- To monitor the data collection of alerts and adjust service delivery accordingly.
- To monitor the level of alerts being received and to ensure that any outcomes from a serious untoward incident have been completed.
- To monitor all safeguarding activity across integrated services and to work to improve quality of outcomes.

Bi-monthly Investigating Manager forums have been maintained in the integrated services and we are planning to broaden this out to a general safeguarding forum to include Investigating Officers as well as Investigation Manager's in 2014/15.

Weekly safeguarding meetings take place within the integrated services to review new and on-going safeguarding investigations. This is led by the General or Service Manager and is attended by the responsible Leads.

The integrated services are well represented within the Head of Assessment services management team meetings as this responsibility is shared between the service and general managers.

Within Sussex Partnership a quarterly safeguarding report is presented to the Quality Committee focussing on the safeguarding alerts that relate to SPFT. An annual Safeguarding Report is presented to the Trust Board.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

Multi-agency guidelines on Self Neglect were adopted Sussex wide and these were widely distributed within the integrated workforce.

Sussex Partnership have created a specific Dementia and Later life service and now have a dedicated Team Lead for safeguarding adults work – which improves our efficiency and effectiveness.

The Supreme Court judgement in relation to Deprivation of Liberty Safeguards (DoLS) in March 2014 has led to a significant increase in DOLS assessments. Sussex Partnership wards have been briefed on the implications on the judgement and there has been an increase in the number of Deprivation of Liberty (DOLS) assessors within the integrated services.

BHCC have appointed a Principal Social worker and Sussex Partnership have created a similar Trust wide role – the Deputy Director for Social work. A senior social work forum is now in place in BHCC and is attended by staff from the integrated mental health services. These developments allow a greater focus on good practice in social work including safeguarding.

A pilot is in place with a senior social worker being located in the BHCC Access point to improve safeguarding outcomes and management. This will be reviewed in 2014/15.

We are involved in the development of a new Multi-Agency Safeguarding Hub – and are part of discussions about the potential for incorporating adult safeguarding into this process.

There were 853 alerts within adult mental health, substance misuse and dementia services city wide in 2013/14, of these 16 related to Sussex Partnership services. In both cases this is slightly lower than the figure for 2012/13. Of the Sussex Partnership alerts 9 were in adult mental health services and 7 were in dementia services. There were no alerts relating to Sussex Partnership at levels 3 or 4.

Sussex Partnership was successful in becoming a national pilot site for a project led by AVA's (Against Violence and Abuse) Stella project to improve our policy and practice with regards to domestic violence and abuse. Our local project – Be Aware and Respond To Abuse (BARTA) now has an established steering group and is developing plans for future service improvement.

Future plans / priority areas for 2014/15:

Work streams in relation to preparing for the Care Act are on-going in the local authority. There will be a specific work stream in relation to safeguarding that will include the Trust and the integrated services.

The pan Sussex procedures will be reviewed in light of the Care Act and staff training will need to be considered ahead of the implementation date. Briefing sessions are planned for staff in the integrated services.

Improve use of Mental Capacity Act within safeguarding including engagement with Independent Mental Capacity Advocates regarding safeguarding investigations.

Development of specific training re: Domestic violence.

Development of Trust wide Domestic violence policy and procedure.

Improve data collection re: safeguarding training.

Review of staff competency through training and development during year 2013/14, including overall percentage of staff trained, reviewed against targets set in 2012-13.

Adult Safeguarding is part of the Induction training for all Sussex Partnership staff. In addition an e-learning module re: safeguarding is available. Staff in the integrated services are also able to access the safeguarding training provided by BHCC e.g. the Investigation Manager and Investigating Officer training.

Trust wide training is provided in relation to MCA and DOLS. In addition we have taken part in the Joint Health Economy project led by the Brighton and Hove CCG which is developing further training re: MCA and DOLS Sussex wide.

A competency framework re: safeguarding and MCA is now in place produced by the Brighton and Hove SAB The guidance is used for assessing the competency of staff and is completed in supervision by managers – this is mandatory for all staff in the integrated service.

Future plans for staff competency through training and other means.

The new joint training in relation to MCA and DOLS will be available from September 2014 to March 2015. Staff in the integrated services will be encouraged to attend. The training will be available across the Health and Social care sector in Sussex including to staff in nursing and residential homes.

We are organising a multi-agency conference in September re: DOLS and the implications locally of the Supreme Court judgement which greatly widens the definition of DOLS.

The Trust DOLS policy is being reviewed to take the Supreme Court judgement into account, and the

Mental Health Act teams are able to advice on the changes.

Training re: Domestic violence will be delivered as a part of the BARTA project and in addition a new Sussex Partnership Domestic Violence policy is being developed.

Andy Porter

Deputy Director of Social Work
Sussex Partnership NHS Foundation Trust

4.11 Brighton & Hove Clinical Commissioning Group

General overview of the year 2013-14:

NHS Brighton and Hove CCG became authorised as the commissioner of health services on the 1st April 2013. With authorisation came a number of responsibilities in relation to safeguarding adults.

CCGs have a statutory responsibility along with NHS England to ensure commissioned services have safe systems to safeguard adults. Further clarification of CCGs statutory responsibilities for safeguarding adults is expected in the Care Act Guidance. However the Act brings the requirements of all providers and commissioners in line with the existing statutory requirements around children's safeguarding.

At the same time there have been changes to the requirements for the CCG in relation to responsibilities as a member of the Community Safety Partnership, for example as a member of the Violence Against Women and Girls (VAWG) multi-agency board and the Domestic Homicide Panel. CCGs are small organisations and capacity is stretched, that said we have been fully participating in the work from a health perspective providing support and expertise.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:

1. The CCG has reviewed its Safeguarding adults policy and was agreed by the Governing Body January 2014
2. An external audit of safeguarding practices and process reported assurance of compliance with requirements of CCG statutory obligations January 2014.
3. All CCG staff are required to complete an introduction to adult safeguarding level 1 and Mental Capacity Act training with further training requirements according to roles and responsibilities. Training is available as e-learning. Face to face sessions combine Children and Adult safeguarding and MCA awareness, provided by the Designated Children's and Adult Safeguarding leads. Further sessions are planned including a session for the Governing Body. Two training sessions in July and November were held for primary care safeguarding leads.
4. Three members of the Quality and Patient Safety team have now completed 3 days Level 3 Investigating Officer training with the BHCC.
5. The Quality and Governance Team has an accredited Prevent trainer.*

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

Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;

Work with sectors and institutions where there are risks of radicalisation which we need to address.

6. The Lead Nurse Executive Safeguarding lead has completed Level 3 Adult Safeguarding training and is also an up-to-date accredited Best Interest Assessor (BIA) for the MCA (2005).
7. Work continues in collaboration with NHS England Area Team to develop the primary care (General Practice) workforce to support adult safeguarding and patient safety reporting and investigation. This is in its early stages and will be led by the area team. It has highlighted a number of concerns regarding impartiality and capacity.
8. There is now an established NHS Surrey Sussex safeguarding network hosted by the NHS England Surrey Sussex Area Team which meets to discuss issues, policies and processes and share learning and intelligence across the system.

Health Officer Investigations undertaken by B&H CCG on behalf of BHCC

Over the year B&H CCG Clinical Quality managers have undertaken nine health investigations in Care Homes with Nursing in collaboration with the Local Authority.

Each investigation has been undertaken in different homes across the city. A report is produced with recommendations by the CCG Quality team and presented to the BHCC Safeguarding panel for each case.

Themes that have frequently occurred in the investigations are:

- Medication errors
- Omission of care
- End of life care
- Neglect involving manual handling
- The lack of knowledge in recognising deterioration of a resident
- Resident admitted to A/E with a DNAR(Do Not Resuscitate) in place and wished to remain at the home but consequently died in hospital

Outcomes of the investigations are as follows:

- The lack of documentation that is either illegible, not concise, over use of abbreviations and poor care planning
- Lack of training for staff in certain areas, for example-end of life, medication management
- Lack of communication between professional disciplines.

The team have also received four safeguarding alerts about individual GPs in the city. These have been forwarded to the Area Team to be investigated. Reasons for the alerts have included allegations of:

- Professional conduct
- Manner with patients in their own home and in two cases in nursing homes.
- Delayed treatment

In most cases there were several elements within each safeguarding alert, of these elements frequently at least one were substantiated. In each case where there is substantiated elements actions plans are developed by the organisation and monitored by the most appropriate commissioner/agency. Improvements have been made to address the areas of concern in all cases. Some cases identify learning which can improve the interface between agencies and the CCG quality team work with partners to provide clinical advice and information sharing across organisational boundaries.

Applying learning from Incidents.

Example

One particular case of interest was a patient in a care home with nursing who was without medication for several days and it was found that there was no smooth pathway for the home to obtain medication in a timely manner from the GP practice. Following two meetings with the home, GP and the pharmacy, systems have been put in place to prevent this incident occurring again. By meeting and understanding each of the teams' problems, a solution was found and the development of flow chart is now being used by all three parties and the intention is to share this learning city wide.

Future plans / priority areas for 2014/15:

Although a great deal has been achieved and B&H CCG has developed monitoring systems and collaborative working over the last year supporting partners with its clinical expertise there is further work to be completed.

The priorities for the Safeguarding Lead and team going forward are to actively continue working with local and regional networks and to achieve the following activities.

- Improve data capture of NHS commissioned services application of DoLS
- Improve data capture of NHS commissioned services use of Independent Mental Capacity Advocate (IMCA) Services
- Improve data capture of safeguarding alerts across the health economy
- Deliver in partnership with providers focused multi-agency training in Dementia, MCA & DoLS across the City with measurable outcomes.
- Support improved information sharing of risk and incidents across health and social care
- Educate three more Quality and Primary care managers as level 3 Health Investigator officers.
- Ensure continued focus and support for initiatives which reduce safeguarding alerts by commissioning services which support individuals and carers in a way which reduces stressors known to increase incidents and invests in staff training.
- Explore with providers and BHCC opportunities to strengthen health Best Interest Assessor workforce/roles.
- Continue work with NHSE and member practices to strengthen knowledge and skills in supporting adult safeguarding and proactive recognition and support for Vulnerable groups in general practice.

Monitoring by CCG of providers staff compliance with MCA competency training and development during year 2013/14

In October 2013 updated guidance was published by SCIE regarding the Deprivation of Liberty Safeguards (DoLS) (2013) which included the role of CCGs.

Primary responsibilities include:

The commissioning of appropriate health care for those of 16 +, normally resident in the area who do not have capacity to consent to treatment, even when that treatment is received in another area, which is in compliance with the MCA, and for those 18 and above that services are also compliant with the DoLS.

Ensuring the CCG has access to information on providers (Hospitals, Hospice – NHS and Private) in the locality, to the number and outcome of applications for DoLS assessment and use of Independent Mental Capacity Advocacy (IMCA) service and appropriateness.

The standard NHS contract at present does not have a specific section in relation to people who lack capacity however hospitals can be asked to report on these specifically in relation to people who lack capacity under:

Service condition 9: policy on consent

Service condition 1: all service will be compliant with the law

Service condition 12: service user involvement

Service condition 13: equality of access and non-discrimination

General condition 5: hospitals are required to demonstrate they have staff with appropriate experience, skills and competence

The quality team is working with commissioners to ensure that any new contracts identify requirements as stated above and are part of the routine reporting processes. Regular reporting through the Quality Review Meeting (QRM) schedule has been commenced. B&H CCG as lead

commissioners for BSUH work closely with the lead commissioning CCGs CWSX for SPFT and Crawley Horsham SCT to ensure consistency of reporting mechanisms across the main large providers.

A Sussex wide template for reporting compliance (see inset)



Bi Monthly
Safeguarding Adults T

Working with BHCC the CCG is now a member of the MCA DoLS monitoring group and will be receiving regular reports of DoLS applications from health managing authorities. The CCG will in future be receiving activity from the IMCA service in order to identify the level of use of health services for IMCA support in decision making.

Future plans for staff competency through training and other means:

The CCG is working with the Pan Sussex Adult Safeguarding group to identify levels of training and appropriate targets.

In support of all providers in the area a bid was made for £112,000 from the Chief Nurses for England's Fund to support Dementia, MCA and DoLS awareness training for both clinical and non-clinical staff across the health care economy including primary care.

A program of accredited training which will ensure multi-professional, multi-organisational learning opportunities are being supported by a collaborative program group with representations from SPFT, SCT, BSUH, BHCC, and co-ordinated by B&H CCG. There will be a process of evaluation and post training outcome assessment supported by SCT.

Any other information / areas / issues:

Learning from incidents example
Monitoring template
Multi-organisational working group for training.

Soline Jerram

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

4.12 East Sussex Fire and Rescue Service (ESFRS)

General overview of the year 2013-14: Effective partnership working with a variety of agencies signed up to the Care Providers Scheme continues across the county. 85 partners are now signed up to the scheme, resulted in 10,529 Home Safety Visits for this year. 2,849 in Brighton & Hove, 80% were delivered to vulnerable adults.

A new scheme was introduced called the Wellbeing Scheme, which trained volunteers working with the fire service going back into members of the public's homes that received a Home Safety Visit by ESFRS more than 3 years ago, starting with those more vulnerable i.e. those over 80 years old. The deterioration is not, however, linear and people can become highly vulnerable very quickly, particularly when a major event occurs, such as the death of a partner who was a carer or a dramatic loss of a sensory function such as sight or hearing.

Such a change in vulnerability requires a renewed assessment, not only in respect of home fire safety, but other areas such as slips, trips and falls, personal care and the need for adaptations within the home.

ESFRS Director of Prevention and Protection continues to work closely with the Safeguarding Board and lead on all safeguarding matters. We continue working in partnership with MARAC (Multi Agency Risk Assessment Conference for high risk victims of domestic violence), giving an enhanced Home Safety Visit to those at threat.

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report: Provision of safety advice for users and prescribers of dynamic airflow devices to reduce risk of fire and an ongoing programme to deliver home safety visits to all users.

Involvement of ESFRS in the Suicide Prevention steering group helping to map attempts as well as completed suicide bids.

Involvement of ESFRS on the Strategic Trafficking & Modern Slavery Board to support the identification of victims (adult & children)

Provisions of safety advice for users and prescribers of oxygen cylinders to reduce risk of fire and an ongoing working programme with Dolby (oxygen suppliers to vulnerable users) to deliver home safety visits to all users.

Involvement of ESFRS in the Domestic Steering groups helping those at risk.

Future plans / priority areas for 2014/15:

- To continue working with Partners sharing information for those who are most vulnerable to fire risk in our communities.
- Continue to increase the vulnerability percentage and home safety visits to those adults most vulnerable.
- Increase ESFRS wellbeing visits signposting vulnerable adults who have deteriorated since their last visits.
- Effective data sharing with other agencies.

Review of staff competency through training and development during year 2013/14.

Service wide training to key members of staff to improve awareness, skill in wellbeing and safeguarding. 135 staff were trained on Safeguarding by an External trainer and 231 members of staff completed the Kwango e-learning course, which will continue until all staff have carried out this training. The training has given confidence to staff to report safeguarding issues to the correct staff within ESFRS and to know what to look for when concerns are shown.

ESFRS do not cover the Mental Capacity Act and Deprivation of Liberty Safeguards and look to partner providers for their expertise but two members of staff within the Community Risk Management team will be attending a course to gain fully understanding of the Act early 2015.

Future plans for staff competency through training and other means: A number of courses have been recognised for next year for key members of staff, including Advanced Plus Safeguarding (refresher), Adult Safeguarding (refresher) Mental Capacity Act and Deprivation of Liberty Safeguards, which will be from external sources.

Lisa Geraghty

Community Risk Lead Support
East Sussex Fire and Rescue Service

4.13 Practitioners Alliance for Safeguarding Adults (PASA)

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

The Brighton and Hove PASA Group is in its 8th year and meets quarterly. The group was formally known as PAVA – (Practitioners Alliance Against the Abuse of Vulnerable Adults). The name was changed to reflect the change in terminology from ‘vulnerable adults’ to ‘safeguarding adults’ in line with the Sussex safeguarding procedures. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

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

Activities in the year

Updates on the Disclosure and Barring Service, the Care Act, Deprivation of Liberty Safeguards, and the Making Safeguarding Personal pilot.

Discussion topics included; feedback on alerting and investigations, training, supporting the planning of the Safeguarding Adults Conference, and issues arising from hospital discharges.

Speakers included:

- The principal Social Worker (Adults)- an update on the Social Work agenda.
- Assessment Operational Manager
- Chief Officer for the Federation of Disabled People – discussion on direct payments and safeguarding.

4.14 Mental Capacity Act

Specific developments, achievements & work undertaken in 2013 -4.

MCA DoLS sub group.

In Sept 2013 the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Multi-agency Sub Group to the Safeguarding Board (initially established 2007) was re- launched with new Terms of Reference agreed in March 2013. The group now has a clearer remit with the overall purpose being for members to pro-actively engage with the organisation/interest group they represent, as well as strategic partners, professionals and the wider community in relation to the MCA and DoLS, with the aim of supporting compliance, identifying priority areas of development, and collaborating to effect best practice and quality monitoring. The group continues to be facilitated by BHCC with a structure of core membership and additional specialist contributors by arrangement with a task and finish (T&F) group approach outside of group meetings to complete specific pieces of work. Since March 2014 Independent provider representation on the Sub Group has been a valuable addition. Identifying/securing appropriate representation on the group has been difficult at times and remains under review.

To date there have been 2 different multi Agency Task & Finish groups set up in November

2013:

- Quality Assurance /MCA DoLS compliance. This group was initially set up to consider auditing options and a method of qualitative analysis, but evolved into the drafting of a set of 'gold standards' relevant to different organisations and settings as a starting point/benchmark for future audit and qualitative analysis. The standards were ratified by the Safeguarding Board in March 2014. Agreement regarding formal 'launch' will follow final formatting.
- MCA/ DoLS awareness in provider settings. Following this, a series of Managing Authority and Supervisory Body 1 day DoLS update 'learning events' have been planned between October 2014 and January 2015. It is hoped that these events will contribute to an increase in understanding of different roles within and across agencies. This will reinforce application of the Mental Capacity Act as the responsibility of all organisations. It will also form part of a wider work plan seeking to address concerns about inconsistency of awareness and understanding, as highlighted through the House of Lords Scrutiny (August 2013) of how the Act is understood and applied.

Data Collection

Mental Capacity Assessments (MCA'S)

A system is now in place to collect MCA data from Care Assess (Adult Social Care database) on a monthly basis. This shows a small increase in mental capacity assessments formally recorded across Adult Social Care from 309 (2012/2013) to 335 in 2013/2014. These figures do not include assessments undertaken by staff seconded to Sussex Partnership Trust (SPFT) under S75 who do not use Care Assess. A manual data collection process for MCA's undertaken by SPFT seconded staff has recently been established and is to be replaced by a reporting mechanism within their own reporting system.

A method of qualitative analysis has not yet been introduced as set out in the 2013/4 work plan so interpretation remains superficial.

Assessments under the Deprivation of Liberty Safeguards (figures in brackets show the 2012-13 figures as a comparison)

In 2013-14, the 5th Year of the Safeguards, there were a total of 37(38) requests for authorisation under the Deprivation of Liberty Safeguards(DoLS) . 17 (10) were from hospital settings and 20 (28) requests were from nursing and residential homes.

Of the requests made a total of 43% of applications were not authorised compared to 60% in 2013/4. Further details can be provided on request.

Following the Supreme Court Judgement (March 2014) it is anticipated that the numbers of applications for authorisation of Deprivation in both residential, hospital and domestic settings will rise significantly, as well as the proportion which will be authorised. This has been realised both locally and nationally.

POhWER continues to provide the Independent Mental Capacity Advocacy (IMCA) service for the City. The increase in eligibility for IMCA support following the Supreme Court Judgement will test capacity and BHCC (alongside East & West Sussex) and working alongside Pohwer to address the implications of this. Referral rates have been steady, although there has been an absence of instruction under the power to do so for care reviews. While this is consistent with a national trend, this will be highlighted in training to ensure this safeguard is available where needed for people who are un-befriended. A mechanism for practitioner feedback about the benefits of IMCA in put

continues to be positive. As yet, there has not been any formal analysis of the differing referral rates from teams/services.

Brighton and Hove Council continue to maintain a DoLS service in line with their duties as a supervisory body. Operational practices have been developed to ensure that DoLS referrals receive timely attention from specialist practitioners, at present largely drawn from the Social Work workforce. The Council works in partnership with SPFT in sourcing trained Doctors to fulfil their roles in the eligibility and mental health components of the assessments. Implications of the anticipated increase referral rate for DoLS are being considered by the Council and its partners to ensure that we continue to fulfil our duties.

Training

BHCC continues to offer a suite of MCA and DoLS related training including ½ day briefings, and 1 day more in in depth programmes for practitioners involved in the more complex aspects of this work. Training targets 2013 – 2014 for assessment staff undertaking formal Mental Capacity Assessments to have completed the 1 day decision makers training were increased from 50% to 80% to reflect this priority area of work. Whilst data shows that this target has been met overall, there remains variation between teams from 100% attendance to 38%. Whilst there has not been a formal audit process established, there does appear to be variation in how practitioners have experienced training in terms of increasing skills and confidence in this area of work.

Specific one- off training on MCA and consent to sexual relations, and a practice forum on MCA and addiction were arranged in response to identified need and demand, and work will continue to identify areas for professional development where practitioners and managers will have the opportunity to focus on specific topics/ethical/ legal dilemmas.

An additional 10 practitioners were put forward for Best Interest Assessor Training in 2013/4 to increase numbers to 22, as part of an overall strategy of embedding a Human Rights approach in all contacts with people, and with an view to reducing the likelihood of people being deprived of their liberty. An approach where all experienced registered social workers undertake Best Interest Assessor training is under consideration and likely to take fruition in the next financial year.

Brighton and Hove continues to actively support, with our neighbouring authorities, the 2 x yearly South East Best Interest Assessor Forum as an important platform for networking, legal updates practice development and learning for Best Interest Assessors.

A Quarterly MCA DoLS newsletter including case law updates and other MCA DoLS related issues and developments is distributed across partners via the Sub Group. The council also continues to subscribe to MHA and MCA law on line (previously known as the Dave Shepherd Website) which both BHCC and SPFT staff can access for regular updates on case law and related guidance notes. It also provides a discussion forum where practitioners can explore issues with a wide pool of other subscribers from different disciplines and backgrounds.

Future plans / priority areas for 2013/14:

- Informal carer and general public awareness raising of the MCA and DoLS
- Continued creation of MCA related data reports (BHCC and SPFT seconded staff)
- Roll out of MCA Capability Framework across BHCC and seconded staff.
- Further development and evaluation of the MCA gold standards across agencies.
- Developing mechanisms for practice audit and quality assurance.
- Securing of appropriate and consistent multi- agency representation on the MCA Sub group
- Develop a DoLS MCA governance group for BHCC with specific responsibilities for monitoring statutory responsibilities in relation to DoLS.

- Increase the numbers of Best Interest assessors across the City with a wider range of practitioners to better reflect the different needs of the community.
- Develop a protocol for applications to the Court of Protection where the person may be deprived in domestic settings
- Review of the revised (Nov 2012) arrangements for ending tenancies where the person lacks capacity.
- In August 2013 BHCC and SPFT provided evidence in response to the House of Lords scrutiny of the Mental Capacity Act. The council will continue to respond to the developing agenda via its regional and national networks.
- The Care Act 2014 will augment the position of the Mental Capacity Act within wider statutory duties. The council, via the MCA DoLS Sub group will respond as necessary.

Edwina Sabine

Mental Capacity Act Lead
Brighton & Hove City Council

4.15 Safeguarding Adults Multi-Agency Training Strategy Sub Group

The Safeguarding Adults Multi Agency Training Strategy Sub Group is currently under review and has therefore not met in full during this period. This review is part of the review held for the Safeguarding Adults Board. It is expected that the sub group will be reformed, with new Terms of Reference.

Training data continues to be available, as shown in the tables below, including training targets.

Safeguarding and MCA Training Review 2013-2014

This year there has been excellent progress against the targets set for training. The approach to setting targets around safeguarding and Mental Capacity Act training has moved away from setting targets on outputs (number of courses a year) to measuring staff coverage i.e. the percentage of people trained. Measuring this requires a blend of using training records, employee data and staff questionnaires and the data shows a high level of training compliance within BHCC. The yearly Safeguarding Conference went ahead, with 130 delegates attending from a wide range of services and organisations, coming together for a full day of speakers and workshops featuring key note addresses from Margaret Flynn (on the Winterbourne Hospital serious case review) and Gary Fitzgerald, Action on Elder Abuse. The conference was well received by representatives from the many statutory, provider and third sector participants

In the year ahead we will continue to hold a conference, planned for December 2014.

Tim Wilson

Development Manager
Organisational and Workforce Development
Brighton & Hove City Council

4.16 Brighton & Hove Multi-Agency Safeguarding Vulnerable Adults Strategic Objectives and Training Plan Review 2013-2014

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives	Outcomes
1a	Safeguarding Vulnerable Adults Basic Awareness	85% of BHCC social care staff to be trained to stage 1	33 Basic courses scheduled + 1 Basic for admin staff	Achieved
1b	Safeguarding Vulnerable Adults Basic Awareness Update	Staff will either have an annual competency check which demonstrates competence or complete an update 3 yearly.	15 courses scheduled	56% trained to level 1
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	1 course	Achieved
2	Safeguarding Vulnerable Adults for Provider Managers	85 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	10 courses	Not Attained 84%
3	Safeguarding Adults – Level 1 & 2 Investigations	90 % of people who undertake level 2 investigations will be trained to stage 3	2 courses <i>Understanding the Levels & the Investigator's Role</i> scheduled	Not Attained 89%
4a	Undertaking Multi-Agency Safeguarding Adults Investigations (I.O.'s)	90 % of staff in each social work team will be trained to stage 4a	2 courses	98%
4b	Safeguarding Vulnerable Adults for Investigating Managers	90 % of Investigating Managers will be trained to stage 4b	1 course	100%
5	Undertaking Multi-Agency Safeguarding Adults Investigations - Advanced	100% of staff who undertake ABE interviews will have been trained to stage 5. 2 social workers in each social work team will have received training to level 5.	2 places	Achieved
6	ABE Investigators Update sessions	50 % of ABE Trained staff to have attended level 6 training in the preceding year.	To negotiate with East Sussex	Not achieved
Other	Multi-Agency Conference		1 scheduled	Achieved
		Mental Capacity Act		

	Mental Capacity Act Basic Awareness	Ultimate target is 100% all ASC staff will have completed this or equivalent. Targets for 2013-14 are: 60% Provider staff 60% Assessment staff	19 courses. Through SAAR training sub group to explain targets to managers and encourage appropriate attendance.	60% (was 55% '12-'13) 42% (was 34% '12 – '13)
	Mental Capacity Act in Practice	Ultimate target is all assessment staff. 80% of all ASC Assessment staff conducting an assessment will have completed the MAC in Practice.	1 course Will need to talk to Brian Doughty about targets	89% - achieved
	MCA Advanced – Applications to the Court of Protection	All staff writing reports for or attending the Court of Protection for welfare decisions.	1 course	Achieved
	MCA Advanced – Assessments of Mental Capacity		1 course	Achieved
	DoLS Briefing	60% of all managers of registered Adult Social Care services	8 courses	Has not been possible to measure.
		Staff will be capable in working with the MCA as appropriate to role.	SAAR Board endorses and advocates the use of the MCA Capability Framework	Achieved
		Ensure training is high quality	Quality assure MCA courses over 2013 -2014.	All evaluation forms reviewed. End of course assessment on MCA Basic shows 90% + pass rate.

* IV Sector = Independent & Voluntary Sector

BHCC Safeguarding, MCA & Related courses 2013-2014										
Safeguarding courses	BHCC Attendance	BHCC Non Attendance	IVS Attendance	IVS Non attendance	Partners & Others Attended	Partners non-attended	SPFT Attended	SPFT Non Attendance	Total Non-attendance	Total Attended

Undertaking SA - IMs	7	1			1		4	2	3	12
Undertaking SA - IOs	28	1				1	1	1	3	29
Understanding the Levels & Level 2 Investigations	23	2			1		4		2	28
Safeguarding Adults at Risk for Provider Managers	41	4	77	9	2		2	2	15	122
Safeguarding basic awareness for Admin Staff			7	2			8		2	15
Safeguarding Adults at Risk - basic awareness	189	29	409	115	10		43	9	153	651
Safeguarding Adults at Risk - update	84	33	48	6	2		6	1	40	140
Safeguarding & Mental Capacity Assessments - OTs	12									12
SAAR ASC & Probation Partnership	7	1					3		1	10
Safeguarding Adults at Risk Conference	39	4	81	11	20		6	2	17	146
Safeguarding Totals	430	75	622	143	36	1	77	17	236	1165
Related Courses										
Disclosure & Barring Service	34		38	1	34	1	1	1	3	107
Domestic Abuse Basic Awareness	20	1	4		1				1	25
Domestic Abuse - Working with Risk	4	2	3		1				2	8
Related Totals	58	3	45	1	36	1	1	1	6	140
Mental Capacity / DoLS										
Mental Capacity Act Briefing	104	22	145	31	8		2		53	259
Deprivation of Liberty Safeguards briefing	47	6	51	9	2				15	100
Mental Capacity Act in Practice	44	5	6	1	13	2	7	1	9	70
MCA Advanced Training: Assessment of Mental Capacity	14	1		1	1				2	15
MCA Advanced: Sexual Activity & the MCA	17		1	2	1				2	19
Mental Capacity Act & Alcohol	14	4						1	5	14
MCA/DoLS Totals	240	38	203	44	25	2	9	2	86	477
All courses grand total	728	116	870	188	97	4	87	20	328	1782

5. Brighton & Hove Safeguarding Adults Board Members

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

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

Appendix 1

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

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