Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 13 November 2018, starting at 4.00pm. It will last about two and a half hours.
There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website.

What is being discussed?

There are six main items on the agenda

- Brighton & Hove Safeguarding Children Board Annual Report 2017/19
- Brighton & Hove Safeguarding Adults Board Annual Report 2017/17
- Independent Annual Report of the Director of Public Health 2018
- Fast Track Cities
- Brighton General Community Health Hub - Outline Business Case
- Moving Towards Integration: Update on Developing an Integrated Model of Care, Integrated Urgent Care and Primary Care Strategy

Health & Wellbeing Board
13 November 2018
4.00pm
Council Chamber, Hove Town Hall

Who is invited:

Voting Members: Cllrs Karen Barford (Chair), Clare Moonan, Dick Page, Nick Taylor and Andrew Wealls; Dr David Supple, Chris Clark, Wendy Carberry, Malcolm Dennett, and Dr Jim Graham (Brighton & Hove Clinical Commissioning Group)

Non-Voting Members: Geoff Raw, Chief Executive; Rob Persey, Statutory Director of Adult Social Care; Pinaki Ghoshal, Statutory Director of Children's Services; Alistair Hill, Director of Public Health; Graham Bartlett (Brighton & Hove Safeguarding Adults Board); Chris Robson (Local Safeguarding Children Board) Pennie Ford (NHS England); and David Liley (Brighton & Hove Healthwatch).

Contact: **Anoushka Clayton-Walshe**
Secretary to the Board
01273 291354
anoushka.clayton@brighton-hove.gov.uk

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 5 November 2018

AGENDA

Formal matters of procedure

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

35 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

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

37 CHAIR'S COMMUNICATIONS

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

38 FORMAL PUBLIC INVOLVEMENT **9 - 10**

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

39 FORMAL MEMBER INVOLVEMENT

40 BRIGHTON & HOVE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18 **11 - 74**

Report of the Chair of the Local Safeguarding Children Board.

Contact: *Mia Brown* *Tel: 01273 29584*
Ward Affected: *All Wards*

41 BRIGHTON & HOVE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 **75 - 142**

Report of the Chair of the Local Safeguarding Adults Board.

Contact: *Mia Brown* *Tel: 01273 29584*
Ward Affected: *All Wards*

Health & Wellbeing

42 INDEPENDENT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018 **143 - 156**

Report of the Director of Public Health.

Contact: *Alistair Hill* *Tel: 01273 296560*
Ward Affected: *All Wards*

43 FAST TRACK CITIES **157 - 184**

Report of the Executive Director for Health & Adult Social Care.

Contact: *Stephen Nicholson* *Tel: 01273 296554*
Ward Affected: *All Wards*

44 BRIGHTON GENERAL COMMUNITY HEALTH HUB - OUTLINE BUSINESS CASE **185 - 214**

Report of the Health & Wellbeing Development Manager.

Contact: *Maria Michael* *Tel: 01273 293059*
Ward Affected: *All Wards*

45 MOVING TOWARDS INTEGRATION: UPDATE ON DEVELOPING AN INTEGRATED MODEL OF CARE, INTEGRATED URGENT CARE AND PRIMARY CARE STRATEGY **215 - 254**

Report of the Director of Commissioning at NHS Brighton and Hove Clinical Commissioning Group.

Contact: *Adrian Channon* *Tel: 01273 293233*
Ward Affected: *All Wards*

WEBCASTING NOTICE

This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1998. Data collected during this web cast will be retained in accordance with the Council's published policy (Guidance for Employees' on the BHCC website).

Health & Wellbeing

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Electronic agendas can also be accessed through our meetings app available through www.moderngov.co.uk

For further details and general enquiries about this meeting contact Democratic Services, 01273 2913546 or email democratic.services@brighton-hove.gov.uk

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

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

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

An infrared system operates to enhance sound for anyone wearing using a receiver which are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

Fire / Emergency Evacuation Procedure

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

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

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

Health & Wellbeing

1. Procedural Business

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

(b) Declarations of Interest:

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

In each case, you need to declare
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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

PUBLIC INVOLVEMENT

(B) WRITTEN QUESTIONS FROM MEMBERS OF THE PUBLIC

The following written question has been received for the Health & Wellbeing Board meeting to be held on 13 November 2018

(i) Submitted by Fiona Sharpe

I would like to submit a question to the Board on behalf of GalvaniseBH - a community lead campaign to end rough sleeping (www.galvanisebh.org)

The Bureau of Investigative Journalism reported that 449 homeless people died last year in the UK, at least 20 of them in Brighton. Crisis wants every death of a homeless person to be reviewed by the safeguarding adult system.

Will Brighton and Hove City Council;

1. Immediately establish a review process of all deaths where someone was rough sleeping, or in emergency, temporary or supported accommodation provided by Brighton and Hove City Council

2. Use the information from these reviews to inform council practice, procedures and commissioning

3. Publish the anonymised findings of the reviews.

Item 40

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Brighton & Hove Safeguarding Children Board Annual Report 2017/18
Date of Meeting:	13 November 2018
Report of:	Chris Robson, Independent Chairperson, Local Safeguarding Children Board
Contact:	Mia Brown, LSCB Business Manager Tel: 01273 290728
Email:	Mia.brown@brighton-hove.gcsx.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

The Brighton & Hove Local Safeguarding Children Board (LSCB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for keeping children safe. The Board co-ordinates local safeguarding activity. It ensures the effectiveness of local work by; monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children, undertaking serious case reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities, collecting and analysing information about child deaths, drawing evidence from the testimony of children, young people and frontline professionals and publishing an annual report

The annual report outlines progress the LSCB has made over the last year in respect to safeguarding and promoting the welfare of children and young people. It covers the period 1 April 2017 to 31 March 2018.

This will be the last annual report of the LSCB as we begin the transition to new safeguarding partnership arrangements bought about by the enactment of the Children and Social Work Act. Going forward the Safeguarding Partners – the Local Authority, Brighton & Hove Clinical Commissioning Group and Sussex Police will have joint responsibly for all safeguarding arrangements.

Glossary of Terms

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

1. Decisions, recommendations and any options

It is recommended that the Board:

1.1 note the report and supports partner agencies in their contribution to keep children safe from abuse and neglect.

1.2 note LSCB achievements and challenges, see appendix 1, page 5.

1.3 Use its influence to steer and support the development of the new Safeguarding Partner's strategic objectives. See appendix 2.

2. Relevant information

2.1 During this reporting period it was a statutory requirement for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.

2.2 The LSCB has continued to work in partnership with member agencies to protect children from abuse and neglect, and to minimise any adverse consequences of abuse.

2.3 In summary this year:

- We undertook two multi-agency audits. The first of which highlighted some real strengths in the multi-agency safeguarding response to children with disabilities. The second examined the recognition and response to intra-familial child sexual abuse and results of this activity have helped provide a focus on areas of practice that need to be improved.

- Two serious case reviews have been published this year. One concerned the death of a 17 year old boy and led us to evaluate the safeguarding response to children as they approach adulthood. The other concerned two siblings who are suspected to have died whilst involved in conflict abroad. This was a large scale and complex review highlighting some good practice and areas for development in supporting children and young people who are vulnerable to exploitation through radicalisation. The annual report shares the learning from both of these reviews.

- Between April 2017 and March 2018, the Child Death Overview Panel was notified of 8 deaths of children who were resident in Brighton & Hove. This is a continued decrease in numbers of deaths from the previous year.

- In total 944 professionals from across the safeguarding partnership attended LSCB multi-agency training events. This year the LSCB training programme has expanded to include further specialised safeguarding training. This has encompassed emerging risks and issues facing the children and young people of Brighton and Hove. Training courses are routinely added to and updated in light of learning from both local and national reviews as well as statutory and good practice guidance released throughout the year. New training developed includes learning offers on Safeguarding Adolescents as well as presentations on Trauma Informed Practice. LSCB training in relation to exploitation has also been reviewed and recommissioned to incorporate all aspects of exploitation, including criminal, radicalisation, sexual and drug related "county lines" exploitation of young people.

- The Early Help Hub, Family Information Service and the Multi-Agency Safeguarding Hub came together in this reporting year to form a single point for all contacts related to supporting and safeguarding children known locally as the Front Door for Families. It was too early to evaluate its impact this reporting year.

- The LSCB has been aware of the emerging threats and risks of county lines activity on children and young people. Whereby local children and young people are being criminally exploited to run drugs and money into rural areas of the county. Whilst criminal exploitation was not identified as a priority for the LSCB when our business plan was drawn up in 2016, we have responded swiftly and robustly to this new safeguarding risk. It is important that we do not to shy away from trying to understand and tackle such difficult issues.

2.4 Achievements are listed out fully on page 5 of the report, below are a few of our achievements:

- As a result of LSCB audit work a Multi-Agency Child Neglect Consultation Group has been established which offers a safe reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue.
- Through the work of the LSCB there is now more effective communication channels in place when children are placed out of county (this relates to both Children's Social Work and Police), evidence by quality assurance activity.
- The LSCB has influenced to ensure that strategic and operational responses to sexual harm and violence are informed by voices of children, who have experienced this type of abuse

2.5 In 2018/19 the LCSB will cease to function and the new safeguarding arrangements will assume much of the same previous responsibilities of the LSCB. That said, there are some significant changes to how functions should be delivered:

These comparisons can be summarised thus:

Same

- A requirement to undertake case reviews in certain circumstances,
- scrutinising the effectiveness of arrangements

- defining how agencies will work together to improve outcomes for children and families
- using data to assess effectiveness
- learning lessons and improving outcomes for children and families
- publication of an annual report
- expectations around shared funding

Different

- flexibility over how independent scrutiny is built into the arrangements
- broadening of responsibility to three safeguarding partners
- local choice around which organisations should be included within the arrangements ('relevant agencies' selected from a national list of options rather than a defined list of LSCB members)
- choice around geographic area and delegation of safeguarding partner responsibilities
- separation of the child death review function

At the time of writing talks are underway as to how the three safeguarding partners - the Local Authority, Brighton & Hove Clinical Commissioning Group and Sussex Police – will take forward the new arrangements.

3. Important considerations and implications

Legal:

3.1 During this report's reporting period, the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). There was a requirement under the Children Act 2004 (as amended by the Apprenticeship, Skills, Children and Learning Act 2009) that at least once in every 12 month period, a LSCB must prepare and publish a report about safeguarding and promoting the welfare of children in its local area. The report is to be submitted to the Children and Young People's Committee, the Brighton & Hove Health and Wellbeing Board, and all member agencies.

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

This is the last report from the Board in its current constitution. The Board is in a transitional phase since 29 June 2018 to new arrangements which must come into operation by 29 September 2019. The Children and Social Work Act 2017 replaces Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements, to be determined locally,led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). It also places a duty on child death review partners (local authorities and clinical commissioning

groups) to review the deaths of children normally resident in the local area. The current operation of the LCB must follow statutory guidance relating to transitional arrangements.

Lawyer consulted: Natasha Watson Date: 16 October 2018

Finance:

The full financial breakdown, plus the budget forecast for 2018 -19, can be read on page 23 of the annual report. There was an underspend of £53. It is important to note that the LSCB budget does not represent the true costs of the Board's business and development work and some 'hidden' costs are subsumed within the City Council and other partners' budgets.

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

Finance Officer consulted: Brian Mcgonigle Date:12 October 2018

Equalities:

The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

Officer consulted Sarah Tighe-Ford Date: 12 October 2018

Sustainability:
During this reporting period the LSCB was a statutory requirement. Going forward it will need to be resourced jointly and proportionately by the Local Authority, Brighton & Hove Clinical Commissioning Group and Sussex Police.

Supporting documents and information

Appendix 1: Annual Report 2017-18.
Appendix 2: Recommendations for the Safeguarding Partners from the Brighton & Hove Local Safeguarding Children Board (LSCB)
Appendix 3: Presentation to the Health & Wellbeing Board

Brighton & Hove Local Safeguarding Children Board

Annual Report 2017-18

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Forward by Independent Chair - Chris Robson

I am pleased to introduce the Brighton & Hove Safeguarding Children Board (LSCB) annual report. This is my first annual report as the Independent Chairperson, a role I took over in December 2017. The LSCB is required to publish a report each year on the effectiveness of safeguarding in our area. This should include an assessment of local safeguarding arrangements, achievements made and the challenges that remain.

Throughout the year, building on the work done by the previous chair, the Board has continued to grow in the way partners challenge and hold each other to account, both at full board and at our subcommittee meetings.

Progress against our priorities has been promising; you will see the detail in the report from page 15.

Our quality assurance activity has highlighted some real strength in the multi-agency safeguarding response to children with disabilities. Our audit on recognition and response to intra-familial child sexual abuse has helped provide a focus on areas of practice that could and will be improved.

This year saw the Early Help Hub, Family Information Service and the Multi-Agency Safeguarding Hub came together to form a single point for all contacts related to supporting and safeguarding children known locally as the Front Door for Families. Whilst it is too early to evaluate its impact, the service has been carefully designed to ensure a range of professionals with different areas of expertise are bought together to assess, decide and coordinate how best to support children, young people and their families where there are concerns.

Two serious case reviews have been published this year. One concerned the death of a 17 year old boy and led us to evaluate the safeguarding response to children as they approach adulthood. The other concerned two siblings who are suspected to have died whilst involved in conflict abroad. This was a large scale and complex review highlighting some good practice and areas for development in supporting children and young people who are vulnerable to exploitation through radicalisation. You can read more about these reviews from page 26.

Child protection and safeguarding in the multi-agency world is complex and quick solutions are not always available. Our priorities are designed to drive whole system change and service improvement which, if carried out correctly, should lead to improved outcomes for the children and young people of Brighton & Hove who need them most. Towards the latter end of the year the LSCB has been aware of emerging threats and risks of county lines activity. Whereby local children and young people are being criminally exploited to run drugs and money into rural areas of the county. Whilst criminal exploitation was not identified as a priority for the LSCB when our business plan was drawn up in 2016, we have responded swiftly and robustly to this new safeguarding risk. It is important that we do not to shy away from trying to understand and tackle such difficult issues.

Our multi-agency training has continued to thrive. I am very pleased to announce that our Learning and Development Officer was nominated for “Child Protection Trainer of the Year”, which demonstrates that we are providing a relevant, up-to-date and beneficial programme to promote the ongoing safeguarding of our children and young people across the city.

This will be the last annual report of the LSCB as we begin the transition to new safeguarding partnership arrangements bought about by the enactment of the Children and Social Work Act. I thank the members of the LSCB for their professionalism, challenge and rigour and the business team for all their work during the year. I must conclude by thanking the frontline practitioners for their dedicated work in safeguarding our children and young people.

Introduction

This annual report covers the period 1 April 2017 to 31 March 2018.

Who we are and what we do

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

Essentially, Brighton & Hove LSCB has a co-ordination role.

We coordinate local work by:

- Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority safeguarding issues together
- Developing robust policies and procedures
- Delivering multi-agency training

We ensure the effectiveness of local work by:

- Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities
- Collecting and analysing information about child deaths
- Drawing evidence from the testimony of children, young people and frontline professionals
- Publishing this annual report

Summary of Achievements

- We have held six briefings in the last year, reaching over 100 frontline practitioners and their line managers. Through these sessions we have promoted the purpose and work of the board and focused on sharing the learning themes from our serious care reviews and our multi-agency audit work.
- There continues to be a strong focus on understanding the picture of child sexual exploitation locally and an increasing focus on prevention.
- A Multi-Agency Child Sexual Abuse Strategy and action plan and Neglect Strategy has been developed.
- As a result of LSCB audit work a Multi-Agency Child Neglect Consultation Group has been established which offers a reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue.
- Through the work of the LSCB there are now more effective communication channels in place when children are placed out of county (this relates to both Children's Social Work and Police)
- The LSCB has influenced to ensure that strategic and operational responses to sexual harm and violence are informed by voices of children who have experienced this type of abuse.
- We have revised the LSCB Threshold Document and Early Help strategy to ensure it is more accessible for practitioners.
- We have agreed a strategy on Whole Family Working – A Strategy for Early Help which recognises that all partners share responsibility for intervening as early as possible.
- The Board has satisfied itself that processes in Brighton & Hove follow national Chanel Panel guidelines.

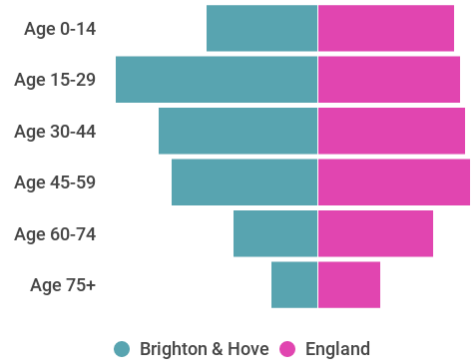
Summary of Challenges

- For the second year in a row we have struggled to implement the Quality of Care Tool. This is an assessment tool that supports practitioners in neglect cases where there is drift and delay to identify action required. This is a national licenced product which cannot be viewed until purchased. We have been trying to work with the provider to ensure this is fit for local purpose before purchase.
- As reported last year we have still not be able to locally implement Operation Encompass1. It is hoped this will be in place by September 2018.
- Whilst we have made some efforts to ensure that all partners are listening to the voices of children and young people and their families, and are achieving a positive impact on children's lives as a result of their own quality assurance processes, this focus needs to remain a priority.
- Management information from key safeguarding agencies still needs to be embedded.
- The LSCB hasn't fulfilled its aims of better engaging with Brighton & Hove's children's and young people's forums to review how the voice of the child should be better integrated into the work of the LSCB.
- Due to a number of public facing campaigns already being developed by partners in the City, we were not able to run the city - wide campaign highlighting the risks of all forms of exploitation and on-line grooming of children that we had planned this year.

Local Background and Context

Population

2016 population estimates show there are 51,281 children aged 0-17 in Brighton & Hove



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

Neighbourhoods

The city has a population density 7 times the average for the South East, and includes most densely populated area in the South East. BAME communities are mostly concentrated in city centre wards, student population in wards around Lewes Road, and single person households in the city centre wards. Families are predominantly found to the east and north of the city

As at 31 March, 157 children are allocated to children's disability team

Languages

For one in 12 residents aged over three years (21,833 or 8.3 per cent) English is not their main or preferred language. Arabic is the most widely spoken language in the city after English, with 0.8 per cent of residents (2,226 people) using it as their main or preferred language. (2011 Census)

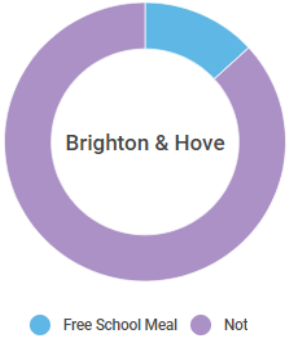
4.9% of city households have no household members who speak English as main language, compared to 4.4% across England.

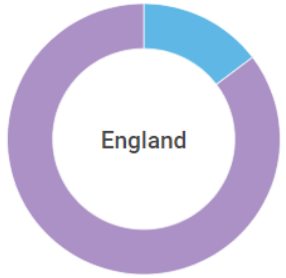
Deprivation

Deprivation is more acute in the city than in neighbouring counties. On Income Deprivation Affecting Children, Brighton & Hove ranks 95th most deprived (East 99th, West 128th) of 152 Upper tier Local Authorities

Latest figures made available to the LSCB showed that 18.1% of the total population of children and young people under the age of twenty in the city were living in families on less than 60% of median national income. 2013 estimates show 12% of households were living in fuel poverty, putting older and younger residents at risk of ill health during the colder months.

In January 2018, 13.2% of Brighton and Hove pupils from Reception year to year 11 (aged 4 to 16) had applied for and had been deemed eligible for free school meals. This is below the national figure of 14.7% (January 2017).





Outcomes for Brighton & Hove Children

This section provides more detail of the progress being made to keep children in Brighton & Hove safe from harm.

Early Help

There were **7105** contacts to the Front Door for Families in 17/18, of which **918** resulted in a referral to Early Help **(13%).** **April & May includes referrals to the Early Help Hub (now closed).*

Top 3 Agencies Making Early Help Referrals

26% by School Staff

19% by the Police

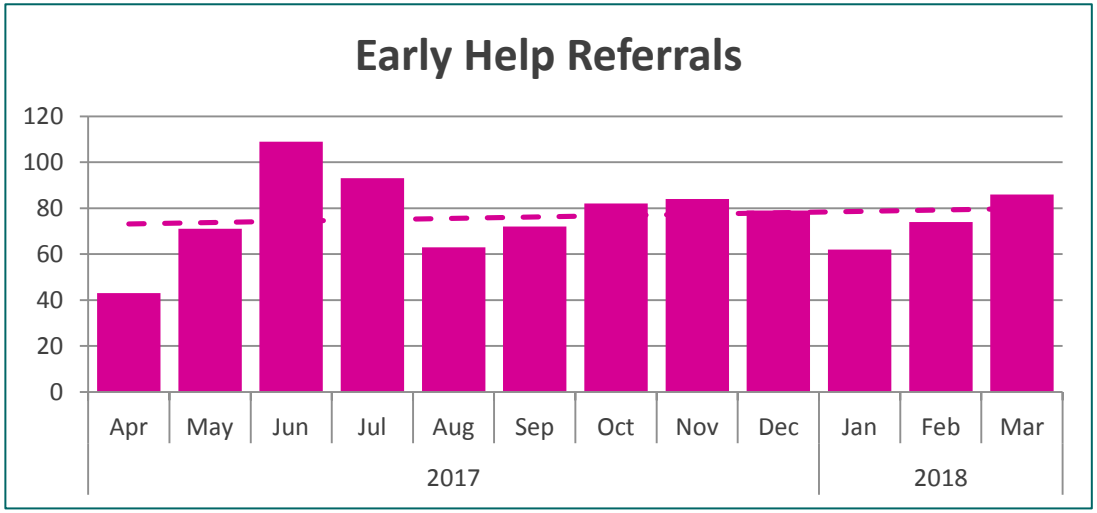
10% by Health Visitors

Top 3 Factors (type of need) identified in Early Help Referrals

16% Socially Unacceptable Behaviour

16% Parental Mental Health

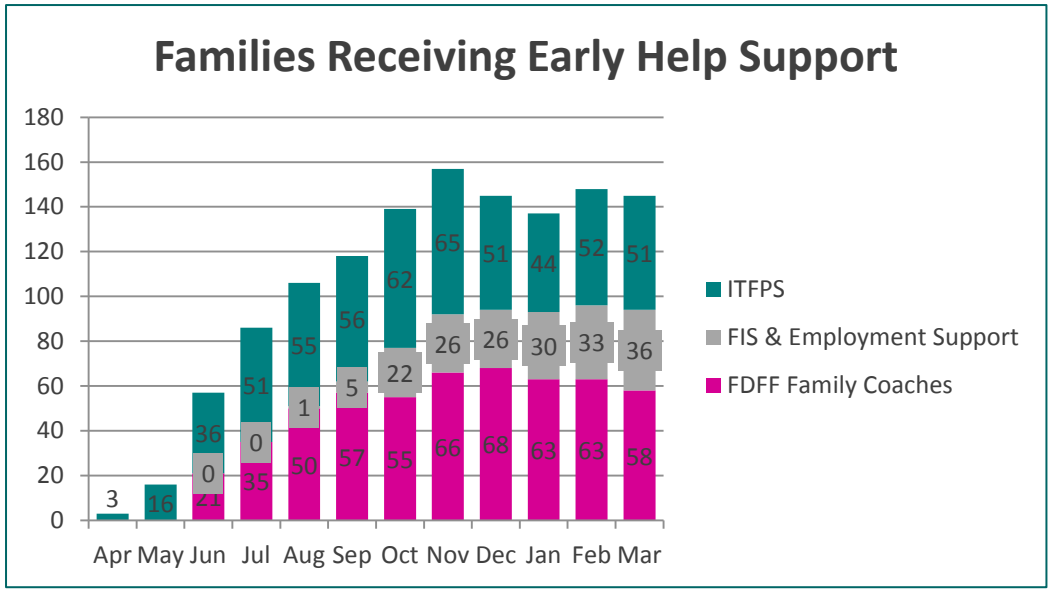
11% Child Mental Health



Early Help Team Activity (Carefirst users only)

Council Early Help teams began to move their casework to the Carefirst case management system from May 2017, following the closure of the Early Help Hub. All teams were consistently recording on Carefirst by November 2017

- The number of families receiving Early Help support in 2017/18 where their casework was recorded on Carefirst was **478.**
- The average number of families open to Early Help on Carefirst each month was **105.**
- As full casework migration was not completed until November 2017, numbers are expected to be higher in 2018/19. The November'17 to March'18 average is **146** families accessing Early Help support each month.



ITFPS – Integrated Team for Families and Parenting Service
FIS – Family Information Service
FDFF – Front Door for Families

Top 3 Factors (type of need) identified in Early Help Assessments

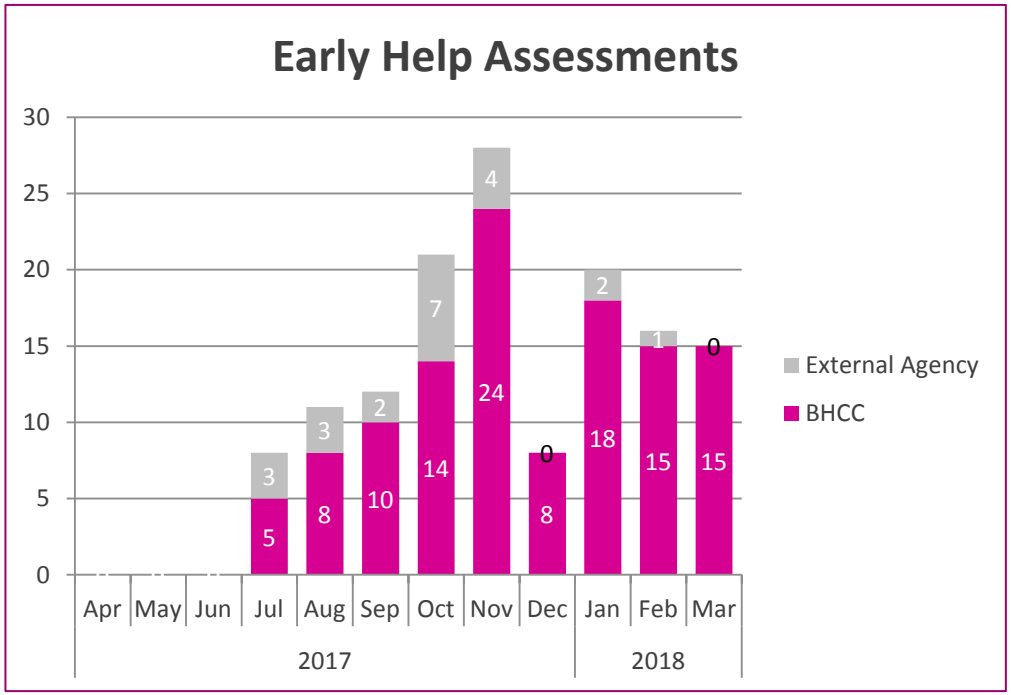
62% Parental Mental Health
57% Child Mental Health
38% Parental Physical Health

Early Help Assessments

There were **139** Early Help Assessments completed on Carefirst in 17/18, an average of 12 per month.

The November to March average is **17** per month. External agencies include schools and health visiting (part of Sussex Community NHS Foundation Trust).

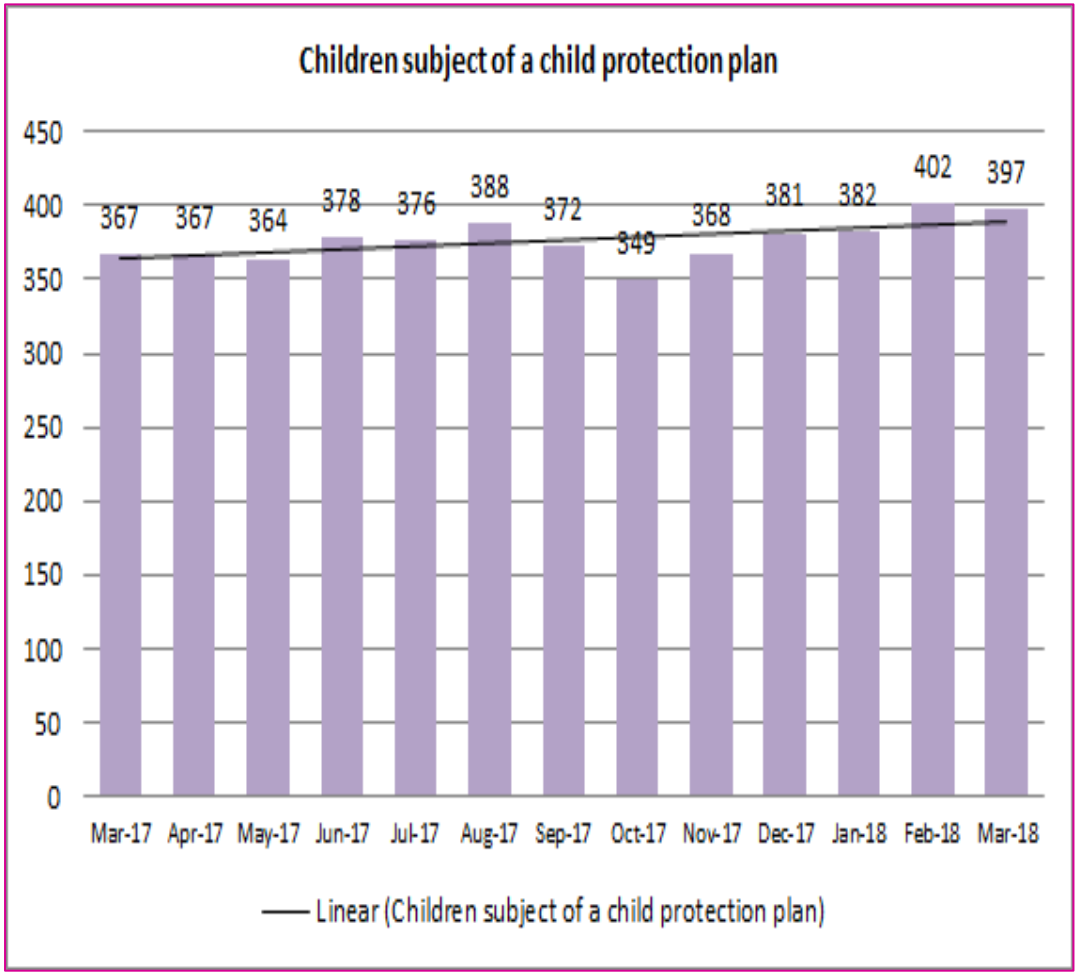
A priority for 2018/19 is to improve the recording of external Early Help assessments and plans.



Child Protection

Over the year, the number of children with child protection plans has **increased**. This year there are currently **397** children with a child protection plan at 31st March 2018, up from **367** at March 2017. This is higher than similar areas. Statistics published by the National Society for the Prevention of Cruelty to Children (NSPCC) show that the numbers of children in the child protection system are increasing.

Figure 1



Children are receiving the help they need in a timely way.

87% of initial child protection conferences are held within 15 days, above the 2016/17 England average of **77.2%.**

89% of Strengthening Family Assessments are completed within 45 days, above the England average of **82.9%.** This is a stronger position than was reported last year.

In October 2015 the Brighton & Hove City Council's Social Work service reconfigured into 16 Pods, who are now responsible for overseeing an assessment and the accompanying safeguarding response, from start to finish.

The overall improving picture in respect of Strengthening Family Assessment performance is a positive sign that this system change is contributing to improved service delivery, particularly in relation to seeing children and assessing their needs in a timely way. The monitoring of the timescales around these assessments requires constant vigilance in order to sustain performance.

The average duration of these assessments is **reducing**, which indicates that the assessment of children's needs is happening in a timely way and that social workers are not taking the full possible 45 days to conclude their assessments and plans for children moving forward.

Re-referrals and repeat Child Protection Plans

Both are **higher** than last year and are **higher** than England averages, Figures 2 and 3.

Re-referrals: **24%** for year ending Mar 18 compared to the 2016/17 England average: **21.9%.**

Repeat Child Protection Plans: **23.8%** for the year ending March 2018 compared to the 2016/17 England average of **18.7%.**

This means that children are still being exposed to risk for a second or third time, which calls into question the effectiveness of the intervention already undertaken and the effectiveness of the continuum of need and how families are escalated through it.

Figure 2.

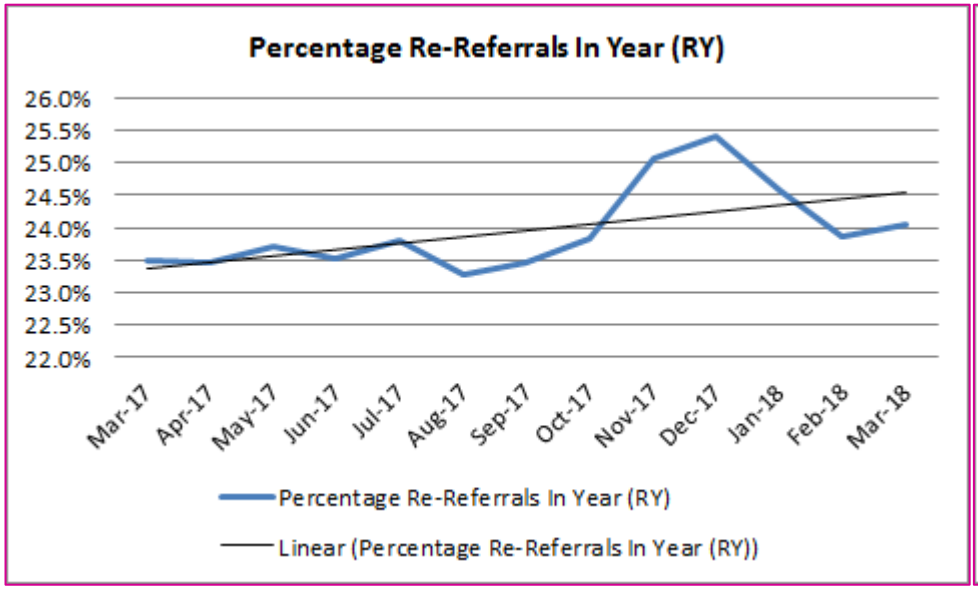
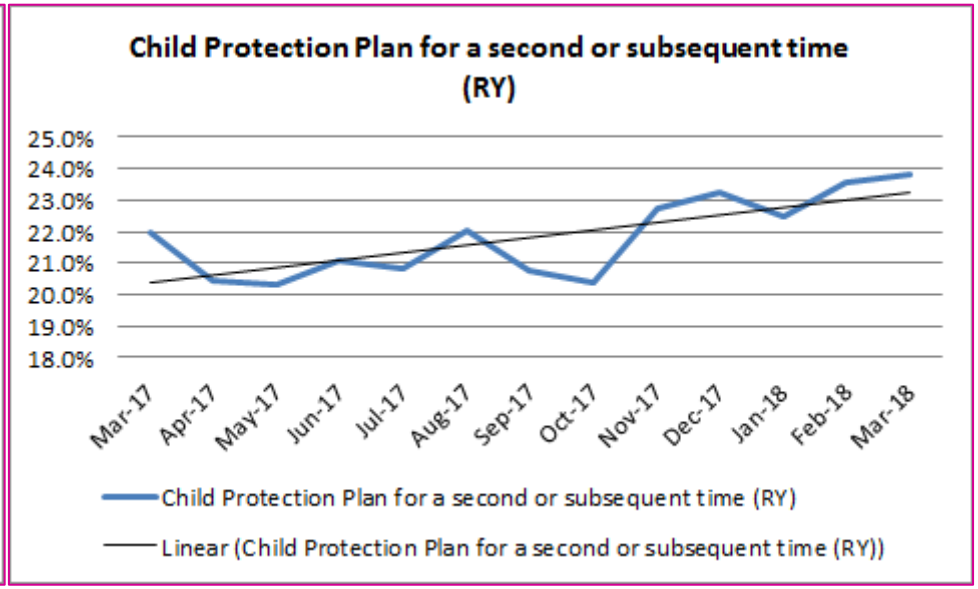


Figure 3.



Of the **394** children who ceased to be the subject of a child protection plan during the year, **30 (7.6%)** of these had been the subject of a child protection plan for two years or more when the plan ended. This percentage is **above** the national average of **3.4%.**

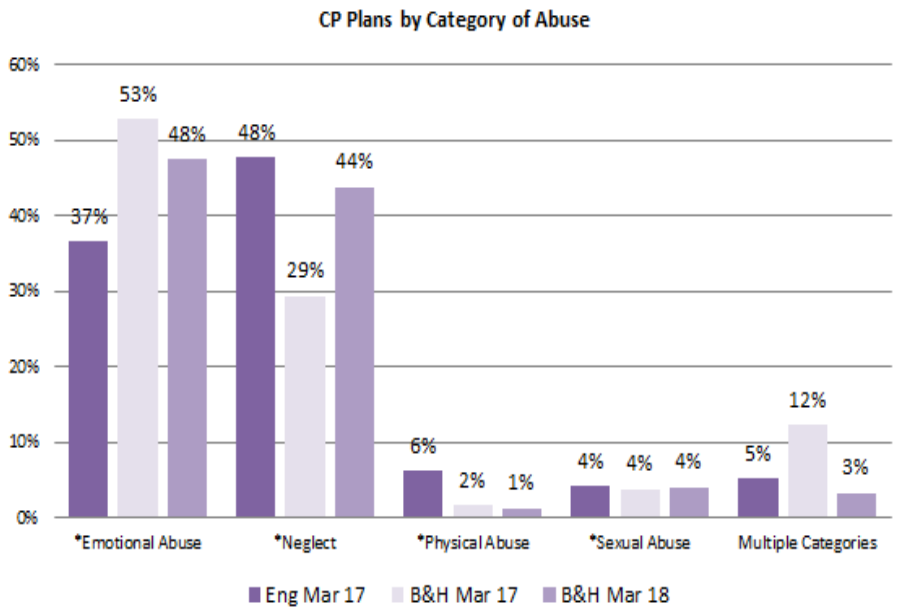
Neglect & Emotional Harm

For the last three years between **41.5%** (Oct 17) and **55.6%** (Apr 16) of children on child protection plans have been primarily described as suffering from **emotional abuse.**

There was a problem with reporting factors last year. The CIN Census shows that **34** episodes had a factor of neglect out of **1,458** episodes with factor information for the year ending 31st March 2017, which would rank Brighton & Hove 150th out of 151 LAs with published data. We know this isn't accurate.

Of the **397** children who have a child protection plan recorded at 31 March 2018, **174 (43.8%)** had neglect recorded as the latest category of abuse, this is below the national average of **47.8%,** however Brighton & Hove has a higher percentage of children who have a child protection plan in place as a result of emotional abuse (of which neglect is a component), **47.6%** compared to **36.7%** nationally.

Figure 4.



According to the NSPCC, neglect is the main concern in 48% of child protection plans in England. In analysis of Serious Case Reviews (SCRs) neglect was a factor in two-thirds of the non-fatal SCRs and over half of the fatal cases. Of this number only 12% of children had a child protection plan with neglect being by far the most common category (a further 12% had been on a CP plan in the past). Read page 15 to see how the Board have been tackling neglect this year.

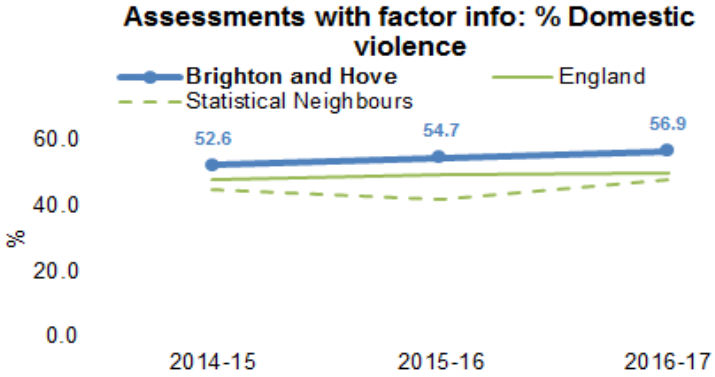
Children in Need

There are **1,976** open Children in Need cases at 31st March 2018, (**1,112** excluding children subject of a Child Protection Plan and Children in Care). As reported in last year's annual report the Brighton & Hove City Council's Families, Children & Learning Directorate (FCL) approached the Local Government Association to coordinate a safeguarding Peer Review. This identified some drift in Child In Need cases. This year it has remained a priority for FCL to monitor this on an ongoing basis to prevent case work drifting.

Domestic violence

56.9% of Children in Need at 31st March 2017, had domestic violence recorded as a factor, **above** the England average of **49.9%.**

	2014-15	2015-16	2016-17	% change from '15-16 to 16-17	
	%	%	%		
Brighton and Hove	**52.6**	**54.7**	**56.9**	**Up**	**4%**
Statistical Neighbours	45.0	42.1	48.1	Up	14%
England	48.2	49.6	49.9	Up	1%
South East	46.1	50.1	50.1	Up	0%



Looked after Children

There are **418** children in care (CiC) at 31st March 2018. The peak CIC number since 2010 was 515 in November 2011 and the lowest number was 409 at January 2018.

The aim is to reduce children in care to 416 (81 per 10,000 children), which is the average for our 10 nearest authorities in terms of contextual factors based on Public Health analysis of deprivation, alcohol, drugs and mental health.

The CIC rate per 10,000 is **81.6** at March 2018, down from 89 per 10,000 at 31st March 2017. This is in-line with the March 2017 contextual neighbour average (82), and above the national average (62) and statistical neighbour average (63).

The health care offer to looked after children continues as always to be a focus for partners. **83%** of looked after children have a completed health assessment. The Brighton & Hove Clinical Commissioning Group (CCG) monitor consistency of the statutory health assessments and care plans of looked after children. The education of looked after children is also a key area of interest for the Board.

Child Sexual Abuse (CSA)

This year we have undertaken a lot of work to combat child sexual abuse. You can read more about this work on page 17.

There are currently **16** children on child protection plans under the category of child sexual abuse, representing **4%** of all children subject of a child protection plan – in line with the national average of **4.2%** at 31st March 2018.

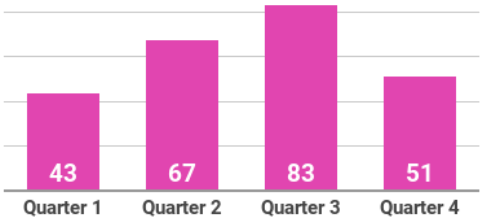
Sussex Police has recorded **38** sexual communication with a child offences between September 2017-March 2018. The majority of these offences relate to online activity in chatrooms and through social media.

Missing children

Going missing increases children's vulnerability to abuse and exploitation.

17% or 4 of the 24 children who went missing from care between 1st January and the 31st of March went missing 3 or more times. The 4 children who went missing three or more times, accounted for 22 Or **43%** of the 51 individual missing episodes recorded in the quarter

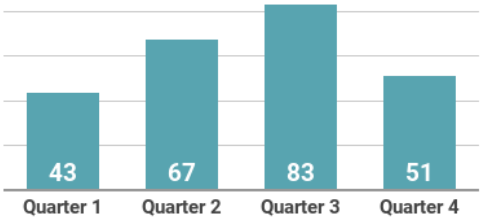
This chart shows the quarterly trend for missing episodes from care.



Missing from Home

13% or 3 of the 23 children who went missing from home between 1st January and the 31st of March went missing 3 or more times. These 3 children accounted for 18 or **46%** of the 39 individual missing episodes recorded in the quarter.

This chart shows the quarterly trend for missing episodes from home.



Child Sexual Exploitation (CSE)

As at 31 March 2018 **31** children have a CSE classification who are open to Social Care**.** Multi-agency meetings are held regularly to review the level of risk that the child is currently exposed to (Red-Amber-Green), and a multi-agency plan is created to protect the child.

Last year we undertook a multi-agency audit to test the effectiveness of multi-agency working with children who were being, or at risk of being, sexually exploited. From this work we gained assurance that CSE was being identified appropriately and as early as possible. This form of abuse remains a key strategic priority for the LSCB reflecting its national and local status.

Crime and young people

The total of recorded crime where victims are children has **risen;** this is in line with the force average within the county.

The most common reason for police protection powers being used is involvement with crime, missing episodes, CSE and neglect.

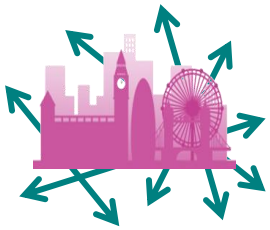
There were **239** first time entrants to the Youth Justice System in Sussex (**24** in Brighton) in the year 2017/2018

There were **329** in 2016/2017, **37** in Brighton & Hove 2016/2017.

3 young people from Brighton & Hove were sentenced to custody sentenced to custody this year.

County lines

Towards the end of the year the Safeguarding Boards, along with the Community Safety Partnership (CSP) Board, started to look closely at the delivery of services for a particularly vulnerable group of people. This is a small but important group who are vulnerable to and involved in criminal activity connected to the transportation of drugs. The true scale of County Lines activity is difficult to determine with accuracy as its nature is fluid and the intelligence surrounding the threat is not always clear, nor is it recorded consistently.



There are an estimated **720** lines across England and Wales - actual number may be considerably higher, as many of these areas are likely to have more than one line and county lines networks are increasingly operating from more than one phone number.

At least **283** lines originating in London (conservative estimate). County Lines originating from London predominantly impact forces in the south and east but some also affect forces further north. The police and Brighton & Hove City Council have closed down over **20 premises** in the past two years using Closure Orders under the 2014 Anti-Social Behaviour Policing and Crime Act. There have been incidents of violence associated with these addresses with knives and other weapons reportedly being used.

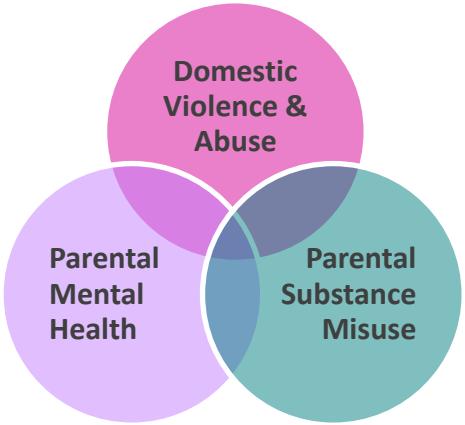
Adolescent Mental Health

We have been worried about the numbers of children self-harming so we have been keeping an eye on this and hearing from Public Health about all their work with local schools to support children and families with this issue. We have also published a Self-Harm and Suicidal Behaviour procedure with colleagues across Sussex to help professionals respond appropriately. You can read this here: **Self-Harm and Suicidal Behaviour**

Throughout the year the Sussex Clinical Commissioning Groups' have been re-designing the specialist child and adolescent mental health service. This has included; an extension of outreach models, development of mental health support in social care for vulnerable children and young people as well as training in an integrated approach to working with the most hard to reach adolescents with severe complex mental health needs. We routinely receive updates on progress.

Priority Area 1: Neglect & Emotional Harm
(Domestic Violence & Abuse, Parental Mental Health & Substance Misuse)

What we want for children: Children in households where neglect is a feature are helped and when necessary protected.



There is considerable national research and local evidence which demonstrates the damage to infants, children and adolescents living in situations where their needs are neglected. Here's what we have been up to this year to tackle neglect.

Neglect Strategy

Professionals working with children and their families have developed a neglect strategy. This sets out how the city's services work together to reduce and mitigate the risks of child neglect. You can read this **HERE .**

Neglect Strategy Action Plan

Alongside the neglect strategy sits an action plan to keep us focused. As a result of this plan the safeguarding data presented to the LSCB has been fine tuned.

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Multi-Agency Neglect Audit

Last year, through looking at a number of local cases, we examined the effectiveness of arrangements to safeguard children who experience neglect.
This showed us that risks were appropriately assessed and acted upon in four cases (44%). We didn't think this was good enough and have been committed to addressing areas of weakness. One such area concerned the inconsistent use of multi-agency chronologies. A chronological record of significant events in a case, if managed properly, can help build a picture of the child's history and the risks posed to them. Since this audit chronologies are better used to inform assessments and plans as a routine part of safeguarding practice across all agencies. Next year we will encourage the safeguarding partners to look for evidence that these are being consistently used to assist case planning.

Multi-Agency Child Neglect Consultation Group

This multi-agency group was established as a consequence of the aforementioned audit. It meets every two months to offer a reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue. This supports a more timely response to neglect by reducing drift and delay which can have serious consequences for children, resulting in them continuing to be exposed to neglect.

Neglect Learning Review

As reported in last year's annual report the LSCB undertook a learning review which concerned a family with five children where there were child welfare concerns over a period of over ten years. This year we have completed all the actions from this review. We have undertaken a full review and update of local practice guidance for children left unsupervised and provided training to local interpreters in the complexities of safeguarding and legal procedures.

Pan Sussex Neglect Conference

In November 2017 we co-hosted a pan Sussex LSCB conference looking at the issues of neglect. The day, attended by over 100 professionals was opened by Dr Jenny Molloy, author of Hackney Child, who gave us an insight into the lived experience of a neglected child and "the reality of being invisible." This was a great reminder about the importance of keeping the child and their wishes at the centre of all that we do. We also examined national data from a longitudinal study by Research in Practice, looking at how we can respond effectively to neglect. Phil Jones, Workplace dynamics specialist, presented on "disguised compliance" and how families want to present the best of themselves but we must consider what day to day life for the child is really like.

Neglect training

Throughout the year we have raised awareness about the risk and impact of neglect with all partners and agencies, including adult services. Learning from our neglect review and multi-agency audit has informed our neglect training which has been accessed by professionals from across the safeguarding partnership. We also, for the first time, rolled out some neglect eLearning. Professionals have also received training to understand the impact of parental substance misuse on children and young people.

Conclusion

Previous good progress on this priority has continued. There is evidence that learning from the previous multi-agency audit and learning review is embedded in practice. The creation of the Multi-Agency Child Neglect Consultation Group has been a fantastic step forward and has led to improved outcomes for children and young people living in the City. One area that still needs to be progressed is ensuring that there is robust management oversight of neglect cases so that drift and delay are identified and appropriate remedial action is taken.

Priority Area 2: Sexual harm and violence towards children (Child Sexual Exploitation and Child Sexual Abuse)

What we want for children: Children and young people in Brighton & Hove are protected from sexual harm and violence.

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

LSCB Child Sexual Abuse Strategy

This strategy sets out the vision, commitment and approach of the LSCB to ensure arrangements to safeguard children from sexual abuse are effective. It builds on what we have learned, both locally and more widely. The strategy outlines how agencies work together on cases when potential child sexual abuse concerns are reported, and details continuing plans to disrupt this kind of activity and prosecute the people who perpetrate this crime. It also talks to peer on peer abuse, harmful sexual behaviours and harmful practices. An action plan to accompany the strategy is in development as at 31 March 2018.

Learning seminar focussed on case planning and inter agency working

In February 2017 a joint learning review was undertaken between Families, Children and Learning and Sussex Police to examine the effectiveness of their joint working arrangements to safeguard a 15 year old female looked after by Brighton & Hove Local Authority who was at risk of sexual exploitation. A seminar with frontline staff was also held to identify learning points. The case generally evidenced good inter agency working with clear evidence of a multi-disciplinary team who knew the child well and who all agreed on the level of risk posed to her. The main issue related to gaps in communication between social work and police which led to police not being fully updated on case planning discussions and the legal context.

Intra-familial Sexual Abuse audit

Intra-familial sexual abuse is where a family member involves a child in (or exposes a child to) sexual behaviours or activities. The family member need not be a blood relative, but could be someone who is considered “part of the family,” such as a godparent or very close friend. This year we have been finalising plans to undertake a quality assurance activity to evaluate how effectively current multi-agency practice protects children where concerns have been raised that sexual abuse may be occurring within a family. Results are pending as at 31 March 2018.

Peer on Peer Abuse

Peer on peer abuse occurs when a young person is harmed by their peers. ‘Peer-on-peer’ abuse can relate to various forms of abuse and can be harmful to the child perpetrator as well as the victim. In 2017 the government issued new guidance for schools around dealing with **Sexual violence and sexual harassment between children in schools and colleges.** Since publication local schools have been supported to update their working practices. Next year safeguarding partners should seek assurance about the effectinvess of arrangements to safeguard against this type of abuse.

Child Sexual Abuse Referral Centre (CSARC)

Over the year the CSARC team continued to run regular training sessions. This included open days to highlight child sexual abuse and demonstrate how the team works with all professionals to give the best service to children and families. The 2017 service review by NHS England rated the Sussex CSARC as Outstanding in many areas. The team regularly collects feedback from all users and works to continually improve the service. Additionally the service successfully applied for two research / evaluation grants from the Centre of Expertise for Child Sexual Abuse. These grants have been used to review and improve services in particular for children in care.

"They were really nice and kind"

Child Sexual Exploitation (CSE) Audit

From audit work carried out in the previous year we know that on the whole the responses to CSE are effective with evidence to suggest agencies work well together to reduce risk but that there were some areas that needed tightening up. The audit highlighted examples where support services quickly withdrew when the young person who was at risk of CSE refused to meet in clinical settings. This isn't the first time the LSCB have been made aware of this issue and we have continued to work with commissioning colleagues to ensure service provision is flexible enough to meet the needs of people who find attending clinic based appointments daunting.

34

Vulnerability to exploitation

This year we reviewed the effectiveness of our subcommittees which hold responsibility for overseeing the tactical and strategic response to child sexual exploitation. Both groups now focus on the vulnerability to all forms of exploitation, including Child Criminal Exploitation (CCE), Child Sexual Exploitation (CSE) (including Trafficking), and Missing & Radicalisation. This has helped the LSCB to remain alert to emerging risks and issues. The latter end of the year saw us becoming aware of a new and emerging threat for the partnership; the risk of drug gangs exploiting young people to transport drugs around the city and county.

Learning and Development

LSCB learning & development offers around sexual violence and harm to children have continued throughout the year. During the 'Safeguarding the City' event, experts from the Clermont Unit[1] delivered presentations on supporting young people who display harmful sexual behaviours. Colleagues at the WISE Project[2] ran a session looking at the particular issues for boys and young men experiencing or at risk of sexual exploitation. There was also a workshop around the issues of consent, promoting conversations about those young people who may not understand that they are being forced or coerced into some form of sexual activity.

Return Home Interviews

Statutory guidance on children who run away or go missing states that when a child is found they should be offered an independent return interview (DfE, 2014:14). The key benefits of return interviews are to identify people at risk; understand the risks and issues faced whilst missing; reduce the risks of future episodes of missing or running away; and equip people with the resources and knowledge of how to stay safe if they do choose to run away again (DfE, 2014: 15-16). Since April 2016 Missing People have been commissioned locally to provide return home interviews. In June 2017 they presented their annual report. At this time we were advised that the accuracy of reporting for Brighton & Hove children could not be guaranteed due to double recording and some system issues. At the beginning of the year across Sussex it was noted that there was a decrease in the timeliness of Return Home Interviews. Sussex wide performance improved significantly by September 2017 when **50%** were completed within 72 hours, and **90%** were completed within 7 days, exceeding their target. As at 31 March 2018 the LA continues to seek assurance from the provider that the service offered to Brighton & Hove children is satisfactory.

Conclusion

We have consistently delivered well in relation to this priority. There is evidence of significant changes to ways of working that have improved outcomes for children and young people. Services are focused on supporting victims as well as acting to find and stop would be perpetrators. The LSCB has influenced to ensure that strategic and operational responses to sexual harm and violence are informed by voices of children who have experienced this type of abuse. However, there is still work to do. Whilst there is evidence that the response to missing children is improving more work is needed to understand the patterns and learn how to reduce repeat episodes in a child focused way.

[1] The Clermont Family Assessment Centre is a joint agency, specialist child protection unit with a multi-disciplinary team of experienced professionals. The Unit provides specialist risk assessments for the courts and in child protection procedures. Other work includes individual, group and family therapy, treatment programmes and consultation and training for professionals.

[2] YMCA WiSE works across Brighton and Hove, Surrey and East Sussex to support children and young people to stay safe in their relationships

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

What we want for children: Emerging problems and potential unmet needs are identified so that families and children receive the right support at the right time.

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

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child and family.

Front Door for Families

This service brought together the Early Help Hub and the Multi-Agency Safeguarding Hub to create a single front door for both early help and safeguarding referrals. The Front Door for Families is made up of professionals with different areas of expertise who work together to assess, decide and coordinate how best to support children, young people and their families where there are concerns. Over the past year these professionals have worked with families and agencies to help decide the level of need and appropriate plan of support for the child and family. After discussion at one of our Board meetings a specialist mental health nurse has since joined the team at the Front Door. Amongst others, they join;, Social Workers who make decisions about levels of need, Referral Officers who receive calls, accept e-mails and on line notifications and provide information, advice and guidance for professionals and the public, Police Officers who assess information and notifications about children and young people coming to the attention of the Police and Family Coaches who examine any contacts that meet the threshold for targeted

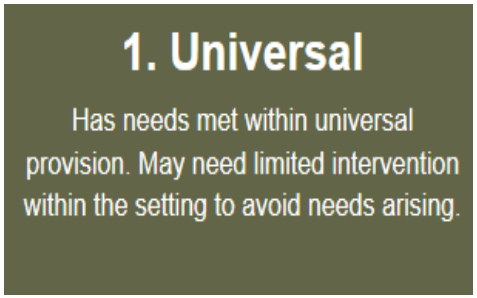
Early Help and Parenting Support and assist partner agencies in setting up Team around the Family meetings and plans.

Threshold Document

In September 2017 work began on a review of the LSCB Threshold Document and Early Help strategy. These tools provide a framework for professionals who are working with children, young people and families. It aims to help identify when a child may need additional support to achieve their full potential. We recognise that children and their families do not always easily fit into a category or a tick box and that a child's circumstances can change quickly and over time and a child may move across the levels of need dependent on a number of different variables that are present at any one time. The revised can be printed as an **A3 poster** for reference, or can be viewed as an **interactive thresholds framework** .

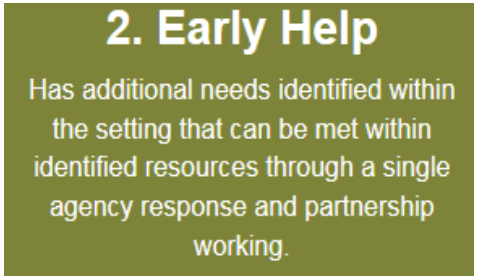
Transforming services to whole family working

For families with multiple problems an integrated "whole family" approach that recognises and deals with their interconnected problems is most effective. Whole family working means transforming services from a number of unconnected professionals with their own assessments, thresholds and measures to integrated, family-focussed, outcome based working. In light of this we have developed a Whole Family Working Strategy, a strategy for early help and this complements the revised Threshold Document. The strategy emphasises the joint commitment to whole family working and providing help and support as early as possible to prevent risk and vulnerabilities from escalating. You can read this **HERE**. Going forward we advise the safeguarding partners to test how the revised Threshold Document and Whole Family Working Strategy has improved outcomes for children and their families.



Early Help Strengthening Families Assessment

This year the Early Help Assessment has been replaced by a simplified document. The Strengthening Families assessment and planning model is now used across level 3 (Early Help Partnership Plus) and level 4 (Specialist Services) levels of need. The assessment travels with a family through the different services. The form is available **online** for professionals in all settings to use. Agencies use their own form of assessment to identify the level 2 early help level of need. The priority for 2018/19 is to expand the use and recording of Early Help Strengthening Assessments and Plans by agencies.

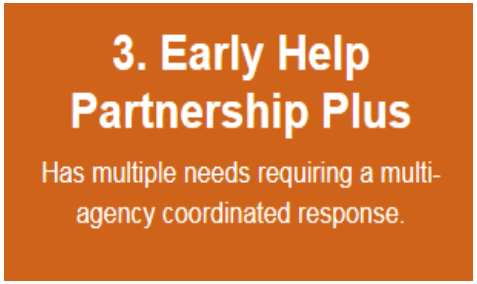


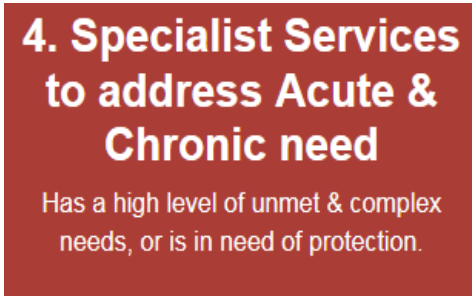
Conclusion

We have continued with our commitment to early help.

This year we have clarified the thresholds for early help and agreed a strategy for how agencies can work together to better support the needs of the whole family.

We hope that audit work next year will evidence positive and lasting outcomes for children and families.





Priority area 4: Governance, Quality Assurance & LSCB Scrutiny

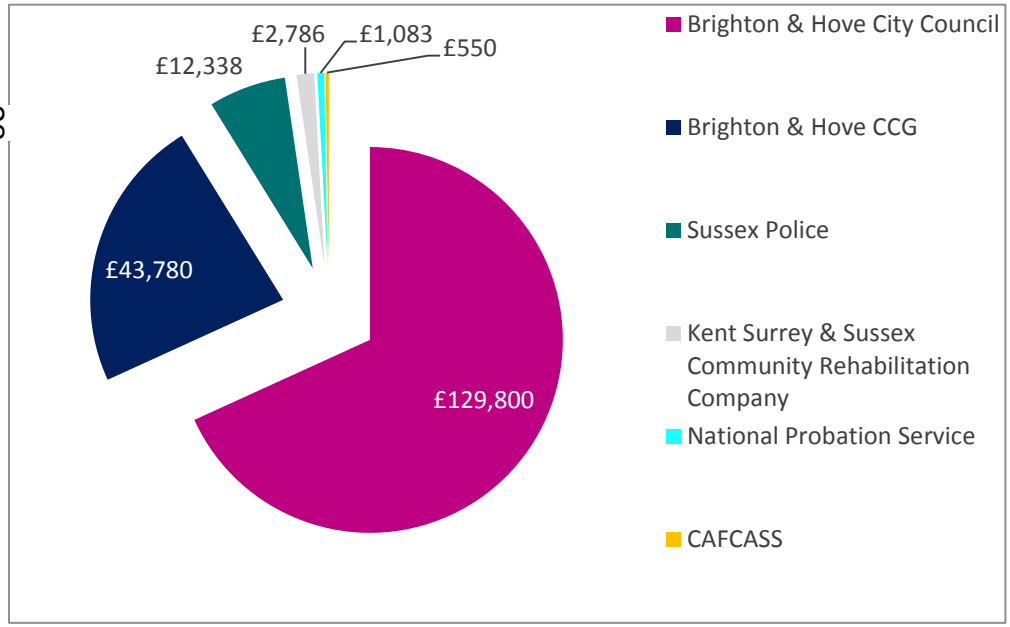
What we want for children: Board business is coordinated and ensures the effectiveness of what is done by partner agencies thereby improving the lives of children and young people.

Over the year we have continued to challenge each other to improve systems to keep children and young people safe in Brighton & Hove.

LSCB Finances

In financial year 2017/18 the actual expenditure was £**224,400.** There was an underspend of £**53.** Partner agencies have contributed to the operation of the Board. All agencies contribute by chairing or vice-chairing meetings or providing use of their buildings and facilities and hosting learning events. The training programme has self-generated £**34,010** income

Income – Total, Inc. training £224,347



Expenditure £224,400

Staffing	139,099
SCRs/LRs	21,205
CDOP	12,500
Training Expenses	11,733
Transport	557
Venue Hire	918
Insurance	100
M&E Chair	1,800
Printing	2,751
Conferences	361
Website	2,125
Computer Costs	880
Telephony	311
Misc.	460
Support Services, e.g. Legal	29600

Performance information

Our Management Information continues to direct where we put our focus. This year we have continued to review our performance measures to ensure they are closely aligned with our priorities and focused on assessing outcomes for children. Again we have worked to make this a truly multi-agency dataset to support us to make better informed decisions about where future work is needed.

Quality Assurance

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

Section 11

This year we have revisited and planned for next year's Section 11[3]. This self-assessment is carried out every two years. New standards have been added this year following serious case reviews across Sussex. Going forward the Section 11 will also ask partners to assess their own safeguarding arrangements as they relate to faith and culture and hard to engage families.

Conclusion

Our quality assurance activity is robust; it has helped us truly understand how effective safeguarding services are in the city. Summaries of findings from audits have been shared with staff in briefings and a strong tracking system is in place to oversee progress on all actions arising from our audits and learning reviews. However, there is still much to do, especially in ensuring that all agencies are listening to the voices of children, young people and their families, and are achieving a positive impact on children's lives as a result of their own quality assurance processes.

[3] *Working Together to Safeguard Children (2015)* requires all LSCBs to gather this information to assess whether partners are meeting their statutory obligations as outlined in Section 11 of the Children's Act (2004).

Priority area 5: Participation & Engagement

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

Regulation 5 of the Local Safeguarding Children Boards regulations 2006 provides that LSCBs are responsible for "communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so". We believe it is important that our work is communicated across our target audiences so that they feel informed about work we do to improve safeguarding in Brighton & Hove.

Voice of the child

Our multi-agency audits evidence active engagement by our partners with children, families and staff to understand their perspective of service delivery, service support and interventions.

This year we have undertaken work with our partners to determine how they evidence; what is being done to obtain the voice of the child, how children and young people's voices are being used in the development of practice and setting of priorities, how this is making a difference and how they know this.

All our training is child focussed, ensuring the voice of the child and the child's welfare remains paramount. This year we have been able to gain the view and voice of people using services with service users inputting into our "Impact of Substance Misuse" and "Safeguarding Adolescents training. This year has also seen the return of "The Child's World: Reflections in Practice" co-delivered by a young care leaver.

Throughout 2017-18 the LSCB has continued its work with Safety Net to produce a parent newsletter, Safety Rocks. This year we have shared advice from Child Safety Week on preventing accidents, provided some hints and tips on moving up to secondary school and dealing with change, and information for parents on Fortnight and age-restrictions on using social media. The Safety Rocks Secondary School Newsletter: Summer 2018 contained some tips to help manage exam stress and anxiety, information on the worrying use of Xanax as a recreational drug, and shared some signs that could indicate a young person may be caught up in “County Lines”.

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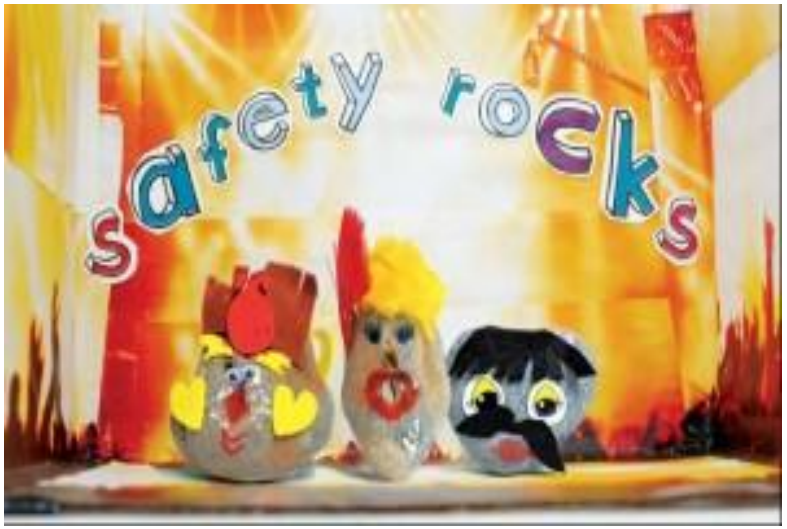
The **LSCB Board Briefing** continues to be hosted on the LSCB website following our quarterly Board meetings to support parents, carers and members of the public to have an improved understanding of the values and statutory function of the LSCB partnership.

The LSCB Website and our Twitter have gone some way to supporting the public to understand the role and remit of the LSCB. As at year end we have 1,895 followers which is considerably more than our closest statistical neighbour/s.

The LSCB has continued to cascade learning from Case Reviews, child deaths and quality assurance activity through professional learning events to help professionals understand what is required to improve safeguarding and child protection systems – such events are always well attended and well evaluated.



Conclusion

We have continued our commitment to sharing learning from LSCB activity and we can see how this has influenced the practice of staff across the partnership.

Where possible we have sought assurance that feedback from those who access and deliver safeguarding and child protection services in Brighton & Hove is taken into consideration in the formation of service delivery.

The safeguarding partners should continue efforts.

Serious Case Reviews

SCR Child A - June 2017

This review was commissioned following the tragic death of 17 year old, A. A was subject to a Care Order to Brighton & Hove City Council and had been in care since 2004. After a number of unsuccessful foster placements A was placed in a residential therapeutic unit in a neighbouring county in and remained there until his death. You can read the full report, the Board response and a short summary of the findings **June 2017: Child A SCR**

The review identified a number of strengths in service delivery, but also highlighted areas of sub-optimal practice.

One of the issues was an overreliance on the residential therapeutic unit to meet all of A's needs. The unit, accredited by the Royal College of Psychiatry, showed competence and confidence when working with A and there was a presumption amongst social work staff that the unit had sufficient expertise. This meant the need to seek additional (including psychiatric) opinion about A and his prognosis was not considered. Since publication social work staff have been reminded that if there are planned out of area placements, liaison must take place with relevant providers in the to ensure all the welfare needs of individual children are met.

As a result of this review;

- Health assessments, including mental health assessments, for looked after children have been reviewed for robustness and assurances have since been provided to the LSCB.

- All social work staff were reminded of the importance of providing carers with written information when making placements for children in care, as per Care Planning Regulations 2010, and reminded to ensure that children are fully briefed about the information shared.

- As at March 2017 the LSCB are seeking assurance that all Care and Placement Plans (as a priority those recognised to be high risk) include a clear contingency position in the event of placement breakdown. Next year Children, Families and Learning will be undertaking an audit to seek assurance that children in therapeutic placements are receiving appropriate support as well as exploring whether young people are now routinely informed about the information given to prospective carers about them. A staff bulletin and workshop on the theme of professional differences is also in development at the time of writing. This will draw on lessons learnt from this review regarding the importance of all practitioners feeling confident to professionally express concerns and challenge any aspect of care planning.

SCR W and X - July 2017

This report was commissioned to evaluate multi-agency responses to vulnerable young people at risk of exploitation through radicalisation. It followed the reported deaths of two brothers, 'W' and 'X,' in Syria in 2014. The siblings and their family had received services from local agencies in Brighton & Hove. Whilst the mandatory criteria for a Serious Case Review were not fully met, the Chairperson felt such an approach would provide a robust framework by which to maximise learning. It was a complex and large-scale review. This was a tragic case, which has had a major impact on our understanding of the risks posed to children of exploitation through radicalisation. You can read the full report, the Board response and a short summary of the findings **July 2017: Siblings W&X**

The heart of this review examined the siblings and their family's experiences. This included their experience of being subjected to racist and religiously motivated abuse and attacks, domestic abuse and physical abuse. The review also considered the youngest four siblings' involvement in anti-social and criminal activities. It evaluated the professional practice and services offered to the family.

The review identified **13** findings, which were grouped into four priority areas. The review found a 'striking' response following the discovery that the two siblings and another young person had gone missing. It recognised changes to processes, practice and working relationships to help prevent other young people at risk of radicalisation and travelling to Syria.

Working with children vulnerable to radicalisation

A core issue explored in meetings with local community members was around the need for all children to have positive self-esteem. In this case, early experiences of racism in nursery schools and primary schools were described as leading to the children becoming alienated and, as a consequence, more vulnerable to searching for ways to feel better about themselves through other means. There was concern expressed by community members that schools were not able to protect Muslim children sufficiently from racism. In December 2017 the Board heard how local schools record and respond to the experiences of Muslim pupils and what training has been provided to schools to support them to identify and challenge bullying and prejudiced based incidents, including those which are racist and religiously motivated.

Counter Terrorism Policing South East have formally responded to the review's findings. They have provided clarity around how police officers resolve potential conflicts between the security of the state and the safeguarding of children involved in such investigations. They have since invested in developing further guidance around safeguarding. Safeguarding is now a standing item in their daily operational meeting and Counter Terrorism Policing have also committed to attempting to recruit more officers with a public protection background.

Working with high risk adolescents

The review emphasised learning from a serious case review published last year **(September 2016: Child E SCR)** that systems to collect and share data about young people who come to police attention did not consistently provide all relevant information to practitioners to support assessing, identifying an addressing safeguarding needs. As a result Sussex Police, in consultation with other agencies, have undertaken work to review the circumstances in which a SCARF[4] should be completed have been updating Force Policy accordingly.

Working with minority ethnic groups

This review asked us to reflect on whether the local safeguarding system has the resources and strategies available to help abused women and children from minority cultural backgrounds. As a result the LSCB requested the Safe in the City Partnership Board to review the extent to which the current infrastructure of domestic abuse services meets the specific needs of the Black Asian Minority Ethnic communities in Brighton & Hove. We have also updated our training, Domestic Abuse: Impact on Children, to better support professionals to have an understanding of the long-lasting trauma in families of domestic abuse. It also led us to question whether local practitioners have sufficient curiosity, knowledge, and skills to explore the role of culture, identity, religion, beliefs and potential divided loyalties experienced by some children and families. The review also highlight that our statutory agencies had insufficient knowledge about, and understanding of, local minority ethnic and faith community groups and how best to work together to safeguard children, including those at risk of exploitation of local children into radicalisation.

Working with Trauma

Childhood trauma is an important public health concern, with adverse childhood experiences being one of the strongest predictors for difficulties in future life. Throughout the year the Board have been exploring how the safeguarding partnership collectively intervenes to provide coordinated and responsive therapeutic support to children who have experienced, or who are at risk of experiencing, trauma. This work is ongoing. The Learning & Development Officer has also been working on developing multi-agency training to support the understanding of the impact of childhood trauma, including Post Traumatic Stress Disorder, and the understanding the neuro-developmental implications of abuse, neglect and trauma on brain development.

[4] Single Combined Assessment of Risk Form – the form that notified professionals when police have had contact with a child/ family member

Assuring the quality of safeguarding practice

Under Working Together to Safeguard Children (2015) LSCBs must quality assure practice, including through joint audits of case files involving practitioners, to identify lessons to be learned. This year we have undertaken the following two audits.

Children with Disabilities Multi-Agency Audit

Research has found that disabled children are three to four times more likely to be abused and neglected than non-disabled children (Jones et al 2012; Sullivan & Knutson 2000). The LSCB completed a multi-agency audit in October 2017 to examine whether a robust and timely service is provided to disabled children who are in need of protection and whether we are making a difference.

Examples of what is working well

There is a good awareness and understanding of safeguarding by staff working with children with disabilities in their identification and response to child protection concerns. It is also clear that thresholds for child protection are understood.

Child protection concerns are identified early and there is a prompt response by the professional network.

Assessments take into account the impact of the child's disability on their siblings and overall family functioning. There is good analysis of the family situation and appropriate consideration is given to historical information and previous concerns.

Five out of six parents rated the help that they have received as 'good' and felt that things had improved for them and their children.

Examples of what needs to be improved

In 3 cases not all of the appropriate agencies contributed to the strategy discussion.

In 3 cases Core Group/Network meetings were not held within prescribed timescales

In one case where there were 31 professionals listed in the Initial Child Protection Conference as being involved with the child and their family leading to some confusion about who is attending the Core Group, with professionals assuming that someone else from their agency was working the case.

Wide variation in how well the voice of the child is heard.

Recommendations

In cases where numerous health professionals are involved with the child and family, a lead paediatrician is required to provide an oversight of all of the medical conditions, interventions and outcomes and to prepare a robust health report for the CP Conference.

Staff to be reminded that the social worker and their manager, health professionals and a police representative should, as a minimum, be involved in the strategy discussion.

All agencies to ensure that the voice of the child is heard (as evidenced through direct work, communication and/or observation, or through discussion with those that know the child well).

Read more about this audit here **Children with Disabilities Audit: Staff Briefing**

Intra Familial Child Sexual Abuse Audit

This multi-agency audit was undertaken to evaluate how effectively current multi-agency practice protects children where concerns have been raised that sexual abuse may be occurring within a family.

Examples of what needs to be improved

- Whenever a referral is received by Front Door for Families regarding CSA, the Children's SARC needs to be automatically involved in the strategy discussion
- Awareness needs to be raised with all professionals about the children's CSA/ SARC pathway.

Examples of what is working well

- Where referrals were made to MASH/Front Door for Families and the Police, concerns were clearly recognised and dealt with early enough.
- Where a safeguarding investigation was required, they were completed in a timely way, and the outcome was appropriate and demonstrated sound decision making in all but one case.
- In all but one case, there was evidence of the child being engaged in the process at all stages, with some very good examples of the individual needs and circumstances of the child being taken into account
- The therapeutic needs of the child and family were fully addressed in all cases.

Recommendations

- All agencies to ensure that the Strategy discussion involves the relevant agencies in particular health and including the SARC.
- A reminder to staff that once strategy discussions are recorded it is important that all agencies have a copy for their own records
- It is important that safeguarding processes involving children in care are properly followed and recorded even though the children are safe.

Single Agency Audits / Other Multi Agency Audits

This year all agencies have shared their safeguarding children audit schedules. This helps to assure the LSCB that partners are quality assuring their own safeguarding practice.

To support agencies with this the LSCB developed 'good practice for agencies when conducting single agency audits' document.

Throughout the year we have considered audit information from the National Probation Service, Kent Surrey & Sussex Community Rehabilitation Company (CRC), the CSARC, and CAFCASS.

We expressed concern that no safeguarding specific audits were undertaken by Sussex Police.

During the year, the Children's Social Work Service has shared several single agency audits with the subcommittee on re-referrals, Child Sexual Abuse, pod workloads, and pathway plans for care leavers.

Following the Child E SCR (published September, 2016) Families, Children and Learning were asked to provide an update on the systems in place to ensure that life story work is maintained for all children in care. This will be addressed in summer 2018.

Safeguarding training

It has been another busy and productive year for LSCB Learning and Development. In line with local initiatives and emerging issues, the training programme has been tailored to meet the needs for multi-agency professionals working to better safeguard the children and young people of Brighton and Hove.

This year **338** practitioners from across the city have attended the level 2 core training courses and another **606** have attended the more specialised (level 3) courses and briefings. This gives a total attendance figure of **944** who have attended events from the LSCB programme this year. See Appendix 3 for more information about training attendance.

Training Pool

There remains a very strong working relationship between the Learning and Development Subcommittee, and the team providing our multi-agency training, led by the Learning and Development Officer. The solid, multi-talented training pool continues to offer support around delivery, and the comprehensive programme would be impossible to deliver without them.

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Learning & Development Subcommittee

Attendance at the subcommittee has maintained a good representation from the majority of Board partners. New representation from Sussex Partnership NHS Foundation Trust, RISE and the Sussex Police this year has brought a new dynamic to the group as a whole. Meeting frequency has been reduced to ease the time and extraction of staff who attend.

Training Programme

The training programme continues to offer the essential core “working together to safeguard children” aimed at those new to role, from any of the partner agencies. This year the training programme has developed more specialised safeguarding training to encompass emerging risks and issues facing the children and young people of Brighton and Hove. In particular we have added and updated the training around **Safeguarding Adolescents**; training has also been commissioned from Sussex University to deliver presentations around **Trauma Informed Practice**, the training in relation to **Exploitation** has also been reviewed and recommissioned to incorporate all aspects of exploitation, including criminal, radicalisation, sexual and drug related “county lines” exploitation of young people.

Practice Points

The LSCB has maintained its commitment to keeping practitioners informed of local and national learning from serious case reviews. As is standard practice in the LSCB we have achieved this via face to face briefing session and the use of the **Practice Points Training Scenarios** it is understood from colleague's feedback, these have been used in group supervision and team meetings to good effect

Training Partnerships

The Learning and Development Officer has continued to liaise and coordinate with the other local authorities in Sussex to reduce duplication of training offers that exist across the county and make better use of training that is offered by the same provider, e.g. Multi-Agency Public Protection Arrangements training. We have also undertaken a joint project with partners and provided a successful Pan Sussex Training Day, around the subject of Perplexing Cases (Fabricated, Induced, Illnesses), this was in response to a recognised need across the county, and was well received.

We have continued our collaborative work with our local partner colleagues from the Safe in the City team particularly issues of Harmful Practice (Female Genital Mutilation, Forced Marriage, and Honour Based Violence).

The LSCB Learning & Development Officer now also attends the quarterly Learning & Development Subgroup meeting of the Safeguarding Adults Board to explore training opportunities across both boards.

Working Together to Safeguard the City Week

The week provided a series of events, including talks on young people displaying harmful sexual behaviours, working with families with poor mental health as well as staff briefings in relation to the serious case review following the reported deaths of local siblings W & X. There were also open days at Safety Net, and a workshop around supporting people experiencing homelessness. The week culminated with a conference organised by colleagues from the Safeguarding Adults Board.

#SafeguardingSussex

Training Evaluation

Very informative training. Expertly delivered
(County Lines)

Evaluation and feedback is integral to the continuing development of the LSCB training programme. Staff are asked to comment on the course and content at the end of the every training session, both verbally and also by completion of an electronic evaluation. We also recommend that attendees reflect with their line mangers on how training has impacted their practice. There is also the opportunity to follow up with an on line questionnaire three months after a particular training event. The Learning and Development Officer has also constructed a standalone survey, which is sent via mail chimp to encourage a better response to the requests for evaluation.

Around **70%** of attendees are completing the electronic evaluations, and this will be further explored to see if we can promote better use of this.

Training in development for 2018/19

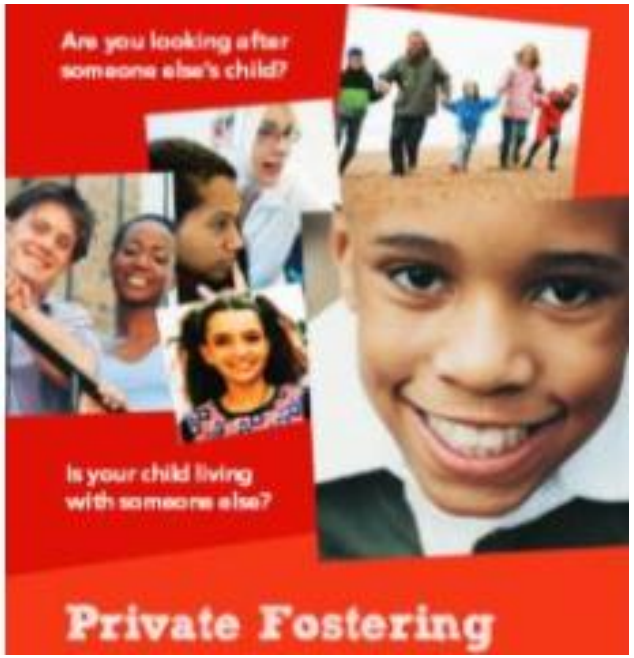
As a result of the W and X Serious Case Review and local intelligence on child criminal exploitation, we have been in discussions with partners from WISE, who have historically delivered our training around the subject of child sexual exploitation. Training is currently being developed to cover recognition and response to all forms of exploitation to provide a more comprehensive training offer.

The Learning Development Officer continues to work closely with the training pool to develop and update the core safeguarding training, in line with the new whole family approach and also to encompass the new Threshold documentation.

Safeguarding training for faith organisations will be a key area for development next year as well as training on child neglect for the city's workforce.

The draft revision to Working Together to Safeguard Children 2018 includes the need for safeguarding partners to continue to ensure learning is promoted and embedded. The LSCB have encouraged partners to continue learning and development arrangements and suggest that they resume attempts to evaluate the impact and effectiveness of multi-agency safeguarding training on outcomes for children, young people and their families.

Private Fostering



Arrangements to raise awareness about Private Fostering

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

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

In 2017-18 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public:

Private fostering training, as part of the LSCB Session on "Hidden Children", was delivered in February 2018.

Information about Private Fostering has been shared by the LSCB with professionals and members of the public via social media as part of Private Fostering Awareness Week (3-10 July 2017).

Information about private fostering has been included in the primary and secondary school admissions booklets 2017-18. Brighton & Hove City Council continues to raise awareness about the private fostering regulations with Language Schools and Guardianship Agencies.

Monitoring Compliance with Duties and Functions

- The Private Fostering procedures **Brighton & Hove Children's Services Procedure Manual** were reviewed and updated in Aug 2017
- The Carefirst Private Fostering reports were reviewed and updated July 2017
- An audit of Private Fostering cases was undertaken in March 2018.

The number of children living in Private Fostering Arrangements in 2017-18 is **30** compared to **33** in 2016-17. During the year, **24** new notifications were received and 19 were confirmed as being private fostering. All new notifications received an initial visit, with **88%** taking place within 7 working days. Nineteen arrangements ended during the year, leaving a total of **11** children living in Private Fostering arrangements at 31 March 2018.

Child Death Overview Panel (CDOP)

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

Between April 2017 and March 2018, the CDOP was notified of 8 deaths of children who were resident in Brighton & Hove which is a continued decrease in numbers of deaths since last year. The CDOP met 6 times during the year to discuss child deaths in Brighton & Hove with one meeting to discuss neonatal deaths. The CDOP has reviewed 9 deaths from Brighton & Hove during this period, (there will always be a delay between the date of a child's death and the CDOP review being held).

Of the reviews completed in 2017/18, 3 (**33%**) were completed within six months with the remaining six being completed within the year.

Age profile of deaths notified to CDOP

Over the 10-year period April 2008 – March 2018 CDOP were notified of **152** deaths.

On average, **15** deaths per year are notified to CDOP for Brighton & Hove.

During the 10-year period around 3 in 5 deaths **(55%)** notified for Brighton and Hove were for babies aged under 28 days compared with the average in England which is **43%.**

The reasons for this are not known. There are no significant differences in the rates of deaths for the other age groups

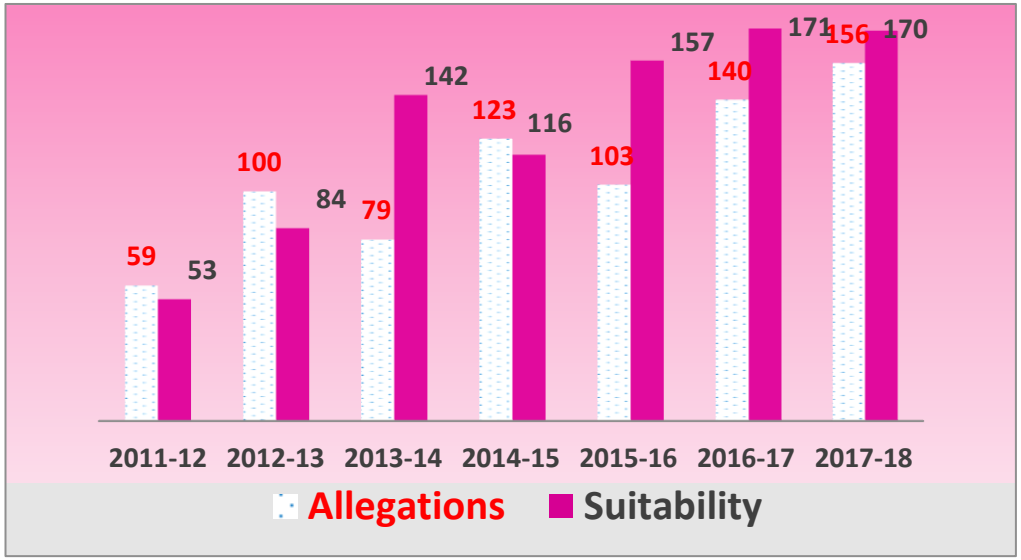
Local Developments, Challenges and Achievements

During the last year the CDOP co-ordinator function has been fulfilled by the CDOP co-ordinator for West Sussex CDOP. This has been a positive development and currently the three LSCBs are considering whether there could be closer working arrangements in the future which would enable all three areas to meet the requirements of the new national guidance for CDOPs. An example of improved joint working across the three LSCBs has been the work undertaken in the last year on deaths from suicide. As all three LSCBs had experienced a number of such deaths, some of which have required serious case reviews, there was some co-ordinated work across the three LSCBs. All areas felt there was merit in better linking work on children and young people to improve our learning about risk and preventative factors.

Local Authority Designated Officer (LADO)

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

There were **336** referrals to the LADO in 2017-18, which is **15 more** than in the previous year. The total increase is proportionately less than in previous years. The graph below highlights the continuing increase in referrals regarding allegations since 2011.



Schools remains the highest employment sector and the proportion of allegations remains relatively consistent at **46.4%** in 2016-17, and **43.3%** this year. The proportion of schools referrals appears to be affected by any significant increase/decrease in other sectors.

A significant variation is the **increase** in allegations within the Early Years sector up from **9** in 2016-17 to **21** in 2017-18. This resulting in their percentage increase from **6.5%** (joint fourth highest) to the second highest at **13.4%.** Allegations regarding the **voluntary sector** remains low, there has been an increase overall; in 2016-17 there were **5** including Suitability, this year there have been **12.**

Use of Restraint

The number of allegations regarding Maintained schools saw a decrease of **3** from the previous year. The allegations spread across a number of schools with no identifying pattern. Allegations involving Non Maintained teaching staff again saw a marked decrease from last year's **8** to **3**, while allegations involving Non Maintained Non-Teaching Staff rose from **2** to **7** this year. Of the **22** referrals, only two were deemed substantiated, leading to suspension and disciplinary investigations. The outcomes included both individual and organisational learning. In respect of schools, of the **18** referrals none led to suspension.

Timescales

The **80**% and **90**% targets have nearly been met, **77**% and **88.5**% respectively. As previously reported, ongoing cases reflect lengthy police investigations, court cases and disciplinary procedures. These cases are likely to take over a year before they are resolved.

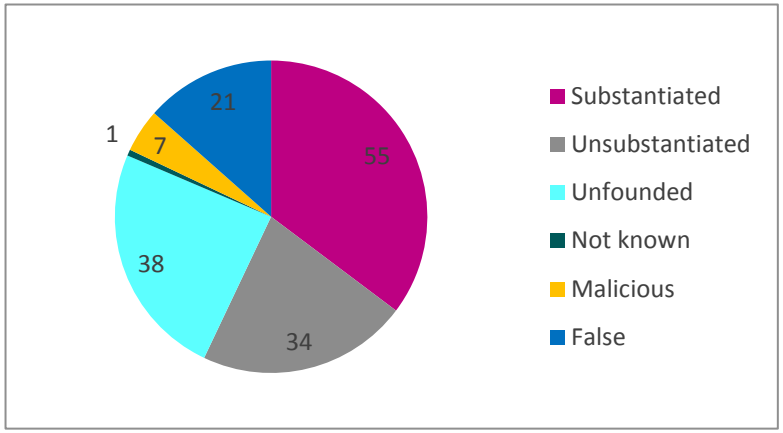
There were **32** Police investigations, **8** being historical, **5** are ongoing. It is worth noting that the ratio of police investigations to child protection (s.47) investigations is significantly higher and this may occur where an employee has no family/children or where there is no named child(ren) warranting a Strategy Discussion, with this being a single agency, police led investigation, for example involving internet sharing of Indecent Images of Children (IIOC).

There have been **3 charges** resulting in **3 convictions**.

The statistics appear to indicate that timescales of investigations have not been impacted upon with the implementation of the Policing and Crime Act 2016 and regulations regarding bail conditions which came into force in April 2017.

Outcomes

The significant proportion of substantiated, unsubstantiated and unfounded allegations, vs false and malicious, indicate that referrals to the LADO continue to be made appropriately. The number of false allegations has steadily risen the past few years; **8** in 2015-16, 17 in 2016-17 and **21** this year, all within schools and residential care settings, with no discernible pattern and only **4** of which were in relation to use of restraint.



Looking Ahead

This report has outlined the progress that has been made in improving safeguarding in Brighton & Hove.

Over the year Board partners have consistently demonstrated a genuine willingness to work together. Both multi-agency practice and individual partner audits are robust and learning from quality assurance and serious case review activity has been widely cascaded and embedded in both single and multi-agency training offers.

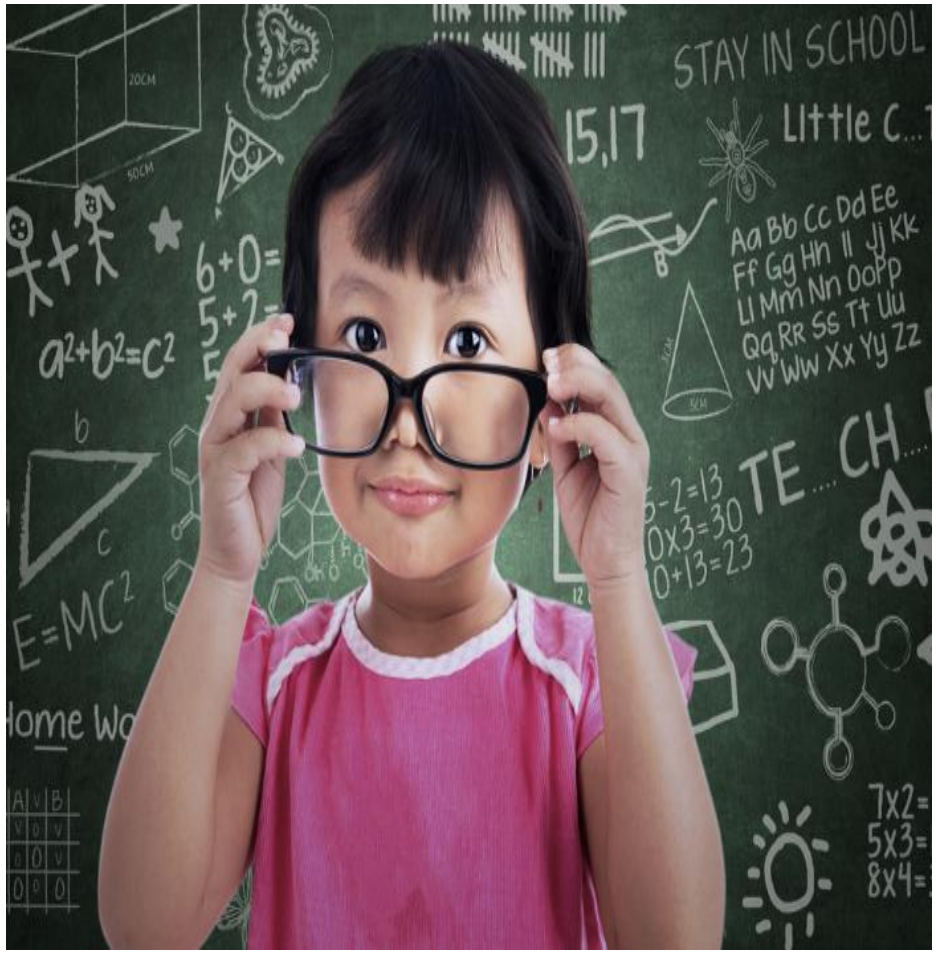
At the time of writing the Board awaits the publication of Working Together to Safeguard Children, 2018. This new legislation brings with it the opportunity to revisit the priorities we set back in 2016.

Whilst outside of the timeframe of this annual report we felt it was important to share with you an update from the Board Development half day held on 30 March 2018. We held this day to reflect on our successes and achievements and share with the safeguarding partners our thoughts on what the priorities should be as they move into the new safeguarding arrangements.

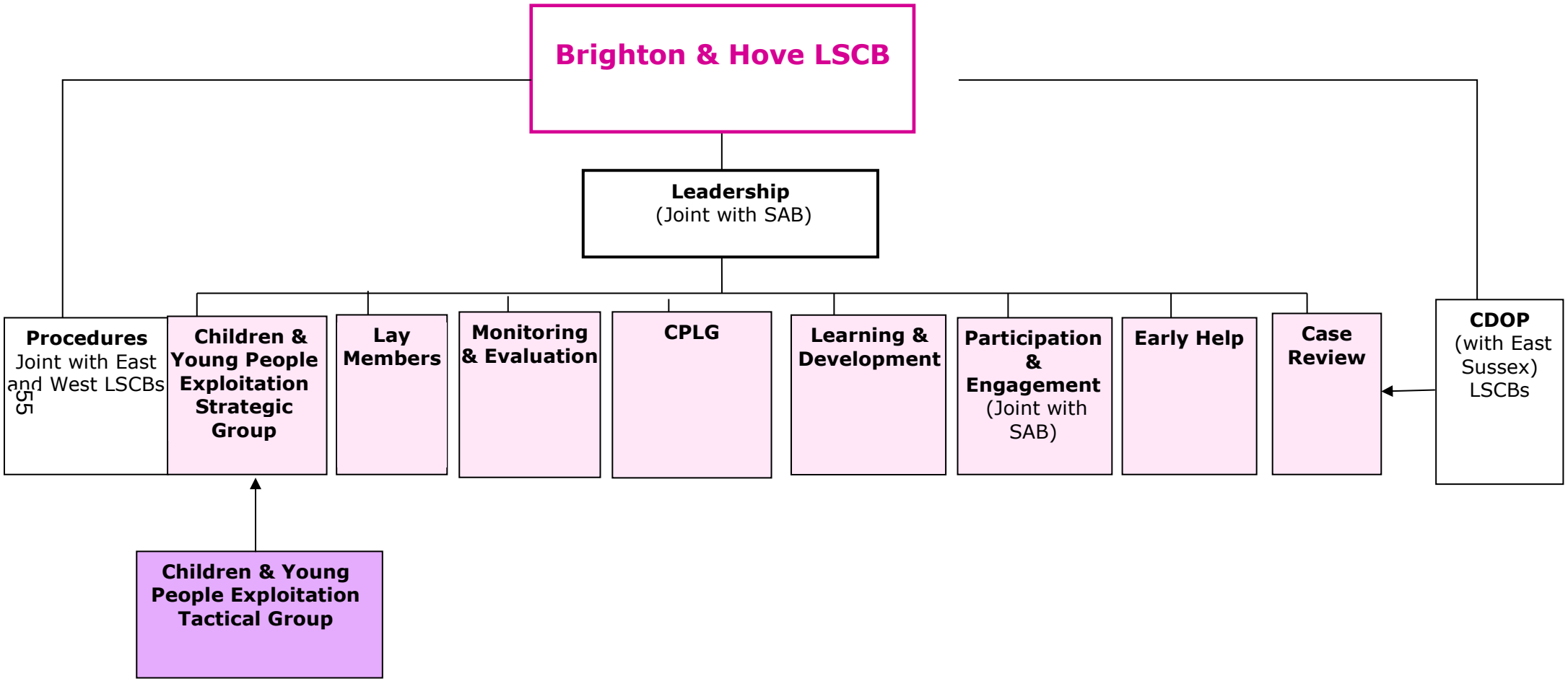
We discussed the emerging threats for our children and young people and the partnership's role in minimising the impact.

We shared our thoughts on how best to realign subcommittee responsibilities in the new arrangements. We advocated for the continuation of independent scrutiny via the appointment of an independent chairperson and continued lay member and lead member representation. We urged the safeguarding partners to take forward plans to further develop youth engagement and to continue the quality assurance functions and challenge ethos which has served the LSCB well.

The safeguarding partners will publish their safeguarding arrangements and new priorities by May 2019.



Appendix 1: Board Structure



Appendix 2: Board Membership

Statutory Members	Advisors
Chris Robson, Independent Chair of Brighton & Hove LSCB **Brighton & Hove City Council (BHCC):** Pinaki Ghoshal, Director of Families, Children & Learning, Jo Lyons (Dr), Assistant Director: Education & Skills, Peter Castleton/ Jo Player Head of Community Safety **Sussex Police** Carywn Hughes, D/Superintendent **National Probation Trust** Andrea Saunders, Director of Public Protection **Kent Surrey & Sussex Community Rehabilitation Company** Debbie Piggott, Resettlement Director **Youth Offending Service** Anna Gianfrancesco, Head of Service **CAFCASS** Nigel Nash, Service Manager **East Sussex Fire & Rescue Service** David Kemp, Head of Community Safety **Domestic Violence Forum** Jo-Anne Walsh, Chair, Brighton & Hove Domestic Violence Forum **Community & Voluntary Sector** Terri Fletcher, Director, Safety Net **Schools** Richard Chamberlin, Roedean School, Elizabeth Cody, Brighton College Ruth King, Blatchington Mill School **NHS England South (South East)** Domenica Basini, Assistant Director for Safeguarding and Quality, **Brighton & Hove Clinical Commissioning Group (CCG):** Allison Cannon, Chief Nurse, Sussex CCGs, Naomi Ellis, Jamie Carter (Dr), Designated Doctor, Jo Tomlinson, Designated Nurse Mary Flynn (Dr), Named Doctor (GP representative) **NHS Trusts** Frances Howsam, Named Dr Safeguarding Children, Brighton & Sussex University Hospitals (BSUH) Susan Marshall Chief Nurse, Sussex Community Foundation Trust (SCFT) Diane Hull, Chief Nurse, Sussex Partnership Foundation Trust (SPFT) Bethan Haskins, Chief Nurse, South East Coast Ambulance Service	Mia Brown, Brighton & Hove LSCB Business Manager David Feakes, Head of Safeguarding & Looked After Children, SCFT Helen Davies, Chair LSCB Monitoring & Evaluation Subcommittee Ann White (Dr), Named Doctor, SCFT Yvette Queffurus, Named Nurse, SCFT Debi Fillery, Named Nurse BSUH Jayne Bruce, Deputy Director of Nursing Standards and Safety, SPFT Rebecca Conroy, Principal, City College Dan Chapman (Cllr), Lead Member, BHCC Children's Services Deb Austin, Head of Safeguarding, BHCC Natasha Watson, Managing Principal Lawyer, BHCC Emma Gilbert, Head of Housing, BHCC Dr Peter Wilkinson, Acting Director of Public Health Kerry Clarke, Children, Young People and Public Health Schools Commissioner Pierre Serra, DCI - Public Protection, Sussex Police Jane Mitchell, South East Coast Ambulance Service

Appendix 3: Training Attendance

Level 2 – Core Child Protection Courses	Courses Presented	Attendance
Developing a Core Understanding	6	126
Assessment, Referral and Investigation	6	111
Child Protection Conferences and Core Groups	6	101
		338
Level 3 - Specialist Child Protection Courses		
Domestic Abuse and Violence	3	34
Child sexual exploitation - level 1 – Prevention and Disruption	2	26
Child sexual exploitation - level 2 – Working with Young People	2	11
MAPPA – Multi Agency Public Protection Arrangements	2	12
Safeguarding Children with Disabilities	1	25
Impact of Parental Substance Misuse	1	12
Neglect Training	2	27
Hidden, (Private fostering, Home education, Travellers and Migrants)	1	10
Young people displaying Sexually Harmful Behaviours - Clermont	1	20
Dealing with Child Sexual Abuse	1	17
Working with Parents who have a Learning Disability	2	19
Mental Health & Children's Services: Working Together with Families	2	25
Safeguarding Adolescents	1	20
Disguised Compliance	2	28
County Lines – Gang Exploitation	1	33
Harmful Practices – (in conjunction with VAWG)	2	58
Practice update - ABE	1	32
Childs World	1	20
Safeguarding in a Digital World	2	25
SCR Briefing – W & X	2	48
Neglect Briefing – Family C – Learning Review	2	30
Perplexing Cases (FII)	1	36
Neglect Conference	1	38
		606

Multi-agency attendance LSCB Core training (01/04/17 – 31/03/18)

Agency	Developing an Understanding	Referral, Assessment & Investigation	Case Conference & core groups
Police	0	0	1
Education	44	47	51
Health	8	8	5
CVS	10	4	4
Probation	4	5	5
BHCC	29	19	15
Early Years	*22*	*22*	15
Housing	*3*	*2*	*3*
Other/unknown	*7*	*4*	4
	124	*111*	103

Brighton & Hove City Council

NHS Brighton and Hove Clinical Commissioning Group

NHS Sussex Community NHS Foundation Trust

Sussex Partnership NHS Foundation Trust

YMCA DOWNSLINK GROUP

NHS Brighton and Sussex University Hospitals NHS Trust

Cafcass Children and Family Court Advisory and Support Service

Kent Surrey & Sussex Community Rehabilitation Company PROBATION

East Sussex Fire & Rescue Service

National Probation Service

Network Survivors Supporting survivors in Sussex for 25 years

Brighton Oasis Project

Rise Freedom from Abuse and Violence Since 1994 Sanctuary and Support in Sussex

impact INITIATIVES

The Wise Project Working to prevent the sexual exploitation of children and young people

safety net

allsorts youth project

Brighton & Hove LSCB
Moulsecoomb North Hub
Hodshrove Lane
Brighton
BN2 4SE
01273 292379

www.brightonandhovelscb.org
LSCB@Brighton-Hove.gov.uk

Appendix 2

Recommendations for the Safeguarding Partners from the Brighton & Hove Local Safeguarding Children Board (LSCB)

Extracted from Annual Report 2017- 18

1. Continued focus on tackling child neglect
2. Continued efforts to roll out Operation Encompass[1]
3. Develop a Young Person's Reference Group to support raising awareness within Brighton & Hove of the need to safeguard and promote the welfare of children and young people. It should support the delivery of child and family friendly safeguarding messages. This group should influence strategic developments of the Safer Children Partnership.
4. Support the delivery of a city wide campaign highlighting the risks of all forms of exploitation and on-line grooming of children.
5. Continued scrutiny of the high number of children on child protection plans for a second or subsequent time.
6. Evaluation of impact on outcomes for children and families form the new Front Door for Families.
7. Focus on missing children to understand the patterns and learn how to reduce repeat episodes in a child focused way.
8. Focus on children persistently missing education.
9. Continued work to clarify and assesses the effectinvess of the early help offer for families across all agencies including adult services, and to influence all agencies to adopt whole family working and use the Early Help Strengthening Families Assessment and Plan at the Early Help Partnership Plus level.
10. Continued efforts to achieve a truly multi-agency dataset that is used to direct the focus of safeguarding activity and business planning.
11. Re-focus approach to learning from W and X SCR around the four key priority areas identified from the statutory review - Working with children vulnerable to radicalisation, Working with high risk adolescents, Working with minority ethnic groups and Working with Trauma.
12. Continued multi-agency training programme for assurance that practitioners in Brighton & Hove are equip to fulfil their safeguarding function and duties within a multi-agency context
13. Continued quality assurance programme, with a minimum for two case audits a year to test the efficacy of local safeguarding arrangements both singly and collectively.

[1] Operation Encompass is an initiative that follows in the footsteps of a programme in Plymouth developed by Sgt David Carney Howarth (retired). The purpose of this was to safeguard and support children and young people following a domestic abuse incident where police have been called out.
Operation Encompass aims to ensure that appropriate school staff are made aware when a child has been present at a domestic abuse incident so that school staff can provide early support children and young people in a way that means they feel safe and included in the school day.

Appendix 3

Brighton & Hove Safeguarding Children Board (LSCB) Annual Report

1st April 2017 to 31st March 2018

Brighton & Hove LSCB local safeguarding children board

www.brightonandhovelscb.org.uk

@LSCB_Brighton

Who we are and what we do

- Senior representatives from statutory and non-statutory agencies

- We **coordinate** local work by:
  - Delivering a multi-agency Business Plan
  - Developing robust policies and procedures
  - Delivering multi-agency training

- We ensure the **effectiveness** of local work by:
  - Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of children
  - Undertaking serious case reviews and audits and sharing learning opportunities
  - Collecting and analysing information about child deaths
  - Drawing evidence from the testimony of children, young people and frontline professionals
  - Publishing this annual report

Purpose of Annual Report

Under **Working Together to Safeguarding Children**, 2015, the Chair must publish an annual report.

- It **must**;
  - Provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding services.
  - Identify areas of weakness, the causes of those weaknesses and the action being taken to address them
  - Include lessons from reviews undertaken within the reporting period
  - Specifically outline the effectiveness of Board partners' responses to child sexual exploitation and include information on the outcome of these assessments
  - analysis of how the LSCB partners have used their data to promote service improvement, including in respect of sexual abuse
  - Include appropriate data on children missing from care, and how the LSCB is addressing the issue
  - List the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure.

- Presented to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.
- One page executive summary shared with front line staff and the wider public through targeted communications and LSCB website.
- Child friendly version in development.

Key messages – Safeguarding Performance

- Number of children with child protection plans has **increased**. **Higher** than similar areas.
- Children are receiving the help they need in a **timely** way
- Number of children in care (418) is **broadly in line** with 10 nearest contextual authorities (416)
- Number of children on child protection plans under the category of child sexual abuse (16) is **in line** with the national average

Key messages – Safeguarding Performance Cont.

- 31 children are experiencing CSE who are open to social work. Multi-agency meetings held regularly to review the level of risk and a multi-agency plan created to protect the child. LSCB audit last year gave assurance that CSE was being identified appropriately and as early as possible.

- Total number of recorded crime where victims are children has **risen**. **In line** with force average within the county.

- Most common reason for police protection powers being used is involvement with crime, missing episodes, CSE and neglect.

Progress 2017 -18

Priority Area 1: Neglect & Emotional Harm

Brighton & Hove has a higher percentage of children who have a child protection plan in place as a result of emotional abuse (of which neglect is a component)

Achievements

- Evidence that learning from previous multi-agency neglect audit and learning review is embedded in practice.
- Creation of Multi-Agency Child Neglect Consultation Group

Challenges

- Development of a multi-agency assessment tool to support practitioners in neglect cases has not been achieved.
- Roll out of Operation Encompass

Priority Area 2: Sexual harm and violence towards children

Achievements

- Reviewed the effectiveness of LSCB to remain alert to emerging risks and issues
- Partners evidenced a focus on supporting victims as well as acting to find and stop would be perpetrators
- LSCB influenced to ensure that strategic and operational responses to sexual harm and violence informed by voices of children.

Challenges

- New and emerging threat for the partnership
- More work is needed to understand missing patterns and learn how to reduce repeat episodes in a child focused way.

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

Re-referrals and repeat Child Protection Plans are higher than last year and are higher than England averages. Children are being exposed to risk for a second or third time, which calls into question the effectiveness of the intervention already undertaken and the effectiveness of the continuum of need and how families are escalated through it.

Achievements

- Continued with our commitment to early help.
- Clarified the thresholds for early help
- Agreed a strategy for how agencies can work together to better support the needs of the whole family.

Challenges

- Too early to audit to seek assurance about positive and lasting outcomes for children and families.

Priority Area 4: Governance, Quality Assurance & LSCB Scrutiny

Achievements

- Quality assurance activity is robust - helped us truly understand how effective safeguarding services are in the city.

Challenges

- Need to ensure that all agencies are listening to the voices of children, young people and their families, and are achieving a positive impact on children's lives as a result of their own quality assurance processes
- Management information from key safeguarding agencies still needs to be embedded

Priority Area 5: Participation & Engagement

Achievements

- Continued our commitment to sharing learning from all LSCB activity
- Good outward facing communications for professionals

Challenges

- Struggled to get engagement from children and young people to develop safeguarding messages on behalf of the Board.
- Not able to run the city - wide campaign highlighting the risks of all forms of exploitation and on-line grooming of children that we had planned this year.

Future Safeguarding Arrangements

- Children and Social Work Act 2017
- Heavily influenced by Wood Review of LSCBs
- Some significant changes to how functions are delivered
- Shared and equal duty on the local authority, the chief officer of police and clinical commissioning group –‘ Safeguarding Partners’
- Partners can choose to cover two or more local authorities
- Each may delegate safeguarding partner duties where safeguarding arrangements extend across more than one area
- Must agree a budget that is proportionate and sufficient
- LSCB Chair & Business Manager presented four proposed models of delivery
- Safeguarding Partners favour Model 2 – adjustments to current structure and arrangements, with more pan Sussex working opportunities explored
- Further meeting arranged for November 2018
- New arrangements published by 2019.

Safeguarding is Everybody's Business

Brighton & Hove LSCB local safeguarding children board

www.brightonandhovelscb.org.uk

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Item

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Brighton & Hove Safeguarding Adults Board Annual Report 2017/18
Date of Meeting:	13 November 2018
Report of:	Graham Bartlett, Independent Chairperson, Local Safeguarding Adults Board
Contact:	Mia Brown, LSCB Business Manager Tel: 01273 290728
Email:	Mia.brown@brighton-hove.gcsx.gov.uk
Wards Affected:	All

FOR GENERAL RELEASE

Executive Summary

The Brighton & Hove Safeguarding Adults Board (SAB) comprises senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for safeguarding adults with care and support needs. The Board co-ordinates local safeguarding activity. Its ensure the effectiveness of local work by:

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

&

- Publishing an annual report

The annual report outlines progress the SAB has made over the last year in respect to safeguarding adults with care and support needs. It covers the period 1 April 2017 to 31 March 2018. Also presented alongside this annual report are the draft SAB strategic objectives for the next SAB strategic plan (2019-2022).

Glossary of Terms

SAB –Safeguarding Adults Board

SAR – Safeguarding Adult Review
HASC – Health and Adult Social Care
PD – Personality Disorder
SAB – Safeguarding Adult Board
CE –Criminal Exploitation
SE- Sexual Exploitation
SA –Sexual Abuse
SARC –Sexual Abuse Referral Centre

1. Decisions, recommendations and any options

It is recommended that the Board:

1.1 note the report and supports partner agencies in their contribution to safeguarding adults with care and support needs.

1.2 note SAB achievements and challenges on pages 7 & 8, appendix 1.

1.3 notes the draft strategic plan objectives for 2019 - 2022 as set out in Appendix 2 and agrees to work with the Safeguarding Adults Board in their development and resourcing.

2. Relevant information

2.1 It is statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.

2.2 The SAB has continued to work in partnership with member agencies to safeguard adults with care and support needs, and to minimise any adverse consequences of abuse.

2.3 In summary this year:

- We have undertaken a Sexual Abuse Audit, which examined safeguarding responses to adults who had experienced sexual assault or abuse. The audit highlighted many examples of what is working well in the safeguarding system and identified some areas for improvement. In some cases, staff were not fully aware of the correct process for assessing clients' mental capacity under the Mental Capacity Act. Next year we will be looking at how to improve staff practice around mental capacity.

- No safeguarding reviews have been initiated or published. Three referrals for reviews were received. After careful consideration one of these led to a single agency review as there were concerns about how one agency worked to safeguard the adult. Last year we provided information about a safeguarding adult review published concerning SAR X – a homeless individual. This year we have progressed the action plan and an update on progress is available to read on pages 23 & 24.

- All of our partners undertook a strategic safeguarding self-assessment. This exercise required agencies to reflect on how well they meet expected safeguarding standards. From this we learnt; all agencies have a senior staff member who has responsibility to "champion" safeguarding adults, all agencies, had or where in the process of updating, procedures and written information which reflects the Care Act, Making Safeguarding Personal and Sussex Safeguarding Adults Procedures and the majority of agencies were able to describe how new staff members are made aware of their responsibilities to safeguard adults through clear induction or had actions in place to meet expected standards. For more on the results of this activity see pages 26 and 27.
- We have developed a robust process to easily share audit findings and/ or recommendations widely with staff across the safeguarding partnership which is both quick to digest and informative.

- We have devised a tracking system to monitor progress of actions arising from multi-agency audit. This is helping us keep on track on learning from all of our activity to ensure we are really testing how it impacts on outcomes for vulnerable residents

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

- As a result of our quality assurance activity there has been a review of city's multi agency forums for discussing complex cases and the agreement that for homeless clients there should be a robust risk management plan, developed by a lead agency

- We have made some very real advancements in progressing our ambition to develop a multi-agency suite of safeguarding information

- Through our structured multi-agency auditing we have been able to test whether partner agencies are delivering safeguarding outcomes that reflect choice and expectations of clients.

3. Important considerations and implications

Legal:

It is a function of the Health and Wellbeing Board to scrutinise and make decisions concerning adult social care in the city. The statutory requirement for Adult Safeguarding Boards and production of an annual report is addressed in the body of this Report .

Lawyer consulted: Sandra O'Brien Date: 30 October 2018

Finance:

The Brighton and Hove SAB has an agreed budget with multi-agency funding and receives the following contributions; the Local Authority £12k, the Police and Crime Commissioner for Sussex £10k and Brighton and Hove Clinical Commissioning Group £12k. These contributions cover the running costs of the board and one off funding has been allocated to the board for temporary additional resources in 2018/19.

Finance Officer consulted: Sophie Warburton Date: 15 October 2018

Equalities:

The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Where reviews recommend ways to better meet needs of people sharing a protected characteristic these are provided to the relevant organisations, implemented and monitored.

Sarah Tighe Ford Date: 12 October 2018

Sustainability:

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

Supporting documents and information

Appendix1: Annual Report 2017-18.
Appendix 2: Draft Strategic Business Plan (for consultation only)
Appendix 3: Presentation to the Health & Wellbeing Board



Brighton & Hove Safeguarding Adults Board Annual Report 2017-18

Brighton & Hove
SAB
Safeguarding Adults Board


1. Foreword

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

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

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

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

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

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

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

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

2. Comments from Healthwatch

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

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

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

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

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

David Liley, CEO, Healthwatch Brighton & Hove

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

Brighton & Hove SAB Safeguarding Adults Board

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3. Introduction

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

4. Our vision and mission

The vision of the Board is that partners will:

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

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

5. Who we are and what we do

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

The board ensures the effectiveness of local work by:

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

6. Our Finances

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

Income

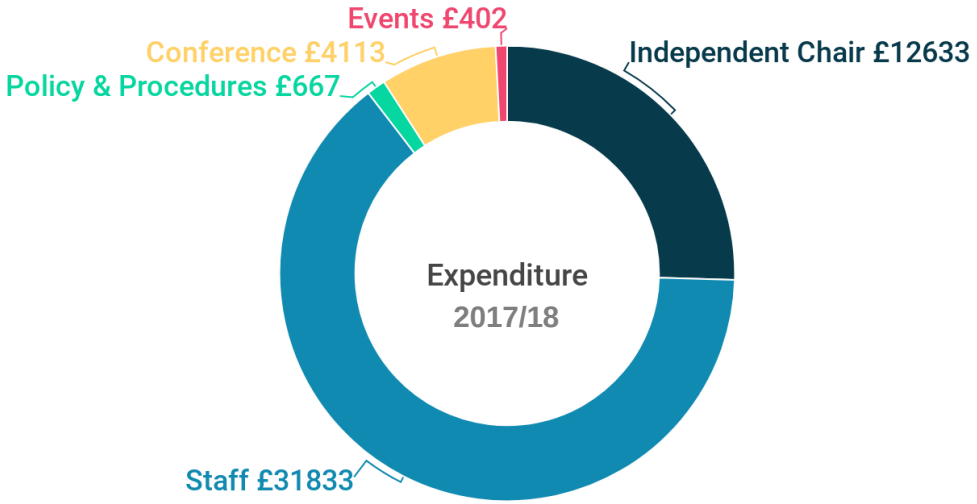
Brighton & Hove City Council	£18,040
Sussex Police	£10,000
East Sussex Fire & Rescue Services	£10,000
Brighton & Hove Clinical Commissioning Group	£12,000
Total	**£50,040**

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

Expenditure

Independent Chair	£12,633
Safeguarding Adult Reviews	£Zero
Staffing Total:	£31,833
Business Manager	*£21,000*
Quality Assurance	*£10,406*
Recruitment costs	*£427*
ESCC Policy & Procedures (website licence)	£667
Safeguarding Adults Conference	£4,113
Events sundry costs	£402
Total	**£49,648**

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



7. Summary of Achievements

- We have continued to learn from reviews of practice. Progress on actions from our local reviews and quality assurance activity is positive, with tangible changes to local safeguarding practice readily evidenced.

- As a result of our quality assurance activity there has been a review of city's Multi-Agency forums for discussing complex cases, and agreement that for homeless clients there should be a robust risk management plan developed by a lead agency.

- Also as a result of quality assurance activity, all partner agencies have been considering their needs and risk assessment procedures and support policies to assess the effectiveness of:

- Existing guidance provided to staff on:
    - recognising indicators of sexual abuse and sexual exploitation
    - supporting clients to disclose sexual abuse and exploitation
    - responding to disclosures
    - the specialist agencies available for referrals

- We have made some very real progress on advancing our ambition to develop a multi-agency suite of safeguarding information.

- We have developed an Information Sharing Protocol, Constitution and Memorandum of Understanding which better support us to carry out our statutory functions.

- The strategic safeguarding self-assessment and subsequent challenge events have provided us with a fantastic opportunity to properly scrutinise partner compliance with safeguarding duties, responsibilities and ethos.

- Through our structured multi-agency auditing we have been able to test whether partner agencies are delivering safeguarding outcomes that reflect the choices and expectations of clients.

- We have tested, and are assured, that all agencies have briefing and awareness mechanisms that inform staff of emerging local and national developments regarding the protection and support of vulnerable adults. This is vital to effective safeguarding.

- We are fully sighted on our partners' safeguarding training needs and gaps, and better able to monitor and scrutinise their progress.

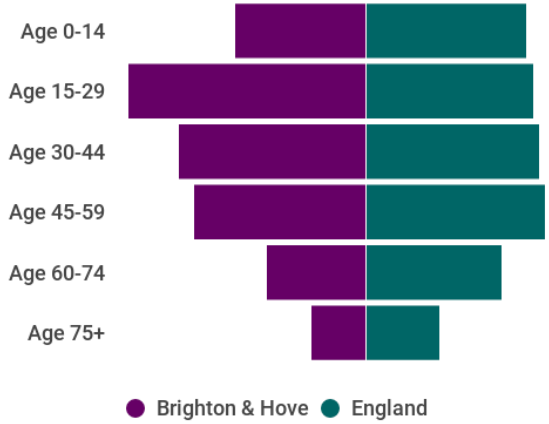
8. Summary of Challenges

- Part-time business support has limited progress against some priority areas.
- As a priority in 2018-19, we will be assuring ourselves that all relevant agencies are achieving and maintaining the Mental Capacity Act (MCA) Gold Standards
- Similarly, we need to improve our mechanisms for assuring that the Deprivation of Liberty Safeguards (DoLS) are embedded and effective within and across relevant agencies, and that communication regarding adults who are under a deprivation of liberty is effective as they move from setting to setting.
- We need to better assure ourselves that safeguarding practice across the partnership is consistently person-centred and outcome-focused.
- We are not currently able to evidence that we are enabling independent living.
- We need to develop a complex abuse protocol which will ensure that agencies work together seamlessly in all safeguarding enquires
- Unavoidable capacity issues led to the delays in the development of a Pan-Sussex Self-Neglect Procedure. This will addressed as a priority in 2018-19.
- We have not had an opportunity to test that each agency has methods to gather feedback from clients on the outcomes of the service they have provided, and that this feedback then informs policy, procedure and practice.
- Changes in legislation around child safeguarding delayed our attempts to agree a Partnership Protocol between the SAB, LSCB, Safe in the City Partnership, Health and Wellbeing Board, and the Children, Family and Skills Committee.

9. Local Background and Context

Population

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



Percentage of population by age group (2017 Estimates)

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

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

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

Neighbourhoods

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

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

Adults with Care and Support Needs

44,569 Residents with health problems or disability affecting daily activities (16%)

17,367 Estimate of working-age adults with a moderate or serious physical disability

4,746 Estimate of residents with a learning disability

23,987 Residents provide unpaid care for a relative, friend or neighbour (9%)

1 in 10 Adults registered with a GP with depression (9.3%)

1 in 100 Around 1% of working age residents use opiates

1 in 100 Around 1% of Individuals registered with a GP on the Mental Health Registers

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

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

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

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

There are an estimated 200 asylum seekers in the city. As of August 2017, the city received 10 households under the government's scheme to bring Syrian refugees to the UK. Undocumented migrants are not visible in these statistics, although the city's coastal location, proximity to London, major transport hubs, and the transient nature of the population make it likely that there are migrants – some vulnerable – living 'below the radar'.

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

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

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

6% of adults in the city are unemployed, higher than average for the South East. City residents are also more likely to live in private rented housing than the national average. In 2008, up to 37,000 homes in the city were considered to be "non-decent". 2013 estimates show 12% of households were living in fuel poverty, putting older and younger residents at risk of ill health during the colder months.

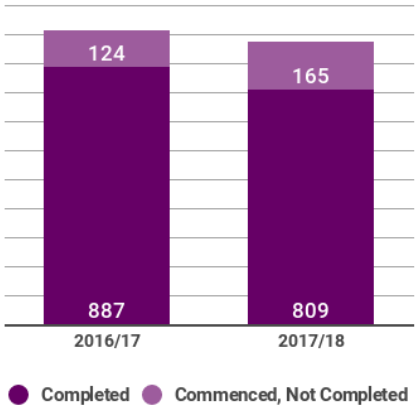
Homelessness
Rates of homelessness are high in Brighton & Hove. The council commissions accommodation and support services. In the year from April 2017, 1192 clients were supported by council commissioned support services, and 631 cases were closed. From July 2017 to April 2018, 518 cases remain open.

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

10. Safeguarding Statistics

10.1. Safeguarding Enquiries

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



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

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

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

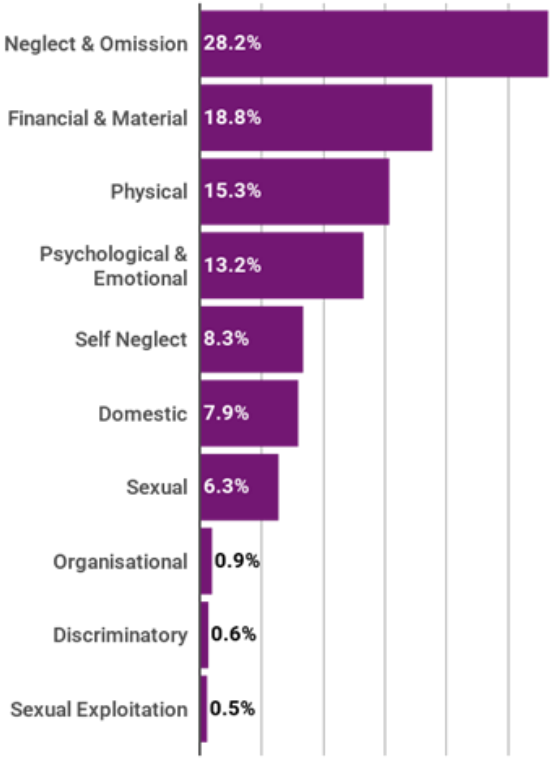
- establish the facts
- ascertain the adult's views and wishes
- assess the need of the adult for protection, support and redress
- protect from the abuse and neglect, in accordance with the adult's wishes
- make decisions as to what follow-up action should be taken, with regard to the person or organisation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

Category of Harm or Abuse

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

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

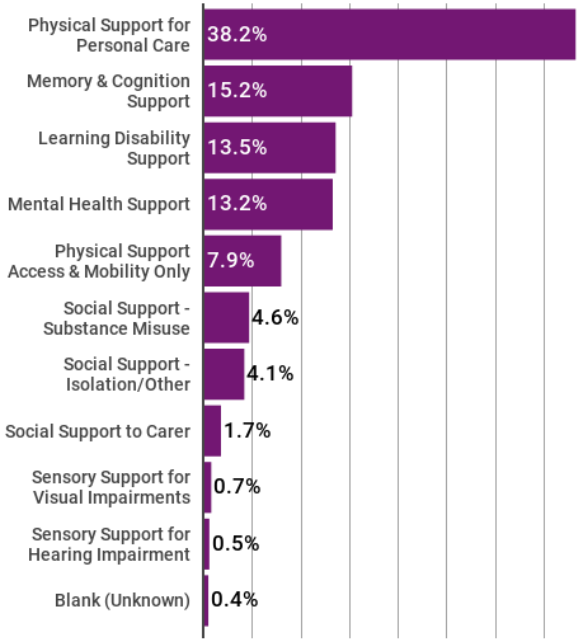
It should be noted that these figures include safeguarding enquiries conducted by Sussex Partnership Foundation NHS Trust (SPFT) under a Section 75 (Care Act) agreement with the local authority.



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

Primary Support Need

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

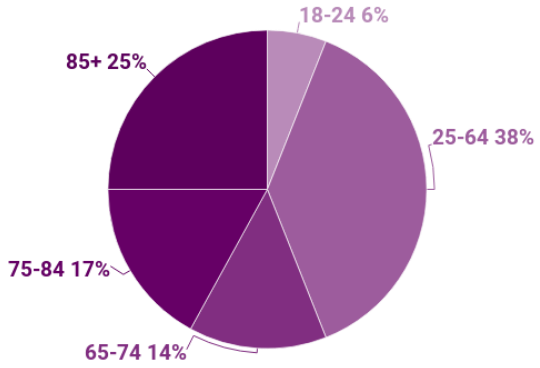


3: Percentage of safeguarding enquiries in 2017/18 by primary support need

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

Age Group

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

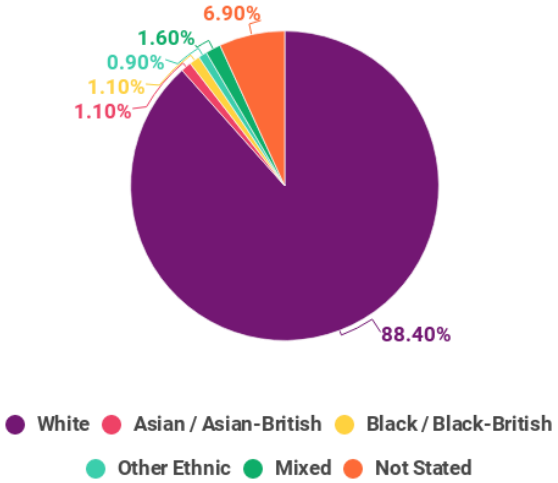


4: Percentage of safeguarding enquiries in 2017/18 by age group

Ethnicity

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

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



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

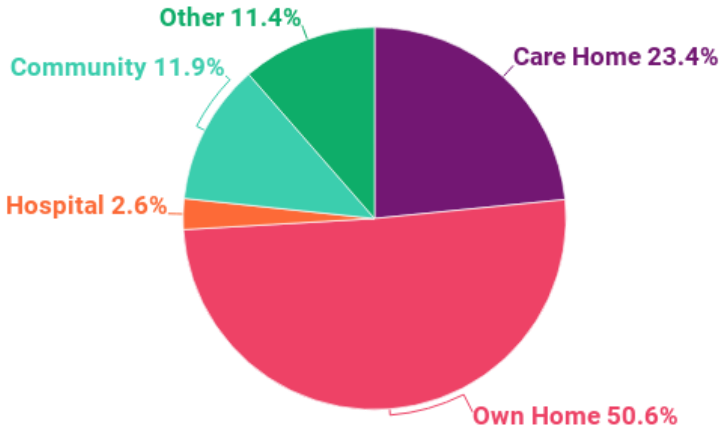
However, this data does not take age into account. As discussed, most enquiries relate to over 65s. We know locally that this age group includes fewer people from BME groups. The board is working with the LSCB to raise awareness and to improve recording of abuse affecting BAME individuals.

Source of Referral

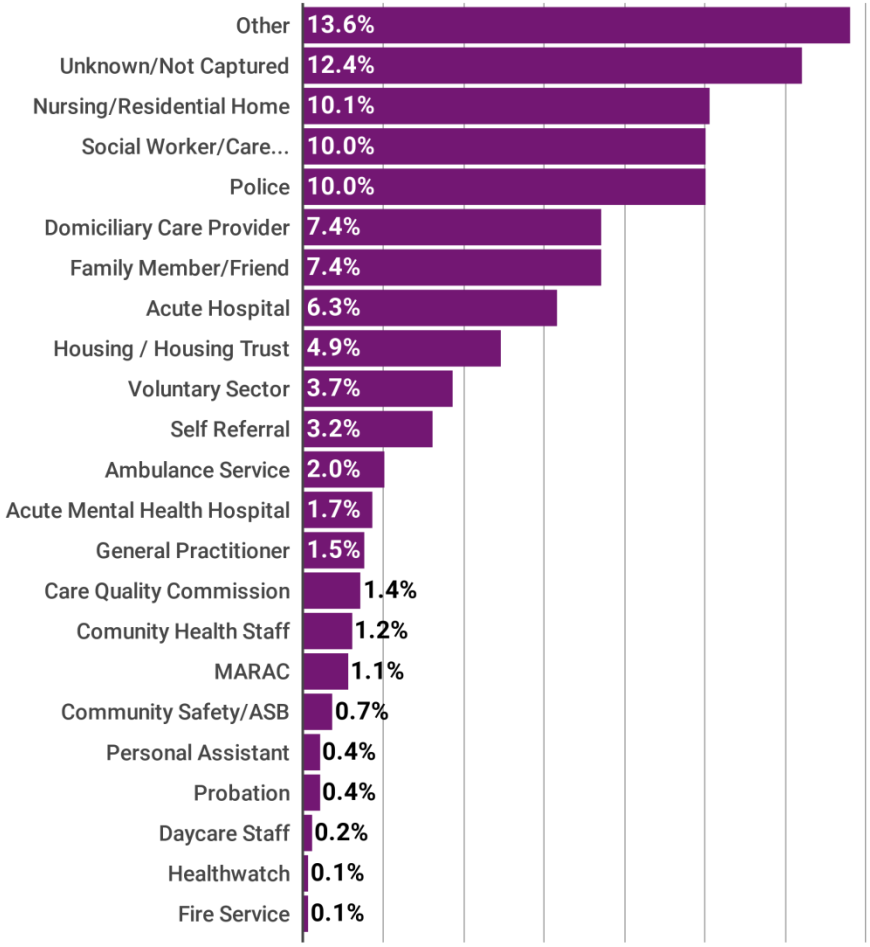
Figure 7 shows a breakdown of safeguarding enquiries by the source of referral. The number of enquiries recorded with an unknown or not captured referral source has reduced from 2016/17. Improvement is needed to ensure this information is captured more comprehensively. While this is not a statutory requirement,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

Location

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



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

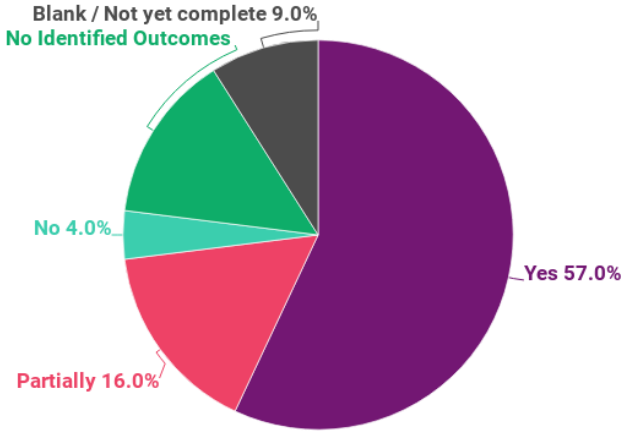


7: Percentage of safeguarding enquiries in 2017/18 by source of referral

Making Safeguarding Personal

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

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



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

10.2. Safeguarding Data from Partner Agencies

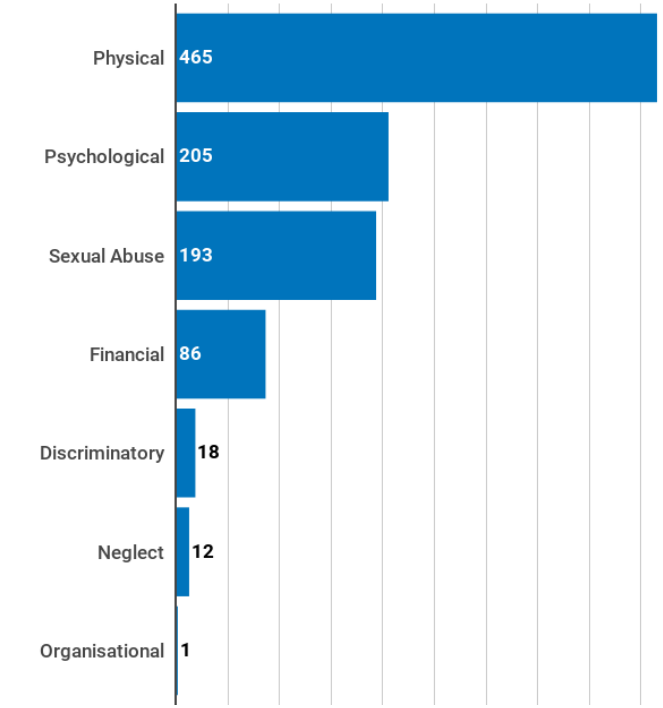
The SAB through its Quality Assurance (QA) Sub-Group is in a unique position to take a holistic view of the quality of services across agencies, ensuring that any gaps, overlaps or misalignment of services can be identified. The QA Subgroup has been working to develop a multi-agency dataset and now receives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

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

Sussex Police

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

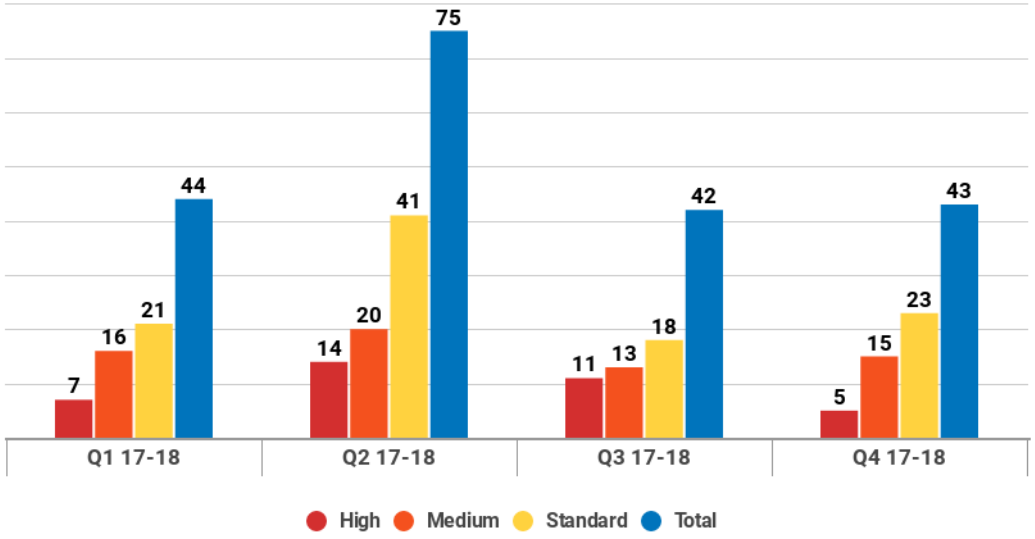
In crimes where abuse was recorded, the majority of reported abuse related to physical, psychological and sexual abuse.



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

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

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

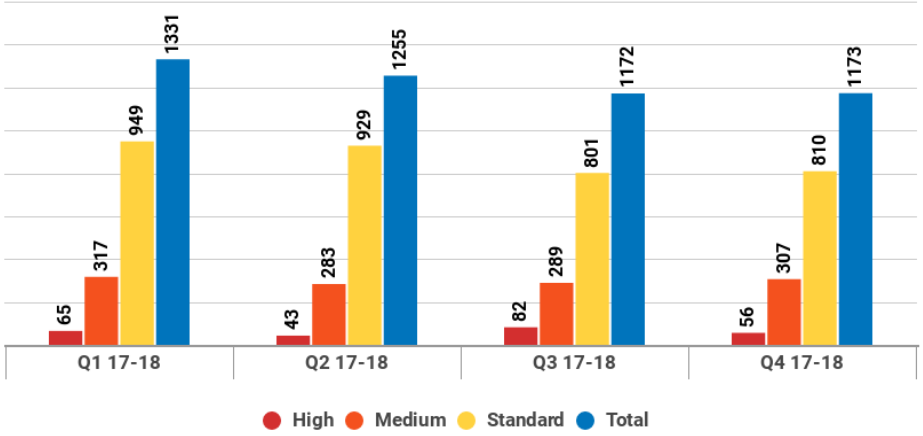


10: Operation Signature cases in Brighton & Hove in Q1-4 17/18, by risk level

DASH Referrals

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

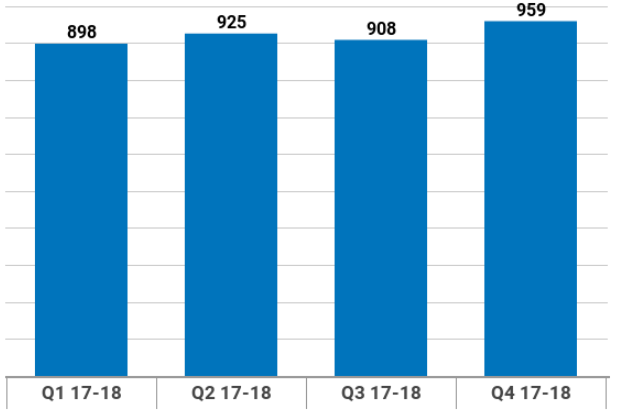
Figure 11 shows the number of DASH (Domestic Abuse Stalking and Harassment) referrals made in Brighton & Hove in each quarter of 2017/18. These are also broken down by risk level.



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

VAAR Referrals

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



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

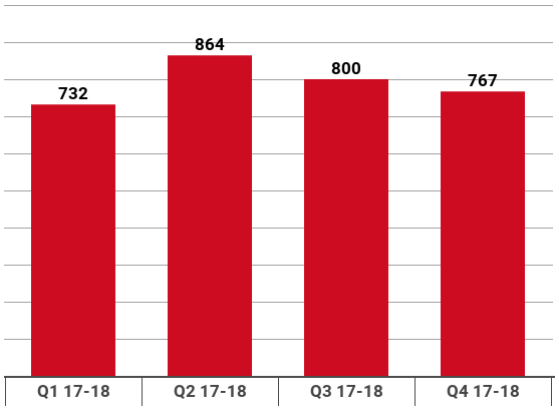
Figure 12 shows the number of VAAR referrals made by Sussex Police in Brighton & Hove, in each quarter in 2017/18.

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

East Sussex Fire & Rescue Service (ESFRS)

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

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

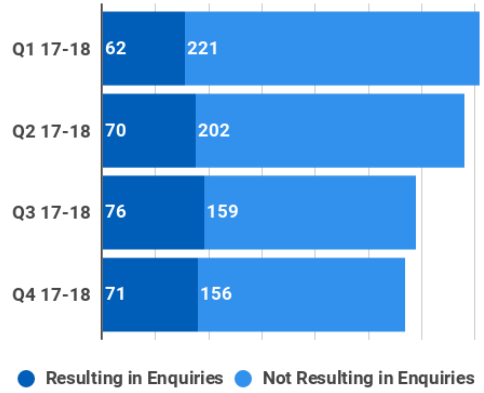


13: Home Safety visits conducted by ESFRS in Q1-4 17/18

Sussex Partnership NHS Foundation Trust (SPFT)

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

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



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

Sussex Community NHS Foundation Trust (SCFT)

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

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

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

11. Progress against our business plan

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

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

- We have again this year sought assurance that all partners have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.

- The Learning & Development Subgroup has met 4 times this year and has supported our understanding of how competent and well-informed the safeguarding workforce is across the city.

- Throughout the year the Sussex Safeguarding Adults Policy and Procedures have been rewritten (official launch outside the time period of this report). The rewrite aims to reduce repetition, incorporate policy and legal updates and learning from Safeguarding Adult Reviews, audits and developments in practice

- We have formally tested, via the Strategic Safeguarding Self-Assessment, that partners have structures and accountabilities which meet the requirements of the Care Act 2014 – see page 26

Conclusion

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

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

11.2. Priority Area 2: Develop and strengthen quality assurance

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

- Our Quality Assurance Subcommittee and framework is very well established.

- The audit programme is informed by the Business Plan as well as themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, national concerns and/or performance gaps.

- This year has seen a multi-agency audit examining safeguarding responses to adults who had experienced sexual assault or abuse. Read more about this work on page 25.

- Throughout the year we have received assurance that partners are quality assuring their own safeguarding arrangements. You can read more about what our partner agencies have been doing on pages 15, and 32.

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

- We have devised a tracking system to monitor progress of actions arising from multi-agency audit.

- Throughout the year we have received updates from Brighton & Hove Clinical Commissioning Group on efforts to ensure that GP practices with safeguarding challenges, identified during Care Quality Commission inspections, are followed up to make sure they are now either working towards or meeting fundamental safeguarding standards.

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

Conclusion

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

Last year we reported that we would be undertaking a survey to ask those actively experiencing homelessness their views and opinions of services. This work was superseded in November 2017 when GalvaniseBH[1] undertook a Vulnerability Index Assessment Tool with homeless people. At the time of writing feedback from this activity has not yet been collated. We hope to report on this within next year's annual report.

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

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

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

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

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

- Throughout the year we have encouraged partners to promote their own pathways of support and referrals for clients and carers so that they are enabled to access support suitable to their wishes and needs at the earliest opportunity.
- Both the strategic safeguarding self-assessment and our quality assurance frameworks have been our key mechanisms to hold partners to account for their safeguarding work, including prevention and risk management.
- Our annual safeguarding conference and single agency safeguarding training offered across the partnership has also assisted prevention and early intervention.

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

11.4. Priority Area 4: Community Awareness and Capacity Building

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

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

- Via the strategic safeguarding self-assessment, we have been assured that all partners have briefing and awareness mechanisms that provide staff with emerging local and national developments about the protection and support of vulnerable adults.

- Board briefings which summarise the discussions held at each main SAB meeting continue to be distributed by partner agencies. These can also be read here.

- Quality Assurance briefings have also been developed this year. Following the sexual abuse audit a short briefing summarising learning was produced and disseminated across the safeguarding partnership. This can be read here.

- The SAB Website and our Twitter have gone some way to supporting the public to understand the role and remit of the board. We have continued to share news and links about good safeguarding practice on Twitter.

- We have promoted awareness campaigns to raise the profile of the nature of abuse and neglect this has included World Mental Health Day, Anti-Slavery Day, National Hate Crime Awareness Week and Get Safe Online Week.

- We have promoted the use of the Stop, Look & Care booklet, which was developed by Brighton & Hove Clinical Commissioning Group. Whilst this is aimed at care workers to ensure effective standards of care provision, we think it is also a useful tool for people receiving care and support and their relatives.

- We have supported the development of the following resources:

1. What to do if you or someone you know may be being neglected or abused – Leaflet

2. What is Abuse? Where Can I Get Help? – Easy Read Leaflet

Conclusion

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

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

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

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

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

- We have continued to expand our networks with regional SABs and LSCBs to scope collaboration of functions and harmonisation of business, including joint meetings, training events and sharing of resources.

- The Lead Member for Adult Services and the Director of Adult Services have provided political and operational direction to the SAB throughout the year.

- The Police and Crime Commissioner has been represented at several board meetings and briefed the SAB on relevant commissioned services.

- We have developed a Board Constitution and Information Sharing Agreement. The constitution; articulates the role of the Board, our membership & expectations, details how we are organised and financed, and also sets out how the chair is appointed. The Information Sharing Protocol sets out the principals of partners sharing information amongst themselves and with the Board to promote the safeguarding of adults with care and support needs.

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

Conclusion

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

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

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

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

11.6. Safeguarding Adult Reviews

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

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

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

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

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

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

Work in progress:

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

11.7. SAR Protocol Event

On14 March 2018 the Sussex SABs ran an event to support staff to understand the Safeguarding Adult Review criteria and share learning from local reviews. Staff were provided with a number of case studies and asked to consider whether a SAR should be conducted, to explain their decision making and to advise on what action/s they would take if the decision was not to conduct a SAR.

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

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

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

11.8. Assuring the quality of safeguarding practice

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

11.9. Multi-agency auditing

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

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

Examples of what is working well

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

Examples of what needs to be improved

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

Recommendations

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

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

11.10. Single Agency Auditing

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

11.11. Strategic safeguarding self-assessment

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

Standards for the self-assessment

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

Headlines

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

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

Themes

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

Areas for development

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

Similarly, although assurances were given that staff are aware of both the Safeguarding Adult Review protocol and referral mechanisms, this is not being borne out in the number of referrals received. Again, this is an area of focus for us over the coming months.

11.12. Managing Allegations of People in Positions of Trust

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

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

Achievements

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

Work in 2017/2018

- Practice guidance has been provided for Local Authority Social Work staff
- The section 42 Safeguarding statutory enquiry tool was amended, enabling frontline staff to check historical information where needed.
- An information safekeeping and sharing protocol for Professional Standards and Safeguarding is in development.

Challenges

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

11.13. Safeguarding training

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

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

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

- Safeguarding adults is integrated into all training and the training needs analysis/plan. This includes Domestic Violence and Abuse, Self-neglect, Modern Slavery and the PREVENT Agenda.

- Safeguarding training is measured to ensure knowledge and competency in recognising abuse and how to raise a concern. This forms part of existing supervision and appraisal systems.

- Safeguarding training is compliant with Sussex Safeguarding Adults Procedures.

- The outcomes of Safeguarding Adult Reviews (SARs) are shared with all to promote learning and sharing of outcomes

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

11.14. Safeguarding Conference 2017

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

- Alison Powney from Daybreak presented on *Family Group Conferencing*
- Lynne Phair, Independent Consultant Nurse, spoke passionately about *Showing Care and Compassion in Difficult Situations.*

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

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

12. Challenge and scrutiny

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

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

12.1. Examples of challenge in 2017-18 include:

Primary Care Safeguarding

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

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

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

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

Impact of changes to Universal Credit

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

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

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

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

12.2. Examples of scrutiny in 2017-18 include:

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

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

Repeat Safeguarding Referrals
Scrutiny of this data has led us to question whether appropriate action is being taken to minimise the risk for people subject to repeat re-referrals. We have asked that, for adults with four or more enquiries, we be provided with a case study summary which considers; age, gender, ethnicity, support needs, a summary of concerns and actions taken, and measures in place to address risk and current situation. This will help us to build a better picture of repeat referrals.

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

13. Safeguarding Adults Board Member Organisation Reports

Each year, the board asks partner organisations to provide reports outlining their achievements over the last year, and to identify areas of focus for the next. Pages 33 & 34 provide a brief summary of each organisation's achievements and objectives. If you wish to see the reports in whole, please email us at SAB@brighton-hove.gov.uk

Overview of Achievements:

- ✓ Evidenced compliance with standards, policies, procedures
- ✓ Improved training uptake, developed further training, including wider cohorts to ensure basic safeguarding knowledge
- ✓ Multi and single-agency audits undertaken, with action plans or recommendations shared and cascaded
- ✓ Implementation of new or improved programmes and procedures

Overview of Objectives:

- ➢ Increase training provision, as part of wider efforts to improve staff understanding and raise awareness.
- ➢ Continuing to fulfil roles within adult safeguarding, i.e. source of clinical expertise, independent voice.
- ➢ Continue use of bulletins and staff magazines to share safeguarding information
- ➢ Staff support; improved procedures and clearer guidance

Training was highlighted both as an achievement and area for focus. Several objectives involve **embedding** previous changes, or reviewing them under audit. Agencies particularly highlighted **Mental Capacity** as an area for audit/review. The Quality Assurance subgroup have a Multi-Agency Audit around Mental Capacity planned for 18/19.

BHCCG

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

BSUH

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

ESFRS

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

HASC, BHCC

- ✓ Piloted Family Group Conferences
- ✓ BHCC now an accredited restorative practices training provider
- ✓ Series of training events to raise practitioners' awareness of RP
- ✓ Improved reporting pathways for information about Position of Trust (PoT) concerns
- ✓ Audit Practice Development Group run for operational managers, to enhance audit process quality
- ✓ Joint template for quality monitoring audits, with the CCG
- ✓ Revised Sussex Safeguarding Procedures; held awareness sessions for staff
- ➢ Devise training for care providers caused to undertake a safeguarding enquiry
- ➢ Review guidance for Health Enquiry work in partnership with CCG
- ➢ Review MCA training and pilot audit process for work undertaken by attendees to be assured of learning
- ➢ Include PREVENT agenda in the development programme for all Newly Qualified Social Workers
- ➢ Respond to government's review of the DoL Safeguards, and develop a strategy to meet emergent demands of their replacement, the 'Liberty Protection Safeguards'

Healthwatch

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

Housing, BHCC

No return received

KSS CRC

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

- ➢ Continue providing safeguarding articles to raise staff awareness

NHS England
No return received

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

Pavilions
- ✓ Implemented multi-agency audit recommendations
- ✓ Ran a series of workshops for care coordinators on safeguarding and MCA
- ➢ Run refresher workshops on person-centred formulation of concerns
- ➢ Devise a process for participating in case reviews
- ➢ Ensure team leaders and service managers attend Safer Recruiting training

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

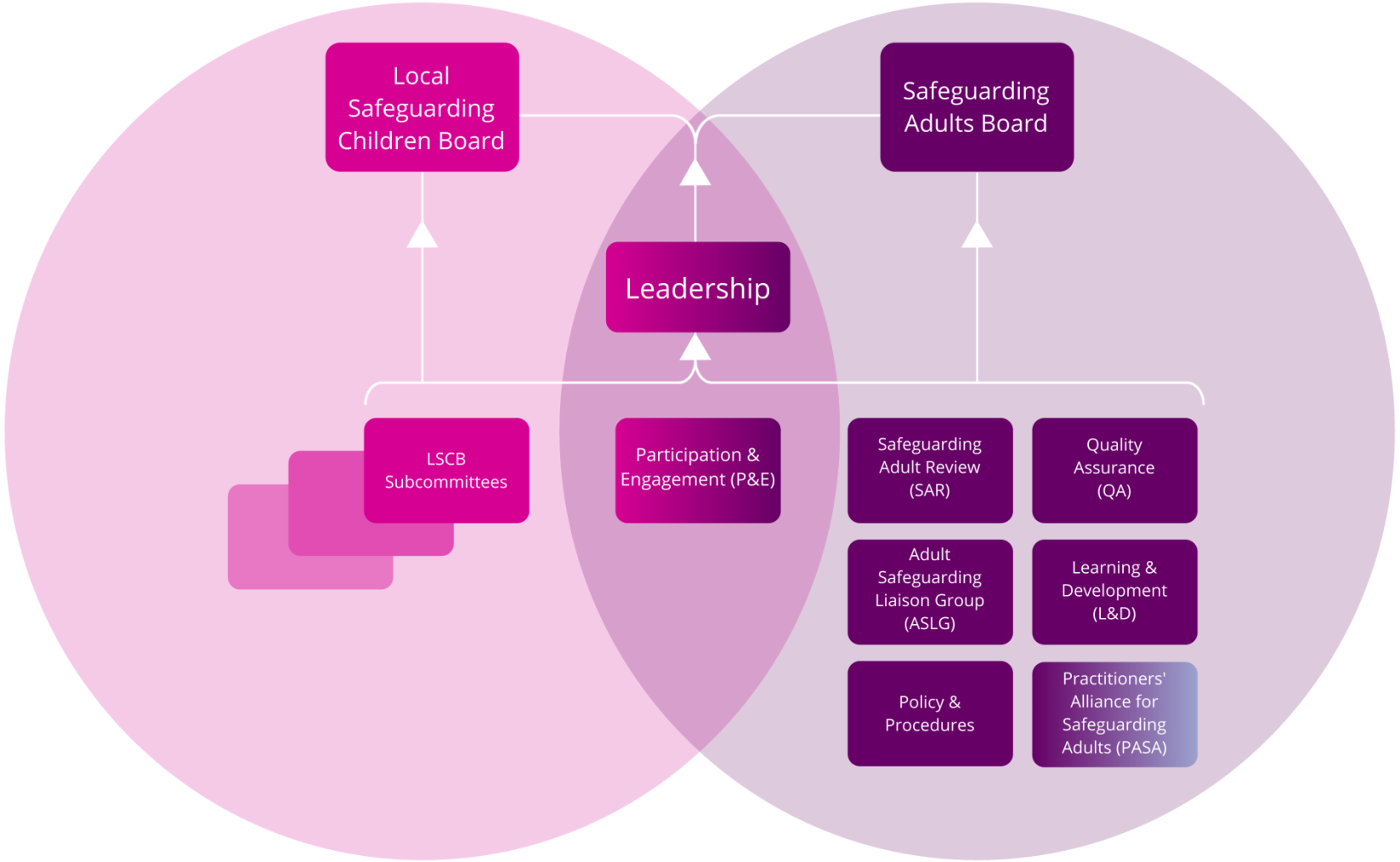
SCFT
- ✓ MSP audit showed increase in enquiries appropriately capturing MSP (68 to 74%)
- ✓ Effective multi-agency working: Active participation in board, Timely responses to requests and completion of enquiry reports
- ➢ Undertake internal rolling audit of MSP
- ➢ Continue to evidence care and support delivered to patients
- ➢ Continue staff access to live supervision
- ➢ Extend L3 training cohort to all bands of nursing and AHP staff

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

SPFT
- ✓ Implemented Safeguarding flag
- ✓ Improved data collection & dataset
- ✓ New safeguarding team, with dedicated adult safeguarding role
- ✓ SARs learning prioritised with trust-wide focus on relevant reviews
- ✓ Prevent and Safeguarding Adults Policy
- ➢ Improve timely data reporting
- ➢ Develop face-to-face training at Level 3
- ➢ Work towards compliance with NHSE Prevent training requirements
- ➢ Improve learning and governance around SARs and DHRs

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

Appendix A: Governance and Accountability: Board Structure



Appendix B: Board Membership

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

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

Appendix C: Agency Attendance

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

Appendix D: Acronyms and Initialisms

ASLG	Adult Safeguarding Liaison Group
B&H	Brighton & Hove
BAME/BME	Black (Asian) and minority ethnic
BHCC	Brighton & Hove City Council
BSUH	Brighton and Sussex University Hospitals NHS Trust
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
DA	Domestic Abuse
DASH	Domestic Abuse, Stalking & Harassment
DoLS	Deprivation of Liberty Safeguards
DV	Domestic Violence
ESA	Employment and Support Allowance
ESFRS	East Sussex Fire and Rescue Services
KSS	Kent, Surrey, & Sussex
L&D	Learning & Development
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MC	Mental Capacity
MCA	Mental Capacity Act (2005)
MSP	Making Safeguarding Personal
NPS	National Probation Service
P&E	Participation & Engagement
PASA	Practitioners Alliance for Safeguarding Adults
PIP	Personal Independence Payment
PiPoT	People in Positions of Trust
PoT	Position of Trust
QA	Quality Assurance
RP	Restorative Practices
RSCH	Royal Sussex County Hospital
SA	Sexual Abuse
SAB	Safeguarding Adults Board
SAR	Safeguarding Adult Review
SARC	Sexual Assault Referral Centre
SCFT	Sussex Community NHS Foundation Trust
SECAmb	South East Coast Ambulance Service
SIU	Safeguarding Investigations Unit
SPFT	Sussex Partnership NHS Foundation Trust
VAAR	Vulnerable Adult at Risk
VVE	Vulnerability, Violence & Exploitation

Brighton & Hove

SAB

Safeguarding Adults Board

Appendix 2: Brighton & Hove Safeguarding Adults Board Strategic Plan 2019 – 2022

Introduction

This is the second Strategic Plan from the Brighton & Hove Safeguarding Adults Board (SAB). It covers the period 2019-2022. The first plan, 2016-2019, was developed to embed and test compliance against the Care Act 2014 and its statutory guidance. Although we achieved the majority of the measures and targets we set ourselves, we will continue to develop our safeguarding approaches to ensure that we achieve our priorities around prevention and early intervention, assurance and making safeguarding personal. On reflection from the first plan, our next plan is more focused and strategic. In the next three years, the Safeguarding Adults Board will continue to achieve its statutory obligations by reviewing this strategic plan annually, publishing an annual report and conducting any safeguarding adults reviews in accordance with section 44 of the Care Act (2014). The remainder of this strategic plan outlines our work over the next three years, detailing what we will achieve to safeguard adults with care and support needs in Brighton & Hove.

This strategic plan puts service users and their carers at the heart of what we do.

Principles

The work of Brighton & Hove Safeguarding Adults Board is underpinned by the six safeguarding principles as defined in the Care Act (2014)

Empowerment – Residents will be supported and encouraged to make their own decisions through informed consent.
Prevention – In Brighton & Hove we believe it is better to take action before harm occurs.
Proportionality – To safeguard the residents of Brighton & Hove we will take the least intrusive response appropriate to the risk.
Protection – We will support and ensure representation for those in greatest need in Brighton & Hove.
Partnership – Solutions will come from agencies and residents working together across Brighton & Hove, all having a part to play in preventing, detecting and reporting neglect and abuse.
Accountability – The work of the Board will be transparent and accountable to the residents of Brighton & Hove.

Vision

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

Key Challenges

- Maintaining Board involvement and contribution whilst responding to increased demands on SAB resources
- Health and Social Care integration.
- Limited SAB funding

Local safeguarding challenges

Neglect and **omission** represents the largest volume of enquiries, with **financial** and **material abuse** representing the second highest category. The proportion of enquiries relating to **self-neglect** has increased from 5.1% in 2016/17 to 8.3% in 2017/18. The percentage of enquiries relating to **domestic abuse** increased to 6.3%. from 4.7% in the previous year. The proportion of enquiries relating to **memory and cognition** support has increased from 11.6% to 15.2%. Locally the risk of harm and abuse increases from the age of 65. Between 1/12/16 and 31/5/18 157 adults were the subject of one or more safeguarding enquiry. The number of **repeat safeguarding referrals** has been of concern to the SAB. Following enquiries completed in 2017/18, only 57% of individuals felt their desired outcomes had been met, while a further 16% felt their desired outcomes had been partly achieved.

In addition to the above local challenges the SAB has seen an increase in safeguarding adult review referrals relating to the death and serious harm of adults experiencing **homelessness** in the city. Recognition and response to **psychological trauma** and clients' **engagement** with local services has also become an increasing concern for the SAB.

Implementation and Governance Arrangements

It should be recognised that priorities will be subject to change and will be continuous reviewed. Therefore, this strategic plan will be refreshed annually by the full SAB membership. An annual business plan will detail the key actions required to deliver the strategic plan, in line with our priorities listed below. The Board's sub groups will be key in delivering the strategic plan.

Three Year Strategic Objectives

Strategic Aim 1: **Accountability, Assurance & Leadership**

SAB Priority: Ensure the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect

Desired outcome: Confidence in Multi-agency safeguarding responses, and people are safeguarded from abuse and neglect

Strategic objectives

- Ensuring robust mechanisms are in place for partners to be held account for their safeguarding practice, with enhanced standards to test compliance with MCA standards.
- Ensuring clear and transparent annual budget plans are in place for all SAB activities.
- Developing arrangements with other Boards to be responsive and adapt, based on available data, to emerging safeguarding themes. These include; neglect and acts of omission, self-neglect, financial and material abuse, domestic violence and abuse, psychological trauma and safeguarding rough sleepers.
- Developing the SAB and broader governance arrangements
- Undertaking horizon scanning and responding to any changes that may impact on the efficacy of Safeguarding in Brighton & Hove, including: Key transformation programmes, Key commissioning plans, Impact of local, resource changes and funding, Statutory requirements and changes in best practice. This includes engaging with the children safeguarding partners on their plans for the implementation of Working Together to Safeguard Children 2018 and associated arrangements that may impact on the delivery of joint/ SAB activity.

Strategic Aim 2: **Policies, Strategies & Procedures**

SAB Priority: Ensure safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning, and that these are made more easily accessible to frontline staff and used effectively.

Desired outcome: Our partners work within a framework of policies and procedures that keep people safe.

Strategic objectives

- Establishing robust feedback mechanisms on safeguarding policies and procedures, including self-neglect, to ensure safeguarding practice is in line with current best practice and the Care Act 2014
- Undertaking assurance activity to test compliance and effectiveness of implementation of local safeguarding and adult protection policy and procedure.
- To raise awareness of safeguarding policy and procedure related to specific local safeguarding challenges.
- To raise awareness of the Safeguarding Adults Review (SAR) process, and ensure threshold decision making is consistent across Sussex
- Ensuring feedback is given consistently, where appropriate, to those who have raised a safeguarding concern, and that referrers are supported to understand the decisions made

Strategic Aim 3: **Performance, Quality and Audit / Organisational Learning**

SAB Priority: Ensure learning from SAB activity is effectively embedded into practice to facilitate organisational change across agencies, refocus quality assurance mechanisms, and better use safeguarding data to define SAB priority areas of business.

Desired outcome: Confidence that services are learning and improving in their safeguarding practice and adult safeguarding risk is better understood by the SAB and appropriately assessed by partners.

Strategic objectives

- Ensuring learning from reviews is effectively embedded into practice and facilitating organisational change across agencies.
- Ensuring the SAB has robust multi-agency safeguarding data to shape any multi-agency training offers, awareness and practice, and affect change when required.
- Ensuring a culture of openness and transparency is adopted for learning and celebrating success

Strategic Aim 4: **Prevention & Early Intervention**

SAB Priority: Ensure the SAB has a prevention strategy that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove.

Desired outcome: Adults at risk are identified early and have their needs met promptly and effectively.

Strategic objectives

- To develop a prevention strategy that clearly identifies how the SAB will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove and how it will measure the success of this.
- To develop a multi-agency self-neglect risk assessment tool
- To undertake a public safeguarding awareness raising campaigns, to include raising awareness of local safeguarding challenges.
- To undertake a self-neglect multi-agency audit.

Strategic Aim 5: Engagement & Making Safeguarding Personal

SAB Priority: Adults, carers, the local community and professionals assisting to shape the work of the SAB and safeguarding responses and safeguarding practice is client centred.

Desired outcome: Public safeguarding awareness is improved. Clients and professionals feel empowered for their voices to be heard in safeguarding practice and policy development

Strategic objectives

- Ensuring adults are involved and consulted in the process of helping them to stay safe and agreeing goals to achieve.
- Developing process to enable meaningful feedback to the SAB from service users and carers who have experienced safeguarding interventions
- Undertaking quality assurance activity for assurance that safeguarding practice is person-centred and outcome-focused
- To produce information and reports for the local community that are easily accessible, and raise awareness of adult safeguarding and how concerns can be raised
- To build resilience of those who may be at risk of abuse and neglect to assist prevention and promoting wellbeing.

Strategic Aim 6: **Integration / Training and Workforce Development**

SAB Priority: Ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This to include emerging local safeguarding challenges.

Desired outcome: Clients are supported by a skilled a competent workforce

Strategic objectives

- To ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected
- To ensure the training strategy includes mechanisms to review the impact and effectiveness of training

Measuring Success

Individual action plans will be developed by the Board's Quality Assurance, Learning & Development and Participation sub groups respectively. Progress updates will be provided as part of sub group reports at each Board meeting. Task and finish groups will be set up as required.

Appendix 3

Brighton & Hove Safeguarding Adults Board Annual Report (SAB)

1st April 2017 to 31st March 2018

Brighton & Hove SAB Safeguarding Adults Board

bit.ly/brightonsab

@SAB_Brighton

Who we are and what we do

- Senior representatives from statutory and non-statutory agencies

- We **coordinate** local work by:
  - Delivering a multi-agency Business Plan
  - Developing robust policies and procedures
  - Delivering multi-agency training

- We ensure the **effectiveness** of local work by:
  - Monitoring and scrutinising what is done by our partner agencies
  - Undertaking safeguarding adult and other multi-agency learning reviews, audits
  - Collecting and analysing safeguarding data
  - Drawing evidence from the testimony of clients and staff
  - Publishing this annual report

Brighton & Hove SAB Safeguarding Adults Board

Purpose of Annual Report

Under the **Care Act, 2014 and the Care and Support Statutory Guidance** the SAB must publish an annual report.

- It **must**;
  - state what both the SAB and its members have done to deliver its strategic plan.
  - provide information about safeguarding adults reviews
  - Set out how the SAB is monitoring progress against its policies

Brighton & Hove SAB Safeguarding Adults Board

Purpose of Annual Report Cont.

- evidence community awareness of adult abuse and neglect
- evidence success of strategies to prevent abuse or neglect
- include feedback from local Health watch
- Show how the SAB links with other parts of the local system
- provide a view on how well agencies are co-operating and collaborating

Brighton & Hove SAB Safeguarding Adults Board

Key messages – Safeguarding Performance

- Number of safeguarding enquiries commenced has **decreased**. We are looking into why this is.
- Largest category of enquiries remains neglect and omission, followed by financial & material abuse.
- Number of enquiries relating to physical abuse has **slightly decreased**
- Proportion of enquiries relating to self-neglect has **increased** .

Brighton & Hove SAB Safeguarding Adults Board

Key messages – Safeguarding Performance Cont.

- Enquiries relating to domestic abuse **increased** by 1.4%
- **Decrease** in the % of enquiries physical support for personal care is primary need
- Locally the risk of harm and abuses **increases** from the **age of 65.**
- Proportion of enquiries involving BAME adults **remains low** when compared to census data.
- Majority of enquiries relate to alleged abuse occurring in the person's own **home**
- Number of enquiries relating to alleged abuse in **hospital settings** has **reduced significantly**

Brighton & Hove SAB Safeguarding Adults Board

Key messages – Safeguarding Performance Cont.

- Proportion relating to alleged abuse in **Care Homes** has **increased**
- **57%** of individuals felt their outcomes had been fully **achieved**
- 47% of crimes recorded by Sussex Police where abuse was recorded and the victim was a vulnerable were on a physical nature

Brighton & Hove SAB Safeguarding Adults Board

Progress 2017-18

Brighton & Hove
SAB
Safeguarding
Adults Board

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

Achievements

- Sought assurance that all partners audit arrangements in place
- Understanding of gaps in safeguarding workforce training
- Re-write of Sussex Safeguarding Adults Policy and Procedures
- Formally tested, via the Strategic Safeguarding Self-Assessment, that partners have structures and accountabilities which meet the requirements of the Care Act 2014

Challenges

- Development of a Complex Abuse Protocol

Brighton & Hove SAB Safeguarding Adults Board

Priority Area 2: Develop and strengthen quality assurance

Achievements

- Robust multi-agency audit programme
- Received assurance that partners are quality assuring their own safeguarding arrangements.
- Shared audit findings and/ or recommendations widely
- Developed a tracking system to monitor progress of actions arising from multi-agency audit.

Challenges

- Homeless survey

Brighton & Hove SAB Safeguarding Adults Board

Priority Area 3: Focus on Prevention and Early Intervention

Achievements

- Tested how agencies support adults to identify and manage risk of abuse and neglect for themselves.
- encouraged partners to promote their own pathways of support and referrals
- held partners to account for their safeguarding work, including prevention and risk management

Challenges

- Many of the objectives and success criteria for this priority area overlap with priority area 4.
- Reduced capacity to test the local mechanisms which enable people to live independently.

Brighton & Hove SAB Safeguarding Adults Board

Priority Area 4: Community Awareness and Capacity Building

Achievements

- Joint LSCB and SAB Participation & Engagement Subcommittee better sighted on the methods partners gather feedback from clients
- assured that partners have briefing and awareness mechanisms to share learning
- Board briefings summarise discussions held at each meeting
- Quality Assurance briefings
- SAB Website and our Twitter
- promoted awareness campaigns
- promoted the use of the Stop, Look & Care booklet and other local safeguarding resources

Challenges

- No challenges

Brighton & Hove SAB Safeguarding Adults Board

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

Achievements

- Clear and influential role on the Health and Wellbeing Board
- Expanded networks with regional SABs and LSCBs to scope collaboration
- Lead Member and the Director of Adult Services provided political and operational direction
- Police and Crime Commissioner represented at several board meetings
- Board Constitution and Information Sharing Agreement.
- Memorandum of Understanding for multi-agency safeguarding audits

Challenges

- Development of partnership protocol

Brighton & Hove SAB Safeguarding Adults Board

Strategic Plan 2019 – 2022

Strategic Aim 1: Accountability, Assurance & Leadership

SAB Priority: Ensure the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect

Strategic Aim 2: Policies, Strategies & Procedures

SAB Priority: Ensure safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning, and that these are made more easily accessible to frontline staff and used effectively.

Brighton & Hove SAB Safeguarding Adults Board

Strategic Plan 2019 – 2022 cont.

Strategic Aim 3: Performance, Quality and Audit / Organisational Learning

SAB Priority: Ensure learning from SAB activity is effectively embedded into practice to facilitate organisational change across agencies, refocus quality assurance mechanisms, and better use safeguarding data to define SAB priority areas of business.

Strategic Aim 4: Prevention & Early Intervention

SAB Priority: Ensure the SAB has a prevention strategy that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Brighton & Hove.

Brighton & Hove SAB Safeguarding Adults Board

Strategic Plan 2019 – 2022

Strategic Aim 5: Engagement & Making Safeguarding Personal

SAB Priority: Adults, carers, the local community and professionals assisting to shape the work of the SAB and safeguarding responses and safeguarding practice is client centred.

Strategic Aim 6: Integration / Training and Workforce Development

SAB Priority: Ensure the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This to include emerging local safeguarding challenges.

Brighton & Hove SAB Safeguarding Adults Board

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

Brighton & Hove
SAB
Safeguarding Adults Board

bit.ly/brightonsab

@SAB_Brighton

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Independent Annual Report of the Director of Public Health 2018	
Date of Meeting:	13 November 2018	
Report of:	Director of Public Health	
Contact:	Alistair Hill	Tel: 01273 296560
Email:	alistair.hill@brighton-hove.gov.uk	
Wards Affected:	All	

FOR GENERAL RELEASE

Executive Summary

Directors of Public Health are required to produce an independent annual report on the state of local public health. There are no specified requirements as to the content or format of the report.

This year's report *The Art of Good Health* focuses on the links between the arts and health and wellbeing.

The Director of Public Health will make a presentation on the report.

Glossary of Terms
n/a

1. Decisions, recommendations and any options

1.1 That the Board note the report.

2. Relevant information

2.1 This year's Annual Report of the Director of Public Health examines the contribution that arts and culture make to health and wellbeing in Brighton & Hove.

2.2 The report starts by looking at the health and wellbeing benefits of the arts. It draws on the published evidence base including *Creative Health*, the 2017 report of the All Party Parliamentary Group on Arts, Health and Wellbeing.

2.3 Evidence indicates that arts can have a positive impact on health and wellbeing in a number of ways, including:

- As a social determinant of health, good access to arts and culture influences wellbeing across the whole population
- The arts can have a role in raising awareness, reducing stigma and influencing attitudes
- Engagement with the arts can prevent ill health, for example stress and anxiety, and falls
- For those who are unwell the art can improve symptoms, for example dance can be helpful for those with Parkinson's disease.

2.4 Data indicates that engagement with the arts is higher in Brighton & Hove than the England average. However similar to elsewhere in England, some groups (e.g. carers, people with disabilities) and residents in our more deprived neighbourhoods are less likely to be engaged with the arts and culture. There is a risk that unequal access to the arts contributes to health inequalities highlighting the need for a strong focus on access and participation.

2.5 Four sections in the report follow the life course - start well, live well, age well, die well – an approach that will be taken in our forthcoming Health and Wellbeing Strategy.

2.6 These describe some of the key health and wellbeing issues for each life stage and discuss the contribution that the arts can make in addressing them.

2.7 A section on arts and health & care settings explores how arts can be integrated in health and care services, for example through social prescribing, and how health and wellbeing is being incorporated into cultural settings such as our museums and libraries, and key city festivals.

2.8 The report closes with five recommendations to support developing Brighton and Hove as a Centre of Excellence for arts and health. The recommendations address the following areas:

- Leadership
- Evidence
- Skills and Knowledge
- Access
- Delivery

2.9 The recommendations are aimed at:

- local health and care commissioners and providers, arts practitioner and organisations, the community and voluntary sector, local universities.
- the Living Well group, that will be taking forward plans to develop a Centre of Excellence under the auspices of the Brighton & Hove Cultural Framework.

2.10 Throughout the report a diverse range of local case studies are featured including BHCC, NHS, community and voluntary sector, highlighting some of the excellent practice in place locally.

3. Important considerations and implications

3.1 Legal:
The NHS Act 2006 and the Health and Social Care Act 2012 requires Directors of Public Health to write an annual report on the health of their local population. The content and structure can be determined locally.

Lawyer consulted: **Elizabeth Culbert** Date: 15.10.2018

3.2 Finance:
There are no direct financial implications from the recommendations of this report. The total Public Health budget for this financial year is £21.484m of which £20.090m comes from the ring-fenced Public health grant for 2018/19, other funding comes from agreed carry forward of grant from 2017/18 and some non-grant funding.

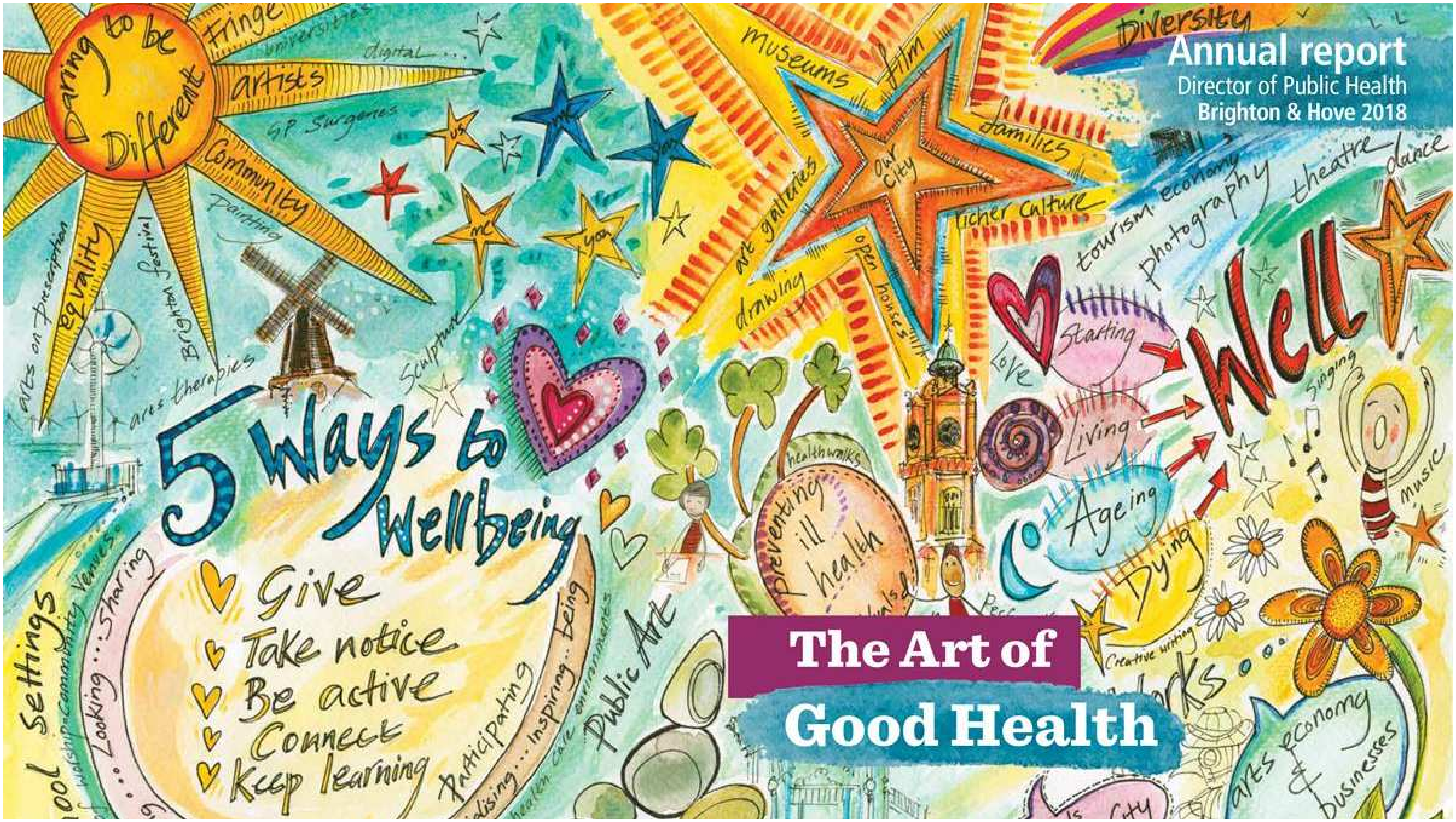
Finance Officer consulted: **Sophie Warburton** Date: 1.11.2018

3.3 Equalities:
The report presents analysis relating to local inequalities in health and wellbeing, and in relation to engagement with the arts and creative activities.

A key recommendation is to prioritise engagement and participation in the arts to reduce health and social inequalities, with a focus on widening participation among groups that are currently less likely to engage.

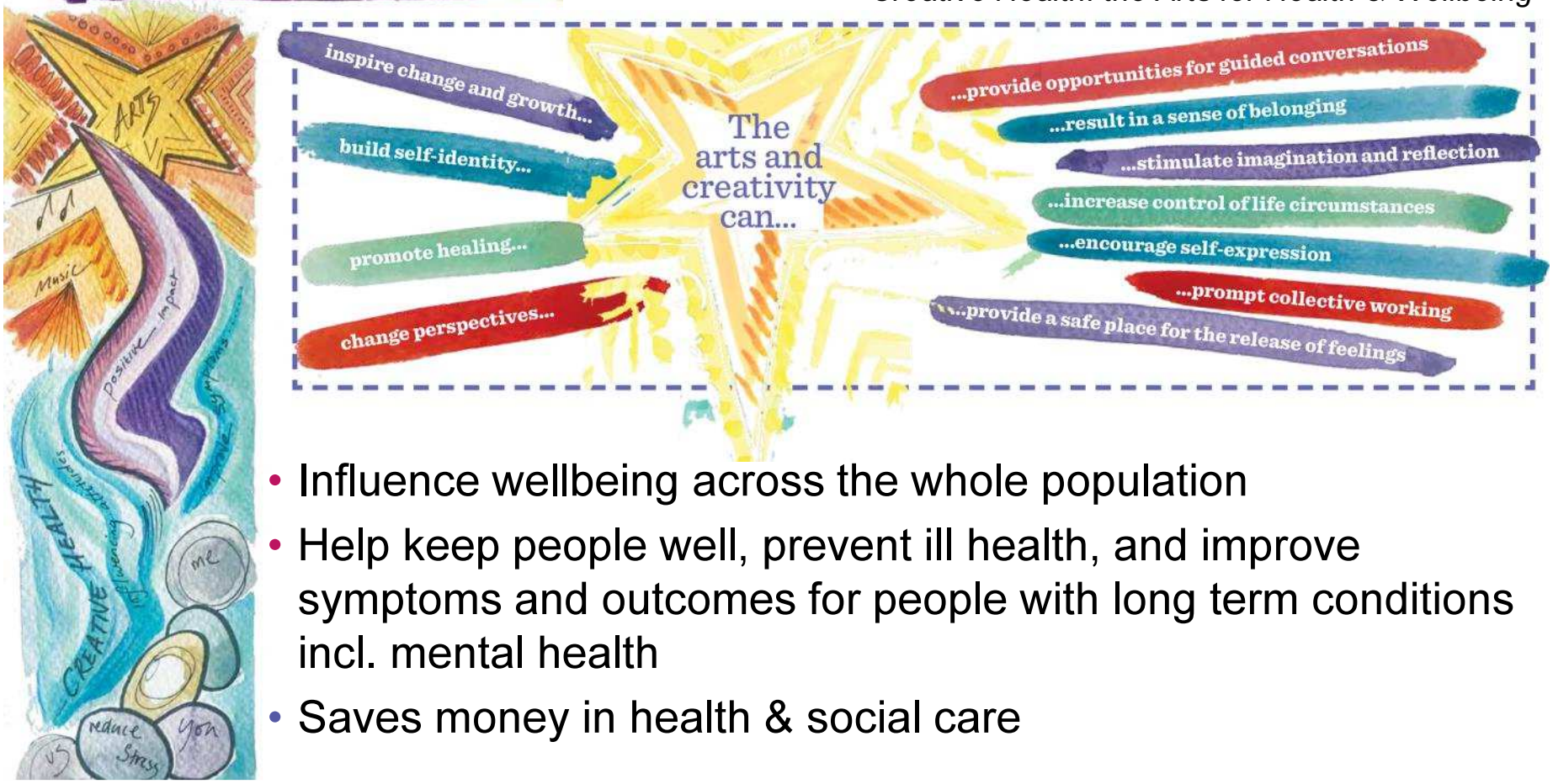
Supporting documents and information

Appendix 1: Annual Report of the Director of Public Health 2018
(The Annual Report will be available at the meeting in public)
Appendix 2: Slide presentation


Annual report
Director of Public Health
Brighton & Hove 2018
The Art of
Good Health
5 ways to Wellbeing
Give
Take notice
Be active
Connect
Keep learning
Daring to be Different
Fringe
artists
Community
Diversity
Museums
film
families
art galleries
drawing
open houses
Our City
richer culture
tourism economy
photography
theatre
dance
Well
Starting
Living
Ageing
Dying
Preventing ill health
Public Art
arts economy & businesses
music
Singing
equality
Brighton festival
arts on prescription
Sculpture

1 Health and wellbeing benefits of the arts

Creative Health: the Arts for Health & Wellbeing



- Influence wellbeing across the whole population
- Help keep people well, prevent ill health, and improve symptoms and outcomes for people with long term conditions incl. mental health
- Saves money in health & social care

2 Engagement and inequality of access

Locally, people are more likely to engage with the arts

….and we also engage more often.

But those less likely to engage include:

- People living in social housing
- People with disabilities
- Carers

3 Starting well

Key health and wellbeing issues in Brighton & Hove

- **Arts can**
  - **Build emotional health & wellbeing**
  - **Promote healthy lifestyles**
  - **Improve inclusion and outcomes** in vulnerable children and young people

4 Living well

Key health and wellbeing issues in Brighton & Hove

- **Visual arts can have a positive impact on mental health** to reduce depression and anxiety and increase confidence and self esteem
- **Music can enhance wellbeing** and reduce stress
- **Arts can help people manage long term health conditions** – eg singing and long term respiratory conditions

5 Ageing well

Key health and wellbeing issues in Brighton & Hove

- **Group activities can help to reduce loneliness and social isolation,** support independence and wellbeing
- **Dance can reduce falls**
- **For people with dementia participation can improve attention** and communication

- **Participatory arts and therapies can improve end of life care settings**
- **Helping people come to terms with dying** – creativity offers a way for people to express themselves
- **Supporting the bereaved**

7 Arts and healthcare settings

- **Arts in health & care settings**
  eg primary care & social prescribing
- **Health in arts & culture settings**
  eg promoting wellbeing in museums and libraries
- **Festivals offer opportunities to promote health** through content and settings

8 Brighton & Hove as a Centre of Excellence

- We could become a national leader

Arts in health: A Centre of Excellence

Recommendations

Leadership

Develop an arts in health community of practice to lead and collaborate

Skills & knowledge

Provide professional development for people working in the local arts and health sectors to develop skills and knowledge

Access & inclusion

Prioritise engagement and participation in the arts to reduce health and social inequalities

Evidence

Develop evaluation methods and a local arts in health research agenda

Delivery

Commissioners and providers offer evidence-based arts interventions targeting local health and wellbeing priorities

Item 43

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Fast Track Cities
Date of Meeting:	13 November 2018
Report of:	Rob Persey, Executive Director for Health & Social Care
Contact:	Stephen Nicholson, Lead commissioner HIV, sexual health and substance misuse Tel: 01273 296554
Email:	Stephen.Nicholson@brighton-hove.gov.uk
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

The Health & Wellbeing Board agreed to be part of the International Fast Track Cities initiative. We were the first city in the UK to sign up to this programme. Fast-Track Cities aims to build develop and improve existing HIV programmes and resources in high HIV burden cities to support their achievement of the UNAIDS 90-90-90 targets by 2020:

- 90% of all people living with HIV (PLHIV) will know their status
- 90% of all PLHIV will receive sustained antiretroviral therapy (ART)
- 90% of all PLHIV will have durable viral suppression

and to eradicate HIV Stigma and discrimination.

The Towards Zero HIV Taskforce has been established and, as requested by the Health & Wellbeing Board, their first annual report is here which shows the progress towards the 90:90:90 targets.

Being a Fast Track City required support from the City Mayor (please note this had different connotations for the various cities across the world) and the Council Leader. Councillor Yates, as the then Chair of the Health & Wellbeing Board agreed to be joint chair the meetings of the Taskforce, a role he has maintained now Leader of the Council. The Taskforce have drafted a Terms of Reference, this includes a governance and accountability section stating the Taskforce is accountable to the Board.

Glossary of Terms

1. Decisions, recommendations and any options

1.1 That the Board:

- Notes the annual report from the Towards Zero HIV Taskforce (appendix 1)

- Agrees the draft Terms of Reference of the Taskforce (see page 19 appendix 1)

2. Relevant information

2.1 The Fast-Track Cities initiative is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementation and technical partners. The initiative's aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030 and achieving the 90-90-90 targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

2.2 More than 90 cities around the world have now signed the Paris Declaration of Fast-Track Cities Ending AIDS and in August 2017 Brighton and Hove became the first UK city to join the initiative. The Brighton and Hove Towards Zero HIV Taskforce has been established to bring together a group of core stakeholders to consult, plan and direct the City's approach to achieving the 90-90-90 targets through to 95-95-95 and ultimately towards zero HIV-related stigma, zero new infections and zero HIV-related deaths. This work is described in the Brighton and Hove Towards Zero HIV Strategy. The strategy focuses on a range of key activities with the following strategic goals:

- To increase research and education
- To deliver innovations in HIV testing and care
- To improve patient involvement and peer support
- To eliminate HIV-related stigma

2.3 Implementation/working groups have been established for research and education, innovations in testing and care, and stigma; all of which ensure that patient involvement and peer support are central to their work. The groups are up and running and their members include medics, academics, public health and local authority colleagues and, most importantly, patient representatives and voluntary and community sector partners.

2.4 This is the first annual report of the Brighton and Hove Towards Zero HIV Taskforce. The report describes the epidemiology of HIV locally, the indicators which will measure our success and the progress that has been made so far as well as introducing some exciting plans for the future.

2.5 For more information about the international Fast Track Cities Initiative please see the link: https://www.fast-trackcities.org/about

2.6 The Year 1 report contains a progress update and also the key challenges for the future year.

2.7 Part of the initial work of the multi-agency Taskforce has been to develop a Terms of Reference. The Taskforce would like to be accountable to the Brighton & Hove Health & Wellbeing Board as this reflects the strategic leadership role required by the Fast Track Cities Initiative. The draft Terms of Reference are attached in appendix 1.

3. Important considerations and implications

Legal implications

3.1 The Terms of Reference for the Taskforce propose that the Health and Wellbeing Board receive reports in relation to the work of the Taskforce and hold the taskforce to account. Therefore it is appropriate to seek the HWB's approval of the Terms of Reference. The HWB delegations include the provision of leadership to public health, health and local authority functions

relating to the health and wellbeing of the people of Brighton & Hove, as well as acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.

Lawyer consulted: Elizabeth Culbert Date: 16.10.18

Finance:

3.2 There are no financial implications arising from this report, however, any changes to the current provision will need to be met from within the current budget resources.

Finance Officer consulted: Sophie Warburton Date: 17/10/2018

Equalities

3.3 This initiative aims to address stigma and to improve health outcomes for people living with HIV and to identify specific populations that might benefit from focused interventions. Relevant expertise from public sector and CVS organisations is being used to ensure the widest possible reach into each community.

Equalities: Anna Spragg Date: 16.10 2018

Supporting documents and information

Appendix1: Draft Year 1 report

FAST TRACK CITIES

Brighton and Hove Towards Zero HIV Taskforce

Year 1 Report

November 2018

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Research and education group	12
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Where to get an HIV test in Brighton and Hove	23

Joint Chairs Year One Report

The first year of being part of the international Fast Track Cities Initiative has been exciting and productive. As expected it has enabled our city to look with fresh eyes at our HIV prevention and treatment work, and move towards ensuring that all our Stakeholders are aligned and working together towards the targets. As the first city in the UK to have signed up, we are now delighted to be joined by London and Manchester, and hope we can work closely with those cities in sharing expertise and innovations.

Our joint role is to lead the work of the Towards Zero HIV Taskforce in establishing the programme within the city, monitoring delivery against the 90:90:90 targets (and subsequently the 95:95:95 targets), and embed a collaborative approach that enable us all to work together to deliver these targets as quickly as possible while making sure that we learn from the rest of the worlds progress.

In just over twelve months since the City's Mayor and Leader signed the Paris Declaration to join us up to the Fast Track Cities Initiative we have made strong progress in delivering the year one objectives of the programme and have seen the various work streams start to meet and set up their parts of the whole action plan. These report later in this document.

We know that our performance against the 90:90:90 targets are strong with:

- 88% of people living with HIV knowing their status (based on national data)
- 98% of those being on treatment and
- 98% of those on treatment having undetectable virus in their blood stream

We are also working to develop a baseline assessment of HIV stigma within the city and develop a plan to address this fully.

But there is so much more to do to meet the Martin Fisher Foundation's ambitious targets of ZERO HIV stigma, ZERO new HIV infections and ZERO deaths from HIV in Brighton & Hove. Innovation will be a key means of achieving this and already we have seen the HIV self-testing vending machine win national awards and international plaudits, with plans to extend to London, Birmingham and Africa.

Over the next few years we have some urgent challenges that will require all partners and the whole city to come together to ensure that we can effectively meet the 95:95:95 targets by 2030 and really start to tackle HIV stigma comprehensively across all communities.

We hope you find this first annual report a helpful summary of our progress to date and our challenges for the future and we invite you to get involved where possible by contacting us and sharing this journey.

Dr Gillian Dean

Consultant HIV Physician
Trustee of the Martin Fisher Foundation

Cllr Dan Yates

Leader, Brighton & Hove City Council

City Process Checklist – Year 1
• Mayor/City Council sign *Paris Declaration* ✓
• City Steering Group identified ✓
• Creation of City epidemiological profile ✓
• City specific dashboard on Global Fast-Track Cities Web Portal
• First consultation takes place ✓
• City implementation plan developed ✓
• Working groups developed ✓
• First meeting of all working groups ✓
• First annual report submitted ✓
City Target Attainment – Years 2 – 5
• 90-90-90 and zero discrimination and stigma achieved
• Achievement of other metrics of success using indicators such as AIDS cases per 1,000 PLHIV; AIDS deaths per 1,000 PLHIV; estimated number of new HIV infections (in general and key populations); median CD4 of newly diagnosed cases; and estimated number of maternal to child transmissions of HIV.

Introduction

The Fast-Track Cities initiative is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementation and technical partners. The initiative's aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030 and achieving the 90-90-90 targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

More than 90 cities around the world have now signed the *Paris Declaration of Fast-Track Cities Ending AIDS* and in August 2017 Brighton and Hove became the first UK city to join the initiative. The Brighton and Hove Towards Zero HIV Taskforce has been established to bring together a group of core stakeholders to consult, plan and direct the City's approach to achieving the 90-90-90 targets through to 95-95-95 and ultimately towards zero HIV-related stigma, zero new infections and zero HIV-related deaths. This work is described in the Brighton and Hove Towards Zero HIV Strategy. The strategy focuses on a range of key activities with the following strategic goals:

- To increase research and education
- To deliver innovations in HIV testing and care
- To improve patient involvement and peer support
- To eliminate HIV-related stigma

Implementation/working groups have been established for research and education, innovations in testing and care, and stigma; all of which ensure that patient involvement and peer support are central to their work. The groups are up and running and their members include medics, academics, public health and local authority colleagues and, most importantly, patient representatives and voluntary and community sector partners.

This is the first annual report of the Brighton and Hove Towards Zero HIV Taskforce. The report describes the epidemiology of HIV locally, the indicators which will measure our success and the progress that has been made so far as well as introducing some exciting plans for the future.

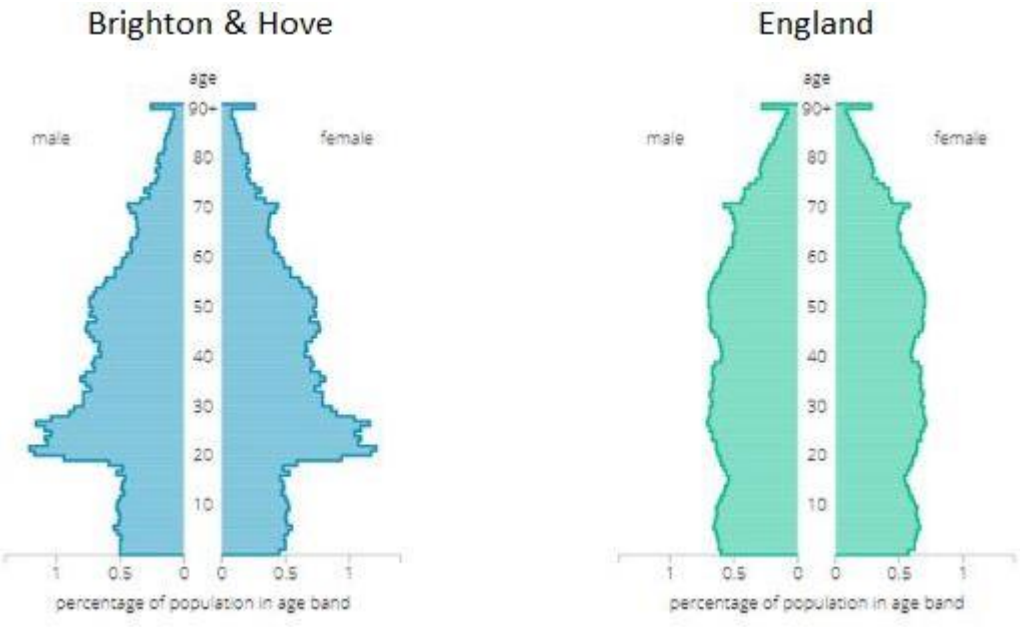
For more information about the international Fast Track Cities Initiative please see the link below:

https://www.fast-trackcities.org/about

Population profile

Brighton and Hove is a city on the South Coast of England. The estimated number of residents in 2015 was 285,300 and the population is expected to increase to 305,900 by 2026. Our population profile is younger than England but is ageing over time.

Figure 1. Population age profile in Brighton and Hove: 2017



Source: ONS 2017 Mid-year population estimates

Our city consists of a number of different population groups. The large lesbian, gay, bisexual and transgender (LGBT) communities are a key characteristic of the city's population. The estimated proportion of residents aged over 16 who are LGB is 11 - 15% and 1% of residents are estimated to be transgender. One in five residents are from a black or minority ethnic (BME) background; the majority being from the 'Other White' group. At the time of the 2011 national census, 1.5% (4,188) of the total population was Black or Black British. Twelve per cent of the population are full time students aged 18 or older.

Brighton and Hove is the 102nd most deprived local authority of the 326 in England according to the 2015 index of multiple deprivation. In 2015 45% of the population of the City lived in the 40% most deprived areas in England and only 7% in 20% least deprived areas. The life expectancy for males and females in Brighton and Hove is similar to England but worse than for the South East region. There is 9.6 year difference in life expectancy for males and a 6. 7 year difference for females between the most and least deprived people in the City. The commonest causes of death in the City are cancers, circulatory diseases, respiratory diseases and digestive diseases.

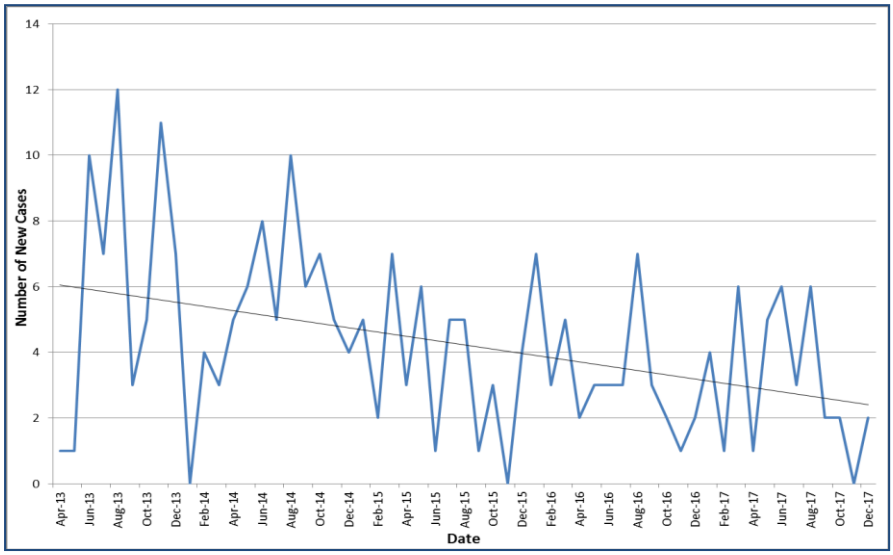
In 2016 3,965 new sexually transmitted infections (STIs) were diagnosed in residents of Brighton and Hove. The City has the 20th highest rate (out of 326 local authorities) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 1,387.0 per 100,000 residents (compared to 795 per 100,000 in England). For cases in males where sexual orientation was known over half (57.8%) of new STIs in 2016 were among gay and other men who have sex with men (MSM). Forty six per cent of new STIs were in young people aged 15-24 years (compared to 51% in England).

HIV in the UK

HIV remains one of the most important communicable diseases in the UK. It is associated with serious morbidity, significant mortality & a potentially shortened lifespan. At the end of 2016 there were an estimated 101,200 people living with HIV in the UK, with around 13,500 (13%) unaware of their infection (Kirwan et al, HIV in the UK 2016). Men who have sex with men (MSM) and black Africans continue to be disproportionately affected by HIV. In 2017, 4,363 new diagnoses were made of which 43% were diagnosed late (Trends in new HIV diagnoses and people receiving HIV-related care in the United Kingdom: data to the end of December 2017). Individuals diagnosed late have higher rates of morbidity & mortality. This group has a ten-fold increase in the risk of death within a year of diagnosis compared to those diagnosed with a CD4 count >350 cells/mm3 . A quarter of deaths among HIV positive individuals in the UK are of those diagnosed too late for effective treatment: individuals diagnosed late starting antiretroviral therapy have a significantly increased risk.

In 2017 Public Health England reported a decline in new diagnoses of HIV among gay and other MSM for the first time since the epidemic was detected over 30 years ago (HIV in the UK 2017). The decline was largely focussed on five London clinics but was also seen to a lesser extent in Brighton and Hove. The decline in new infections is associated with high levels of HIV testing, including repeat testing for men at high risk and prompt initiation of treatment following diagnosis.

Fig 2: Number of new HIV diagnoses in Brighton & Hove April 2013 – December 2017.



Source: Cavilla, S; Dean, G & Churchill, D (2018)

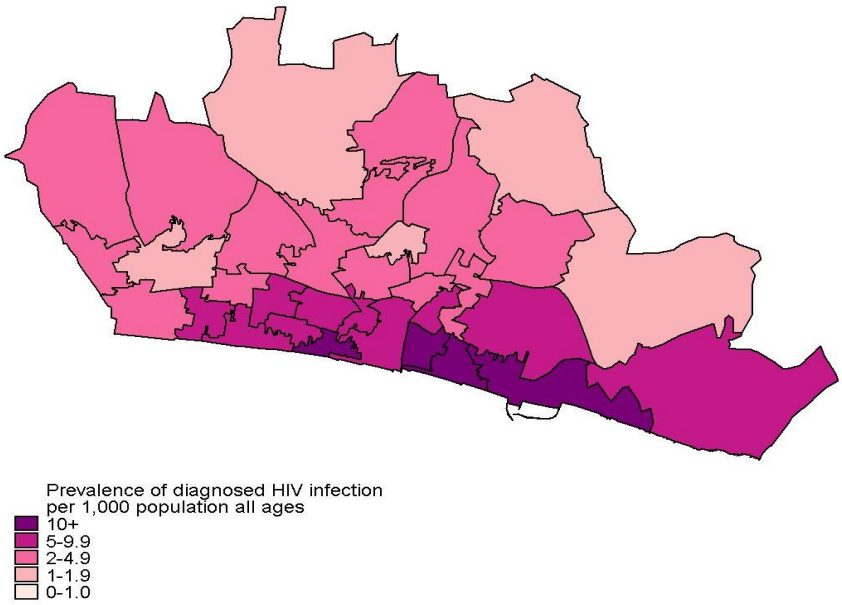
HIV in Brighton and Hove

Brighton and Hove has the 7th highest prevalence of diagnosed HIV in England and the highest outside of London. In 2017 1,868 people with HIV resident in Brighton and Hove attended NHS HIV treatment services. This is an increase of 1% (19 people) on 2016 and an increase of ?272% on 1998 when there were 502 people receiving treatment. These figures do not include people with HIV who did not attend NHS HIV treatment services in 2017 or people who have HIV but do not know it (i.e. undiagnosed – currently estimated at approximately 13%). There were 45 new HIV diagnoses in residents of Brighton and Hove during 2017 equal to a new diagnosis rate of 18.3/100,000 population aged 15 and over. The new diagnosis rate for England is 8.7/100,000, 15+.

Ninety one per cent (1,704) of the cohort in treatment are male and of these, 88% are aged 35 or older and 48% are older than 50. The majority of people living with HIV are white although 50% of women with HIV are black African. In terms of probably route of transmission, the majority (84%) of people (92% of males) probably acquired their infection through sex between men.

In 2017 the diagnosed prevalence of HIV in Brighton and Hove was 8.12 per 1,000 population aged 15-59 years, compared to 2.32/1,000 in England and 1.81/1,000 in the South East region. 2016 data show that 85% of the middle super output areas (MSOAs) in this local authority had a prevalence rate higher than 2/1,000 population, all ages.

Figure 3. Prevalence of diagnosed HIV per 1,000 in Brighton and Hove, all ages by MSOA: 2016



Source: HARS/LASER Report (2016)

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. In Brighton and Hove between 2015 and 2017, 34.1% of HIV diagnoses were made at a late stage of infection (CD4 count = <350 cells/mm^3 within three months of diagnosis) compared to 41.1 % in England (PHOF). Heterosexuals are more likely to be diagnosed late than MSM.

In 2016 an HIV test was offered at 90.6% of eligible attendances by residents of Brighton and Hove at specialist sexual health services and, where offered, an HIV test was undertaken in 70.3% of these attendances. Nationally an HIV test was offered at 81.5% of eligible attendances at specialist sexual health services and undertaken in 76.5% of these attendances (Laser Report 2016).

In 2016, of specialist sexual health service patients from Brighton and Hove who were eligible to be tested for HIV, 68.2% were tested. This compares 65.7% nationally (PHOF). Coverage of HIV testing in specialist sexual health services for residents of Brighton and Hove appears to have been decreasing since 2014.

Process indicators

Population	Indicator	Target	Baseline position Most recent data for the period August 2017 – August 2018	Year 2	Year 3
Undiagnosed	Undiagnosed proportion (first '90')	No more than 5% undiagnosed. Year 2 target: to have robust measure for B&H	Estimated 13%		
	Numbers HIV tests different settings	Numbers and positives by setting and risk group	Awaiting data		
	Proportion offered and uptake in traditional settings where recorded	Increasing trend	90% SHAC (men)		
	Retesting in MSM (attending with STIs)	Increasing trend	Awaiting data		
	Indicator diseases	All offered HIV tests	To confirm: TB = 100% Lymphoma = 100% Head & Neck cancer = 100% Cervical cancer = 100% Hep C = 100%		
Newly diagnosed	Numbers new diagnoses	Zero	Reducing		
	Numbers with incident infection (1 year)	<0.1% MSM 90% MSM diagnosed within 1 year	0.3%		
	Numbers with incident infection STAHRS (6 months)	Higher is better	26% in MSM; 6% heterosexuals		
	Proportion diagnosed late (CD4<350)	low	35.4%		

	Time to treatment	90% by 30 days	63% by 30 days; 93% by 90 days		
	Time to undetectable VL from positive test	TBC	Awaiting data		
Diagnosed cohort	Proportion on HIV treatment	>95%	98%		
	Proportion with supressed VL (<200)	>95%	98%		
	Proportion with suppressed VL (<40)	No target	95%		
	AIDS related deaths	Zero	Cohort information from 2017 on AIDS related deaths for the baseline data – 1/16 which is 6.25%		
	Clinic lost to follow-up rates	National 2.6%	<0.5%		
PrEP	Numbers accessing PrEP through clinic	No target	July 2018: Impact = 186 (175 MSM; 10 Trans; 1 natal female) Descover = 52		
	Numbers attending for monitoring	No target	~ 150 MSM		
	Number of MSM attending THT who are taking PrEP (through a trial or self-purchased	No target			
Stigma	Proportion worried that they are treated differently to other patients Proportion who avoided seeking healthcare when required	Reduction in proportion of people experiencing perceived or actual discrimination due to their HIV status	Positive Voices Brighton & Hove 2017: 31.7% Positive Voices Brighton & Hove 2017: 17.1%		

	Proportion who believe they are treated differently to other patients. Proportion who believed they were refused healthcare or had a delay in treatment or procedure Proportion of people who worry about or experience social exclusion – gossip, sexual rejection, employment security, verbal or physical assault, exclusion from social gatherings. Proportion who feel supported by friends and family, faith communities and workplace. Improvement in public knowledge and attitudes	Increase in the proportion of people who feel supported by friends and family/faith communities and in the workplace Increase in knowledge of impact of ARVs on HIV transmission (U=U) Reduction in	Positive Voices Brighton & Hove 2017: 16% Positive Voices Brighton & Hove 2017: 9.9% PLWHIV Stigma Index South East data 2015 Fear of Gossip: 45.52% Experienced gossip 36.56% Fear of verbal abuse 27.24% Experienced verbal abuse 22.58% PLWHIV Stigma Index National data 2015 Good support family disclosure 58% Good support friends disclosure 59% Good support workplace disclosure 63% Brighton & Hove Knowledge & Attitudes survey 2018 67% believe that HIV cannot be passed on if		

		negative attitudes towards PLWHIV	effectively managed (45% true; 22% somewhat true) 72% believe an HIV positive doctor should be able to undertake invasive procedures 18% agree or strongly agree that acquiring HIV through unprotected sex is a person's own fault 81% believe that fear of HIV prevents people testing		

Report of the Research and Education Implementation Group

The research and education implementation group brings together researchers from Brighton and Sussex Medical School (BSMS), University of Sussex and University of Brighton whom have a track record in research in the areas of HIV prevention and testing and Sexual Health. The overarching objective of the research and education group is to provide the essential support to other implementation groups on research methodology to ensure that projects are rigorously evaluated. The group also aims to design, conduct and disseminate research projects that align with the objectives established in the fast track cities initiative charter.

Current research projects that members of the implementation group are leading or involved with include: the evaluation of digital vending machine provision of HIV tests; HIV and residential care settings; understanding late diagnosis of HIV in people aged 50 years and older; whole genome sequencing in HIV – a novel approach to improving partner notification strategies.

The group have met once so far (March 2018), however regular discussion with members has taken place throughout the year. During the meeting a chair and co-chair had been elected and approved – Jaime Vera (HIV consultant and Senior Lecturer, BSMS) and Carrie Llewellyn (Professor of Applied Behavioural Science, University of Sussex), as well as agreed Term of Reference. The membership of the group encompasses the expertise of academics currently working in projects associated with sexual health and HIV. The group have agreed on a draft action-plan which sets out proposals for the next 1-2 years. We will work closely with both the ICT implementation and Stigma groups to provide support designing, conducting and evaluating interventions, as well as helping writing applications for funding. We will also ensure that the results of any projects are disseminated effectively to all stakeholders including the wider community.

Dr Jaime Vera.
Senior Lecturer and Consultant HIV Physician

Report of the Innovations in Testing and Care Implementation Group

The *Innovations in Testing & Care* (ITC) implementation group brings together key partners and stakeholders across the city with knowledge, passion and expertise in planning and implementing targeted HIV testing initiatives, as well as other key HIV prevention methods such as improving access to pre–exposure prophylaxis (PrEP).

The group have met twice so far (May and August 2018) and have elected and approved co-chairs – Dr Gillian Dean (Consultant HIV Physician and Trustee of the Martin Fisher Foundation) and Marc Tweed (Centre Manager of Terrence Higgins Trust South), as well as agreed Term of Reference. The initial membership of the group already provides broad representation of vulnerable and 'at-risk' groups across the city, but will be reviewed and added to over the next 12 months. It must be recognised that whilst the core resident population of Brighton & Hove is estimated at 285,000, the city hosts a large transient population of tourists, students, festivals and other social events causing the population to swell to over ½ million at peak times.

The group have written a draft action-plan which sets out proposals for the next 1-2 years. We will work closely with the Research and Education implementation group to ensure interventions are funded, monitored and evaluated appropriately.

The group will also monitor progress made with respect to the Process Indicators agreed by the Towards Zero HIV Taskforce. These metrics will ultimately populate the Brighton & Hove city-wide dashboard.

In the Autumn the group plan to publish a 'back-to-basics' account of the how the Fast Track Cities Initiative, the Towards Zero HIV Taskforce, the Implementation Groups and commissioned services interact, and how people can become involved,. We will also actively seek ideas from the 'grassroots' population on how we can better coordinate HIV Prevention efforts across the city.

Dr Gillian Dean
Consultant HIV Physician
Trustee of the Martin Fisher Foundation

Marc Tweed
Centre Manager
Terrence Higgins Trust South

Report of the Stigma Implementation Group

A steering group has been established comprising 12 members from the acute and community health sectors, mental health, the People Living with HIV Stigma Index, patient and community representatives, academia and the voluntary and community sector. Additional members will be invited or co-opted for input and expertise in areas such as commerce, finance and communications.

The group have met three times and have elected and approved co-chairs - Dr Eileen Nixon (Consultant nurse and Trustee of the Martin Fisher Foundation) and Rob Hammond (Peer Mentor Co-ordinator, Sussex Beacon). Terms of reference have been agreed.

The group have written a draft action-plan which sets out proposals for the next 1-2 years involving three main work streams: reducing stigma among health care workers; empowering people living with HIV; and a public awareness campaign. A literature review on stigma among health care workers in acute settings has been completed. The group will work with colleagues to ensure robust research and evaluation plans are in place.

A series of baseline metrics have been agreed: People living with HIV stigma index 2015 for South East England; Positive Voices survey results for Brighton and Hove; a knowledge and attitudes survey in Brighton and Hove during 2018. These measures will be repeated at intervals over the next three years to monitor progress.

The group have begun to develop links with other fast track cities on stigma reduction activities building on established links with e.g. Lusaka in Zambia which is also a fast track city.

Dr Eileen Nixon
Consultant Nurse
Trustee of the Martin Fisher Foundation

Action Plans 2018 – 2019

Action area	Targets	Actions	Group(s) responsible	Resources needed	Outcomes / measurements	Timeline
Up-to-date estimation of HIV prevalence and undiagnosed infections in different B&H populations	Plan to perform scaled down version of Sialon II ensuring MSM, trans, homeless and other minority groups in sample over 12 month period	• Research & evaluation group to discuss & identify funding requirements / protocol • ITC to discuss practicalities of rolling out in communities • To pursue methods of estimating denominators e.g. no. trans; no. homeless individuals	• Research and Education group • ITC group	• Funding • Research protocol • Ethics • Saliva tests • Personnel to administer/collect data • Estimates of denominators • Evaluation	Meaningful prevalence estimates with limited behavioural data and diagnostic outcomes for those choosing to access results	• Jan19 – plan/ protocol/fundin g • Feb 19 – ethics • Apr 19 – commence sampling • Oct 19 – end sampling (6 months) • Nov/Dec 19 – results and evaluation
Self-testing for HIV	• University Brighton • Sussex University • BMECP centre • Brighton Station • Amex (N,E,S,W stands)	• Increase number of self-test vending machines across the city • Identify funding • Liaise with potential sites and communities	• Martin Fisher Foundation (MFF) • ITC group • Research and Education group	£3,350 per machine (£16,750 in total)	Five further machines in place in 6 months	June 2019
Pre-exposure prophylaxis: PrEP	Sample a broad section of PrEP using individuals to understand PrEP use across the city (outside clinical trials) in order to shape interventions	• Draft electronic survey based on national PHE PrEP survey • Distribute widely across all stakeholders	• PHE have shared national survey with MT • ITC group to sign off B&H version • LGBT HIP to lead • All for distribution	Upload survey on to Bristol on-line Surveys	Better understanding of current PrEP usage gaps / future demand Opportunity to engage clients	Launch survey in Dec 2018
HIV testing in primary care – implement NICE guidance	All people having a blood test should be offered an HIV test in high prevalence areas	• Small working group (SP, GD, Jaime) pursuing with CCG, BHCC, BSUH, EJAF, Gilead	Working group	• Funds ++++	• No's tests • No's diagnoses • No's declining / accepting	Pathways and pilot work completed Further roll out 2019

Improve co-ordination of stakeholders at city-wide events	To have a calendar of events to which we all contribute	First draft by MT/THT Stored on Googledrive **All to review / add to**	ITC group to look for new collaborative opportunities to increase HIV testing	HIV tests	Increased number events where co-ordinated approach occurs	Sep 18-Aug 19
Stakeholder event	Invite wider community organisations to engage / gather ideas	Plan for event in November/December	ITC group	Venue / catering / agenda /	Evaluation of event	November 2018
Brief intervention for health care professional stigma reduction	All HCP involved in HIV/SYI testing to have received brief intervention on stigma	Adaptation of WHO brief anti-stigma intervention	• Stigma group • Research and Education group	Funds/ staffing	Numbers of HCP receiving intervention	
Reducing stigma among healthcare workers	All HCP at Royal Sussex County Hospital (RSCHT)	• Education and awareness campaign in acute health sector leading up to World Aids Day 2018 – to include positive speakers, film clips from StigmaSaur Project, Positive Voices Choir .	• Stigma group • Brighton and Sussex University Hospitals Trust (BSUHT) HIV team • ITC group • Research and Education group	BSUHT staff team	• Number of HCP contacts • Numbers of clinical areas	December 2018
	All healthcare workers at RSCH	• Develop a corporate slide set on HIV Stigma to add to all healthcare worker presentations	• Stigma group • BSUH HIV team	BSUH staff team	Number of teaching sessions delivered that include stigma slide-set	February 2019
	All healthcare workers at RSCH	• Include HIV in Mandatory training	• Stigma group • BSUH HIV team	BSUH staff team	Number of mandatory training sessions delivered	August 2019
	All healthcare workers at RSCH	• Mapping all healthcare workers across Brighton and Hove and current training on HIV stigma (set up electronic coding of training undertaken).	• Stigma group	Expertise in digital mapping	Electronic map of healthcare services in Brighton and Hove	August 2019

	Primary healthcare, dentists and tattoo parlours	• Develop project plan for stigma reduction activities in primary care services, dentists, tattoo parlours	• Stigma group		Delivery plan for stigma education in target areas	August 2019
Empowering people living with HIV	Increased awareness among PLWHIV and general public of HIV stigma	• World AIDS Day 2018 stall relating specifically to stigma and discrimination	• Stigma group • Research and Education group	staffing within existing resource	• Number of contacts • Community feedback	December 2018
	To identify existing services and roles in reducing HIV stigma	• Mapping of existing service provision for supporting people living with HIV to tackle stigma / discrimination	• Stigma group		Report on existing services	February 2019
	Increased resilience among PLWHIV to tackle stigma and discrimination	• Build on existing Peer Mentor service and develop 'Stigma Ambassadors' and 1-1 training to support and develop resilience in addressing personal stigma / discrimination	• Stigma group		Resource identified for 1-1 training and development of stigma ambassadors	August 2019
	Improved evidence base to inform future interventions	• Undertake qualitative research with the HIV community to explore factors such as resilience and age differences	• Stigma group • Research and Education group • University of Sussex		• Research protocol • Funding applications	August 2019

Public awareness campaign	To further develop public awareness of HIV in Brighton and Hove	• Build on existing StigmaSaur public awareness campaign • Repeat knowledge and attitudes survey in Brighton and Hove • Aim for two-monthly HIV education themes across the city through a number of mediums and organisations; posters on bus stops, button badges, presence at major events • Identify Communications /PR expertise to further develop public awareness campaigns	• Stigma group • Research and Education group • Stigma group • Stigma group	Funding	Number of contacts viewing StigmaSaur films Repeat survey report • Number of education themes delivered • Knowledge and attitudes measures • Communications plan	August 2019 June 2019 August 2019 June 2019
Collate baseline stigma metrics for monitoring	See stigma process indicators	• Document baseline data	• Stigma group • Research and Education group		Report on baseline metrics	By March 2019
Collaborate with other fast track cities on stigma reduction	Fast Track Cities	• Establish links with key cities to compare and share stigma reduction activities and identify what works in different settings	• Stigma group • Research and Education group		• Number of collaborations • Shared initiatives	August 2019

Appendices

DRAFT

Brighton & Hove Towards Zero HIV Taskforce
Terms of Reference

Introduction
The Fast-Track Cities initiative is a global partnership between a network of high HIV burden cities, four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the city of Paris – and local, national, regional, and international implementing and technical partners. The initiative's aim is to build upon, strengthen, and leverage existing HIV programs and resources to accelerate locally coordinated, city-wide responses to end AIDS as a public health threat by 2030 and achieving the 90-90-90 targets by 2020:

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of people who know their HIV-positive status on HIV treatment
- 90% of PLHIV on HIV treatment with suppressed viral loads
- Zero stigma and discrimination

Purpose
The Brighton & Hove Towards Zero HIV Taskforce will bring together a group of core stakeholders to consult, plan and direct the city's approach to achieving and exceeding the 90-90-90 targets through to 95-95-95 and towards zero HIV-related stigma, zero new infections and zero HIV-related deaths. This work is articulated through the Brighton & Hove Towards Zero HIV Strategy. The strategy focuses on a range of key activities with the following strategic goals:

- Reducing HIV-related stigma
- Increasing HIV testing
- Improving access to PrEP
- Championing research and evaluation
- Ensuring patient involvement and peer support.

The Taskforce will be the group through which we will communicate with the community and our international partners within the Fast Track Cities movement.

Governance and Accountability
- The Brighton & Hove Towards Zero HIV Taskforce is accountable to the Brighton & Hove City Council Health and Wellbeing Board.
- The Towards Zero HIV Taskforce will report back to the Martin Fisher Foundation Board.
- The Towards Zero Taskforce will also actively engage the community and voluntary sector in Brighton & Hove and the local community.
- Formal reporting from the Taskforce to the Fast Track Cities Partnership will be through the Health and Wellbeing Board.
- The Terms of Reference for the Taskforce will be reviewed after six months and thereafter annually.

Role and Responsibilities

The Brighton & Hove Towards Zero HIV Taskforce will:

- Provide strategic leadership in the planning and delivery of the City's response to HIV
- Agree and assure delivery of the Brighton & Hove Towards Zero HIV Strategy.
- Support a "technical handshake" to allow for an exchange of technical information as well as epidemiological, programme, and other relevant data.
- Keep an open line of communication with the IAPAC nominee regarding progress, challenges, and opportunities in the local response to HIV
- Report on progress semi-annually.
- Compile and report the City's HIV epidemiology to a variety of different audiences
- Define the current HIV care continuum
- Develop and build consensus around metrics for success of the city implementation plan to achieve the initiative's objectives and targets.
- Populate the Brighton & Hove Fast Track City dashboard
- Monitor and evaluate delivery of implementation plan
- Plan and deliver a city-wide consultation
- Monitor identified and emerging risks and advise on their prevention, mitigation and management.

Taskforce Working Groups

There will be four taskforce working groups and each of these will have two co-chairs, one of whom will be from the Martin Fisher Foundation and one to be recruited through an application process. The four working groups are:

1. Stigma
2. Innovations in testing and care
3. Patient involvement and peer support
4. Research and education

Membership

Name	Title/Role	Organisation
Councillor Daniel Yates: Chair	Leader of the Council	Brighton & Hove City Council
Eileen Nixon: Chair of working group 1: Stigma	Nurse Consultant	BSUH
Dr Gill Dean: Deputy Chair and Chair of working group 2: innovations in testing & care	Consultant	BSUH
Rob James: Chair of working group 3: Patient involvement and peer support		
Dr Jaime Vera Chair of working group 4: Research and education		
Gary Pargeter	Rep	Brighton & Hove Community Works
Marc Tweed	Manager	Terrence Higgins Trust
Dr Amanda Clarke	Consultant HIV	BSUH
Dr Duncan Churchill	Consultant HIV	BSUH
Dr Valerie Delpech	Consultant epidemiologist	PHE
Dr Peter Wilkinson	Consultant public health	BHCC
Stephen Nicholson	Lead commissioner	BHCC

Dr Sean Perrera		Primary care
Communications rep		

Role of individual group members

Individual group members have a responsibility to:

- Understand the goals, objectives, and desired outcomes of Fast Track Cities.
- Understand and represent the interests of project stakeholders.
- Take a genuine interest in the project's outcomes and overall success.
- Act on opportunities to communicate positively about the project.
- Check that the project is making sensible financial decisions – especially in procurement and in responding to issues, risks and proposed project changes.

Frequency of Meetings

The Taskforce will meet 2 – 3 monthly

Quorum

The Taskforce will be deemed quorate with at least five members, including at least one from the Martin Fisher Foundation and one from Brighton & Hove City Council, present.

Process Indicators

City Process Checklist – Year 1
• Mayor/City Council sign *Paris Declaration*
• City Steering Group identified
• Creation of City epidemiological profile
• City specific dashboard on Global Fast-Track Cities Web Portal
• First consultation takes place
• City implementation plan developed
• Working groups developed
• First meeting of all working groups
• First annual report submitted
City Target Attainment – Years 2 – 5
• 90-90-90 and zero discrimination and stigma achieved
• Achievement of other metrics of success using indicators such as AIDS cases per 1,000 PLHIV; AIDS deaths per 1,000 PLHIV; estimated number of new HIV infections (in general and key populations); median CD4 of newly diagnosed cases; and estimated number of maternal to child transmissions of HIV.

How to get an HIV test in Brighton & Hove

Testing site / method	Details	Price	Website
Sexual Health & Contraception (SHAC East, Central & West)	An experienced team providing a confidential and non-judgemental service. Appointments via website or phone 01273 523388; specialist clinics for men who have sex with men (Clinic M), trans (Clinic T), young people (YPC) & women (Clinic W) **OR** order **'self-sampling'** kits to do at home	**Free**	1. to make an appointment www.brightonsexualhealth.com 2. To order a self-sampling kit www.brightonsexualhealth.com/homekits
On-line **self-sampling** kit sent to you through the post	A '**sampling-kit**' is where you take a sample using the kit (usually blood), send it off to a laboratory, and you receive the result about 1 week later	**Free** for people who may be at greater risk	www.test.hiv
Terrence Higgins Trust (THT)	Offering rapid HIV tests throughout the week – a finger prick test with results several minutes later (61 Ship Street, Brighton, BN1 1AE, 01273 764200) **OR** on-line **'self-testing' kits** available for high risk groups	**Free**	www.tht.org.uk test.tht.org.uk/
Pavilions (drug and alcohol services)	Support available to anyone concerned about their drug or alcohol use, or for the families & carers supporting those struggling with substance misuse	**Free** for clients of the service	www.pavilions.org.uk/services
Brighton Sauna	Sex on premises venue for men who have sex with men. **'Self-testing'** kits available from machine in the reception area; THT testing sessions using rapid HIV tests on Weds evening	**Free**	www.thebrightonsauna.com
FLASH (Flexible **A**lternatives to **S**elf **H**IV testing)	FLASH is available for sex workers who identify as women and based mainly in the UK for sex work. HIV **'self-testing'** kits are delivered through the post	**Free**	www.flashhivtest.co.uk
General Practice	Most GPs will be happy to test you for HIV. Having a negative HIV result on your records does not impact on insurance, health or life assurance policies	**Free**	
Venues in Kemptown	Vending machines in Prowler, The Rainbow Hub, SubLine and The Marlborough Theatre & Pub dispensing **'self-testing'** kits	£9.99	
On-line **self-testing** kit sent to you through the post	A '**self-testing**' kit gives a result in 15 minutes, without anyone else being involved. The test will tell you if you are HIV negative, or if the test is 'reactive'. 'Reactive' test results must be confirmed in a health care setting, but are likely to indicate the presence of HIV	£29.95	www.hivselftest.co.uk
Superdrug (on-line or in store)	HIV **'self-testing'** kits are available from this retailer	£33.95	www.superdrug.com

Item 44

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Brighton General Hospital – Community Health Hub Outline Business Case
Date of Meeting:	13 November 2018
Report of:	Mike Jennings Director of Finance and Estates Sussex Community NHS Foundation Trust
Contact:	Barbara Deacon Tel: 01273 296805
Email:	Barbara.Deacon@brighton-hove.gov.uk
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

The Brighton General Hospital site will be redeveloped. The sit owner, Sussex Community NHS Foundation Trust has been undertaking a wide ranging public engagement exercise to explain and gather views on the proposals with a view to get to preferred option..

The attached slide presentation is coming to the Heath & Wellbeing Board for information.

The slide pack contains significant information but the focus of this presentation will be on the health and wellbeing services, changes and proposals.

The Board is not the decision making body for this redevelopment.

Glossary of Terms *Include any acronyms or technical phrases used in the report.* *Appendices should have their own glossaries if necessary.*

1. Decisions, recommendations and any options

1.1 That the Board:

- Notes the presentation by Sussex Community NHS Foundation Trust.

2. Relevant information

2.1 For several years the redevelopment of the Brighton General Hosptial site has been on the agenda. The current site became a general hospital in 1948 and the last in patient bed closed in 2009. It is no longer fit for modern health care purposes and patient experience from feedback suggest services are fragmented, and disabled access poor.

2.2 This presentation has been part of a much wider stakeholder engagement activity and the' presentation at the Health & Wellbeing Board will focus on the health and wellbeing aspects of the proposed changes.

2.3 The Health & Wellbeing Board are not part of the decision making for any proposals and changes presented at the Board.

3. Important considerations and implications

3.1 Legal implications
There are no legal implications for the HWB arising from the report at this stage. The report is a request for the Board to note progress. Any proposed changes to service delivery which are determined to be substantial variations in service would require scrutiny by the Council's Health Overview and Scrutiny Committee.

Lawyer consulted: Elizabeth Culbert Date: 29.10.2018

Finance:

3.2 There are no direct financial implications arising from this report. If there were any future service changes / reorganisations as a result of this long term development these would go through the normal budget setting processes.

Finance Officer consulted: Sophie Warburton Date: 01.11.2018

Equalities

3.3
The site owner, Sussex Community NHS Foundation Trust, would be responsible for assessing any equality implications before and throughout the redevelopment process.

Anna Spragg Date 30.10.2018

Supporting documents and information

Appendix1: Presentation Pack

BRIGHTON GENERAL
COMMUNITY HEALTH HUB

NHS
Sussex Community
NHS Foundation Trust

Brighton General Community Health Hub Outline Business Case

Health and Wellbeing Board 13 November 2018

Excellent care at the heart of the community

Purpose of the Presentation

- Update HWB on Brighton General Community Health Hub Project progress
- Present preferred option for services and estates
- Advise on programme and next steps
- Discuss future engagement requirements

Contents

- Case for Change & Vision for Health Hub
- Stakeholder Engagement
- Preferred option for Health Hub
- Next steps and recommendations

Case for Change
and
Vision for Health Hub

Brighton General – The Case for Change

- **Current site is not efficient**
  - … 20+ buildings on 4.6 hectare site
  - … on steep hill in a residential area
  - … 20,027m^2 existing space
  - … 20% void, and 30% poorly utilised
  - … high level of backlog repairs
- **Patient experience could be better**
  - … services are fragmented
  - … finding way around site is challenging
  - … disabled access is very poor
- **BGH site is no longer fit for purpose**
  - … too many barriers to modern healthcare and service integration

Brighton General – The Community Need

- **New models of care require a network of modern integrated facilities**

  … primary care (GP practice) , mental health, community health, therapies and social care together

  … wrap care around patients in line with local Communities of Practice

- **Money must not be redirected from patient care services to fund this redevelopment project**

  … the cost of building any new healthcare facilities on BGH site must be funded by sale of any surplus land

BRIGHTON GENERAL
COMMUNITY HEALTH HUB

Community Health Hub – The Vision

- **Co-locate a range of community health, mental health, primary care and social care services for East Brighton together in a <u>single building</u> on BGH site**

  … all services work more closely together for the benefit of patients

  … boundaries are deliberately blurred – it should not matter which discipline, team or organisation is providing care to each patient

  … enable us to treat patients with more complex needs in the community

  … improve efficiency and eliminate duplication at a time of limited resources

  … flexible multi-functional space that can adapt easily to meet future needs

BRIGHTON GENERAL
COMMUNITY HEALTH HUB

Community Health Hub – Service Provision

After considering all existing services and functions on the current BGH site, the following services will be located in the new Community Health Hub:

- Reception
- Falls Prevention
- Therapies and Podiatry
- Health and Wellbeing Hub
- Mental Health Services
  - Brighton Integrated Care Services
  - Recovery/Assessment & Treatment
  - Wellbeing Service
  - Homeless Team
- Children's services (inc CDC & CSARC)
- Cafe
- Nursery
- Early Parenting
- Sussex Rehabilitation Centre (limb prosthesis & rehabilitation service)
- Offices for community nurses & therapists
- Primary Care (GP) – *new service*
- Pharmacy Dispensing - *new service*
- SECAmb Community Response Post

The Health Hub will also be designed so that other new services could be added at a future date if required.

Relocation of Other Services

Sussex Community NHS Foundation Trust

The following SCFT teams could be relocated to other sites in the Brighton area:

- Trust Facilities Management and Maintenance Teams
- West Brighton Community Responsive Services Team*
- Central Brighton Community Responsive Services Team

Brighton & Sussex University Hospitals NHS Trust

- All current BSUH services on BGH site will be relocated to another BSUH site, in line with the Trust's strategy to consolidate its estate through the 3Ts project at the Royal Sussex County Hospital. BSUH to advise on how plans fit with services and estates.

* Responsive Services is a multidisciplinary nursing and therapies team. It provides complex care for patients in their own homes with a view to supporting timely discharge from hospital or avoid hospital admission altogether. Our Responsive Services teams are being reorganised to support the 6 clusters/communities of practice in the city.

Stakeholder Engagement

Stakeholder engagement

Scheme not developed in an "ivory tower" but through multiple conversations over a period of years, involving hundreds of people including:

- Brighton & Hove CCG (*our main commissioner*)
- Brighton & Hove City Council (*as a commissioner and provider or services, as a planning authority and in the context of housing*)
- Our partner NHS Trusts
- GP practices
- Voluntary sector
- Staff
- Patients and public

Staff, patient & public engagement

- **The Trust established clinical work groups with 3 rounds of meetings with BSUH, SPFT & SCFT**
  … BSUH has recently decided to relocate their services from BGH site
- **The Trust established a Patient Reference group which has been active since January 2018**
  … it has been instrumental in promoting access to patient and community groups, including neighbourhood forums and voluntary organisations
- **Phase 2 of public engagement was launched in May 2018 and continued to July 2018 with a survey (online and paper based) and a series of meetings**
  … public 'drop in' event held in June with 60 people attending
  … roadshow was completed with 22 groups and over 150 people seen in total
  … over 200 staff & 500 patients and members of public responded to survey

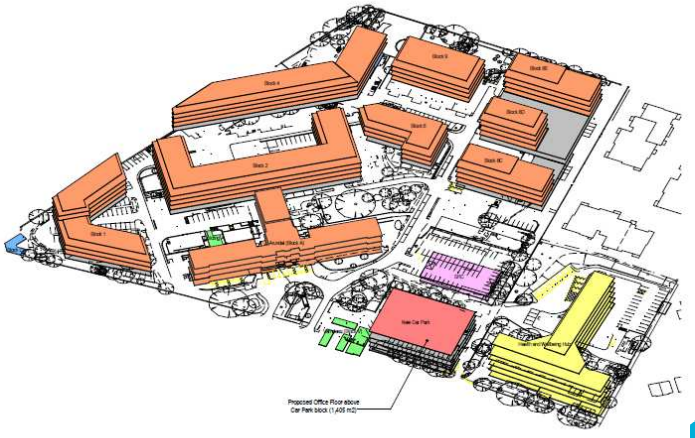
Key messages from engagement

- Over 80% of staff and 80% of patient/public responders support the principle of site redevelopment
- Over 80% of staff and over 85% of patients/public support the inclusion of GP services within the scheme
- Approximately 50% of both groups preferred option 5 as the basis for development
- Accessibility is a key issue and there needs to be improved disabled access on site
- Stakeholders are keen that SCFT works with the council and transport providers to explore opportunities for improved public transport provision
- The potential to develop housing is generally supported, in particular the supply of affordable/key worker housing
- Neighbourhood groups keen to engage in future planning consultation

Proposed Solution For New Community Health Hub

Proposed solution (preferred option)

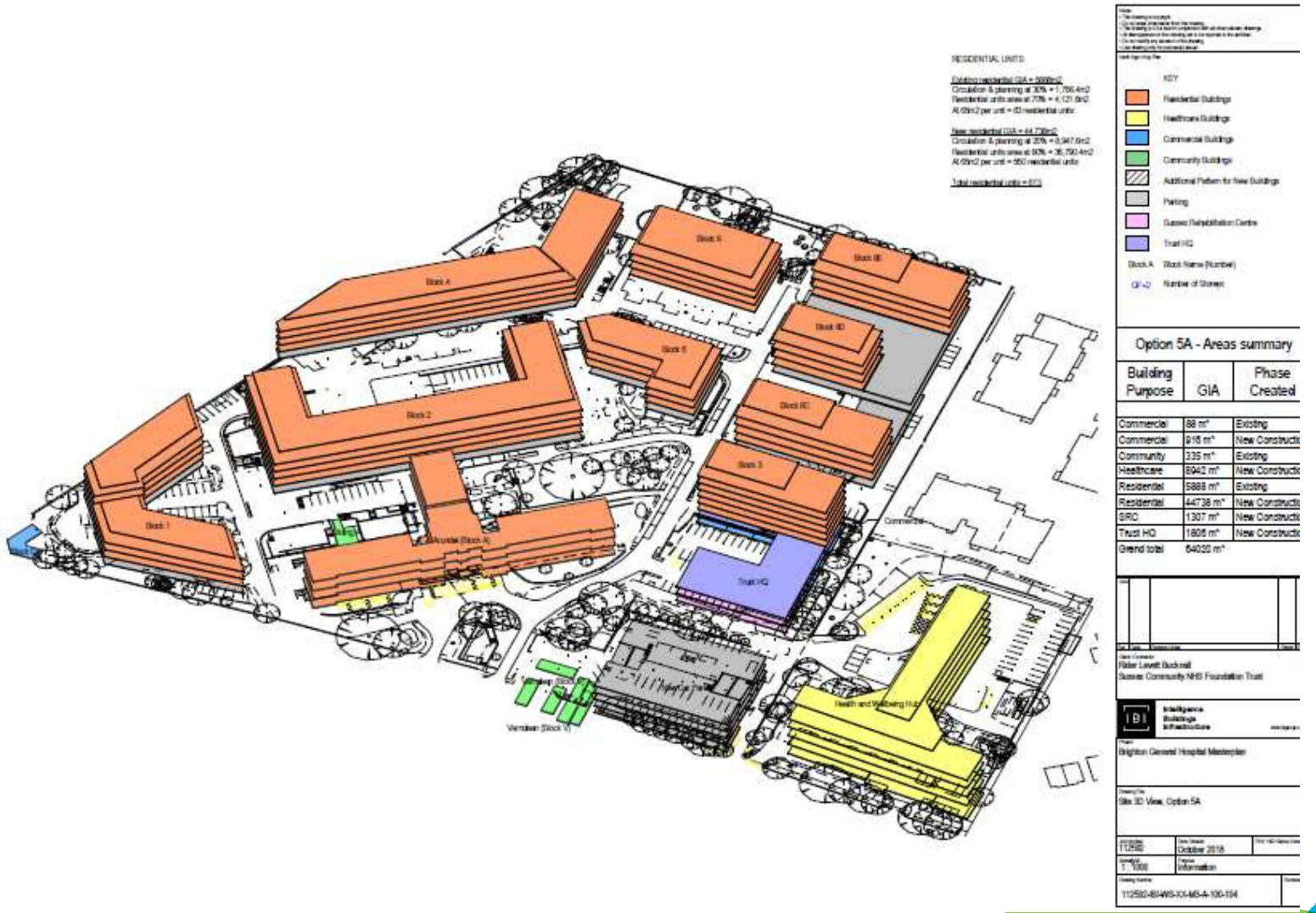
- The need to create a health hub is the main driver for the business case
- We do not have a need for the whole site … empty or underused assets represent a drain on public finances.
- The disposal of surplus land for housing will fund substantial investment in the new community health hub.



Proposed solution (preferred option)

- Delivers greatest benefit and was the preferred choice of patients and public, staff and Trust Executive Team.
- It also was the most affordable option (looking at capital investment and running costs)

Proposed solution (preferred option)

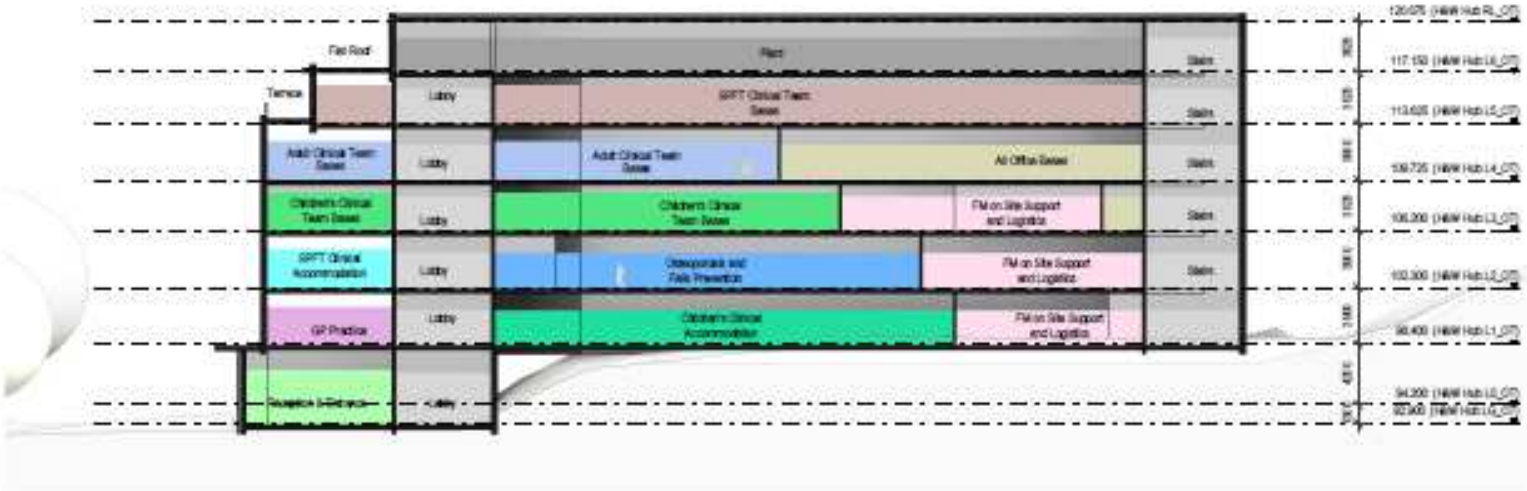


Option 5A - Areas summary

Building Purpose	GIA	Phase Created
Commercial	88 m²	Existing
Commercial	916 m²	New Construction
Community	335 m²	Existing
Healthcare	8942 m²	New Construction
Residential	5888 m²	Existing
Residential	44738 m²	New Construction
SRC	1307 m²	New Construction
Trust HQ	1805 m²	New Construction
Grand total	64020 m²	

Health Hub Sectional View

Section 1



Section 2

Health Hub Elevation

Indicative timeline

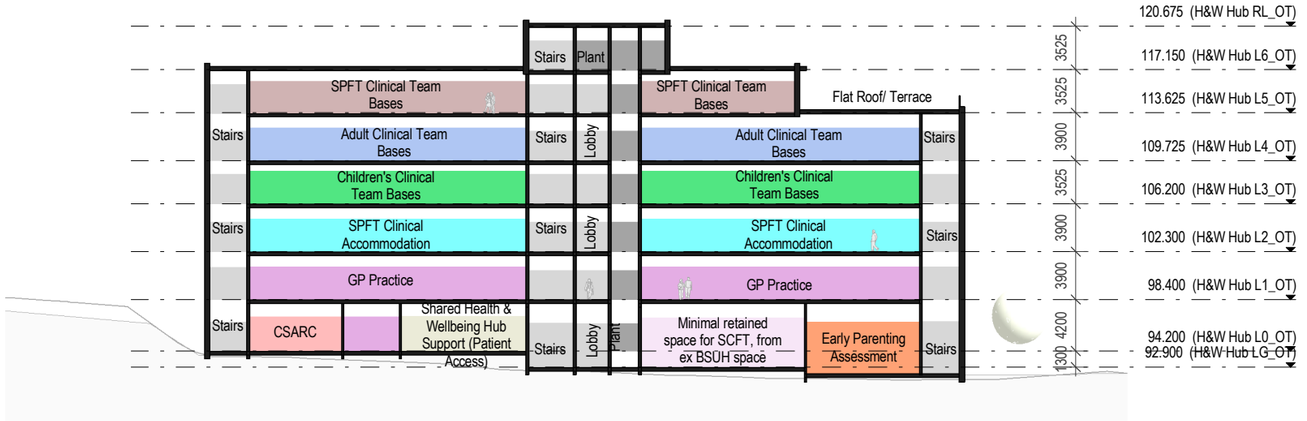
- OBC and preferred approved by SCFT Trust Board – Approved 25 October 2018
- OBC to be presented to CCG governing body (December 2018)
- NHS Improvement (Regulator) approval required
- Design competition - early 2019
- Preferred bidder chosen – early 2019
- Detailed design and planning application – spring/summer 2019
- Full business case complete - autumn 2019
- Offsite office moves - early 2020
- Start to build on site - 2020
- Health hub complete- 2023

Conclusions - Recommendations

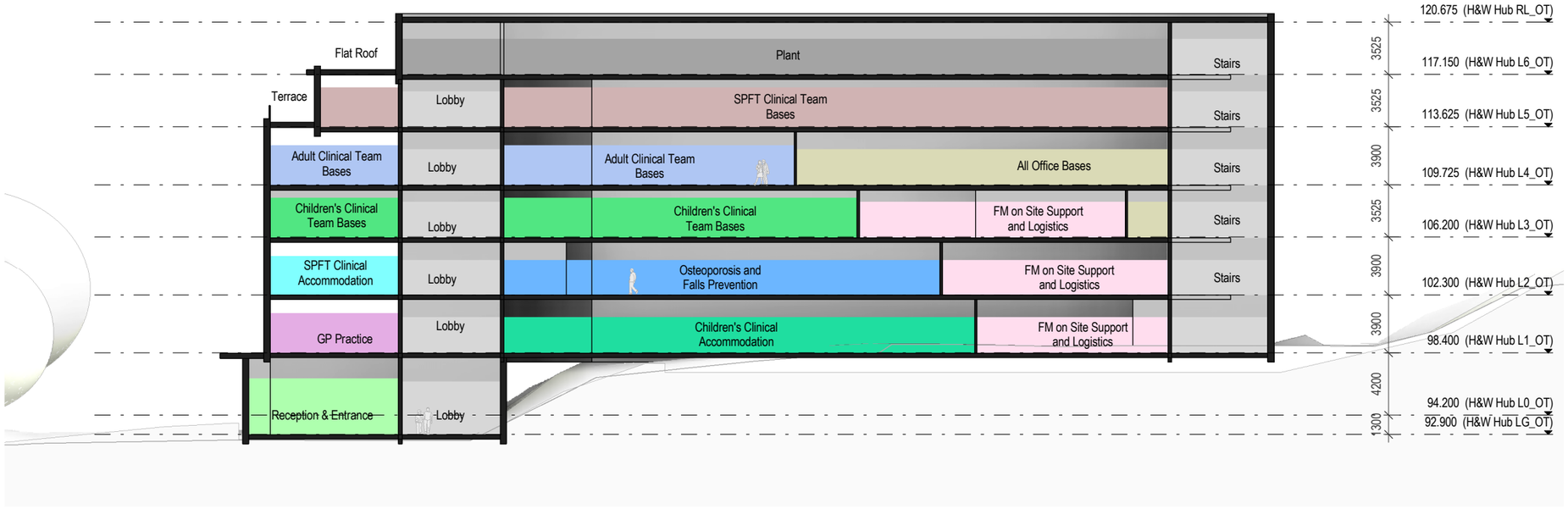
The Health and Wellbeing Board is asked to:

1. Note SCFT approval of Outline Business Case
2. Note statutory approval requirements (CCG Governing Body, BHCC planning, NHS Improvement sign-off of outline business case)
3. Note programme to Full Business Case approval and beyond
4. Advise on future engagement opportunities to support project development.

Section 1



Section 2



North Sign / Key Plan

Rev	Date	Revision Notes	Drawn	Review
3	21/08/18	Submission for OBC		
2	27/07/18	Amended in line with changes to SoA		
1	13/07/18	Draft Issue		

Client / Contractor
Rider Levett Bucknall
Sussex Community NHS Foundation Trust

IBI Intelligence Buildings Infrastructure www.ibigroup.com

Project
Brighton General Hospital Masterplan

Drawing Title
Health and Wellbeing Hub - Sections, Option 5

Job Number	Date Created	PAS 1192 Status Code
112592	July 2018	
Scale@A3	Purpose	
As indicated	Information	

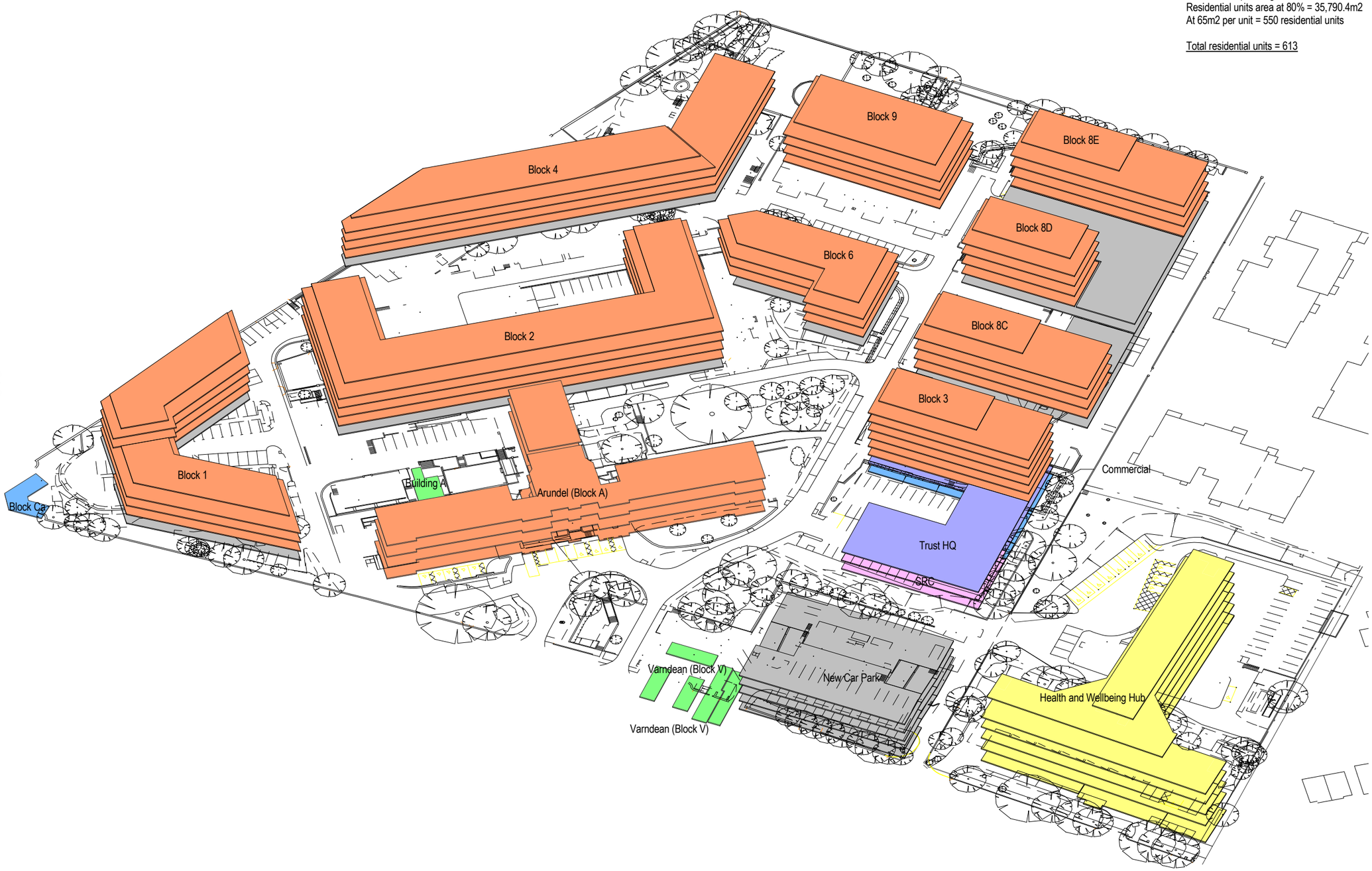
Drawing Number	Revision
112592-IBI-HH-01-SE-A-200-155	3

RESIDENTIAL UNITS

Existing residential GIA = 5888m2
Circulation & planning at 30% = 1,766.4m2
Residential units area at 70% = 4,121.6m2
At 65m2 per unit = 63 residential units

New residential GIA = 44,738m2
Circulation & planning at 20% = 8,947.6m2
Residential units area at 80% = 35,790.4m2
At 65m2 per unit = 550 residential units

Total residential units = 613



Notes:
- This drawing is copyright.
- Do not scale dimensions from this drawing.
- This drawing is to be read in conjunction with all other relevant drawings.
- All discrepancies on this drawing are to be reported to the architect.
- Do not modify any element of this drawing.
- Use drawing only for purpose(s) issued.

North Sign / Key Plan

KEY

- Residential Buildings
- Healthcare Buildings
- Commercial Buildings
- Community Buildings
- Additional Pattern for New Buildings
- Parking
- Sussex Rehabilitation Centre
- Trust HQ
- Block A — Block Name (Number)
- GF+2 — Number of Storeys

Option 5A - Areas summary

Building Purpose	GIA	Phase Created
Commercial	88 m²	Existing
Commercial	916 m²	New Construction
Community	335 m²	Existing
Healthcare	8942 m²	New Construction
Residential	5888 m²	Existing
Residential	44738 m²	New Construction
SRC	1307 m²	New Construction
Trust HQ	1806 m²	New Construction
Grand total	64020 m²	

0mm 60mm

Rev	Date	Revision Notes	Drawn	Review

Client / Contractor
Rider Levett Bucknall
Sussex Community NHS Foundation Trust

IBI
Intelligence
Buildings
Infrastructure
www.ibigroup.com

Project
Brighton General Hospital Masterplan

Drawing Title
Site 3D View, Option 5A

Job Number	Date Created	PAS 1192 Status Code
112592	October 2018	
Scale@A3	Purpose	
1 : 1000	Information	

Drawing Number
112592-IBI-WS-XX-M3-A-100-104

Revision

Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Moving Towards Integration: Integrated Care Partnership, Primary Care Strategy, and Integrated Urgent Care
Date of Meeting:	13 November 2018
Report of:	Chris Clark, Director of Commissioning Brighton and Hove Clinical Commissioning Group Central Sussex and East Surrey Commissioning Alliance
Contact:	Chris Clark
Email:	c.clark6@nhs.net
Wards Affected:	ALL

FOR GENERAL RELEASE

Executive Summary

This report provides an update on our integration journey.

It recaps as to why integration is important and the right thing for Brighton & Hove.

Provides an update on what an Integrated Health & Care Partnership model could look like within the city.

Gives further information on the Primary Care strategy including Health & Care HUBs.

Explains the developing model for Integrated Urgent Care.

Glossary of Terms

1. Decisions, recommendations and any options

1.1 That the Board:

- **Note** the national and local strategic case for change to integrated health and social care services

- **Note** developments and progress that has been made so far with developing our services towards integration

- **Support** the proposed approach to deliver integrated health and care through a Partnership Approach, as an alternative to options such as forming new organisations or only integrating healthcare. **Formal agreement will be sought at the January Health and Wellbeing Board**

- **Support** the proposals to develop local primary care models including the development of Health and Wellbeing hubs in the city

- **Support** the approach to deliver integrated urgent care services in the city.

2. Relevant information

2.1 The Health & Wellbeing Board received a report in September 2017. This report highlighted the need to integrate local health and care services to ensure the needs of the community are met in the way residents wanted: more joined up and less duplication.

2.2 Since 2017 significant work has been undertaken to integrate services locally. The Board has received reports about services that are integrated and /or jointly commissioned. This has been achieved with a backdrop of a dynamically changing agenda, national drivers as well as significant financial challenges.

2.3 Strategically we need to integrate health and care services to meet the Department of Heath and Social Care directive.

2.4 This report explains what an Integrated Care System is and the journey which we as a city need to make.

2.5 The Board have also received Public and member questions about the capacity of primary care within the city. This report provides a comprehensive update on the Primary Care Strategy which we will be working towards.

2.6 Finally this presentation provides an update on the Urgent Care services within the city and how these will be developed in the future.

2.7 The presentation should be seen as an introduction to a more detailed report coming to the Board in January which will be seeking agreement/approval as opposed to the current ask of the Board to note and support the content.

3. Important considerations and implications

Legal implications

There are no legal implications for the HWB arising from the report at this stage. The report is a request for the Board to note progress and support a direction of travel. Legal implications arising from proposed changes to services and service delivery will be included when specific proposals come forward to the Board for decision.

Lawyer consulted: Elizabeth Culbert Date: 02.11.2018

Finance:

An Integrated Care Partnership requires a joined up process for future budget setting in relation to primary and community care, public health, adult social care and children and families social care. This will ensure that the Council and CCG have an open, transparent and integrated approach to agreeing the budget. This will require both organisations to align their budget timetables. The financial risks for both organisations will need to be detailed within medium term financial planning and updated on a regular basis.

Finance Officer consulted: Sophie Warburton Date: 02/11/2018

Equalities

3.3.

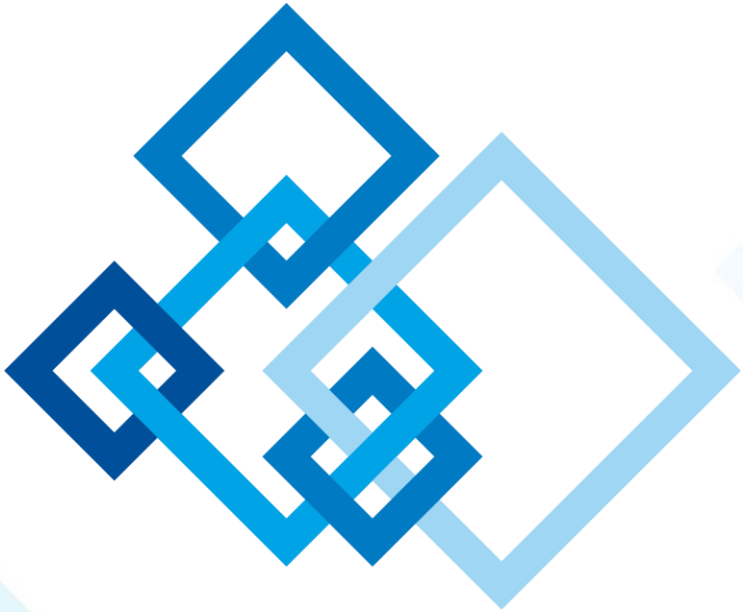
There are no direct equalities implications arising from this report. If there were any future service changes / reorganisations as a result of this long term development these would go through the normal processes including appropriate EIAs being undertaken .

Equalities: Anna Spragg Date 2.11.2018

Supporting documents and information

Appendix1: Presentation slides

NHS
Commissioning Alliance
Brighton and Hove CCG
Crawley CCG
East Surrey CCG
High Weald Lewes Havens CCG
Horsham and Mid Sussex CCG



NHS
Brighton and Hove
Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

Brighton and Hove Health and Wellbeing Board 13th November 2018

Moving Towards Health and Care Integration: Integrated Care Partnership, Primary Care Strategy and Integrated Urgent Care

Chris Clark, Director of System Transformation, NHS Brighton and Hove Clinical Commissioning Group

Moving Towards Integration Update

- Recap on why integration of health and care is important and the right thing for Brighton and Hove
- Begin growing our understanding of an Integrated Health and Care Partnership model for our city
- Update on our Primary Care Strategy and introduce the concept of primary care Health and Wellbeing Hubs for our city, and improving access to primary care appointments
- Our developing model for Integrated Urgent Care

Our Strategic Context for Integration

Today the Health and Wellbeing Board is asked to:

- **Note** the national and local strategic case for change to integrated health and social care services

- **Note** developments and progress that has been made so far with developing our services towards integration

- **Support** the proposed approach to deliver integrated health and care through a Partnership Approach, as an alternative to options such as forming new organisations or only integrating healthcare. **Formal approval will be sought at the January Health and Wellbeing Board**

- **Support** the proposals to develop local primary care models including the development of Health and Wellbeing hubs in the city

- **Support** the approach to deliver integrated urgent care services in the city

Recap on Our Journey

- Integration of Health and Social Care has the potential to be one of the most important and exciting turning points in the history of our city

- Together we will face many complex challenges in a dynamic and changing landscape. This includes the need to respond to increasing demand and difficult financial challenges

- For us to be successful we will need to bring the best version of ourselves on this journey and collaborate to overcome organisational boundaries and cultural differences

- Most importantly, throughout this journey we must remember at every step of the way why we are doing this: <u>for the people we are here to serve</u>.

Weymouth Model: Dennis and His Family

Dennis' Story

https://www.youtube.com/watch?v=sooNsmT0NjM&feature=youtu.be

Enabling Integrated Working for Brighton and Hove

- Doctors
- Nurses
- Pharmacists
- Dieticians
- Social Workers
- Psychotherapists

- Carers
- Housing Support
- Employment Support
- Third Sector Organisations
- Care Navigators
- …and more

- An Integrated Care Partnership brings organisations working closely together around individual patients
- Multi-disciplinary teams come together to develop care plans with individuals and their families to support them to live with their conditions and improve their lives from birth to death
- Care *feels* joined up and in the interests of the person involved and their family

Our Strategic Context for Integration

- **National** directive from the Department of Health and Social Care for regions and local systems to deliver integrated Health and Social Care. Early examples of success in areas such as Manchester and Glasgow

- **Our population**: ‘We want to see our valued public services protected, whilst improving how we access good quality care. We want to be engaged with, and participate in redesigning services that come together around individuals’

What is an ICS and how can it help?

An Integrated Care System is where commissioner and provider health and care organisations voluntarily come together with their collective resources to provide integrated services for a defined population.

The Government-issued ***NHS England Planning Guidance*** is clear that the national system sees Integrated Care Systems as key to sustainable improvements in health and care by;

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.
- **In Sussex, we are at the beginning of this journey**

Case for Change

Our Sussex and East Surrey Sustainability and Transformation Partnership Case for Change:

"We have many great services and people, delivering great care. However, there is an urgency to address the gaps in the quality and responsiveness of some of our services. There has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care. Services are not operationally or financially sustainable in the current set-up, which is based on historic and isolated services, not built around what local people need now. In essence, there is less partnership working than we need between patients and clinicians and between services.

Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens. This Case for Change provides the evidence of the key issues and the priorities we will deliver together to ensure we offer sustainable services. Doing nothing is neither affordable nor sustainable" (Dr Minesh Patel and Mr Peter Larsen-Disney, Co- Chairs, SES STP Clinical and Professional Cabinet)

Case for Change

- **It has been clear for some time that simply working our current hospital-based model of care to meet rising demand is not the answer.** Rather, we need to work differently by providing more care in people's homes and the community and breaking down barriers between services.

- **Breaking down barriers means co-ordinating the work of general practices, community health, mental health services, hospitals and social care to meet the needs of people requiring support and intervention**. This is particularly important for the growing numbers of older people with co-morbidities and complex health and care needs who receive services from a variety of health and social care staff. Whilst the population growth in over 65s in England overall is expected to rise by 48.5% over the next twenty years, we have a higher rate of growth is this cohort of population in the Alliance from 51.3% in Brighton & Hove up to 62.4% in Crawley.

Case for Change

- We also need to give **greater priority to the prevention of ill health** by working with local authorities and other agencies to tackle the wider determinants of health and wellbeing. This means tackling risk factors such as obesity and redoubling efforts to reduce health inequalities. And it means fully engaging the public in changing lifestyles and behaviours that contribute to ill health and acting on the recommendations of the Marmot report and other reviews to improve population health.

- The bedrock of the NHS – **primary care – is under huge pressure**, and this will only intensify as the cohort of 50 yrs + primary care teams approach retirement age. Lack of strategic workforce planning and a business model that is no longer fit for purpose has resulted in a highly fragile infrastructure. The future sustainability of primary care is inexorably linked to working more formally at scale, integrated with community teams.

What we must do to respond to this

- There is an urgent need for our health and care system to transform at pace across Sussex, to bring our services closer together through integration, for the benefit of our patients and our population health, and to respond to the national Government directive to integrate health and social care.

- As part of the development of our **Integrated Health and Care System (ICS)**, we will need to work together as partners to develop our local **Integration model** for Brighton and Hove.

Integration: What Could This Mean for Our Population?

Personalisation of Care and Priorities for our Population

- Emerging themes from **The Big Health and Care Conversation** so far, as well as our **public health data**, show us there are priorities emerging where integration will provide **significant and rapid benefits to our population** and **improvements in experiences** of using health and social care services. The prioritised areas are:
  - Mental Health community and crisis services
  - Community-based support for older people
  - Children, Young People and Families
  - Integrated Urgent and Primary Care

- Integration should bring organisations together to enable personalised care, with services deploying multi-disciplinary teams to wrap around patients.
- Confirming our priorities for integration will be an important agreement to make as our joint health and wellbeing strategy emerges in 2019

Integrated Health and Care Partnership

- **This is not about building new organisations or moving contracts from one sector to another**. This is about our **local** services and providers working together in a different way to provide joined up health and care to make better use of the funds we have available to us, to provide an improved patient experience, and improve our population whole-life health and care outcomes

What have we already established and what do we do well in The Alliance South Place?

Developments in the South Place

- Established primary care 'neighbourhoods' with populations of 30-70,000 in Brighton and Hove (6 clusters) and in High Weald Lewes Havens (4 communities of practice)
- An agreed fixed-outturn contract between all CCGs and BSUH, with an agreement to develop towards a full Aligned Incentive Contract from 2019-20
- A developing Primary Care Federation for the city of Brighton and Hove
- An established CCG and Local Authority integration programme in Brighton and Hove and High Weald Lewes Havens
- A developing joint Health and Wellbeing Strategy in Brighton and Hove to be agreed in early 2019

Key Steps to our South Place Integrated Care Partnership Plan

Health and wellbeing Board January 2019

- Moving Towards Integration: Brighton and Hove City Council and CCG as two partners in the Integrated Care Partnership, Integrated Commissioning and Governance

Developing Primary Care in Brighton and Hove

Update Primary Care Strategic Development Plan

- Primary Care Strategy Key Focus Points
- Patient Experience of using Primary care in Brighton and Hove
- Key developments in Brighton and Hove Primary Care
- Improved Access to Primary Care
- Primary Care Health and Wellbeing Hubs

Primary Care Strategic Development Plan

Primary Care Strategy in Three Phases

Phase 1 Stabilisation
to address the underlying causes of instability in our vulnerable practices and clusters and create sustainable futures for them

Phase 2 Consolidation
to ensure the foundations are in place for strategic change, covering Organisational Development (OD)/Training/Culture and the information needed to invest in primary care on a whole systems basis

Phase 3 Transformation
the delivery of the Caring Together model via a renewed and thriving primary care sector

Primary Care Strategic Development Plan

The **Eight Strategic Interventions** that have emerged from our work to date, and based on the NHS GP Forward View are:

- Resilience
- New Models of Care
- Workload/Workflow
- Workforce
- Informatics
- Estates
- Primary Care at Scale
- New Ways of Investing in Primary Care

- Brighton and Hove CCG must and will remain committed to continued investment in primary care to support resilience, development and transformation of services for our population

Patient Experience of Using Primary Care in Brighton and Hove

- Brighton and Hove patients rated their GP services better or equal to the national average in all 10 domains of the national survey in 2018

2018 National Primary Care Patient Experience Survey	Brighton and Hove	National	Comparison
% of patients who find it easy to get through to this surgery by phone	75	70	Better
% of patients offered a choice of appointment when they last tried to make a general practice appointment	69	62	Better
% who were satisfied with the type of appointment they were offered	80	74	Better
% of patients who describe their experience of making an appointment as good	75	69	Better
% waited 15 minutes or less after their appointment time to be seen at their last general practice appointment	71	69	Better
% of patient who say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment	87	87	Equal to
% who said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	94	93	Better
% who had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment	96	96	Equal to
% who are satisfied with the general practice appointment times available	70	66	Better
% of patients who describe their overall experience of this surgery as good	87	84	Better

Primary Care Key Developments

- ✓ Six Primary Care Clusters established in 2017
- ✓ Brighton and Hove Primary Care Federation incorporated August 2018

- ✓ Cluster 6 Integrated care model pilot commenced September 2018
- ✓ 100% City-wide coverage of improved access appointments from October 2018

Cluster 6 Integrated Care Model Pilot

Purpose:

- Groups of providers coming together to review their current model of care and co design a new approach to further integrate care and improve the local population health

Membership:

- Representatives from the 7 GP practices in cluster 6, Sussex Community Foundation Trust, Sussex Partnership Foundation Trust, B&H Adult Social Care, Public Health and patients

Cluster 6 starting point - build on areas of care delivery:

- that are working well
- that frustrate you

Integrated Pilot Principles

- What can you do to change
- What can we (commissioners) do to help
- What can we (everyone) do to help each other

National Improved Access to Primary Care Programme

What is improved access to primary care?

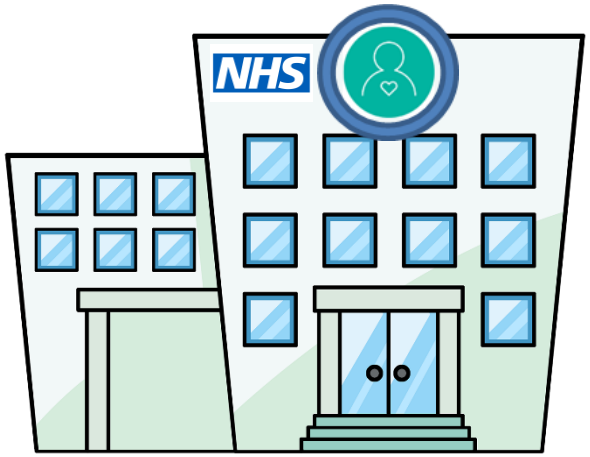
- Recurrent £1.8m investment by the CCG to funding of additional primary care (GP/nurse) capacity outside of core hours (6.30-8pm and at weekends), this includes pre-bookable and same day appointments
- Brighton and Hove was one of the first regions in the country to have full rollout of improved access appointments to our whole population in October 2018
- Supports GPs by easing demand during GP practice core hours and provide alternative for patients who otherwise feel they must go to A&E to be seen
- B&H achieved the national target and the city is now delivering **30.5 minutes of service per 1000 patients (6.30-8.30pm), equating to 161 hours per week or 966 extra 10-minute appointments per week**
- Plans are to increase this to 45 minutes per 1000 by 2019 which may also include morning appointments

Primary Care Health and Wellbeing Hubs

- Provide neighbourhood settings across the city, closer to home, to access integrated health and social care services
- Potentially align with improved access hubs to enable longer opening hours
- Primary and Social care in every hub for each neighbourhood, with enhanced specialist care in each hub serving the whole city (eg. Long-term complex conditions clinic, cancer diagnostic services, employment, housing and mental health services
- Optimising the assets we already have across our city and providing a model for future neighbourhood developments

Primary Care Health and Wellbeing Hubs

Integrated Health and Care services in a Health and Wellbeing Hub



- Multiple services and agencies operating in co-location within neighbourhood settings across the city
- Making better use of the assets we have within our communities
- Bringing health and care closer to home

Next Steps

- Agree a baseline model for health and wellbeing hubs in Brighton and Hove
- Engagement on where the first hubs could be established in our city
- Align the developing models of integrated care with health hub development

Integrated Urgent Care

Integrated Urgent Care Model

- **Urgent care** is a term used to describe the range of services people access who require same day health or social care, advice and/or treatment. **Emergency care** describes services which respond to serious or life threatening illness or injury.

- Like many parts of the UK, the urgent and emergency care system in Brighton and Hove is experiencing significant pressures across all services and in particular, accident and emergency departments have seen increased activity.

- In addition, patients tell us that the current urgent care system is fragmented and challenging to navigate effectively with different names for services including urgent care centres, minor injuries units, walk-in centres, out-of-hours primary care services and GP-led health centres.

- As a result people attend A&E with minor illnesses and injuries that could be better treated in an urgent primary care setting.

Integrated Urgent Care Model

- Detailed clinical evidence suggests that at the moment up to a **third** of people may end up in the wrong setting to get treatment for their needs when they are seeking urgent care

- There are currently 6 different ways an individual can access urgent care in Brighton and Hove:

  - A&E/Urgent Care Centre attendance at the Royal Sussex County Hospital
  - Going to the Walk-in Centre on Queens Road
  - The City-wide roving GP (home visiting service available to busy GP practices)
  - GP Out-of-hours home visiting (night-time home visiting)
  - 8am 'ring-up/turn-up and be seen' in GP practices
  - Bookable on-the-day improved access GP appointments (available since October 2018)

- This is an overly-complex and confusing mixture of services to patients and is a very inefficient way of providing urgent care

- Options are much more limited for people who are not registered with a GP

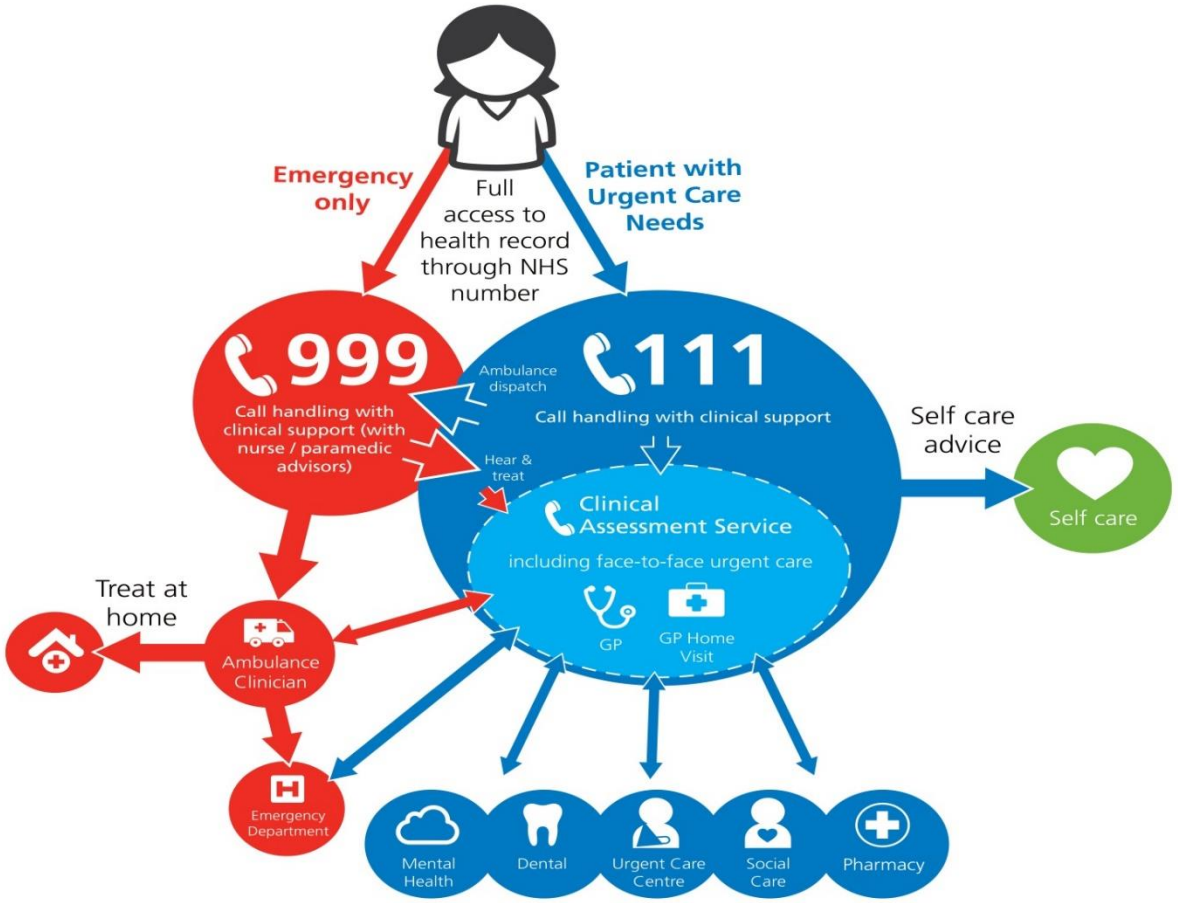
Integrated Urgent Care Model

- In order to offer patients an improved, more streamlined service and a viable alternative to emergency departments there is a national emphasis for each area to develop Integrated Urgent Care (IUC) systems that align primary care, community services, emergency departments and ambulance services.

- With plans to significantly improve and enhance NHS 111 services for patients, local systems will need to provide a more integrated and flexible urgent care offer to cope with high demands and different needs

Integrated Urgent Care Model

- Provide a simple and helpful service to someone when they need advice and care urgently
- Provide a dynamic model that is able to meet the needs of individuals even when demand is high
- Provide information and education that allows people to access NHS services in a responsible way that delivers the best outcome for them



Integrated Urgent Care Model Vision for Brighton and Hove

Emergency

999

Treat at Home or A&E

Urgent Care

CALL 111
When it's less urgent than 999

- Clinical Advice and Guidance for self care
- Online and Telephone emergency prescription renewal
- Emergency Dental Services

Primary Care Improved Access hubs

Worthing A&E

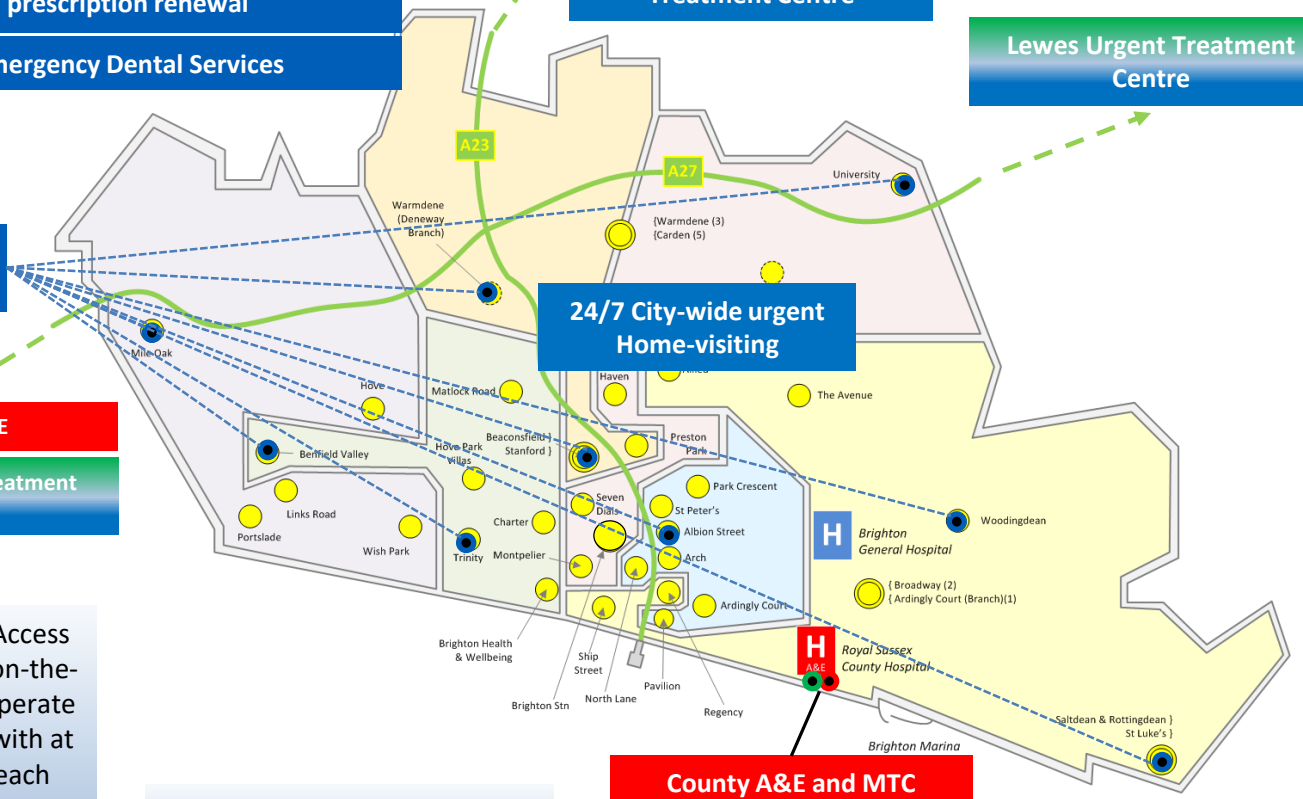
Worthing Urgent Treatment Centre

A&E Haywards Heath

Haywards Heath Urgent Treatment Centre

Lewes Urgent Treatment Centre

24/7 City-wide urgent Home-visiting



County A&E and MTC

Brighton and Hove Urgent Treatment Centre

Primary Care Improved Access Hubs provide bookable on-the-day appointments and operate over a rotation of sites, with at least 5 sites available in each cluster. 8 sights are open across the city at any time during operational hours

Bookable appointments at urgent treatment centres may also be possible in the future

Brighton and Hove Clinical Commissioning Group
Part of the Central Sussex Commissioning Alliance

Brighton & Hove City Council

Integrated Urgent Care Model

- We believe that by increasing the number of sites and changing how people can navigate to the best source of care for their need urgently, that a single walk-in centre model for our whole city may not be the right solution in the future, which means the current service on Queens Road may need to change. As well as increasing access and capacity, our key focus is to remodel and re-provision services by bringing acute and primary care services closer together for patients through an integrated model.

- In the meantime the current Walk-in Centre is commissioned to remain providing services until September 2019 and commissioners will not implement any significant changes until public engagement is complete and we have our agreed improved new model of care implemented for our whole city.

Next Step

- The CCG will be engaging with partners and our population from December 2018 on accessing urgent care to co-design and refine the future model in collaboration with patients and the public

Summary

The Health and Wellbeing Board is asked to:

- **Note** the national and local strategic case for change to integrated health and social care services
- **Note** developments and progress that has been made so far with developing our services towards integration
- **Support** the proposed approach to deliver integrated health and care through a Partnership Approach, as an alternative to options such as forming new organisations or only integrating healthcare. **Formal approval will be sought at the January Health and Wellbeing Board**
- **Support** the proposals to develop local primary care models including the development of Health and Wellbeing hubs in the city
- **Support** the approach to deliver integrated urgent care services in the city

Health and Wellbeing Board January 2019

- Moving Towards Integration: Brighton and Hove City Council and CCG as two partners in the Integrated Care Partnership, Integrated Commissioning and Governance
- Request agreement from the board to support the approach of an Integrated Care Partnership Model for health and social care
- Joint Strategic Needs Assessment Update
- Joint Commissioning Intentions including BCF