



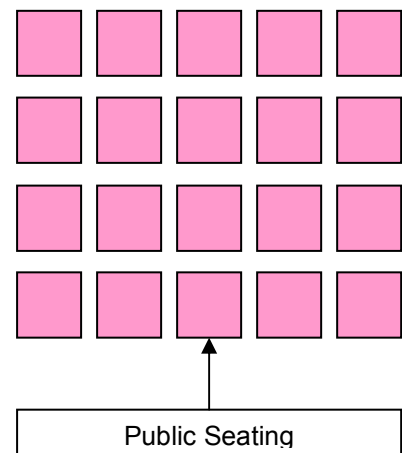
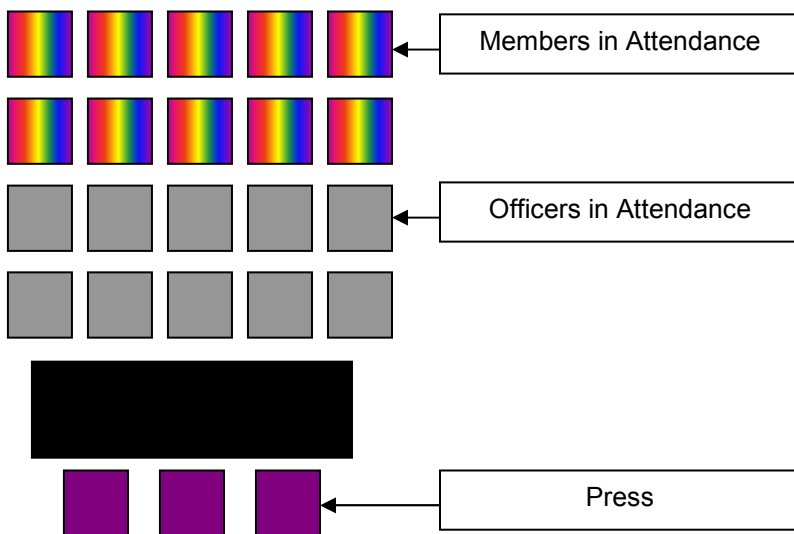
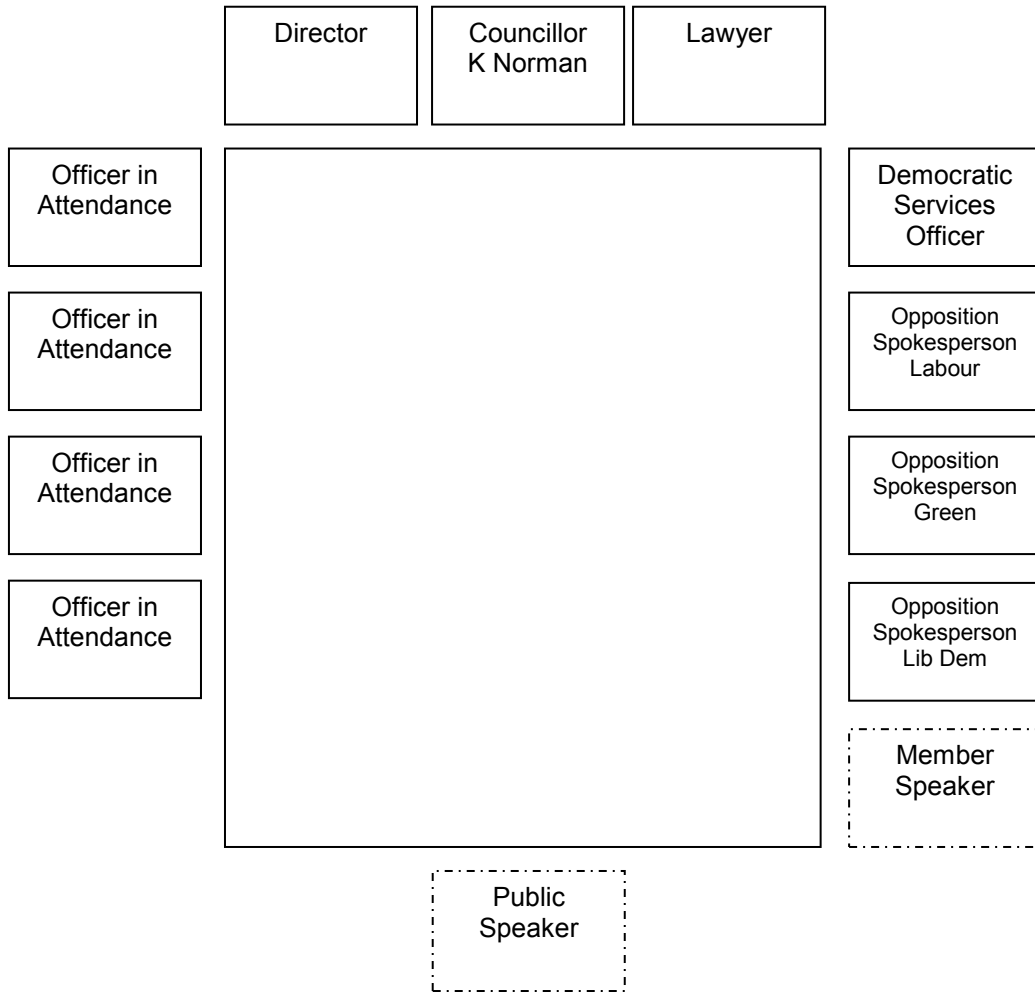
Brighton & Hove
City Council

Cabinet Member Meeting

Title:	Adult Social Care & Health Cabinet Member Meeting
Date:	3 December 2009
Time:	4.00pm
Venue	Committee Room 3, Hove Town Hall
Members:	Councillor: K Norman (Cabinet Member)
Contact:	Caroline De Marco Democratic Services Officer 01273 291063 caroline.demarco@brighton-hove.gov.uk

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Democratic Services: Meeting Layout



AGENDA

26. PROCEDURAL BUSINESS

- (a) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (b) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading either that it is confidential or 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 categories of exempt information is available for public inspection at Brighton and Hove Town Halls.

27. CABINET MEMBER'S COMMUNICATIONS

28. ITEMS RESERVED FOR DISCUSSION

- (a) Items reserved by the Cabinet Member
- (b) Items reserved by the Opposition Spokespersons
- (c) Items reserved by Members, with the agreement of the Cabinet Member.

NOTE: Public Questions, Written Questions from Councillors, Petitions, Deputations, Letters from Councillors and Notices of Motion will be reserved automatically.

29. PETITIONS

No petitions have been received by the date of publication.

30. PUBLIC QUESTIONS

(The closing date for receipt of public questions is 12 noon on 26 November 2009)

No public questions have been received by the date of publication.

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

31. DEPUTATIONS

(The closing date for receipt of deputations is 12 noon on 26 November 2009)

No deputations have been received by the date of publication.

32. LETTERS FROM COUNCILLORS

No letters have been received.

33. WRITTEN QUESTIONS FROM COUNCILLORS

No written questions have been received.

34. NOTICES OF MOTIONS

1 - 2

Proposed by Councillor Lepper and referred from Council on 8 October 2009 (copy attached).

35. ANNUAL SAFEGUARDING REPORT

3 - 84

Report of Director of Adult Social Care & Housing (copy attached).

Contact Officer: Karin Divall

Tel: 29-4478

Ward Affected: All Wards;

36. PERSONALISATION UPDATE REPORT

85 - 100

Report of Director of Adult Social Care & Housing (copy attached).

Contact Officer: Denise D'Souza

Tel: 29-5032

Ward Affected: All Wards;

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fifth working day before the meeting.

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063, email caroline.demarco@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication - Wednesday, 25 November 2009

NOTICE OF MOTION

**SUPPORT AND GUIDANCE FOR THE DEAFBLIND
IN BRIGHTON AND HOVE**

“Whilst there is no generally accepted definition of deafblindness there is a working description that has been accepted over many years; ‘persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility’.

Deafblindness is a visual and hearing impairment. These impairments can be of any type or degree and are sometimes called multi-sensory impairments (MSI). There are many different causes of MSI. Most people who are multi-sensory impaired have some useful vision and/or hearing.

This Council welcomes the Department of Health’s Social Care for Deafblind Children and Adults – LAC (DH) 2009 6 circular. The implementation of this guidance will have a positive impact upon the level of support that deafblind people in the City receive.

The improved deafblind guidance expects this Council to carry out the following:

- Identify, make contact with and keep records of deafblind people in the City
- Ensure that assessments are carried out by properly trained personnel
- Ensure that appropriate services are provided for deafblind people- remembering that individual services who are deaf or who are blind, may not be appropriate for someone who is both deaf and blind
- Ensure that all deafblind people in the City have access to fully trained, one-to-one support workers if necessary
- Provide information in a suitable format which is accessible to deafblind people

The Council therefore requests that the Cabinet Member for Adult Social Care & Health considers the guidance contained in the circular and how it could best be implemented to suit the particular local circumstances in Brighton & Hove.”

Proposed by: Cllr Jeane Lepper
McCaffery (with amendment from Councillor Brian Pidgeon)

Seconded by: Cllr Juliet

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 35

Brighton & Hove City Council

Subject:	Annual Safeguarding Report		
Date of Meeting:	3rd December 2009		
Report of:	Director, Adult Social Care and Housing		
Contact Officer:	Name:	Karin Divall	Tel: 29-4478
	E-mail:	Karin.divall@brighton-hove.gov.uk	
Key Decision	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

- 1.1 Brighton & Hove City Council produce an annual report which sets out the performance and practice across the City which aims to ensure the safety of vulnerable people.
- 1.2 The report outlines the work that has been carried out by all the City Council Partners and the work of the Multi-Agency Safeguarding Adults Board which is chaired by the designated Director of Adult Services.

2. Recommendations

- 2.1 That the Cabinet Member note the work that has been carried out by agencies across the City to safeguard vulnerable adults and to provide comments on improvements that could be made to further strengthen safeguarding work.
- 2.2 That the Cabinet Member note that this report will be presented at the Brighton & Hove Safeguarding Adults Annual Conference which will take place on December 3rd 2009.

3.0 RELEVANT BACKGROUND INFORMATION

- 3.1 The Annual Report is set out in Appendix 1

4. CONSULTATION

- 4.1 None

5. FINANCIAL & OTHER IMPLICATIONS:

- 5.1 Financial Implications:
There are no direct implications arising from the recommendations of this report. The cost of safeguarding activity and training support forms part of the budget strategy of the different agencies involved.

5.2 Legal Implications:

Safeguarding Vulnerable Adults is a key function of the Local Authority in partnership with other statutory agencies. Proper procedures for ensuring the protection of vulnerable adults by their nature have regard for individual's Human Rights as enshrined in the Human Rights Act 1998; in particular Articles 2 (Right to Life), 3 (Right to be free from degrading and inhumane treatment), 8 (Right to Privacy and Family Life) of European Convention on Human Rights. This report provides for scrutiny of the monitoring of Safeguarding procedures and comment on any improvement which in itself forms an essential part of ensuring the best possible safeguarding arrangements to be in place.

Lawyer Consulted: Sandra O'Brien

Date: 9 November 2009

Equalities Implications:

- 5.3 Older people, people with disabilities and mental illness can be vulnerable to abuse.

Sustainability Implications:

- 5.4 There are no sustainability implications.

Crime & Disorder Implications:

- 5.5 Vulnerable people can be subject to financial abuse and physical and sexual violence which are forms of adult abuse that are reported within the Annual Report.

Risk and Opportunity Management Implications:

- 5.6 The Annual report collates evidence about the issues affecting vulnerable people living in our City and explains the practice and procedures in place across different organisations to strengthen our work in safeguarding these people.

Corporate / Citywide Implications:

- 5.7 The report is produced on a City wide basis and includes the work of other organisations working in statutory and other organisations across the City.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 Safeguarding is a core statutory and multi-agency responsibility and it is important that there is good monitoring and oversight of performance and that this is presented publicly each year.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 To ensure that Scrutiny are advised of Safeguarding work and can contribute to developing practice.

SUPPORTING DOCUMENTATION

Appendices:

None

Documents In Members' Rooms

None

Background Documents

None

Brighton & Hove

Safeguarding Adults
Board

ANNUAL REPORT

2008/2009

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1. Foreword



As the Chair of the Brighton and Hove Safeguarding Vulnerable Adults Board I am pleased to introduce our annual report for 2008/09.

This annual report covers the work that the multi-agency partnership represented at the Board is continuing to undertake to enable people living in Brighton & Hove to safeguard themselves and others from abuse. It sets out what we aim to achieve and how we are going to do it.

Brighton and Hove has well established policies and procedures for safeguarding vulnerable adults which have been developed across all of Sussex, and the Board is committed to doing everything in its power to support vulnerable people to ensure their safety and independence, and to promote their wellbeing.

This year has seen yet another rise in the profile of this work both locally and nationally. The Review of 'No Secrets', the publication of the CSCI Independence, Wellbeing and Choice inspections of safeguarding arrangements, the new Care Quality Commission, the implementation of the Deprivation of Liberty Safeguards in April 2009, and the plans for the new 'vetting and barring' scheme, have all ensured that awareness of safeguarding vulnerable adults has continued to rise. In addition Putting People First set out the vision for the transformation of adult social care which has required an open and searching debate on the relationship between personalisation and safeguarding vulnerable adults. A rising profile brings increased challenges. We need to make sure that as a partnership we are able to respond to the needs of vulnerable people in the City, ensuring we have the right infrastructures in place so people can live their lives free from abuse and neglect.

It is important that we consolidate our capacity to respond to abuse with robust partnership arrangements. In this context we started in April this year a process of reviewing the Board, its terms of reference, membership and business planning. The business plan shows the outcome of this review, where priorities were agreed and the work for the next 2 years is laid out. We have a lot of work to do, but I feel confident with clear partnership arrangements that this will be achieved.

Finally I want to say thank you to staff, partner agencies, and the many people who work with or care for vulnerable adults in the City for their commitment and hard work over last year, and for their dedication I know they will give over the year ahead to achieve our goals.

A handwritten signature in cursive script, appearing to read 'Joy Hollister'.

Joy Hollister, Director

2. Summary of the Year

Developments in 2008/9 and Challenges for the Year Ahead

This year has been a time for reviewing of working practices regarding safeguarding vulnerable adults in order to ensure the ongoing development and improvement of safeguarding work in Brighton and Hove.

Safeguarding Adults Board

The Safeguarding Adults Board was chaired in 2008 to 2009 by Denise D'Souza, Director of Community Care, and under her guidance it was agreed by members of the Board that this year was a good moment to reflect and review on the achievements and progress of the Board, and look at how the Board can continue to develop. A review of the Board was planned and this was held in April 09, facilitated by the Business Manager for the Local Safeguarding Children's Board. Board members used the time to look at their role and responsibilities on the Board and within their own organisations with regard to safeguarding adults, and to consider the remit of the Board and how to monitor its effectiveness.

From the summer of 2009 Joy Hollister, Director of Adult Social Care and Housing, took the role of Chair of the Board. The Terms of Reference, lines of responsibility and the Business Plan for the Board were agreed, and the Business Plan for 2009-2011 is included in this report. This will be updated on a quarterly basis by all partner organisations, so progress can be closely monitored. Working groups will be formed when required to undertake particular pieces of work for the Board. This year issues regarding Mental Capacity and Deprivation of Liberty Safeguards will also be overseen by the Safeguarding Adults Board, and next year's annual report will include data for training and assessment for these two areas.

A Serious Case Review was completed in October 2008. This was undertaken by an independent reviewer. Recommendations were taken to the Safeguarding Adults Board to be agreed and an action plan was implemented. The learning that has taken place as a result of this Serious Case Review focused mainly on commissioning and contracting of new services, and has resulted in some very robust and specific monitoring and support from the point of an application to start a new service, to when it becomes established.

In addition a further Management Review of a case was undertaken by the Safeguarding Adults Manager in 2008, and an action plan for organisational learning has been completed. Learning here has focused on ensuring that investigations are proportional to the risks posed, and changes have been made to the training for investigating staff to reflect this. For the year ahead it has been agreed by East Sussex, West Sussex and Brighton and Hove Safeguarding Boards that a Pan Sussex Serious Case Review protocol needs to be developed, creating further consistency across the County.

Safeguarding Investigations Audit

In December 2008 the Safeguarding Adults Manager undertook an audit of safeguarding investigations within adult social care teams. A sample of cases were

chosen at random and an audit form was completed, looking at all aspects of the investigation including quality of recording, involvement of the vulnerable person and timescales being met. A report of the findings from this audit identified recommendations, and an action plan has been implemented. Actions identified from this audit have also influenced the tasks and priorities for the Board's Business Plan.

As part of this action plan Operational Instructions for staff undertaking and managing safeguarding investigations have been written this year. These instructions are Pan Sussex, so as to complement the Multi Agency Pan Sussex Safeguarding Procedures. These are currently in draft for staff to use and comment on, with a review planned with the safeguarding leads from East and West Sussex in January 2010, when they can be finalised. These instructions give detailed expectations for all aspects of the safeguarding investigation process, and will ensure improved consistency in practice.

Multi Agency Risk Assessment Conference (MARAC)

The development of the MARAC continued in Brighton and Hove this year. The MARAC process enables representatives from key agencies to meet on a regular basis to share information on those victims of domestic violence who are at the highest risk of homicide or serious harm. Information about the risks faced by those victims, the actions needed to ensure safety, and the provisions available locally is shared and used to create a risk management plan involving all agencies. The MARAC is now well established in Brighton and Hove, and always has a representative from Adult Social Care attending, as well as from the Sussex Partnership Foundation Trust, in order to identify any support needed through the Safeguarding Vulnerable Adults procedures. In August this year CAADA (Co-ordinated Action Against Domestic Abuse), the governing body for MARAC's nationwide, inspected the Brighton and Hove MARAC as part of a national quality assurance programme, and will be giving feedback for any developments to be made in due course.

Practitioners Alliance Against the Abuse of Vulnerable Adults (PAVA)

The Practitioner's Alliance Against the Abuse of Vulnerable Adults, the Brighton and Hove independent and voluntary sector forum, has continued to meet regularly this year, with very good attendance. Speakers from Sussex Police have attended 2 meetings this year, covering the topics of the police role in safeguarding investigations and issues of domestic violence. Other topics covered have been links to Mental Health services, safety and environmental health, and training requirements. The planning group for PAVA have also been reviewing how the meeting and topics are delivered, and for next year the plan is to hold 2 sessions per year with speakers, and 2 sessions using case studies as a workshop, so as to give group members more time for discussion and learning opportunities.

Training

In November 2008 the 4th Multi-Agency Safeguarding Adults Conference was held. This was attended by 140 staff from all partner organisations, and was a full day of guest speakers and workshops on topics such as Dignity in Care, Deprivation of Liberty Safeguards, Domestic Violence and links with Safeguarding and Financial

Abuse awareness. Feedback continues to be very positive for this event, and a conference for 2009 is being planned, with speakers from the Independent Safeguarding Authority, who will be speaking on the new 'vetting and barring' scheme, and a speaker from Voice UK, who will be highlighting the issue of Hate Crime. Workshops are being planned, and we have some very knowledgeable facilitators, including the Domestic Violence Strategic Co-ordinator in the City and the local area manager for the new Care Quality Commission. We are also very pleased to have Lynne Phair, Project Manager in The Department of Health, running a workshop. Her presentation last year received excellent feedback, and this year she is presenting a workshop on the complications of frailty, which can put older people at greater risk of the consequences of neglect.

The Multi Agency Training sub group to the Safeguarding Adults Board has continued to plan and monitor safeguarding training across the city. The accreditation scheme for safeguarding awareness training has continued to grow, and now has 5 accredited training providers, and 17 in the process of being accredited. This summer a half day workshop for all trainers who have been accredited or who are on the way to being accredited was held, attended by 16 trainers. This was used as a time to ensure all trainers are updated on new developments, and to share learning resources and training skills. Feedback was good, and another event will be planned for next year, which hopefully will be for a whole day. The plan for this year is to continue discussions with East Sussex Local Authority so that the accreditation scheme can be expanded across the border. From April 2009 the expectation that safeguarding awareness training in contracted provider services will be accredited to has been included in Brighton and Hove Council contracts.

The training delivered by the Council Training & Development Team has been developed this year. The strategy has 6 stages of training, each of which has specific learning objectives, linked to National Occupational Standards, and identifies target groups and percentages of staff expected to have undertaken this training. This covers Awareness, Provider Manager Investigation training, the role of the Investigator, Undertaking Multi Agency Investigations, Managing Investigations and Achieving Best Evidence Training. New courses have been commissioned this year to meet this strategy, which have received positive feedback from staff. For the year ahead further training on Domestic Violence for practitioners is being planned, to include the use of risk assessment tools and the MARAC process. A Pan Sussex Competency Framework for safeguarding training is also being launched in December 2009.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards were implemented in April 2009 as an amendment to the Mental Capacity Act 2007. In Brighton and Hove the Deprivation of Liberty Safeguards service is being run in partnership with the City Council and NHS Brighton and Hove. In practice the City Council carries out assessments for both the Council and the Primary Care Trust in their roles as Supervisory Bodies. The Access Point in Adult Social Care is the central point of contact for all DoLS authorisations and enquiries.

Nationally the uptake of DoLS assessments has been far fewer than local authorities and primary care trusts anticipated and current figures report about 50% of the Department of Health anticipated assessment rates.

To date in Brighton and Hove there have been 17 requests for assessment. 10 have been for Brighton and Hove City Council, 6 for NHS Brighton & Hove and one was passed to the appropriate Supervisory Body elsewhere. For the seventeen assessments there have been 7 authorisations issued. 3 have been granted by the City Council and 4 by the PCT. Numbers of authorisations are reported to the Department of Health on a fortnightly basis and more detailed performance indicators on a quarterly basis.

Advocacy Partners contract was extended to provide the IMCA service for DOLS and also to provide the Paid Representative for those subject to a DOLS authorisation. To date there have been 4 referrals for Paid Representatives and 2 referrals for IMCAs.

Sussex Partnership Foundation Trust has been contracted by all the local authorities and Primary Care Trusts in Sussex to provide the appropriately trained doctors for the mental health assessment in the DOLS process. To date in Brighton 7 medical assessments have been commissioned.

The City Council continues to lead on DOLS training. Further Best Interest Assessors will be trained in January 2010 at the University of Brighton and the Council's Learning and Development Team continues to offer DOLS briefings to all parties in the local health and social care economy.

Senior Social Work Role

In order to ensure that there is sufficient capacity to undertake investigation work and that investigations are being overseen by appropriately trained and experienced practitioners, there has been an increase this year in the number of Senior Social Workers recruited within Adult Social Care Teams. Numbers of Seniors has almost doubled from 7 to 13. Workshops for Investigation Managers, which is part of the Senior Social Workers' role, started this year, and have been held every 2 months. These have looked at topics such as proportional levels of investigation, issues raised by complaints, large scale investigations and using case studies for reflection. To ensure consistent practice and ongoing development of staff skills Safeguarding Practice meetings for those in the role of Investigation Officers have continued to be held regularly this year, overseen by Senior Social Workers. The Senior Social worker role will continue next year to ensure that there is a high standard of investigation of work which complies with procedures and good practice.

Data Collection

This annual report summarises the safeguarding activities for the period April 2008 to end March 2009. Within the body of this report data for the year 08/09 has been noted. From this it can be seen that safeguarding alerts have continued to increase from 834 in 07/08 to 963 this year. The increase from previous years is becoming less dramatic and can be taken as an indication that awareness levels have risen and we are now getting a steadier referral rate from partner organisations. The development of the Adult Social Care Access Point in May 08 has made referring concerns more straightforward for members of the public and other organisations. For example, referrals from Sussex Police have increased this year as officers are finding the one route for all concerns much quicker and easier to use.

Improvements to the Adult Social Care database are being planned, and from October 2009 more detailed data on safeguarding alerts and investigations will be collected. This will enable improved analysis of trends, and will influence future planning. This new data will be reported to the Safeguarding Adults Board on a quarterly basis.

Personalisation Agenda

One of the main challenges for the year ahead will be the balancing of risk and choice when implementing changes to the way that social care is delivered through the personalisation agenda. There are risks in delivering support in new ways, just as there are risks inherent in traditional community care services. But with comprehensive risk management systems in place, and a strengthening of citizenship and communities, people can have control over their own lives and be safe from abuse. Areas to focus on in the year ahead will be to ensure that policies and procedures currently in place for safeguarding adults continue to be relevant and workable as the changes to how people are supported develop, and that people have access to clear guidance for their own decision making, on things such as employment checks and money management.

3. Performance and Practice

3.1. Activity and performance information key points for 2008 to 2009

The following data refers to distinct elements of safeguarding vulnerable adults process.

An '**alert**' refers to an individual reporting a suspected incident of abuse or possible harm. Not all alerts will result in a safeguarding investigation, as there may be other processes that will resolve the situation more appropriately, for example an assessment of the person's needs. There are also times when there are real concerns, but the person who is being harmed is adamant that they do not want an investigation to take place.

Seven categories of abuse have been agreed by Sussex agencies. These are **Discriminatory, Physical, Sexual, Psychological, Financial, Neglect/acts of omission and Institutional**. These are described in more detail in **Appendix 1**.

Response levels refer to the level of investigation agreed for each safeguarding vulnerable adults investigation. There are 4 levels of response, and they are decided by assessing the potential seriousness of the alert, and should be proportional to the perceived level of risk and seriousness. See **Appendix 2** for further detail on each level of response.

Outcomes of investigations are determined at the end of an investigation, as to whether abuse has happened or not.

The outcome can be either;

Substantiated – the allegation of abuse is substantiated, on the balance of probability.

Not Substantiated – it is not possible to substantiate on the balance of probabilities the allegation of abuse made

Inconclusive – it is not possible to record an outcome against either of the other categories. For example, where a suspicion remains but there is no clear evidence.

Case Conference – for all level 3 and 4 investigations there should be a case conference. The purpose of the Case Conference is to ensure an effective protection plan is in place, to agree the outcome of the investigation to ensure feedback to those that need to be advised, and to ensure the views of the person alleged to have been harmed are heard.

Summary of Main Points to Note

- There has been a year on year increase in safeguarding alerts for adults since 2004. This year shows the smallest increase of 2%, when in previous years the increase has been between 20% and 60%
- This year there has been a drop of 22% of safeguarding alerts being received by the Older People's Community Assessment Team.
- There has been a 68% increase this year in safeguarding alerts received by the Sussex Partnership Foundation Trust. This breaks down to

- a 26% increase for people who are under 65 with mental health needs
 - a 61% increase for people over 65 with mental health needs
 - a 320% increase for people using substance misuse services
 - .
- There has been a 27% decrease in alerts being received by the Hospital Assessment Service.
 - The majority of people for whom there are allegations of suspected abuse are older people, at 52%, followed by people with learning disabilities at 23%
 - Allegations of physical abuse, financial abuse and neglect are the most common categories of abuse.

Number of Alerts per Team 04/05, 05/06, 06/07, 07/08 and 08/09

	04/05	05/06	06/07	07/08	08/09	Percentage increase/decrease between 07/08 and 08/09
OPCAT	-	-	236	253	198	↓ 22%
CLDT	-	-	115	187	193	↑ 3%
PDAT	-	-	67	83	82	↓ 1%
ICS	-	-	31	80	78	↓ 2.5%
Hospital	-	-	51	95	69	↓ 27%
SPT	-	-	129	136	229	↑ 68%
HIV	-	-	1	1	2	↑ 50%
Total	307	507	630	834	851	↑ 2%

OPCAT	Older People's Community Assessment Team
CLDT	Community Learning Disability Team
PDAT	Physical Disability Assessment Team
ICS	Intermediate Care Service
SPFT	Sussex Partnership Foundation Trust
SMS	Substance Misuse Service

The chart above shows the number of alerts received since 2004 we can see that there has been a year on year increase. This year, however, has had the smallest increase proportionally.

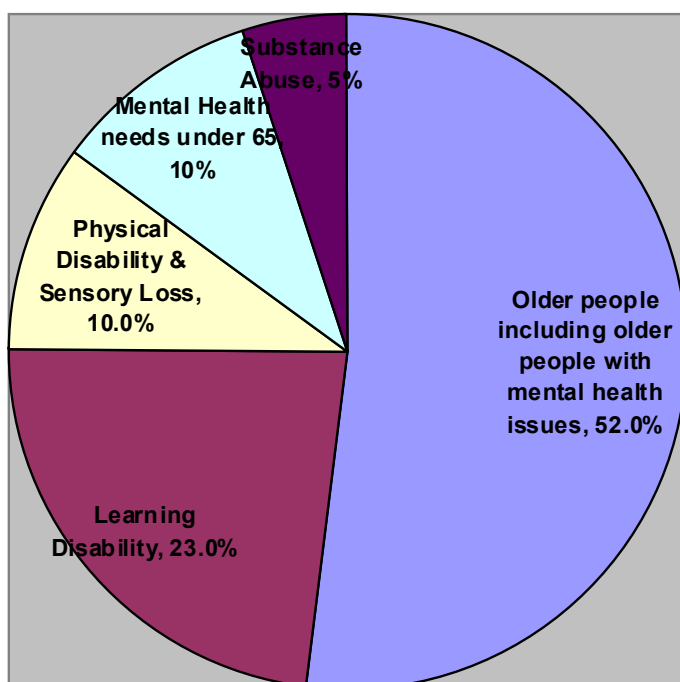
Between 04/05 and 05/06 there was a 65% in numbers of alerts. From 05/06 to 06/07 there was a 24% increase. 06/07 to 07/08 was a 32% increase, but from 07/08 to 08/09 there has only been a 2% increase.

This year alerts have continued to increase steadily (3%) for people with a learning disability, and they have remained at a very similar level from the previous year for people with a physical disability or sensory loss, and for people within Intermediate Care Services. The most significant decrease in alerts has been for older people (though not those with mental health needs), reducing by 22% this year. There has

also been a 27% reduction in concerns being dealt with by the hospital assessment teams.

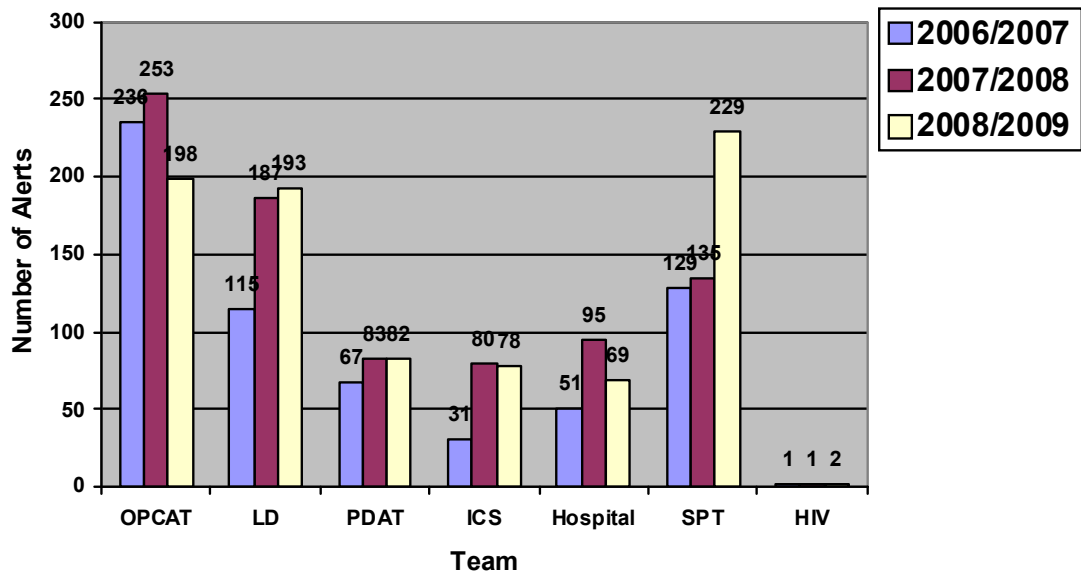
It is likely that the increase of alerts being received by the Sussex Partnership Foundation Trust is due to awareness raising within the Trust of the Multi-Agency procedures and the processes for alerting. There has also been an improvement in recording arrangements for staff. Information on safeguarding is now being regularly logged and collated.

Alleged Victims of Abuse by Client Category 2008/09

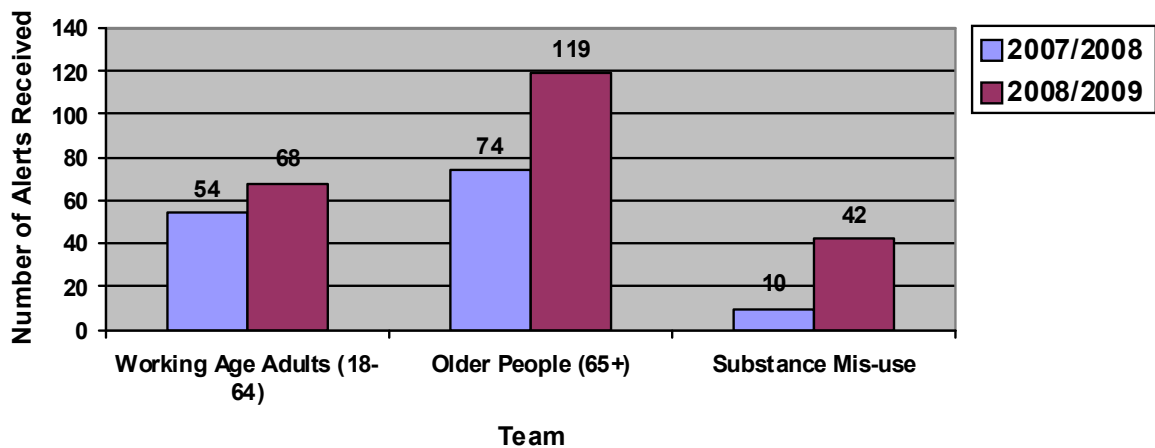


This pie chart shows the proportion of safeguarding alerts raised by client category or care needs group, for 2008/09

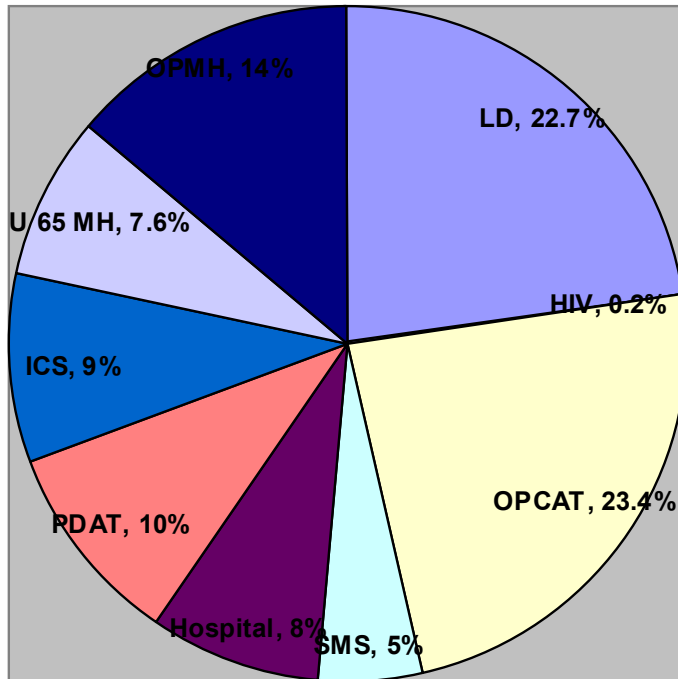
The graph below shows a 3 year comparison of the number of alerts received by each team.



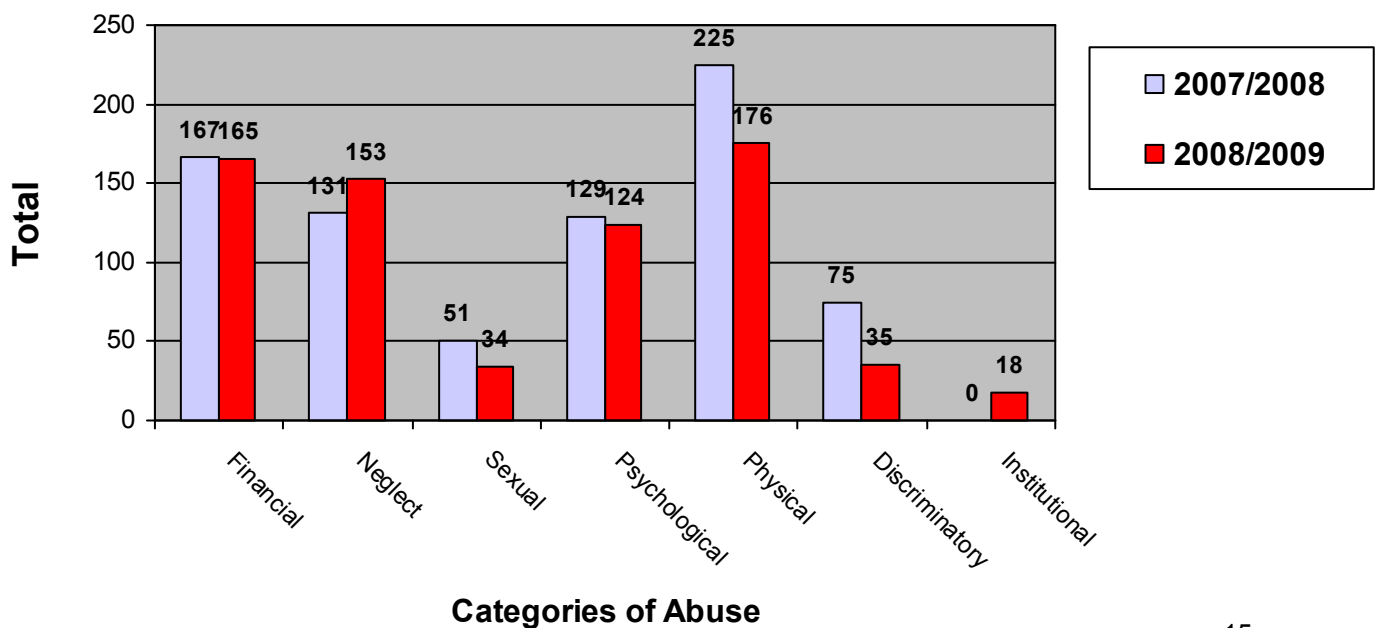
The graph below shows the detail of alerts received into the Sussex Partnership Foundation Trust, divided by care group. This is a 2 year comparison for 07/08 and 08/09.



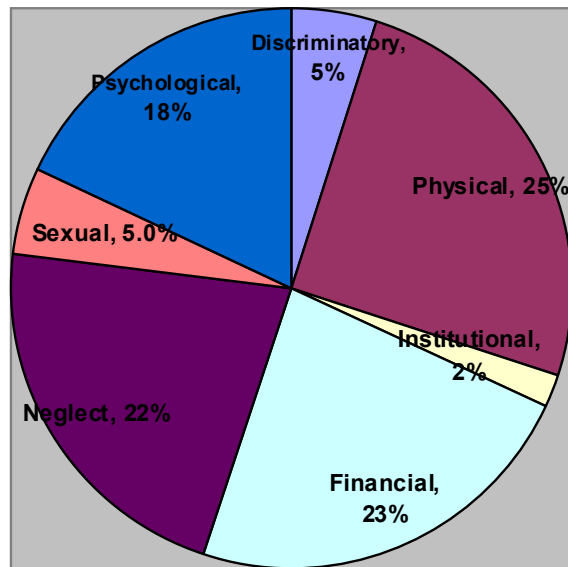
Safeguarding Adults by receiving team, proportionally 08/09



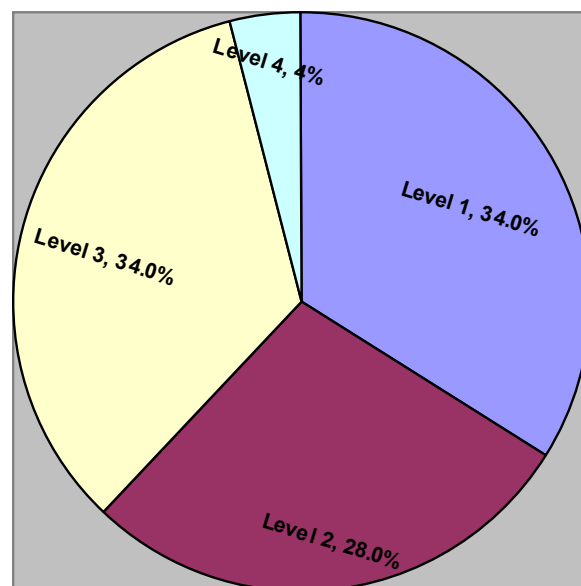
Category of alleged abuse, 2 year comparison



Category of Alleged abuse, proportionally 08/09



Level of response for Safeguarding Investigations



The levels of response for safeguarding investigations remains fairly evenly divided between Level 1, Level 2 and 3.

For 07/08 the proportions were Level 1 – 29%, Level 2 – 34%, Level 3 – 34% and Level 4 – 3%. There has been a slight increase in level 1 investigations and a small decrease in Level 2 investigations this year.

3.2 Older People's Community Assessment Team Safeguarding Adults Report 2008/09

The single biggest trend in the statistical report for this financial year is that over all there was a decline in Safeguarding alerts and investigations. This represents a decline of just under 20 %. There are a number of possible explanations for this trend, either a decline in the amount of safeguarding issues in society, or a change in the process of alerting and recording of alert. This in itself may indicate a positive shift toward empowering people to protect themselves or ensuring that other agencies, for example trading standards play an active role in assisting people who may be older and "victims" of bogus traders. Within OPCAT too, there have been significant changes internally most notably the construction of the Access point a place of first referral, the devolvement of investigation into the geographical zones and a wider spread of personnel taking on the role of Investigating Manager and Investigating Officer. Some data collection could have been compromised at this point of transition which may contribute to the figures.

Within the cases investigated, financial abuse still predominates. Domestic violence within the older people's population is not recorded separately, but anecdotal information indicates that whilst this is an issue, it tends to be underreported.

There was a decrease in alerts of Physical abuse and those investigations at level 2, where the "concerns reflect difficulties and tension in the way current health and social care services are provided" or "difficulties and tensions within the network of informal support e.g. some perceived difficulties between the vulnerable adult and family/ friends" (p64 **Sussex Multi-agency Policy and Procedures for Safeguarding Vulnerable Adults**)

Anecdotal information indicates that level2 alerts are difficult to investigate, often consisting of one person's word against the other and also may indicate a difficulty in gathering evidence if the abuse occurred within a person's home.

Financial abuse showed a smaller decline in alerts than any other category of abuse. There was a marked decline in the alerts concerning Discriminatory abuse, the largest percentage decline of any type. There is not any obvious reason for this, however this type of abuse is consistently the second lowest total figure reported and this trend remains the same.

Psychological abuse

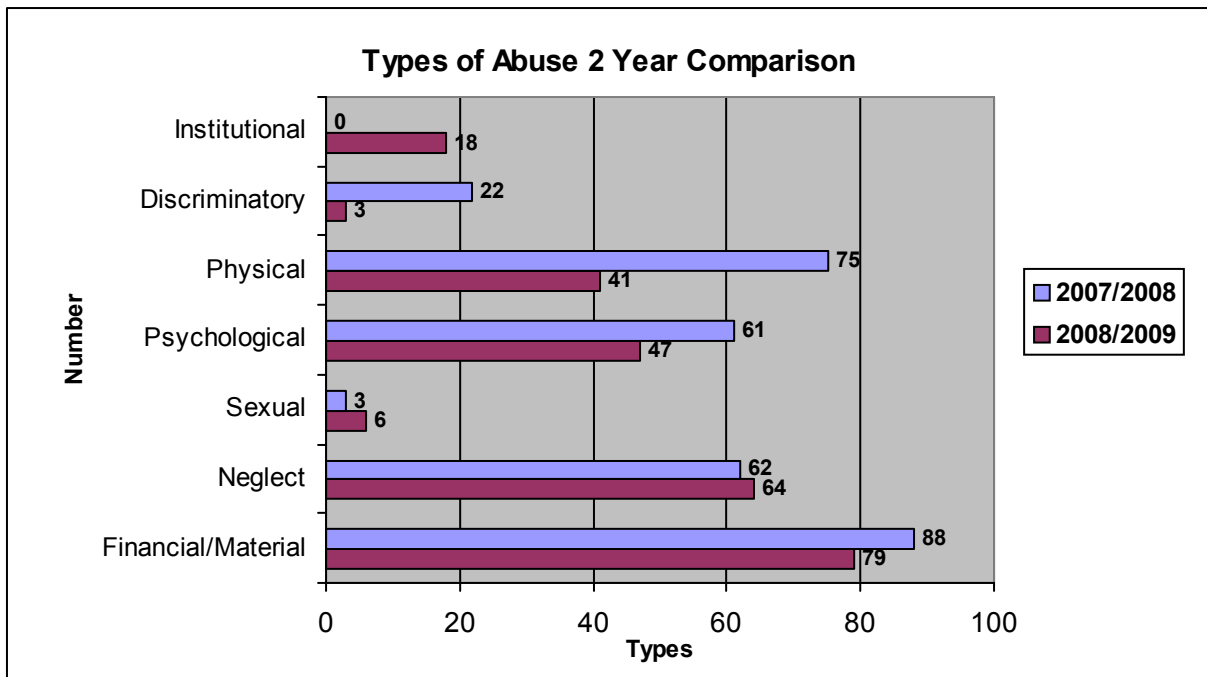
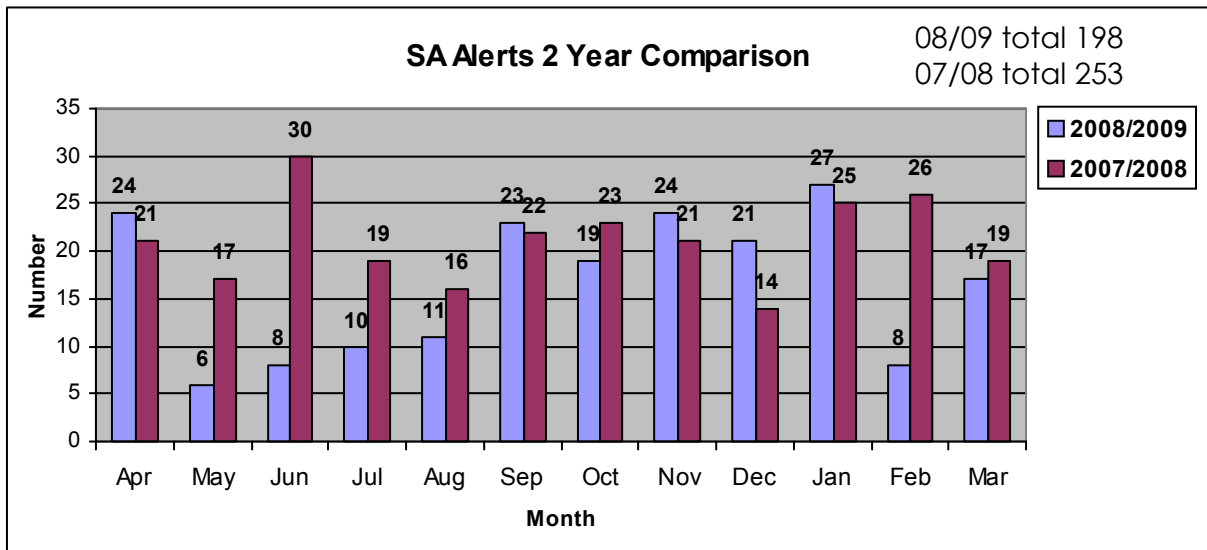
There was a decrease in the number of alerts in this category, although less decline than for Physical abuse. Cases of neglect remain constant with a very small drop in the number of alerts.

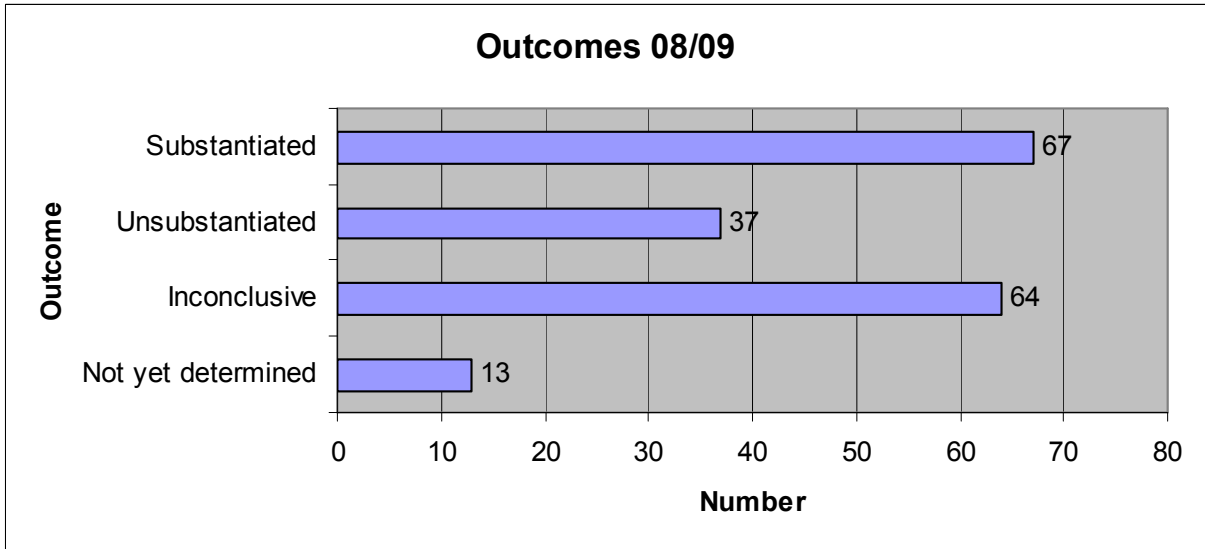
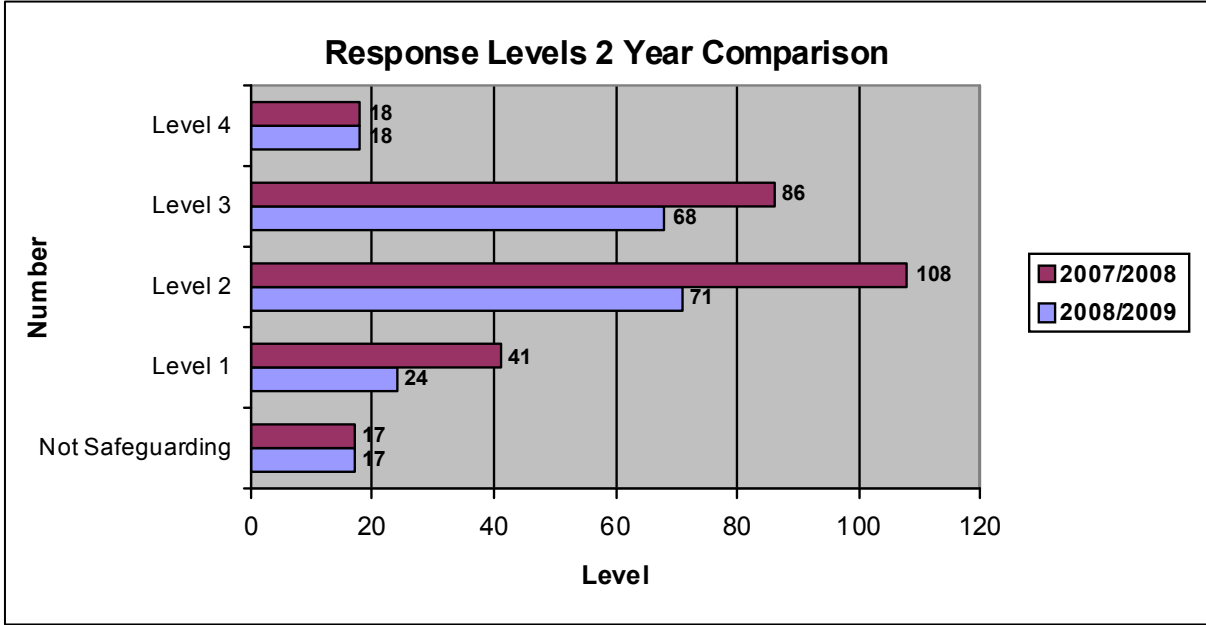
Overall, the spread of allegations remain remarkably similar, for both years 2007-8 and 2008-9.

In terms of outcomes, . It is noticeable that there are nearly as many inconclusive cases as substantiated in this year's figures.

We also held many more case conferences this year than last, despite a drop in the number of investigations .

Total number of Alerts: 198
 Number not for safeguarding investigation: 17
 Average Alerts per Month: 16.5
 Total Number of Investigations: 181
 Average Investigations per Month: 15
 Case Conferences Held: 55





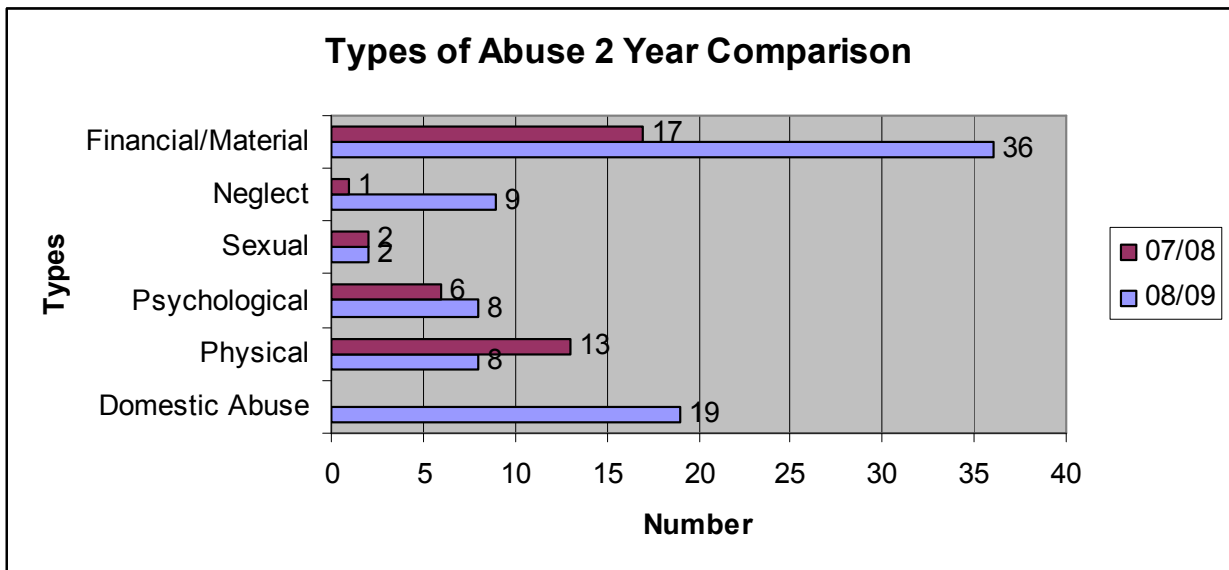
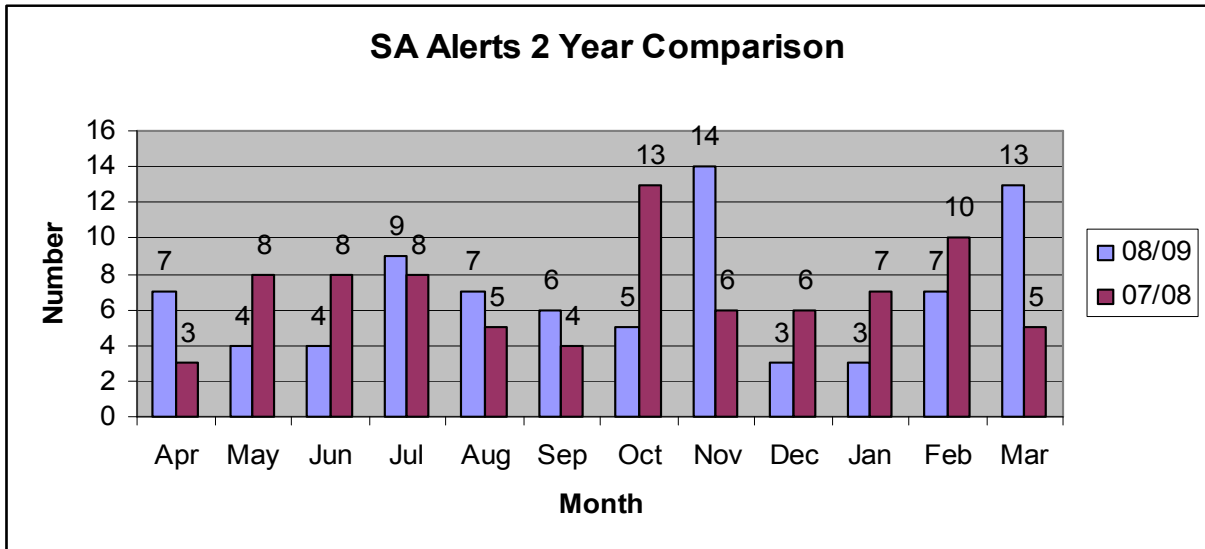
3.3 Physical Disability Assessment Team and Sensory Services Safeguarding Adults Report 2008/09

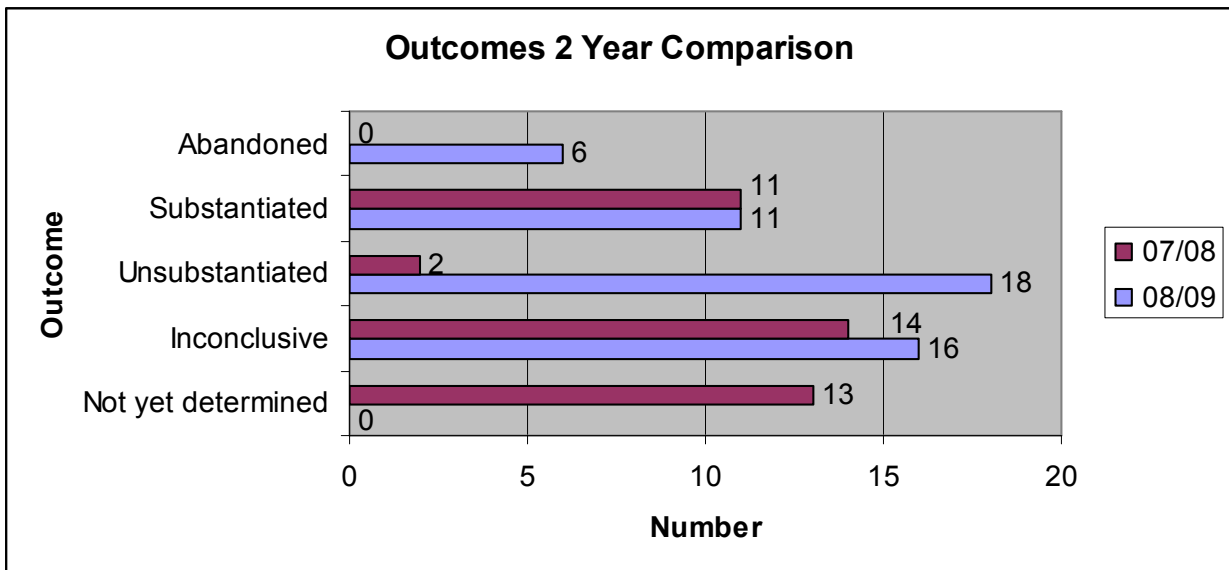
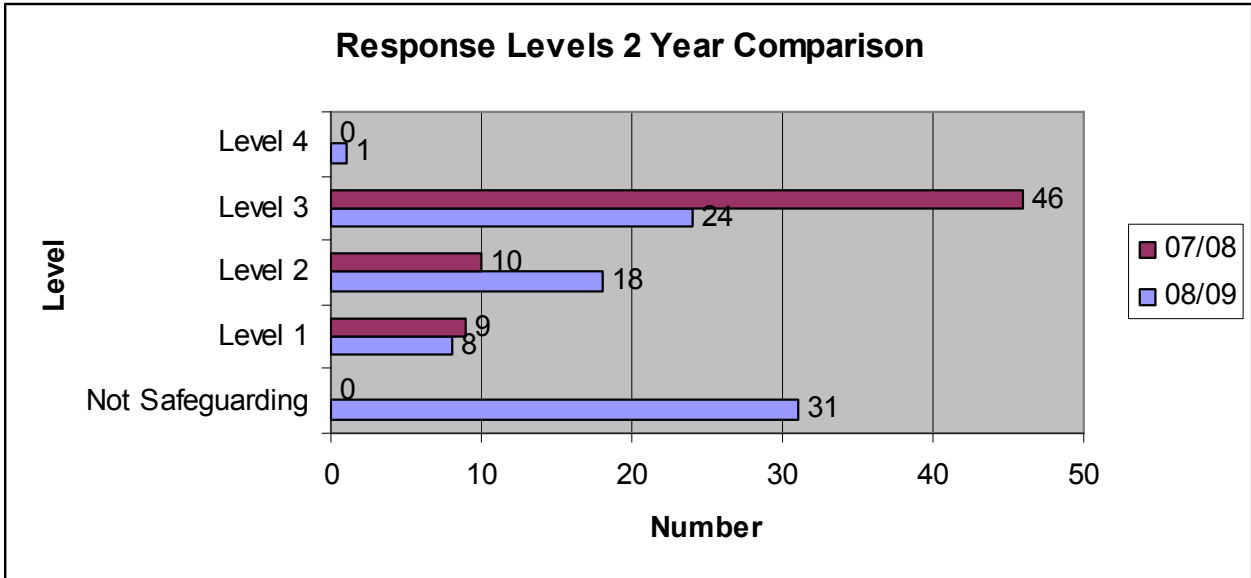
Total number of Alerts:	82
Number not for safeguarding investigation:	31
Average Alerts per Month:	7
Total Number of Investigations:	51
Average Investigations Per Month:	3
Case Conferences Held:	19

As can be seen the most common reported abuse for the year 2008/2009 was financial which comprised 44% of alerts. This continues to be the most common reported type of abuse. This was followed by domestic abuse at 23% which I have classified separately from Physical abuse which I have interpreted as an assault from an individual who is not a family member. Domestic abuse includes physical, verbal and sexual abuse. I have not included financial abuse by a relative as domestic abuse. For 12 of these alerts women were the victims 7 out of the 19 alerts for domestic abuse men were the victims, 4 of these in heterosexual relationships and 3 in same sex relationships. This supports information from the police that approximately 30% of call outs to domestic violence calls are for men. There is a growing need for services to meet the needs of these men.

Physical Disability Assessment Team has a high percentage of alerts that do not go through to investigation. The reasons for this are various; Following information gathering we may find that the team is not the responsible service and the alert will need to go to an alternative team, we will have alerts that will go to another local authority if a client is placed out of area. We have alerts for people who are not known to our service and are not aware that they have been referred. Following information gathering the individual referred may not want to take the matter further. Other clients we may sign post to alternative services.

Sophie Goude
Senior Social Worker
Physical Disability Assessment Team





3.4 Intermediate Care Services **Safeguarding Adults Report 2008/09**

Total number of Alerts:	78
Number not for safeguarding investigation:	12
Average Alerts per Month:	6.5
Total Number of Investigations:	66
Average Investigations Per Month:	5.5
Case Conferences Held:	3

The Intermediate Care Service received 78 alerts during 2009/10. This is comparable with our figures last year (80). Of these 78 alerts, 66 investigations were completed by our team. 12 alerts upon initial enquiries did not require further investigation and the use of our safeguarding adults procedures.

Our social work team base at Queens Park Villas continues to receive the majority of alerts, with practitioners from our three bases (Queens Park, Knoll House and Craven Vale) completing investigations.

Types of abuse

In comparison with our safeguarding activity 2008/09 we have found a significant increase in cases involving possible neglect (up from 16 cases to 31). We have received more alerts this year from professionals concerned about cases of poor clinical practice and support (neglect); and the information has come from a wider range of sources than previously. This suggests a more focused understanding and acceptance of the need to alert and to use our procedures when working with vulnerable adults in the city.

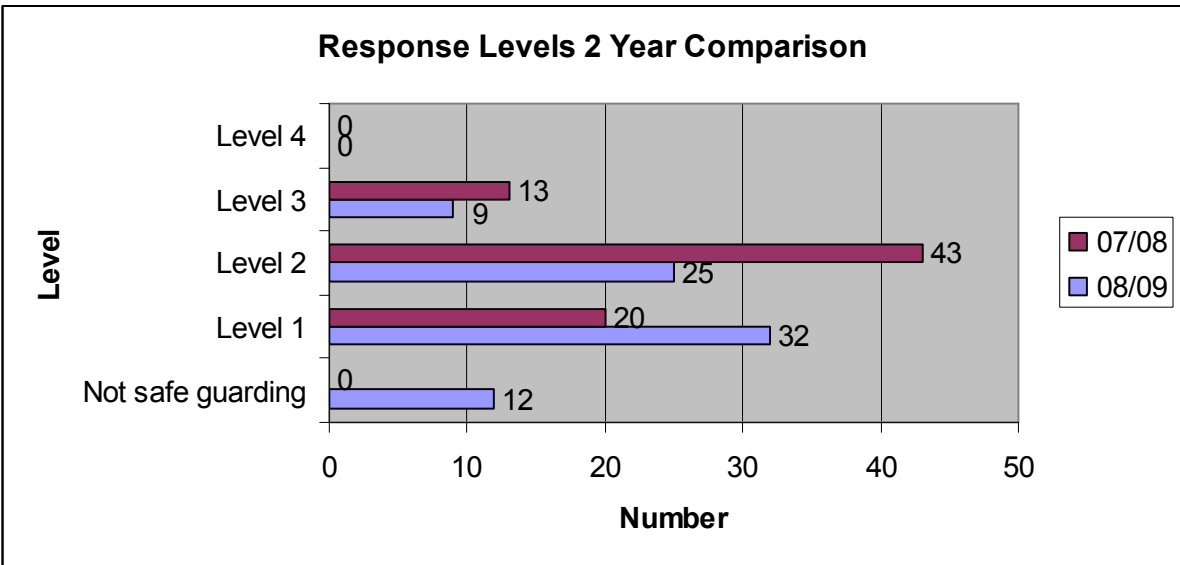
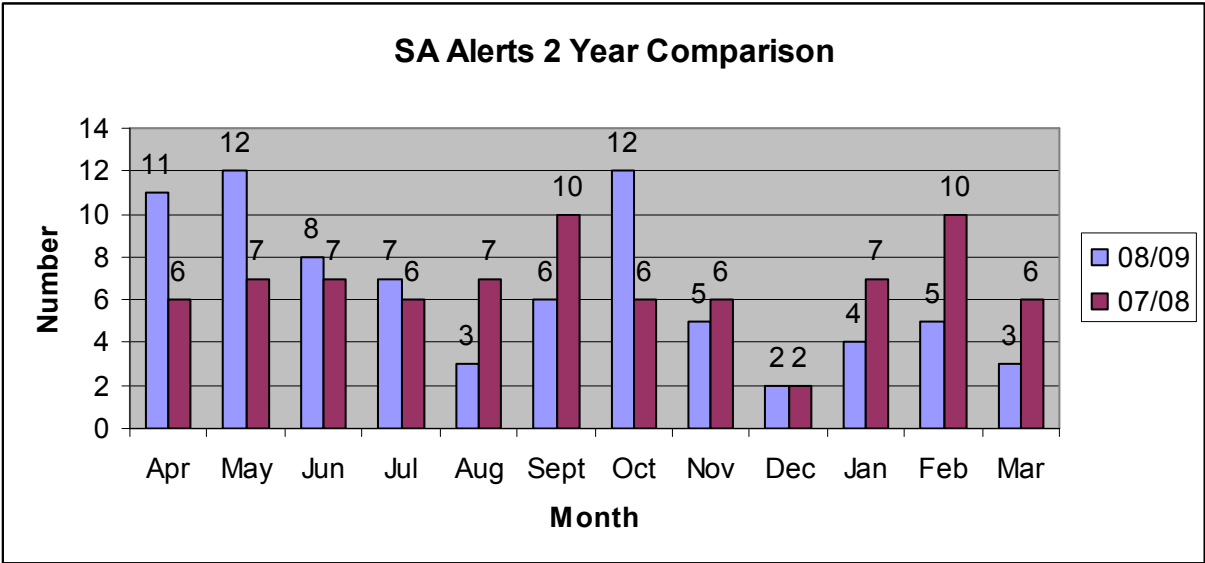
We have found a decrease in investigations involving possible financial abuse (decrease from 18 cases to 12), and a comparable amount of cases involving possible physical abuse (increase from 6 cases to 8). The amount of investigations involving possible psychological abuse has decreased significantly, from 36 cases in 2008/09 to 15 cases this year. We have not completed any investigations involving possible sexual abuse or discriminatory abuse.

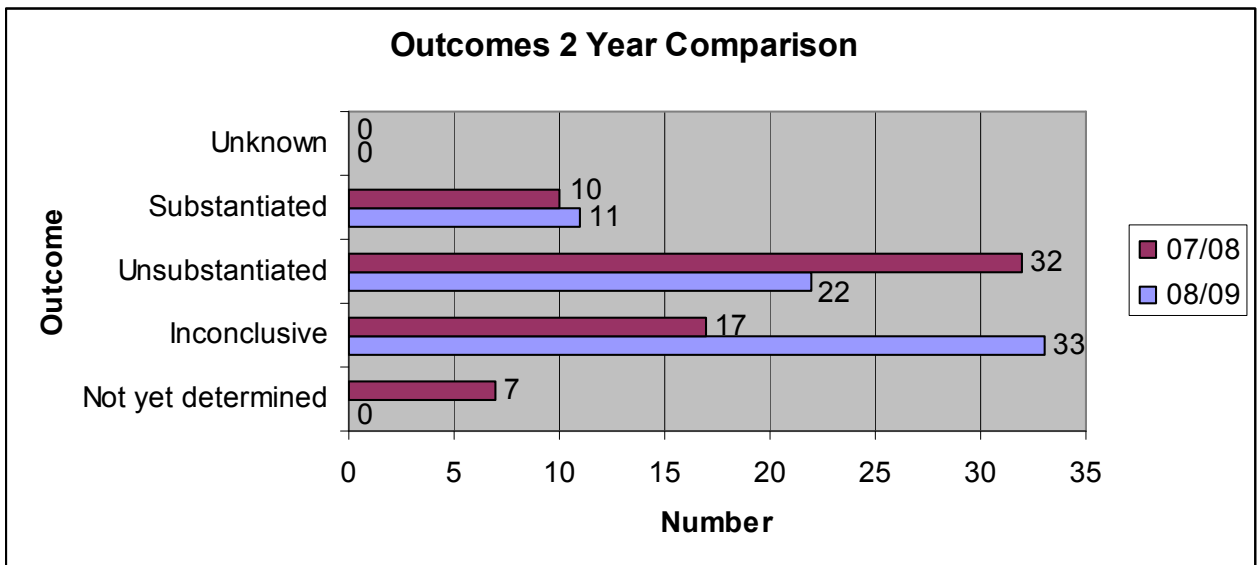
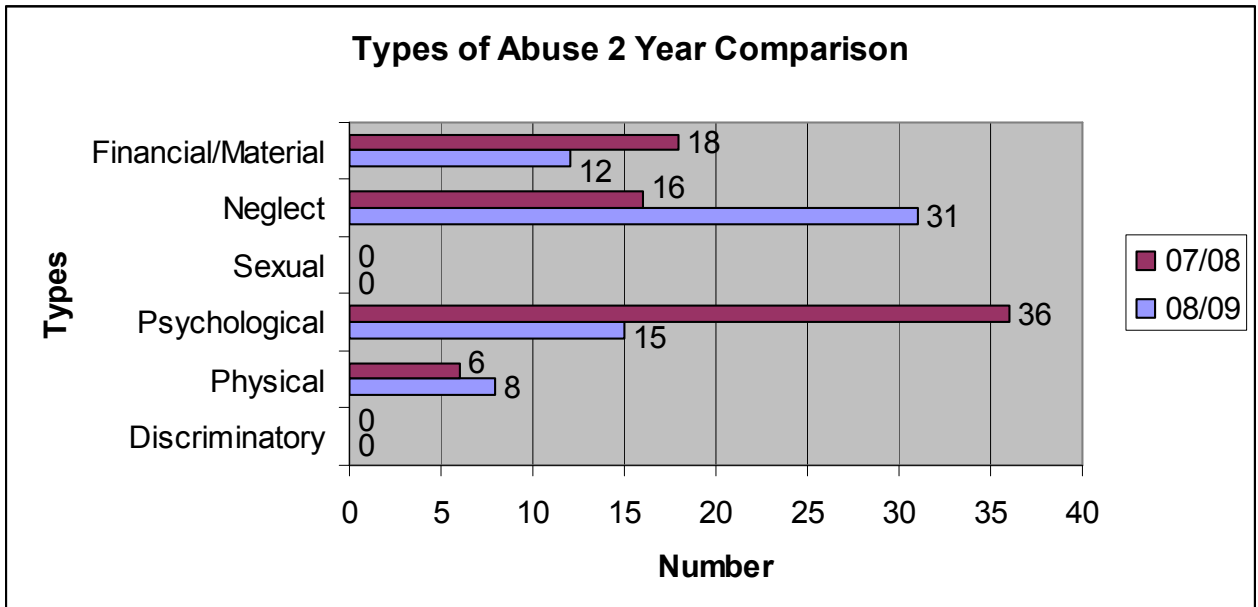
The Intermediate Care Service social work team has continued to expand alongside their multi disciplinary colleagues. The team now has twelve practitioners supporting our service users across the city in their own homes or within our residential beds. We now have three bases which our practitioners work from – Knoll House, Queens Park Villas and staff now based on site at Craven Vale.

Due to the acute physical aspects of the service users' needs while being supported by our service, it can take time to investigate concerns balancing the need for protection with what is appropriate for the person at that time often given complex health and emotional needs. Safeguarding issues are addressed whilst carefully considering our service user's physical and emotional health.

We received 25 alerts regarding services provided by Intermediate Care Service during this period. Our services include multi agency therapy support, homecare support and support within our 61 beds across the city. Of these alerts, all received a full investigation into the concern. 18 of these alerts concerned incidents of possible neglect, 2 alerts concerned possible financial abuse and 5 concerned possible psychological/emotional abuse. In a service which provides carer support we would expect to see a number of alerts being raised concerning practice issues and care standards, which would be classed as incidents of possible neglect. We continue to find that staff across our services are able to make alerts, have a good understanding of how to do this and recognise the importance of highlighting concerns.

Katherine Bernie-Bremner
Senior Social Worker
Intermediate Care Services

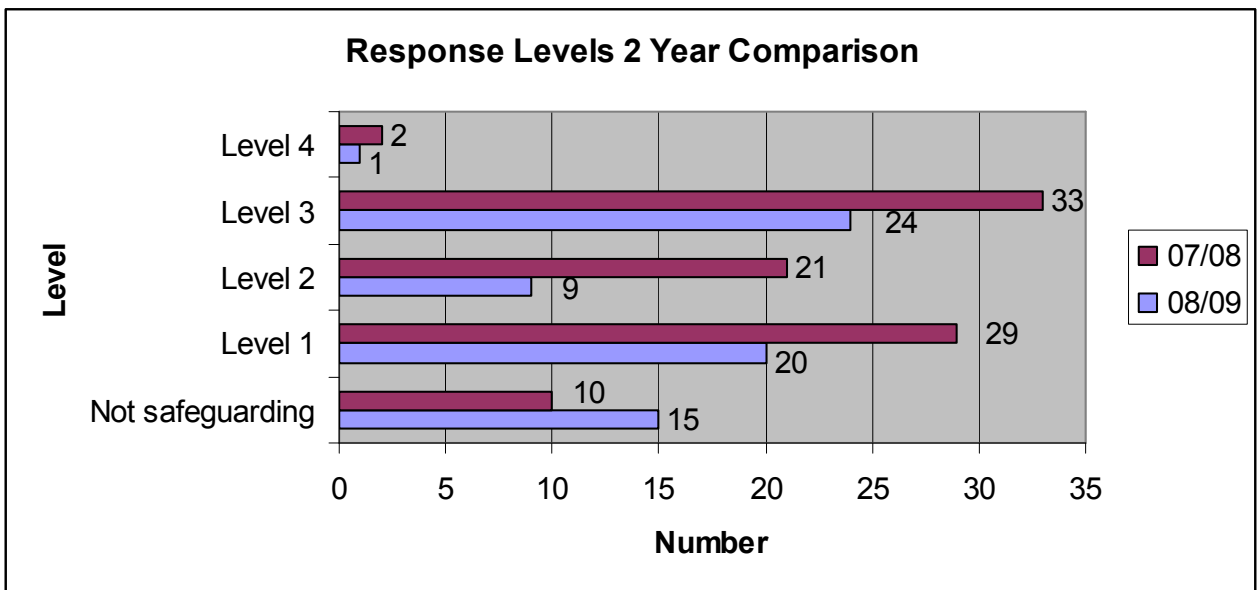
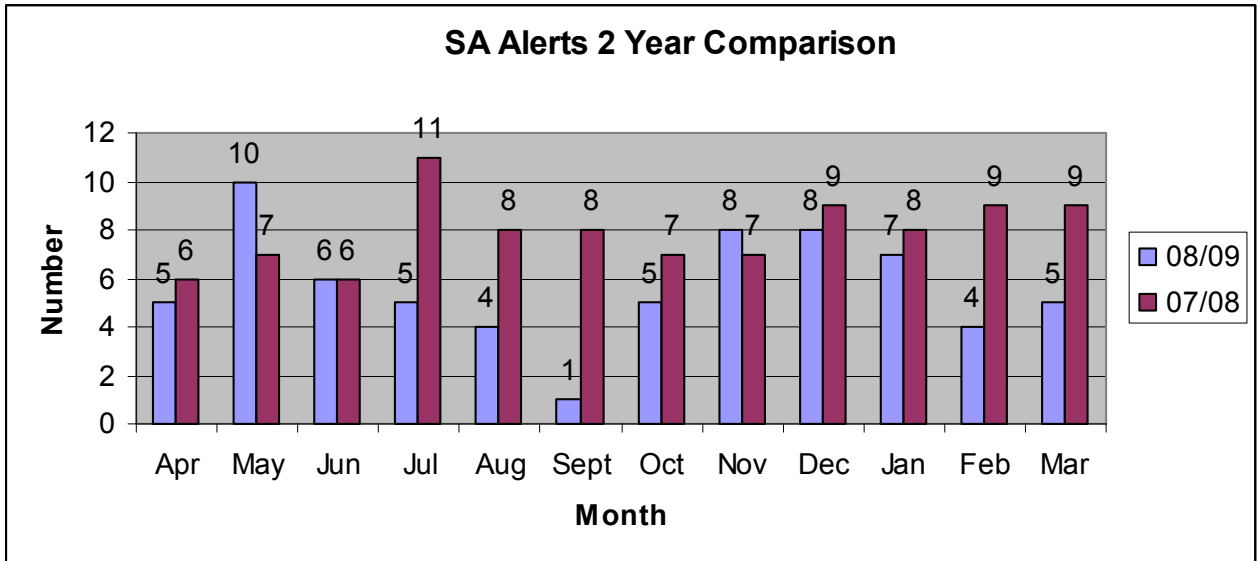


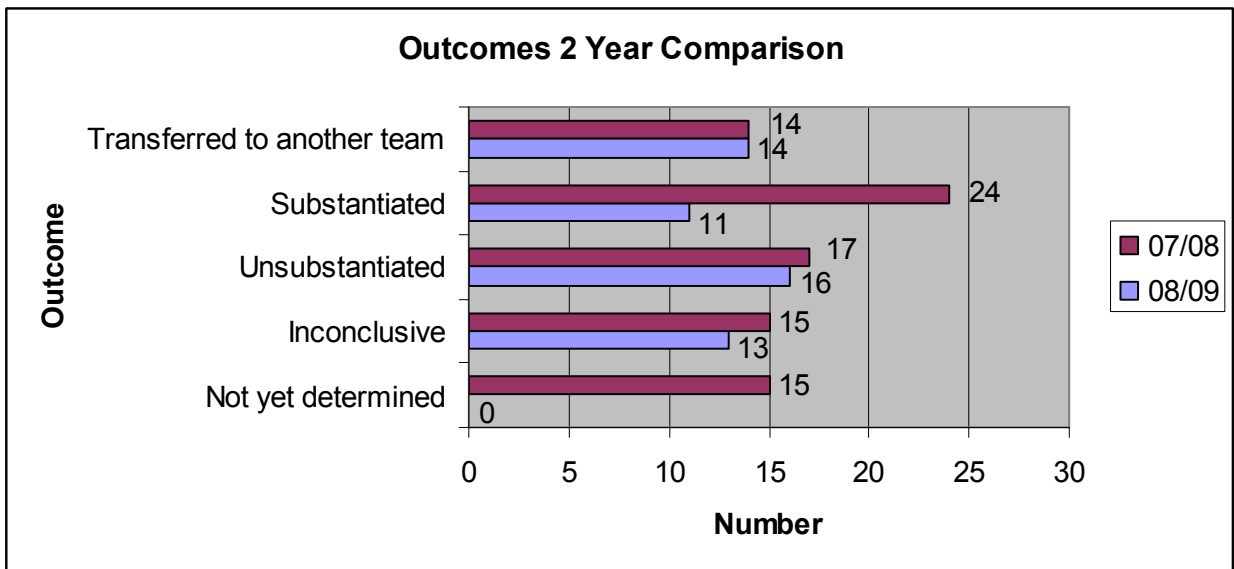
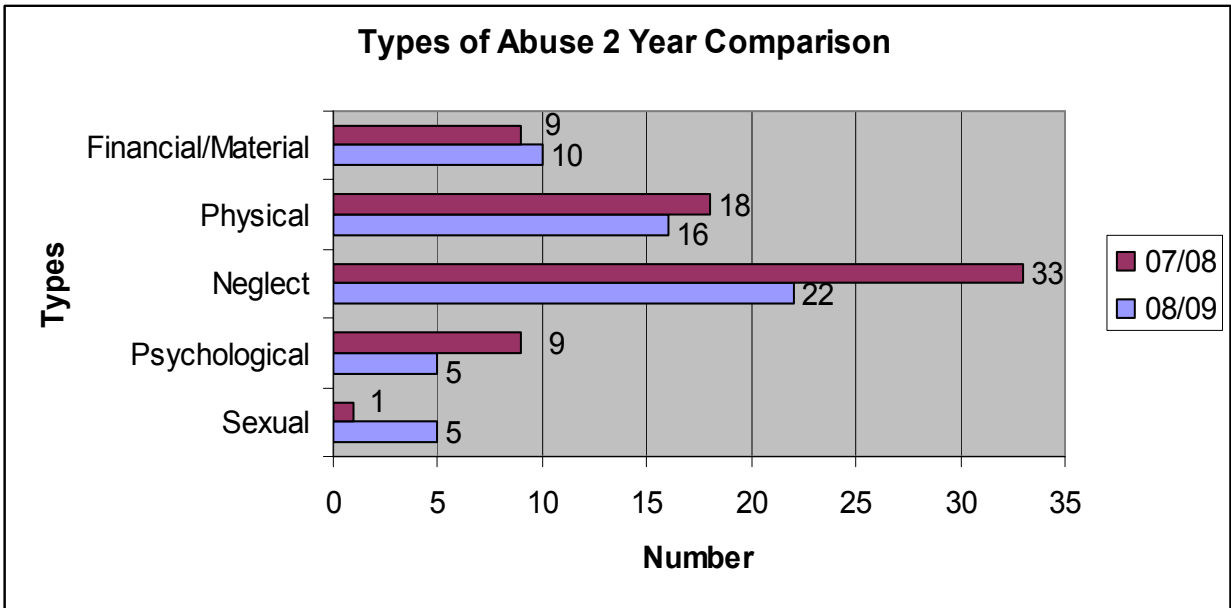


3.5 Hospital Assessment Services **Safeguarding Adults Report 2008/09**

Total number of Alerts:	69
Number not for safeguarding investigation:	15
Average Alerts per Month:	6
Total Number of Investigations:	54
Average Investigations Per Month:	4.5
Case Conferences Held:	16

****** Awaiting narrative – emailed 17.11 awaiting input from NRC**





3.6 Community Learning Disability Service Safeguarding Adults Report 2008/09

Compiled by Glenn Chubb.

All data accurate as of **Tuesday 9th June 2009**

The following report displays data recorded for the financial year of 2008/09 relating to safeguarding adults within the Community Learning Disability Service. All data is accurate at the time of reporting. Please note that due to the nature of Safeguarding Adults, some alerts are still open and as yet not all data for the year is available. Please ensure to read the notes throughout the report for further explanations and other important points.

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Graphs and Yearly Comparisons

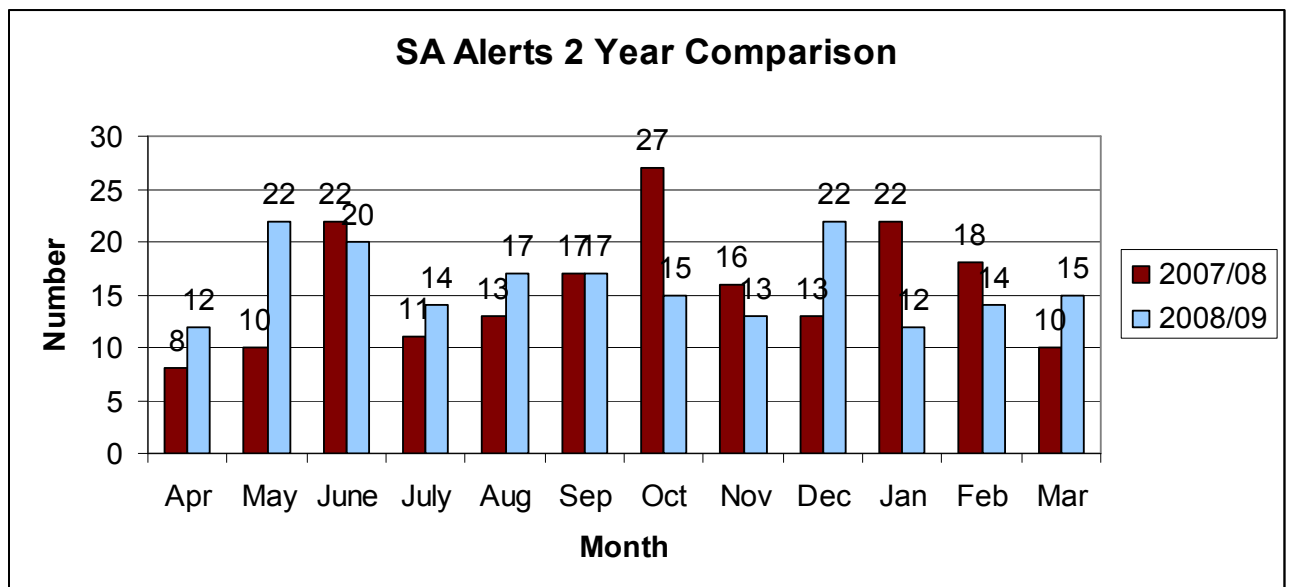
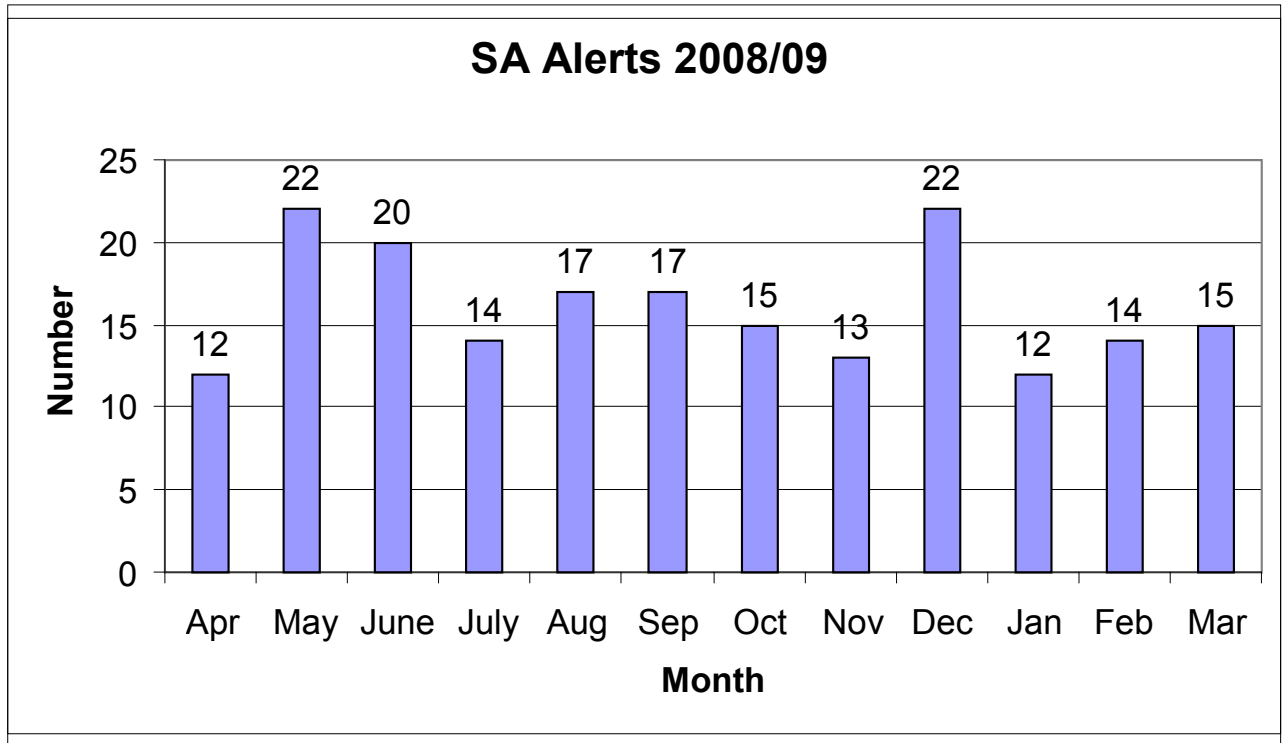
1. Alert Totals
2. Types of Abuse
3. Response Levels
4. Alert Outcomes
5. Case Conference & Strategy Meetings

Percentages, Breakdowns and Data

1. Percentages against the previous year
2. Substantiated Alerts
3. Response vs Outcome
4. Timeframes
5. Six Month Breakdowns

Alert totals

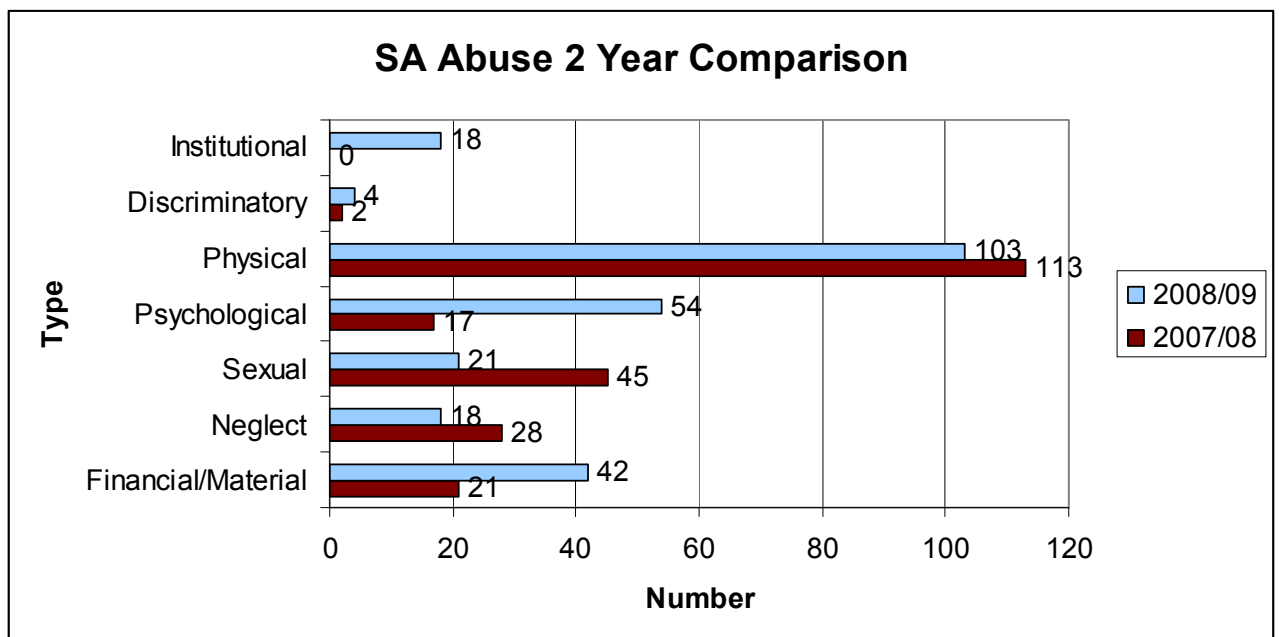
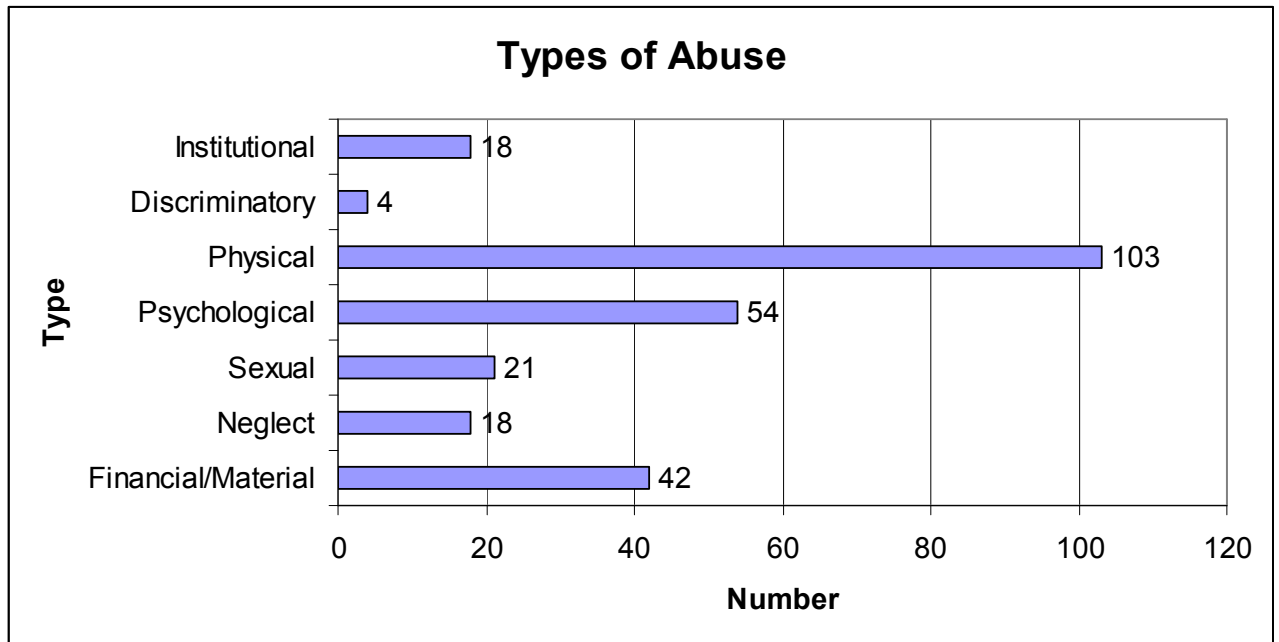
A total of **193** alerts were received for the financial year, which represents a **3% increase** against the previous financial year's total (187). Below is a monthly breakdown as well as a monthly comparison with the previous year.



Types of Abuse

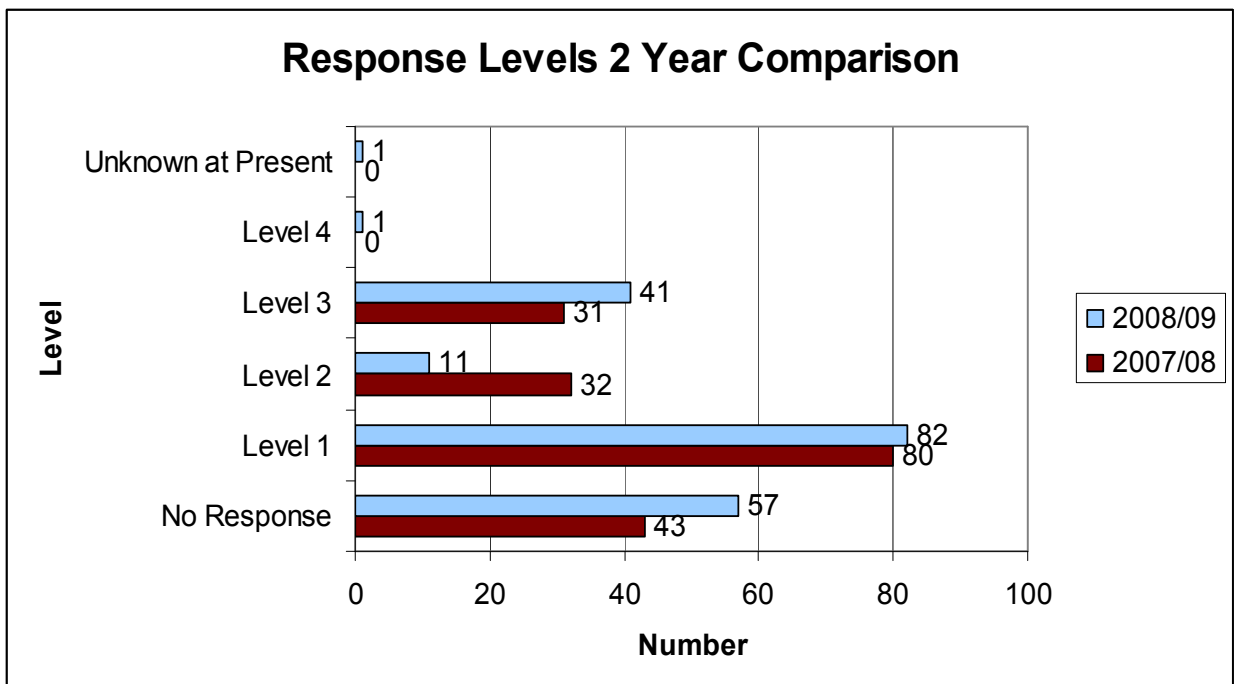
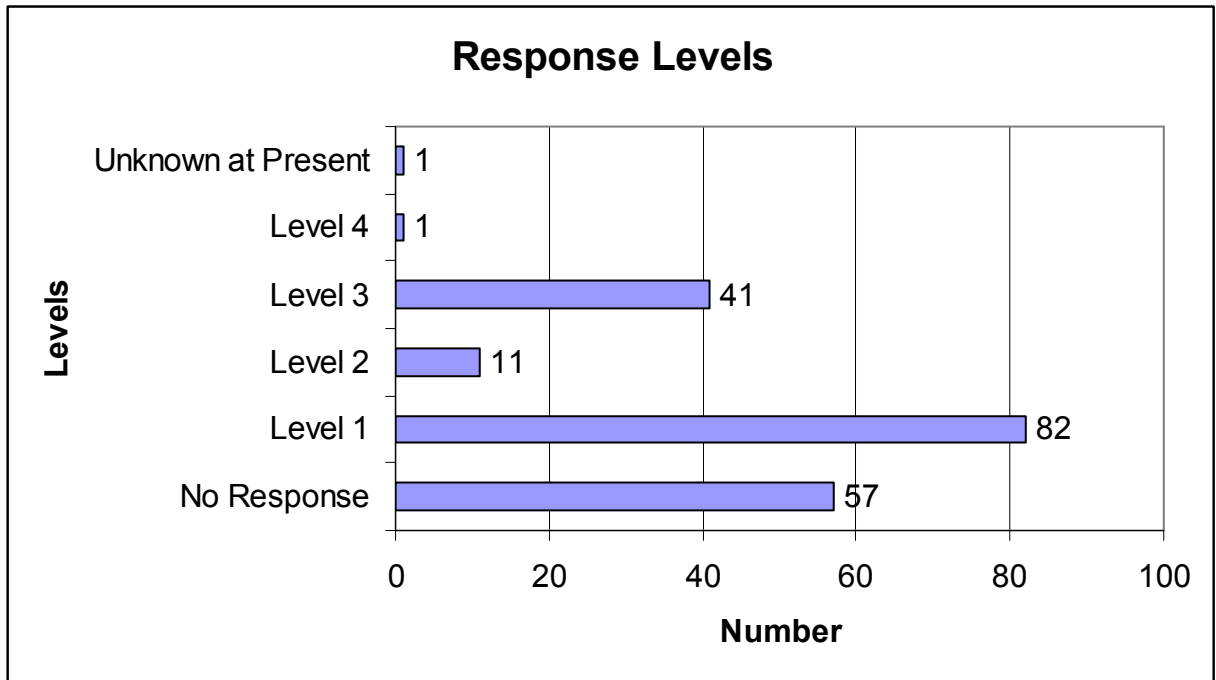
Below are the totals for each type of abuse reported for the financial year, as well as a comparison with the previous year.

Please note that 1 alert can report more than a single type of abuse, so numbers are not expected to match with the alert totals.



Response Levels

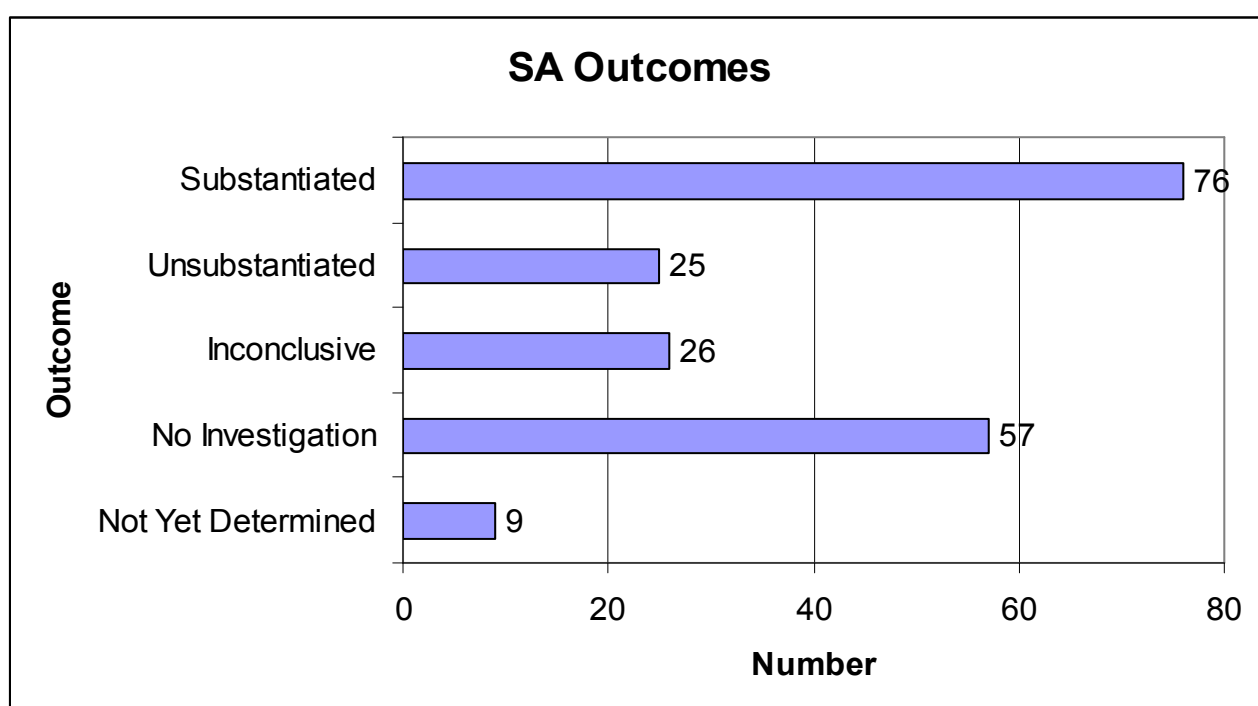
Below are the totals for each Level of a single investigation for the financial year, as well as a comparison with the previous year.



Alert Outcomes

Below are the outcomes for each single investigation for the financial year. A point to note is that this year the **76 Substantiated Alerts** currently matches exactly with last years total of Substantiated Alerts, although not all alert outcomes are currently determined.

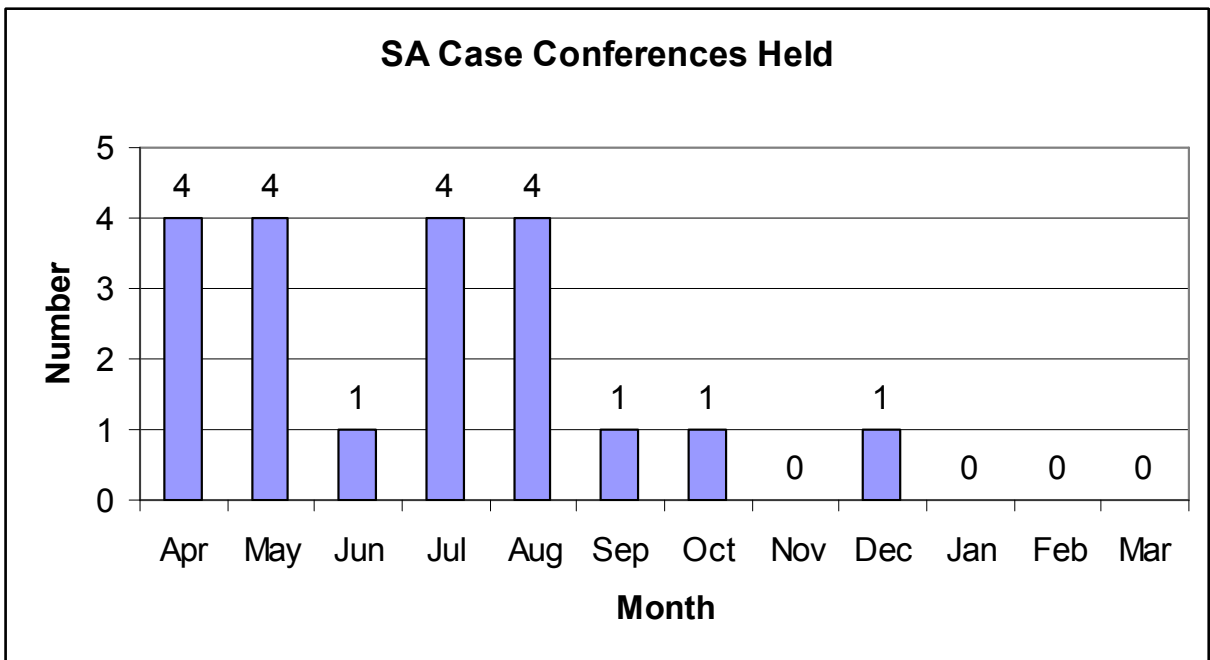
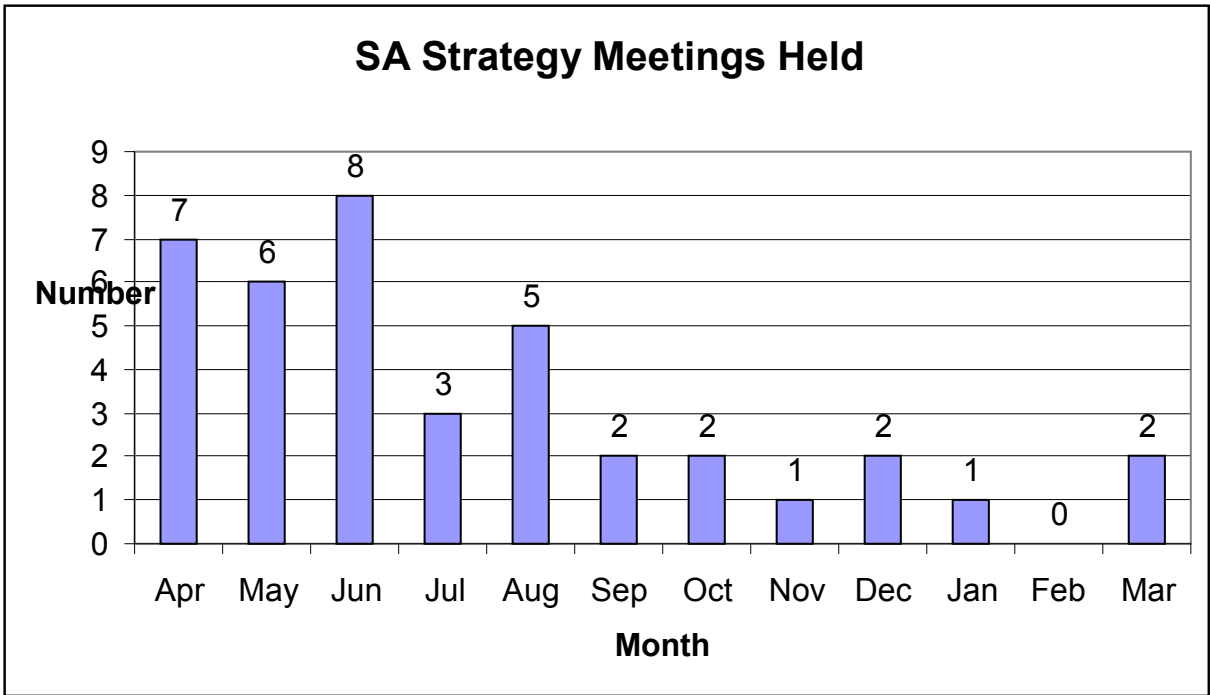
Please note that due to changes this year in the way outcomes are recorded on the database, it would be inaccurate to present a graphical comparison of all outcomes with the previous year.



Case Conferences & Strategy Meetings

A total of **39** strategy meetings were held during the financial year which resulted in **20** case conferences being held. This represents a **15% decrease** in the number of case conferences held when compared to last year's total of 23. Another point to note is the decrease for the last 6 months of the financial year in both strategy meetings and case conferences.

Below are the monthly breakdowns.



Percentage breakdowns compared with the previous year

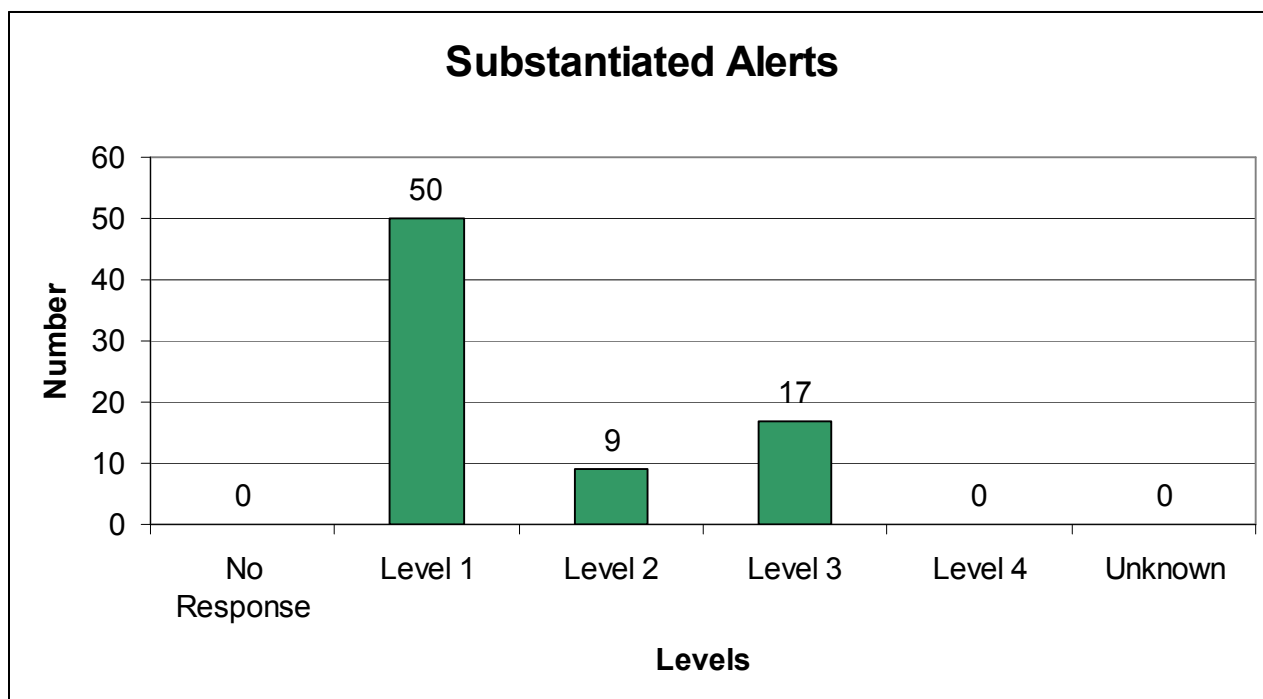
Compiled in the table below are figures comparing various Safeguarding Alert Information with the previous financial year, as well as the percentage change for each piece of information.

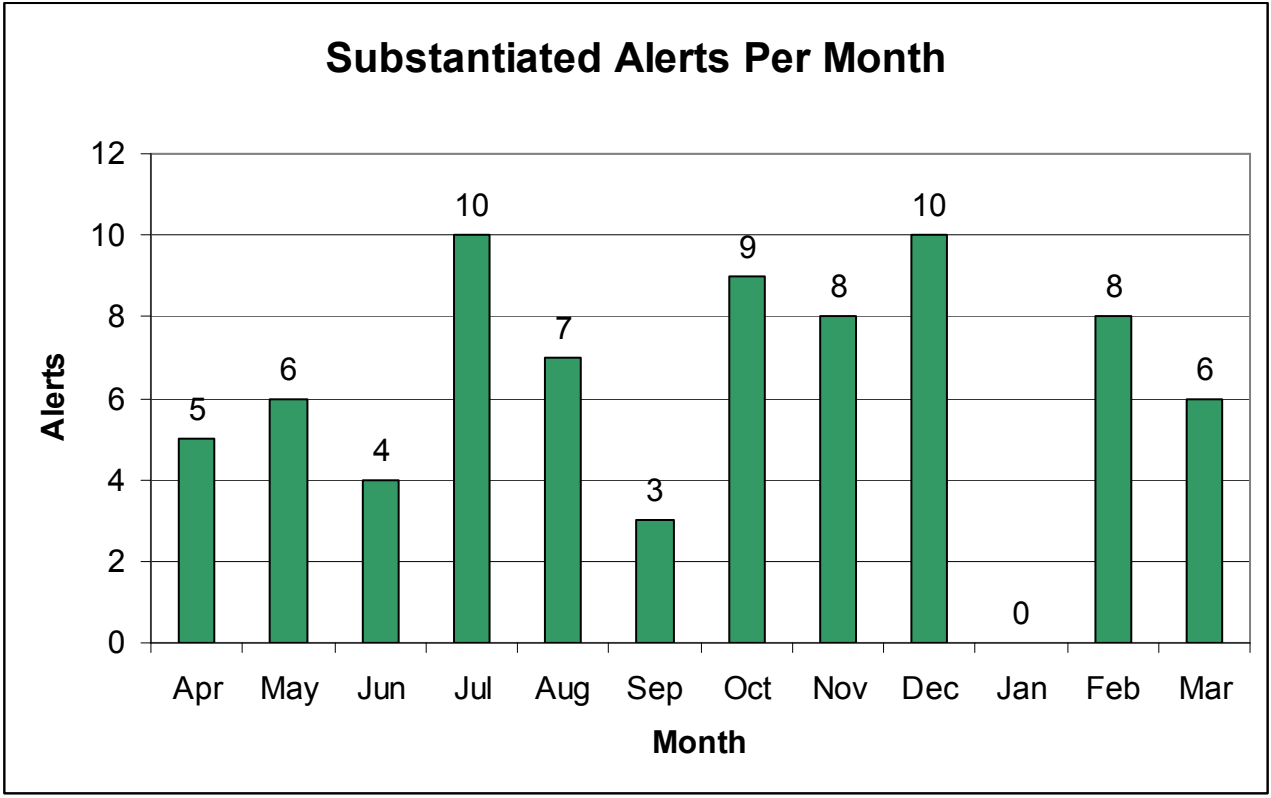
Please note: N/A listed when data was not recorded or recorded in a different way.

SA Alert Information	Financial Year 2007/08	Financial Year 2008/09	Percentage Increase/Decrease
Total Alerts Received	187	193	+ 3%
Case Conferences Held	23	20	- 15%
Discriminatory Abuse	2	4	+ 100%
Physical Abuse	113	103	- 9%
Sexual Abuse	45	21	- 114%
Psychological Abuse	17	54	+ 217%
Financial/Material Abuse	21	42	+ 100%
Neglect Abuse	28	18	- 55%
Institutional Abuse	N/A	18	N/A
No response Level	43	57	+ 32%
Level 1 Response	80	82	+ 2%
Level 2 Response	32	11	- 190%
Level 3 Response	31	41	+ 32%
Level 4 Response	0	1	+ 100%
Not Yet Determined Outcome	1	9	+ 800%
Inconclusive Outcome	24	26	+ 8%
Unsubstantiated Outcome	27	25	- 8%
Substantiated Outcome	76	76	0%
No Investigation Outcome	N/A	57	N/A

Substantiated Alerts

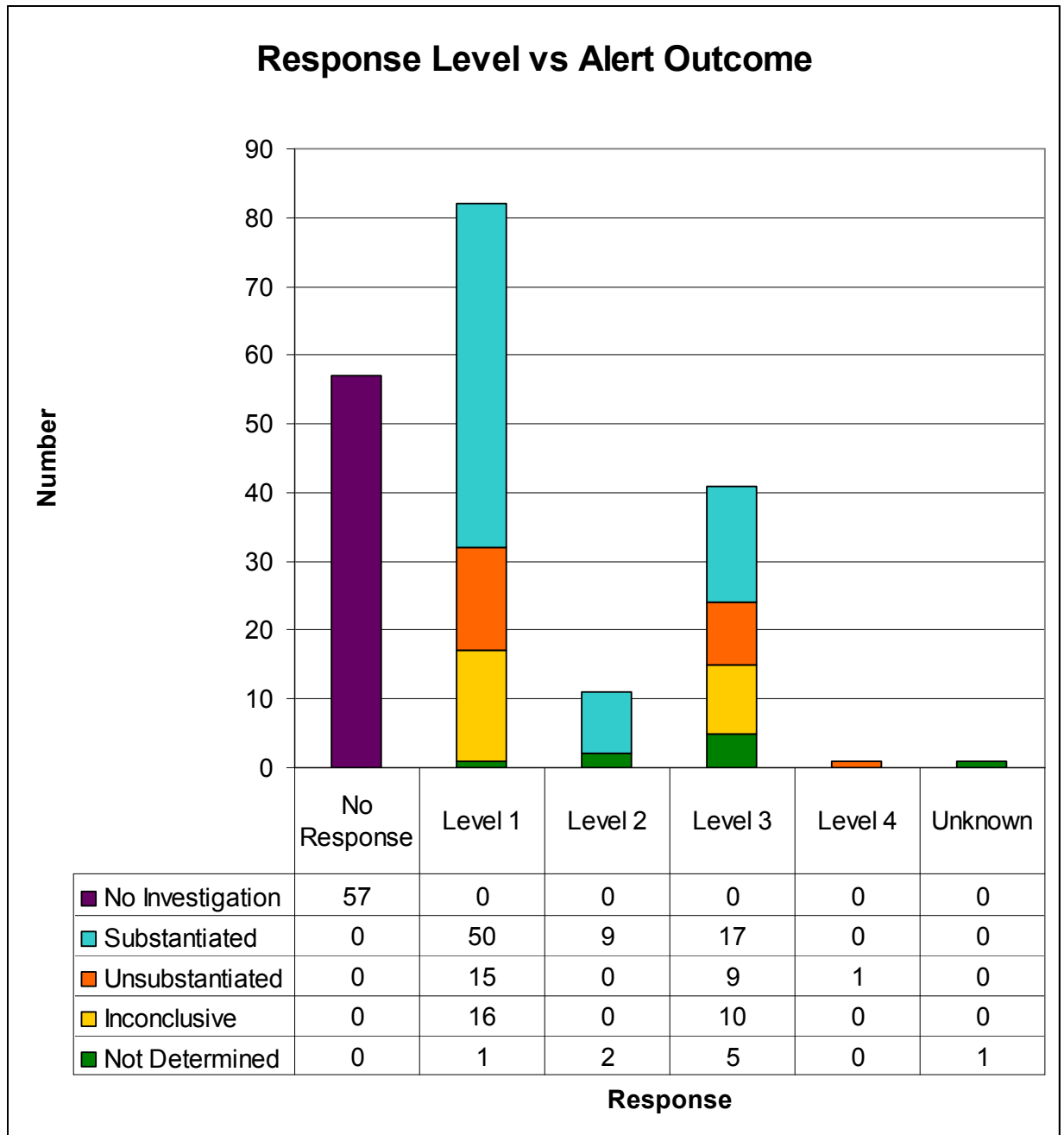
Below is a breakdown of Safeguarding Alerts where the outcome was “substantiated”. These alerts are compared first against the response level, then secondly against the month of the year.





Response Level's measured against Outcomes

Below are the numbers as well as a graphical representation of alert levels measured against the eventual outcome of an alert. Below the graph is the percentage of which each level of alert results in a substantiated outcome.



Percentage of Substantiated Alerts		
No Response – 0%	Level One – 61%	Level Two – 81%
Level Three – 41%	Level Four – 0%	Unknown – 0%

Timeframes

The figures below are **estimates only** of the time it takes on average for a alert to be reported to our team, the time it takes for a strategy meeting to be held after an alert has been received and the time between a case conference and a strategy meeting (when required) to be held.

Important points to note:

Firstly, these are estimates only and should not be considered a 100% accurate figure. This is due to:

1. We currently cannot record a **timeframe** that abuse has taken place (so when possible abuse occurred "sometime last week etc" we are only using a rough date as a guide)
2. Not all data required to calculate the accurate figures has been entered into the database. (out of 39 strategy meetings held, only 26 meeting dates were recorded. Of the 20 case conferences held, only 12 dates were recorded)

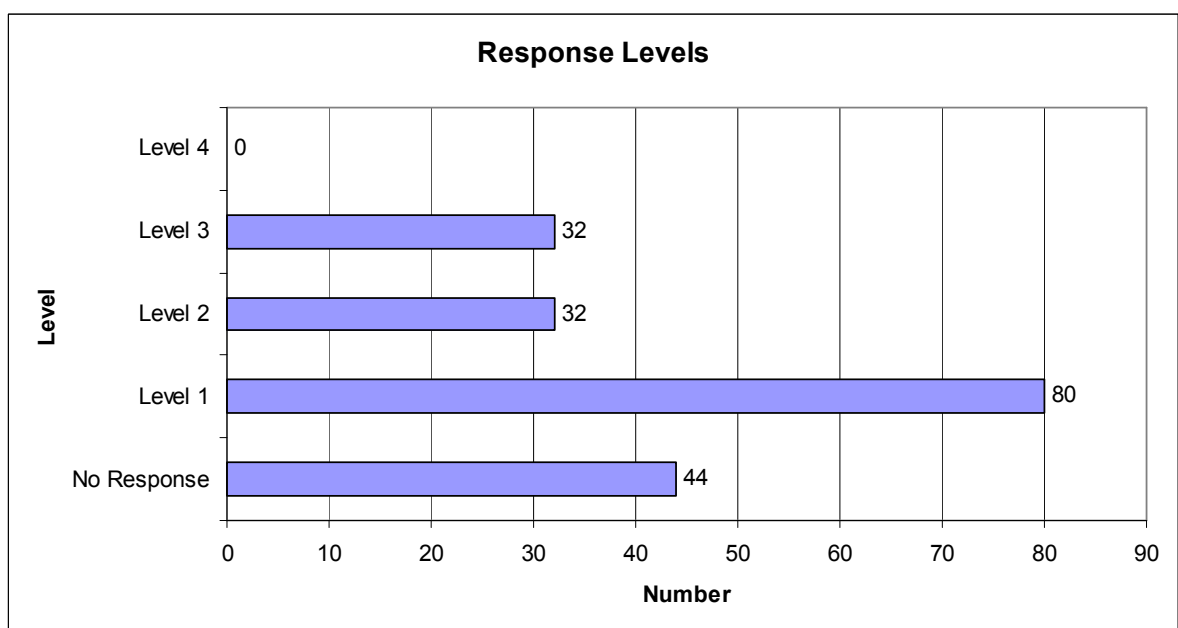
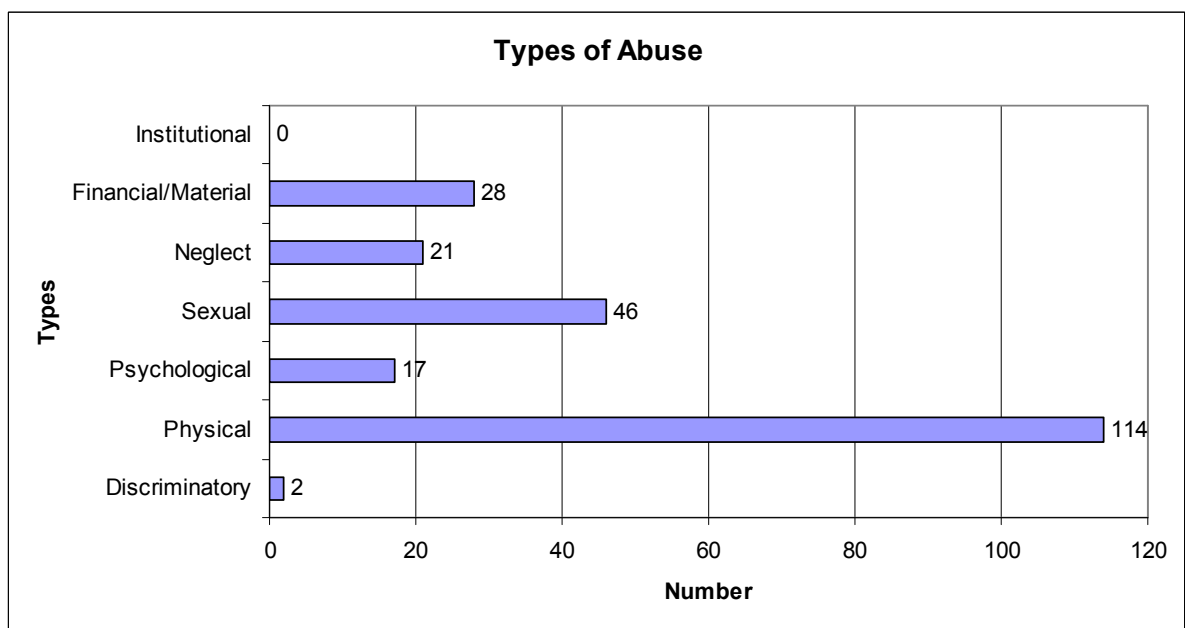
Point number 2 maybe be no fault of anyone in particular, as the database records case conference booked date and case conference held date, and in some cases only one has had data entered. The above 2 points will be addressed in a future database upgrade to give more accurate figures in the future.

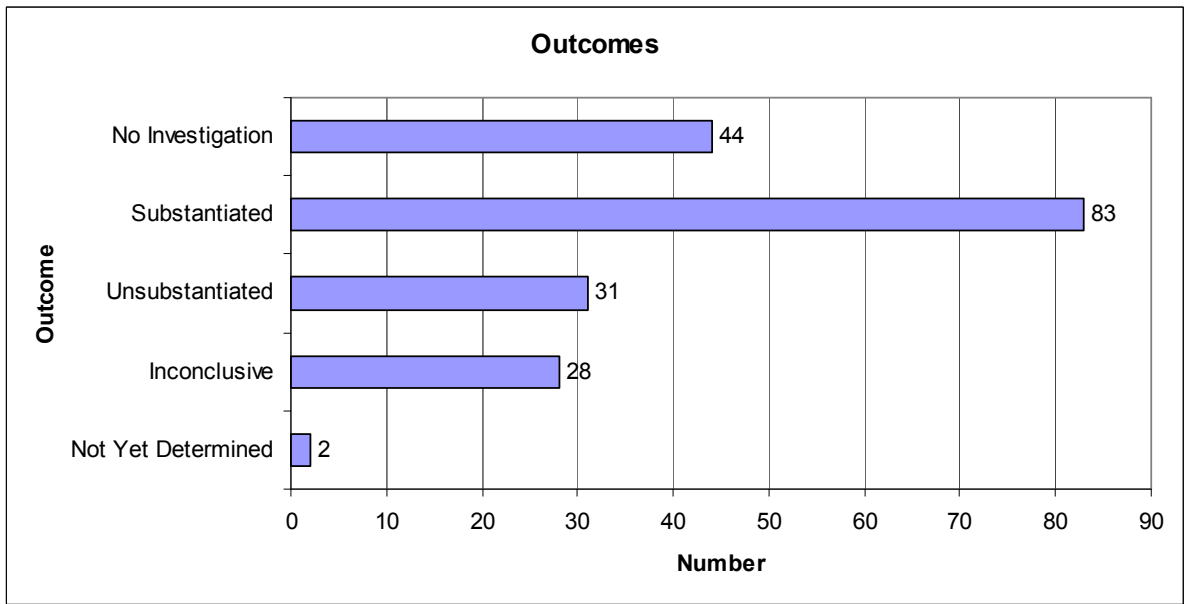
Secondly, there was one alert received this year where an alert was reported approximately 689 days after the abuse had taken place (Alert number 394 in the database). Although an unusually long time timeframe, this alert is valid and the timeframe correct. I have therefore given 2 figures for the days it takes an alert to be reported to us, one which includes this alert, and one that omits the alert.

Timeframe	Average time
From Incident Date to Reported Alert (including Alert 394)	8.5 days
From Incident Date to Reported Alert (excluding Alert 394)	4.6 days
From Alert Date to Strategy Meeting Held	9.5 days
From Strategy Meeting Held to Case Conference Held	44 days

Raw Data & Six Month Figures

Overleaf I have included a table which presents of some raw data collected from the database. It includes a monthly and six month breakdown of the totals for types of abuse, response levels, outcomes, strategy meetings and case conferences held. I've included this table to show some figures breaking down the year into 2 six month sections for comp





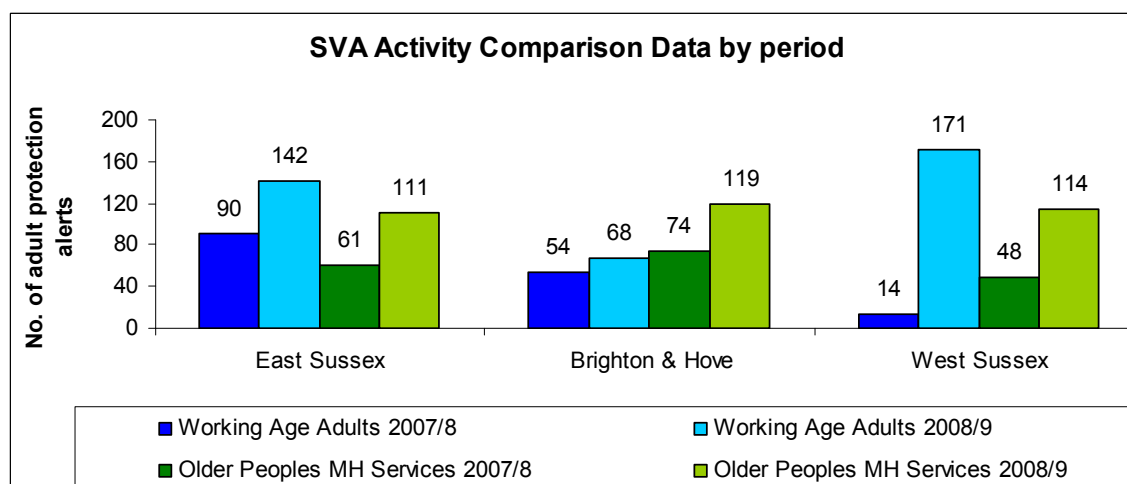
3.7 Sussex Partnership Foundation Trust 2008/09

Adult Protection Alerts by Care Group April 2008 – March 2009

Care Group & Locality	Working Age Adults	Older Peoples	Secure & Forensic	Substance Misuse	Learning Disabilities	Total
East Sussex	142	111	5	3	N/A	261
Brighton & Hove	68	119	0	42	N/A	229
West Sussex	171	114	0	0	8	293

- (*) Including Alerts relating to Private/ Independent Sector Provider. Adult Social Care WSCC & Trust providing professional input to coordinate investigation process

Alerts by Care Group 2007/08 & 2008/09



Assessed levels of investigations/ response

Working Age Adults Services

Levels	East Sussex	Brighton & Hove	West Sussex
Level 1	25	10	33
Level 2	67	6	56
Level 3	24	3	45
Level 4	0	0	2
Not recorded	26	49	35

Older Peoples Services

Levels	East Sussex	Brighton & Hove	West Sussex
Level 1	20	9	85
Level 2	34	42	14
Level 3	27	33	1
Level 4	11	34	0
Not recorded	19	1	14

Key

- ❖ Level 1 = Intervention by service provider - One off isolated incidents that has not adversely affected the physical, psychological or emotional well-being of vulnerable adult.
- ❖ Level 2 = Intervention by investigation team to assess or review the needs of vulnerable adult and/ or the alleged perpetrator within the context of presenting concern(s)
- ❖ Level 3 = Adult Protection enquiry undertaken – Physical, psychological or emotional wellbeing of adult has been adversely affected by the alleged incident, a criminal offence may have been committed or breach of regulations provided by Care Standards Act, 2000. There is actual or potential risk of harm or exploitation to other vulnerable adults
- ❖ Level 4 = Complex adult protection enquiry undertaken with multiple services users/ victims. Presenting information suggests a number of people adversely affected, multiple breaches of regulations issued under Care Standards Act 2000. A number of criminal offences may have been committed, institutional abuse/ practice.

4. Partner Organisation Reports

4.1 Supporting People, Brighton and Hove City Council

Primary Role

To ensure that service users who receive support funded by 'Supporting People' are safeguarded from abuse.

Key responsibilities

To ensure that Supporting People contractors fulfil their obligations under the Supporting People Contract by:

- Assessing each service under section 1.4 'Protection from abuse' of the Quality Assessment Framework to ensure that contractors have robust policies and procedures, including whistleblowing and recruitment checks, for avoiding and responding to actual or suspected abuse or neglect.
- Ensuring that contractors are appropriately alerting Adult Social Care of incidents of suspected abuse.
- Ensuring that there is a planned approach to victim support and to dealing with perpetrators.
- Ensuring that staff and service users are aware of and fully understand the above policies and procedures.
- Ensuring that staff receive appropriate training in the safeguarding of adults.

Activities in 2008/9

- 36 providers from services for older people, single homeless, substance misuse, offenders and people at risk of domestic violence attended Provider Manager training
- Safeguarding Adults alerts were added to Supporting People key performance indicators

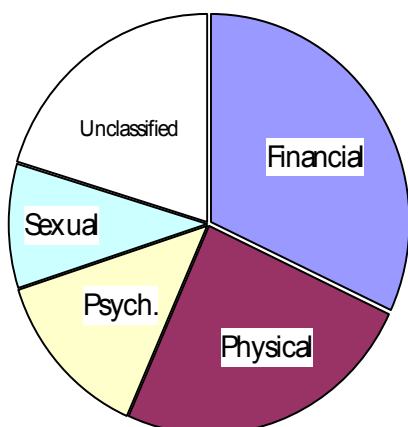
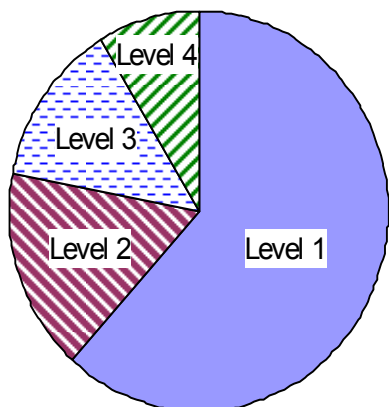
Safeguarding Adults alerts recorded in SP services 2008-9

To ensure the SP team remain aware of any recurrent Adult Protection issues, a new section was added to the quarterly service report form to record any Safeguarding Adults alerts in April 2008. All alerts are brought to the attention of the SP Project Officer monitoring the contract.

The following is a summary of new alerts recorded for financial year 2008-9:

Nature of abuse	Total	Level 1	Level 2	Level 3	Level 4
All	128	79	21	17	11
Financial	50	23	12	6	9
Physical	39	19	6	11	3
Psychological / Discriminatory	21	12	3	2	4
Sexual	15	6	5	2	2
Unclassified	32	28	4	0	0

The figures show the forms of abuse recorded for each alert. Note that in some instances more than one form of abuse are being investigated.



In terms of the type of abuse:

- Financial abuse (39%) and physical abuse (30%) are the most common
- Psychological/discriminatory abuse incidents comprise 16% of cases
- Sexual abuse features in about 12% of cases

In terms of vulnerability:

- 20% of alerts were recorded by services for people with Learning Disabilities
- 13% were from Sheltered services, where all incidents were at level 1.
- 14% of cases were picked up by the provisions of the Money Advice & Community Support Service, including two level 4 alerts.
- In other service, most level 2 & 3 alerts arose in hostels and services for people with Mental Health issues.

Provider reports indicate all services act promptly and decisively in addressing concerns.

In one case of financial abuse leading to a level 3 alert, the provider reported “investigations completed; at a case conference attended by social services, police and our staff it was felt that there was enough evidence to substantiate the allegations; the perpetrator is no longer in contact with the service user thanks to excellent support from the police and the service user has been moved internally to a property where he is less vulnerable. This is an excellent example of good partnership working and demonstrates what can be achieved if services work together”.

Details of specific services are available on request from the Commissioning Team.

Plans for 2009/10

New Quality Assessment Framework

Safeguarding and protection from abuse

There is a commitment to safeguarding the welfare of adults and children using or visiting the service, and to working in partnership to protect vulnerable groups from abuse.

- Robust policies and procedures to safeguard vulnerable adults and children
- Staff are aware of policies and procedures
- Staff are made aware and understand professional boundaries
- Service users understand what abuse is and know how to report
- Multi-agency approach to safeguarding adults

4.2 Sussex Police

Safeguarding Adults 2009 – Brighton and Hove

Sussex Police Specialist Investigation Branch oversees the quality of policing Adult Safeguarding across the whole of Sussex. The Branch represents Sussex Police at the Adult Safeguarding Boards and contributes in developing policy and good working practice as well as supporting the divisional investigators.

Locally Adult Safeguarding continues to be part of the role of the Anti-Victimisation Unit located in Brighton Police Station. There is now a dedicated detective sergeant as the specialist point of contact and good working relationships are developing with local professionals in partner agencies. This encourages more early strategy discussion on alerts. The better understanding of the assessment level of investigations means police are now usually only involved in level 3 and 4 alerts.

Vulnerable person training has now been completed on Brighton and Hove Division to make police officers and police staff more aware of some of the issues with vulnerable adults. This has formed part of domestic abuse training force wide. There are plans to provide more specific classroom sessions in 2010. In the mean time a training PowerPoint session has been produced by SIB and made available to all divisions. This will be adapted to an e-learning package for access by all police staff. In addition newly promoted supervisors are now being routinely trained to better identify witness vulnerability and safeguarding concerns.

An e-learning package has also been developed on the Corporate Manslaughter and Homicide Act 2007 to increase awareness of this new legislation to bring greater accountability for deaths resulting from negligence by organisations; this being particularly relevant to care home settings. Completion of this e-learning training was a mandatory requirement for all our relevant staff.

During 2008 police investigators in Brighton and Hove video interviewed 25 vulnerable adults according to achieving best evidence guidelines. Sussex Police will be complying with the Criminal Justice Department Witness Charter which emphasises the need to identify all vulnerable witnesses of crime at the earliest stage of an investigation. This should lead to the increased consideration of special measures for vulnerable victims being available at court.

Sussex Police have contributed to the current consultation process as part of the "No Secrets" review. We have provided a Sussex perspective on future plans around legislative requirements, powers and policy and procedures. This has been taken on as part of the ACPO (Association of Chief Police Officer) response to Government, with evidence of Sussex cases potentially being used to influence future legislation. Sussex Police have additionally contributed to the Adult Safeguarding Board's consultation response.

Currently work is being done with Specialist Investigation Branch and the force Mental Health representative to develop a risk reducing information sharing protocol with health agencies. This will include police disclosure of information to Mental Health Services when risk assessing suitable placements for high risk patients in Brighton and Hove and Health Service professionals disclosing details of certain

patients discharged into the community who may pose a risk to themselves and others, to prevent them becoming safeguarding concerns in the future.

Links have now been made with Operation Inroad (Sussex Police response to distraction burglaries with vulnerable elderly victims) and partner agencies who have been encouraged to report high risk victims to police for better intelligence gathering and crime prevention intervention.

The final version of an internal Sussex Police referral form has now been produced and this will become available to police officers and police staff as an electronic form in 2009. The system will ensure more vulnerable adults are flagged to social services when care assessments are required or there are adult safeguarding concerns.

January 2009 saw the official launch of the Saturn Centre which is the sexual assault referral centre for Sussex. The Saturn Centre is located at Crawley Hospital and vulnerable victims of serious sexual assault in Brighton and Hove can be taken to the centre to receive a comprehensive service including practical and emotional support. There are plans to extend the service and provide more locally based ongoing support.

Detective Superintendent Andy Buchan
Specialist Investigation Branch (SIB)
Sussex Police

4.3 South Downs Health NHS Trust (SDHT)

Incidents

The table below indicates the number of alerts that have been raised by a SDHT staff member and recorded via SDHT incident process.

Safeguarding Adults INCIDENT REPORTS April 08 to March 09

	District Nurses	Care Home Support Team	Community Matrons	CRT (Stroke)	Intermediate Care	Total
Own Home	9		2	1	1	13
Care Home without Nursing	2					2
Care Home With Nursing	1	3				4
Royal Sussex County Hospital		6				6
Total	12	9	2	1	1	25

SDHT Intermediate Care Service

Intermediate Care Service (ICS) alerts are captured within Brighton and Hove City Council's figures via Adult's Social Care (ASC) Care First IT system and therefore collated in the safeguarding figures for ASC and not SDHT.

Training update

Awareness Level SVA training

Over the last year SDHT has been working to a target of training 270 clinical staff. At the end of the financial year the Trust had trained 216 clinical staff. Of these staff 191 were trained face to face by John Krohne (Acting Clinical Education Manager SDHT) and Trisha Swift (External Trainer) and 25 by the KWANGO e-learning package.

The pilot period for the introduction of the KWANGO e-learning package was extended until September 2008 to ensure all Trust computers were compatible with the programme. Following this pilot the programme became available for all staff from October 2008.

The Trust will continue to offer the face to face and e-learning options for staff in 2009/10.

Provider Manager Training

The Provider/ Manager Training was introduced in April 2008 and 30 managers were trained in total in 2008/09 by an external trainer. Due to the lack of uptake for this

course the Trust will be looking at a more cost effective way of delivering this session in the future.

Safeguarding Adults Project Worker Post

Recruitment to this post has been carried over to the financial year 2009/10. The new Trust Safeguarding Vulnerable Adults Development and Operational Group will be reviewing the Trust Safeguarding training requirement and part of this review will be agreeing the Job Description for the role of the Safeguarding Adults Project worker before advertising.

Development work

A Safeguarding vulnerable adults operational and development group has been established with representation from a wide range of services across SDHT and representation from Adult Social Care.

Through defined objectives and a clear scope this group will aim to achieve the key milestones identified in objective 4 of the Safeguarding Adult's Board work plan for 2009/10.

4.4 Brighton and Sussex University Hospitals Trust (BSUH) – Safeguarding Vulnerable Adults 2008/9

BSUH Internal organisation of Safeguarding Vulnerable Adults

In accordance with 'No Secrets' (DoH 2000) the Trust has a Board lead for Safeguarding Adults.

The Chief Nurse is an active member of the Brighton & Hove Safeguarding Adults Board.

The table below describes the roles, responsibilities and named individuals for Safeguarding in BSUH:

<i>Role</i>	<i>Named individual</i>
Lead Director for Safeguarding Adults	Alison Robertson, Chief Nurse
Operational Lead for Safeguarding	Caroline Davies, Senior Nurse, Practice Development

The Quarterly steering group meetings with the individuals responsible for Safeguarding Adults in Brighton and Sussex University Hospitals NHS Trust (BSUH) and the Hospital Social Work managers from Brighton and Hove, East Sussex and West Sussex Local Authorities are well established and continue to further develop the Safeguarding Adults agenda in BSUH.

Every meeting a summary report of Safeguarding Alerts raised in BSUH will be compiled by both West Sussex and Brighton and Hove, for discussion.

An Annual Report on Safeguarding is received by the Trust Board.

The Directorate of Professional Standards and Governance holds a database, which has been further developed in 2009. The database will enable thematic analysis of the information it contains in order to help us identify areas where further work on safeguarding needs to be undertaken.

All Safeguarding alerts raised concerning BSUH staff or services provided by BSUH are logged and investigated in accordance with local adult protection investigation arrangements. The Operational lead for Safeguarding monitors the database and the actions arising from the Safeguarding investigations.

Alerts made to Brighton and Hove Council April 2008 – April 2009 from BSUH

	Concerning BSUH Services	Alerts made in BSUH about other services (e.g. Nursing Homes)	Total
Level 1	13	3	26
Level 2	0	12	12
Level 3	5	20	25
Level 4	0	1	1
No Action	1	5	6
Total	19	41	70

The Number of alerts made about BSUH services, in Brighton, has fallen from 31 in 2007/8 to 19 in 2008/9 however the total number of alerts that were raised concerning patients in BSUH has remained constant (70 in 2008/9 compared with 72 in 2007/8)

Interagency working across the Health and Social Care Economy

The Senior Nurse for Practice Development has established monthly meetings with Brighton and Hove senior hospital social workers to develop practice and improve process. This has proved an effective means of monitoring the quality of Level 1 investigations and raising issues relating to Safeguarding.

The Senior Nurse for Practice Development is an active member of the Sussex NHS Safeguarding Vulnerable Adults Leads forum, which is developing joint working across all NHS organisations and undertaking peer reviews of Safeguarding cases in each other's organisations.

Training

Safeguarding Vulnerable Adults basic awareness training is mandatory for all clinical staff in BSUH. Between April 2008 and April 2009, there have been approximately 250 staff from all professional groups trained in Safeguarding awareness and how to report actual or suspected abuse. This equates to 13.6% of all staff trained within the Trust in the past 2 years, this figure includes people who have no patient contact.

The target number of staff to be trained annually is 400; this target was not achieved due to lack of trainers in the Trust (only 4 active trainers).

Safeguarding basic awareness is run on a monthly basis, as part of a day on Safeguarding Adults, children and domestic abuse, this has been running since February 2009 and has proved a very popular means of delivery and ad hoc sessions are undertaken in specialist areas. To address the shortfall in training numbers; specialist clinical educators in areas such as ITU, renal and cardiac are being trained to deliver this teaching and funding has been secured to 'buy-in' a trainer to undertake further basic awareness training.

18 matrons have undertaken the provider manager investigator training to improve response to Level 1 investigations. With this improved resource in the Trust, matrons will no longer investigate Safeguarding alerts in their own areas, therefore increasing objectivity in investigations.

A briefing on Safeguarding Adults is now part of the Corporate Induction Programme for all staff. Between April 2008 – April 2009 all new staff have received this briefing, which outlines everyone's responsibility for Safeguarding and how to alert the Local Authority to concerns.

At the Safeguarding Vulnerable Adults conference in November 2008 the Senior Nurse for Practice Development presented, with a social worker, a workshop on privacy and dignity and will do this again in November 2009.

A half-day workshop for social workers and ward managers, examining the levels of Investigation ran in October 08, this deepened the understanding of each other's role in relation to safeguarding adults and evaluated extremely well. Another joint workshop is planned for September 2009, which will concentrate on investigations which have human resources implications.

The Senior Nurse for Practice Development is an active member of the multi agency Training Sub Group which has been instrumental in the development of accreditation for Safeguarding Training across Brighton and Hove.

Future Plans

1. To increase training in basic awareness
2. To develop a business case for an Safeguarding named nurse in the Trust
3. To develop better understand and provide some clarity about the interface between Serious Untoward Incidents and Safeguarding

Caroline Davies

June 2009

4.5 Sussex Partnership NHS Trust – Brighton & Hove Locality

The Trust provides integrated services across Sussex working with 3 Local Authorities including Brighton and Hove. Locally the Trust manages a number of Adult Social Care staff in mental health and substance misuse services under a Section 75 Health Act secondment arrangement. The Trust works closely with the three main Local Authority Adult Social Care Departments to ensure compliance with the Pan Sussex Multi Agency Adult Protection Policies and Procedures.

Performance and Practice

Overall the data for 2008/09 shows an increase in reporting year on year in seconded services in Brighton and Hove and across the 3 LA's the trust covers. Activity is anticipated to continue to increase in the coming year. All care group areas; Older People Mental Health, Working Age mental health and Substance Misuse Services report an increase in adult safeguarding work. A safeguarding audit of case files and electronic recording in Brighton and Hove that included community mental health and substance misuse highlighted the need for improvement to integrated recording and reporting systems. The development of a specific social care admin support team in working age mental health has enabled a more stream line pathway for safeguarding referrals in to the Trust from the Adult Social Care Access Point Team.

Brighton & Hove "provider" training to substance misuse residential provider services have significantly increased alert activity. Most alerts have been dealt with at level 1 of the process and have also led to a number of new service users being engaged into treatment for their substance misuse as a positive outcome. Increased alerts have also led to a renewed action to train more health staff within the integrated teams beyond awareness of safeguarding so they can also act as safeguarding investigators and managers.

Better Information from Safeguarding alerts is also providing valuable data and indicators in some cases around quality of care this is now being used alongside other data such as Serious Untoward Incident Investigations to inform the focus of governance/ service reviews.

Training and Governance

All social care staff receive information on Safeguarding Vulnerable Adults at induction. Further training is provided according to the involvement and requirements of staff specific to their post, role and responsibilities. Those staff groups who have most involvement with service users will have a system of mandatory training and during 2008 the Trust along with Adult Social Care have made further investment in specific e-learning software to further support broader understanding and awareness of safeguarding within the specific context of mental health, and substance misuse services.

Structural management changes within the Trust will ensure there is a clear link to each of the new integrated governance teams (IGT) in which accountability for safeguarding will come for each care group, whilst also facilitating appropriate accountability to the existing local Safeguarding Adults Boards

4.6 Care Quality Commission

The Care Quality Commission is the new health and social care regulator for England. We look at the joined up picture of health and social care. Our aim is to ensure better care for everyone in hospital, in a care home and at home.

We regulate health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organizations. And, we protect the rights of people detained under the Mental Health Act.

We make sure that essential common quality standards are being met where care is provided and we work towards the improvement of care services. We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

Our work brings together independent regulation of health, mental health and adult social care. Before 1 April 2009, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organizations no longer exist.

Our main activities are:

- Registration of health and social care providers to ensure they are meeting essential common quality standards
- Monitoring and inspection of all health and adult social care
- Using our enforcement powers, such as fines and public warnings or closures, if standards are not being met
- Improving health and social care services by undertaking regular reviews of how well those who arrange and provide services locally are performing and special reviews on particular care services, pathways of care or themes where there are particular concerns about quality
- Reporting the outcomes of our work so that people who use services have information about the quality of their local health and adult social care services. It helps those who arrange and provide services to see where improvement is needed and learn from each other about what works best.

Phil Hale

Local Area Manager
Care Quality Commission

4.7 Brighton and Hove Domestic Violence Forum

Primary Role

The Brighton & Hove Domestic Violence Forum is the multi agency forum that enables and promotes joint working, co-operation and mutual support to workers and their organisation in dealing with domestic violence. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies. The chair of the forum sits on the Domestic Violence Senior Officers Group which in turn feeds into the Crime and Disorder Reduction Partnership.

Key Responsibilities regarding Safeguarding Adults

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

Summary of Activities for 2008-2009

- The Domestic Violence Forum representative regularly attended Safeguarding Adult meetings
- A workshop on Domestic Violence was co facilitated by members of the Domestic Violence Forum and Adult services at the November 2008 Safeguarding Adults Conference
- Domestic Violence Forum members also attended the conference
- A joint protocol for working with domestic violence and safe guarding adults was developed
- Rise (formerly the Women's Refuge Project) runs Domestic Violence Awareness training for the Brighton and Hove City Council
- Representatives from Adult services attend Multi-Agency Risk Assessment Conferences (MARAC)

Objectives for 2009-2010

- A Domestic Violence and Safeguarding workshop will be facilitated by Rise and the Domestic Violence Strategic Co-ordinator at the December 2009 conference
- The new domestic violence and sexual violence occupational standards will be integrated into the way training for adult services teams are developed and domestic violence awareness training will be further developed

- Understanding and further development of the multi-agency forced marriage guidance will be integrated into the working practice of all frontline workers
- Consultation and training and access to training on adult protection policies and procedures for voluntary sector members of the forum to be formalised
- Further embedding of good practice related to identifying, assessing risk and safety of survivors and their families and supporting them through multi-agency working when adults disclose domestic violence
- Review and consolidation of the joint working practices and protocols.

4.8 Practitioner Alliance against abuse of Vulnerable Adults (PAVA)

Brighton and Hove PAVA Group

The Practitioners Alliance Against the Abuse of Vulnerable Adults works in partnership with practitioners in the statutory, voluntary and private sectors to generate positive outcomes in working with vulnerable adults who may suffer from abuse.

The Brighton and Hove PAVA Group is in its 3rd year and meets quarterly. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

The terms of reference of the Group include increasing skills, knowledge and awareness of Safeguarding Adult issues. Input from Brighton and Hove City Councils Safeguarding Adults Manager and Learning and Development Team provides a unique opportunity for practitioners to liaise, raise concerns and keep abreast of local practice. A PAVA group representative sits on the Safeguarding Adults Board and vice versa and this reporting mechanism formalises and strengthens the link between practitioners and those responsible for the safeguarding in the city.

Activities in the year

Terms of reference reviewed

Full attendance at Safeguarding Adults Board meetings

Updates on changes in legislations and procedures and advance notice on forthcoming changes, such as the Access Point Team in Adult Social Care, information on accreditation for training providers.

Discussion topics include; feedback on alerting and investigations, training, Safeguarding Adults Conference, junk mail scams, the 'vetting and barring' scheme and the Independent Safeguarding Authority

Speakers

- Environmental Health Services on ways to support people who have issues with noise nuisance, health hazards etc, including discussion on supporting people who may not have the capacity to understand the impact their behaviour is having on others in the community.
- Sussex Police, from the Detective Inspector who has a lead for the safeguarding of vulnerable adults, with discussion on the role of the police in safeguarding investigations, preserving evidence and dealing with disclosures

Future Plans

To use 2 meetings per year as workshops, with case studies being used for learning and reflection.

4.9 Brighton and Hove Multi-Agency Adult Protection Training Strategy Group

Safeguarding Adults Training Report 2008-2009

******Awaiting some changes from Tim Wilson**

Training Strategy Fora

The multi-agency training strategy sub group meets every eight weeks. This is now chaired by Michelle Jenkins, Safeguarding Adults Manager BHCC, and the terms of reference have been revised. Engagement in the group has grown from the independent and voluntary sector. Other agencies include South Downs Health Trust, Brighton & Sussex University Hospital Trust, Sussex Partnership Foundation Trust. Training links are maintained with the police through a pan Sussex training forum.

Multi-Agency Training Strategy Revised

The training strategy for Brighton & Hove has been revised over the previous year. The revised strategy includes learning objectives, and is mapped to national occupational standards. The revision of the strategy has led to changes to the basic awareness update training. The new strategy also includes a new strand of training for investigating officers relating to level 1 and 2 investigations.

Training Activity in line with last year

The training activity regarding courses co-ordinated by, and delivered by Brighton & Hove City Council are given in that accompanying report. The training activity delivered by Brighton & Hove City Council is in line with that of the preceding year. The Training Sub Group has been working with Contracts to establish the level of training received in the Independent and Voluntary Sector. This work suggests that we have underestimated the level of training received in this sector in previous years, and it is higher than we previously estimated.

Evaluation

The basic awareness training has been evaluated using the Kirkpatrick model of evaluation for staff in Brighton & Hove City Council– this is attached to the report. Provider managers training has also been evaluated to level 2 of the Kirkpatrick model of evaluation. These evaluations show a shift in learning immediately after the training, although the picture regarding outcomes from the training is less clear. This may be due to a number of factors, including the fact that the model of evaluation is not widely familiar to people.

Accreditation Scheme growing

The accreditation scheme is becoming established in Brighton & Hove. There is now a clause in the contracts of contracted social care services that training on safeguarding adults should be delivered by someone who is, or who has applied to become accredited. East Sussex County Council is likely to adopt the scheme. Seventeen trainers or organisations have applied to the scheme. Five have been accredited.

Tim Wilson Development Manager

Training and Development Team
Brighton and Hove City Council

4.9.1 Safeguarding Adults Training attendance for April 2008 – March 2009 (inclusive)

Title	Course Identifier	Number of Courses	Local Authority attendance (including S75)	Local Authority non-attendance	SPT attendance	SPT non-attendance	SDH attendance	SDH non-attendance	Independent & Voluntary Sector attendance	Independent & Voluntary Sector non-attendance	Total non-attendance	Total attendance
SVA Investigations	AD34	1	9	1	1	1	0	0	6 Police 2 CSCI		2	18
SVA Investigation Managers	AD11	1	6	1	2	0	0	0	0	0	1	8
SVA Investigaors Advanced (aka Level 2)	AD24	1							2 BHCC		0	2
SVA Level 1 investigators (for managers)	AD60	0										
SVA for Provider Managers	AD42	7	24	3	2	2	1	0	60	8	13	87
Title	Course Identifier	Number of Courses	Local Authority attendance (including S75)	Local Authority non-attendance (including S75)	SPT attendance	SPT non-attendance	SDH attendance	SDH non-attendance	Independent & Voluntary Sector attendance	Independent & Voluntary Sector non-attendance	Total non-attendance	Total attendance
SVA Basic Awareness (Learning Disability)	LDS13	10	44	9	0	0	0	0	62	21	29	106

Brighton & Hove Multi-Agency Safeguarding Vulnerable Adults Strategic Objectives and Training Plan 2009-2010

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives
1a	Safeguarding Vulnerable Adults Basic Awareness	80% of staff employed by Adult Social Care and Housing to have basic awareness training – can be e-learning 45% of staff employed in independent and voluntary sector, funded or commissioned by Adult Social Care, to have completed awareness training – can be e-learning.	15 courses (OPS) 11 courses (LDS) 11 courses (MH) 2 (Housing) 3 (Care Crew)
1b	Safeguarding Vulnerable Adults Basic Awareness Update	Figures as above – update for 2 years following initial awareness course.	4 (LDS) 3 (MH) 11 (OP)
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	1 course to be arranged in 2009
2	Safeguarding Vulnerable Adults for Provider Managers	35 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	6 courses (BHCC & Ind & Vol)
3	Understanding the levels and the Investigators Role	50 % of people who undertake level 2 investigations will be trained to stage 3	Courses to be designed & commissioned
4a	Undertaking Multi-Agency Safeguarding Adults Investigations	90 % of staff who undertake Level 3/4 safeguarding investigations	2 courses?

ADASS Standards

Standard 1 Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.

Standard 2 Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.

Standard 3 The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.

Standard 4 Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.

Standard 5 The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.

Standard 6 All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.

Standard 7 There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults *"who is or may be eligible for community care services"* **and** who may be at risk of abuse or neglect.

Standard 8 Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.

Standard 9 The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.

Standard 10 The safeguarding procedures are accessible to all adults covered by the policy.

Standard 11 The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

5. Brighton and Hove Safeguarding Adults Board Business Plan 2009/11

Action	Priority 1 - 4	Target Completion Date and Key Milestones		Sub group and Lead Officer(s)	Standard 3, 6 and 10 SVA National Framework	
			Progress			
Objective 1 – All citizens to be able to access information about how to gain safety from abuse and violence, including information about the local multi-agency safeguarding procedures.						
Review all information available to the public from all partner organisations	1 HIGH	Audit all safeguarding information available to the public – by 01.03.10		Safeguarding Board - Chair Adults	Personalisation agenda - ASC Information Strategy – ASC	
Scope prevention work to be achieved within the community	2	Agree working group to complete scoping at SAB 01.03.10– report to SAB 07.06.10		Communications and Raising Awareness		
Carers- low number of alerts recorded	1	Gather information as to reasons for low alerts Links with Carer’s Centre and Carer’s Project worker BHCC – feedback to SAB 30.11.09		Michelle Jenkins		

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Action	Priority 1-4	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 11 SVA national Framework	
			Progress			
Objective 2 – Engagement of service users and carers as key partners in all aspects of safeguarding work						
Explore how to achieve service user and carer representation at Board level, and in developing strategic plans and policy	2	Engage with carer's forums Engage with current service user forums		Communications and Raising Awareness		
Ensure service users and their carers have participation in outcomes of investigations, and can feedback their views	1 High	Develop audit tool for use following investigation process so vulnerable people's input can be monitored – for presentation at SAB 01.03.10		Performance, Quality and Audit Michelle Jenkins		
Effective work with people from diverse communities	2	Make links with CDRP Improve data collection from 01.10.09, report to SAB 01.03.10		Michelle Jenkins		
Advocacy arrangements	3					
Ensure people who fund their own care have access to information and appropriate support	1 High	Improve data collection from 01.10.09. Report data to SAB 01.03.10		Michelle Jenkins		
Ensure safeguards are in place for Self Directed Support arrangements	2	Risk paper to be reported to Personalisation Board 07.12.09, report to SAB 01.03.10		Michelle Jenkins		

Action	Priority 1-4	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 1, 5, 7 and 9 SVA National Framework	
			Progress			
Objective 3 – All work, by all partner organisations, undertaken in relation to adults safeguarding is of the highest quality and is based on best practice, in line with the multi-agency procedures.						
Sussex multi agency procedures to be reviewed Agree definitions and thresholds	1 High	Letter from Chair SAB to Chairs for SAB East & West Sussex – by 30.11.09		SAB Chair		
Hold Multi Agency Safeguarding Adults conference	1	To be held 03.12.09	Programme agreed, invites sent out 23.10.09	Workforce Development and Training		
Agree information sharing protocols	3	Gather current protocols, report on recommendations to SAB 13.09.10		Performance, Quality and Audit		
Implement Training Strategy and Competency Framework	1	See Training Strategy 09/10		Workforce Development and Training		
Agree activity data to be collected across organisations, and performance measures	1 High	Develop audit tool/process for ongoing auditing of investigations – report to SAB 01.03.10		Performance, Quality and Audit Michelle Jenkins		

Action	Priority 1-4	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 1, 5, 7 and 9 SVA National Framework	
			Progress			
Pan Sussex Operational Instructions in place	1	Review draft Operational Instructions – report SAB 07.06.10	Draft Pan Sussex Operational Instructions being used by staff, feedback date 31,12,09	Michelle Jenkins		
Robust recruitment and selection arrangements	3	All organisations to report on recruiting and selection arrangements, in line with Independent Safeguarding Authority vetting and Barring scheme. Report to SAB 13.09.10				

Action	Priority	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 2,4 and 8 SVA National Framework	
			Progress			
Objective 4 – Key agencies responsible for safeguarding adults to work in partnership, to have a consistent and co-ordinated approach to safeguarding adults in the City						
Agree recommendations from SAB review. Confirm Strategic Plan and reporting arrangements. Agree SAB TOR	1 High	Finalise SAB 30.11.09		S.A.B - Chair		
Each partner agency to have a set of internal guidelines, consistent with the multi-agency procedures, which set out the responsibilities of all workers to operate within it	2	Request from SAB Chair to Board members to confirm internal guidance in place – 13.09.10		Performance, Quality and Audit		
Links with DV Strategy and MARAC				Workforce Planning and Training	DV Action Plan	
Clarify roles and responsibilities within multi-disciplinary teams				Workforce Planning and Training		
Develop links and formal procedures with GP's, dentist, pharmacy, opticians	1 High	Explore options at SAB 30.11.09	Enhanced Service Specification in place for GP practices – PCT rep to report to SAB 30.11.09			
Ensure all services commissioned by statutory agencies are Safeguarding Adults compliant	2	Request from SAB Chair to confirm safe contracting arrangements 06.12.10		SAB - Chair		
Develop links with Financial Services	1	Explore current work already completed nationally – report to SAB 30.11.09		Michelle Jenkins		

Action	Priority	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 2,4 and 8 SVA National Framework	
			Progress			
Confirm Serious Case Review protocol	1	Confirm with Board members SAB 30.11.09		Chair - SAB		
Link Safeguarding agenda with Dignity in Care network						
Ensure links with other appropriate networks, such as CYPT, Community Safety						
Model protocol for voluntary sector organisations	1	Write protocol – report to SAB 01.03.10		Michelle Jenkins		

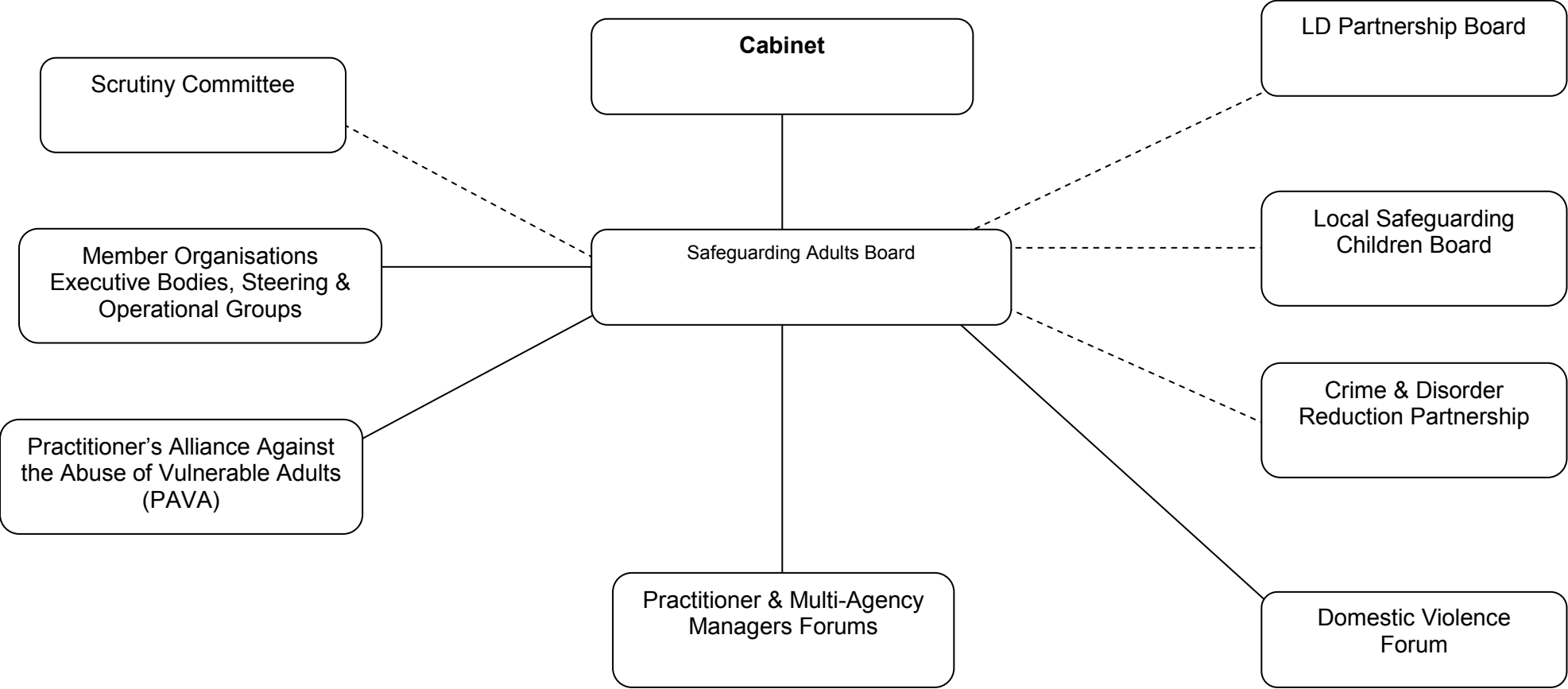
6. Brighton & Hove Safeguarding Adults Board

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

Members

Joy Hollister	Director Adult Social Care & Housing	BHCC (Chair)
Karin Divall	Assistant Director, Adult Social Care & Housing	BHCC
Diana Bernhardt	Head of Supporting People	BHCC
Vincent Badu	Director Adult Social Care	Sussex Partnership NHS Trust
DSI Andy Buchan		Sussex Police
Alison Robertson	Director of Nursing	Brighton & Sussex University Hospital Trust
Phil Hale	Local Area Manager	Care Quality Commission
Gail Gray	CEO, RISE	Domestic Violence Forum
Jackie Grigg	Money Advice & Community Support	PAVA Group
Linda Beanlands	Head of Community Safety	BHCC
Wendy Jehan	Director of Nursing	Southdowns NHS Trust
Marilyn Eveleigh	Head of Clinical Performance & Lead Nurse	Brighton & Hove NHS Trust
Jane Mitchell	Safeguarding Adults & Children Manager	South East Coast Ambulance Services
Ambrose Page	Contracts Manager	BHCC
Michelle Jenkins	Safeguarding Adults Manager	BHCC

Safeguarding Adults Multi Agency Partnership
Organisational Structure



GLOSSARY

ABE	Achieving Best Evidence
ADSS	Association of Directors of Social Services
ASC	Adult Social Care
ASCH	Adult Social Care and Health
AVU	Anti-Victimisation Unit
B&H	Brighton and Hove
BHCC	Brighton and Hove City Council
BSUH	Brighton and Sussex University Hospital
CMHT	Community Mental Health Teams
CPS	Crown Prosecution Service
HR	Human Resources
IMCA	Implementing Mental Capacity Act
MCA	Mental Capacity Act
NHS	National Health Service
OPCAT	Older Peoples Care Assessment Team
PALS	Patient Advocacy and Liaison Service
PAVA	Practitioner Alliance against the abuse of Vulnerable Adults
POVA	Protection Of Vulnerable Adults
SDHT	SouthDowns Health Trust
SPFT	Sussex Partnership Foundation Trust
SSW	Senior Social Worker
SVA	Safeguarding Vulnerable Adults
SW	Social Worker
CQC	Care Quality Commission

APPENDIX ONE – CATEGORIES OF ABUSE

Discriminatory abuse

The principles of discriminatory abuse are embodied in legislation including the *Race Relations Act 1976 (Amendments) Regulations 2003*, *Disability Discrimination Act 1995* and the *Human Rights Act 1998*. Discriminatory abuse links into all other forms of abuse.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection.

It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

Examples of behaviour: unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, deliberate exclusion.

Physical abuse

The non-accidental infliction of physical force that results in bodily injury, pain or impairment. (Stein, 1991, quoted in McCreadie 1994)

Examples of behaviour: hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication. Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also neglect).

Sexual abuse

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- _ a person has capacity and does not want to give consent
- _ a person lacks capacity and is therefore unable to give consent
- _ a person feels coerced into activity because the other person is in a position of trust, power or authority.

Examples of behaviour: Non-contact – inappropriate looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography. Contact – touch, e.g. of breast, genitals, anus, mouth, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus, mouth, with or by penis, fingers, other objects. (Brown and Turk, 1992, 1994).

Psychological abuse

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

Examples of behaviour: treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact.

Financial abuse

“The unauthorised and improper use of funds, property or any resources belonging to an individual”.

(Stein, 1991, quoted in McCreadie, 1994)

Those who financially abuse may be people who hold a position of trust, power, authority or has the confidence of the vulnerable adult

Local Authorities have in place Appointee and Receivership procedures who may act as Corporate Appointee and/or Corporate Receiver, where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves. Solicitors may also be appointed to provide this service.

Appointee and Receivership procedures ensure that:

- _ the correct state pension and benefits are in payment
- _ any private pensions or other investments are correctly paid
- _ care fees are paid
- _ personal allowances are made, and
- _ other bills are paid (e.g. utilities and rates)

Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested.

Where clients are still living in the community or sheltered accommodation, provision is made for them to be in control of sufficient sums of money to enable them to manage day to day expenditure.

More information on receivership and appointeeship can be found by visiting the Public Guardianship Office website, East Sussex website, or by contacting West Sussex Receivership Unit or Brighton and Hove Finance Department. The Department for Work and Pensions can also provide support and guidance.

Examples of behaviour: misappropriating money, valuables or property, forcing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing.

Neglect and acts of omission

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, poor manual handling techniques.

Note: under the *Mental Capacity Act 2005* wilful neglect and ill treatment become a criminal offence.

Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of adult protection procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

Examples of behaviour: failure to provide food, shelter, clothing, heating, medical care, hygiene, personal care, inappropriate use of medication or over-medication.

Institutional abuse

Institutional abuse is abuse (as described above) which arises from an unsatisfactory regime. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. This can be the product of both ineffectual and punitive management styles, creating a climate within which abuse of vulnerable adults, intentional or otherwise, by individual staff and others.

Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, not on those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms will always take into account the views of service users, their carers and relatives.

Poor practice and lack of skills can cause incidents of neglect, where the home is unable to fulfil specific care needs to service users. This may result in increased levels of user-to-user abuse due to insufficient and inappropriate support or residential homes taking placements where they are unable to meet the person's level of care.

Examples of behaviour: inflexible routines set around the needs of staff rather than individual service users, e.g. requiring everyone to eat together at specified times, bathing limited to times to suit staff, no doors on toilets. These can arise through lax, uninformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff.

APPENDIX TWO - LEVELS OF RESPONSE FRAMEWORK

The framework described is intended to assist practitioners in deciding the most appropriate level of response to an initial adult protection referral. Whilst not exhaustive, it is a tool to help promote consistent decision-making. Furthermore, the level of response agreed should be kept under constant review. Managers need to be aware that the outcomes of their initial decision (level of response) may lead to further information coming to light, changing the perceived level of seriousness or risk. For example, the decision to review a vulnerable adult's package of health and social care support may result in further evidence that abuse is, or could be, taking place and that a formal Adult Protection Investigation should be undertaken.

The framework is described in terms of linking the presenting information with expected action and outcomes by level of response and then in the form of a flowchart.

Level 1 Investigations

Intervention by service providers.

Presenting the information

- 'One-off', isolated incident that has not adversely affected the physical, psychological or emotional well-being of the vulnerable adult.
- No previous history of similar incidents recorded for the vulnerable adult.
- No previous history of similar incidents recorded for the service provider.
- No previous history of abuse by the person alleged responsible
- Not part of a pattern of abuse.
- No clear criminal offence described in referral.
- No clear intent to harm or exploit the vulnerable person.

Action and outcomes

- Action taken by the service provider to address 'presenting concerns' and report outcomes to the Adult Assessment Teams , including Community Mental Health and Community Learning Disability Teams and other multi-disciplinary teams.
- May lead to minor alterations in the way service is provided to a vulnerable adult and/or alterations to the way staff or other resources are deployed in the delivery of health and social care.
- No on-going risk to vulnerable adult or other vulnerable people.

Level 2 investigations

Intervention by the Investigation Team to assess or review the needs of the vulnerable adult and/or the alleged perpetrator within the context of the presenting concern(s).

Presenting the information

- The physical, psychological or emotional well-being of the vulnerable adult may be being adversely affected.
- The concerns reflect difficulties and tension in the way current health and social care services are provided to the vulnerable adult (e.g. some perceived inadequacy in the services being provided).

- The concerns reflect difficulties and tensions within the network of informal support provided to the vulnerable adult (e.g. some perceived difficulties between the vulnerable adult and family/friends).
- Concerns have occurred in the past, but at lengthy and infrequent intervals.

Action and outcomes

- The 'needs' of the vulnerable adult and/or alleged perpetrator of abuse are formally assessed or reviewed by an appropriate member of the Adult Assessment Teams, including Community Mental Health and Community Learning Disability Teams and other multi-disciplinary teams.
- Adjustments may be made to the way health and social care services are provided to the vulnerable adult and/or alleged perpetrator, to ameliorate 'presenting concerns'.
- Support may be provided to enable the vulnerable adult to explore and negotiate relationships with 'significant others' in their support network.
- Current and future risks of harm or exploitation are significantly reduced or eradicated by changes to a 'Health and Social Care Plan' or adjustments with more informal support networks or personal relationships.

Level 3 investigations

Adult protection enquiry undertaken.

Presenting the information

- The physical, psychological or emotional well-being of the adult has been adversely affected by the alleged incident.
- A criminal offence may have been committed
- Possible breach of regulations provided by the Care Standards Act, 2000.
- Possible breach of Professional Codes of Conduct
- There is an actual or potential risk of harm or exploitation to other vulnerable people.
- There is a deliberate intent to exploit or harm a vulnerable adult
- There is significant breach in an implied or actual 'duty of care' between vulnerable adults and the person alleged responsible.
- The referral forms part of a pattern of abuse either against a particular individual, by a particular individual or by a health or social care service.

Action and outcomes

- Strategy discussion/meeting held to agree an 'investigation plan'.
- Investigation plan implemented with further strategy discussions/meetings if appropriate.
- Evaluation of investigation activity and evidence obtained.
- Determine if abuse has taken place.
- Case conference to agree a 'protection plan' that prevents or reduces risk of further abuse.
- Monitoring of protection plan.
- Review of protection plan.

Level 4 investigations

Complex adult protection enquiry undertaken with multiple service users/victims.

Presenting the information

- Institutional abuse.
- Number of people adversely affected.
- A number of criminal offences may have been committed.
- Multiple breaches of regulations issued under Care Standards Act 2000.

Action and outcomes

- Notify senior managers throughout the process.
- Allocate resources to undertake, and co-ordinate, the investigation (requiring senior management support)
- Strategy discussion/meeting held to agree an 'investigation plan'
- Investigation plan implemented with further strategy discussions/meetings if appropriate
- Evaluation of investigation activity and evidence obtained
- Determine if abuse has taken place
- Case conference to agree a 'protection plan' that prevents or reduces the risk of further abuse
- Monitoring of protection plan
- Review of protection plan

ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

Agenda Item 36

Brighton & Hove City Council

Subject:	Personalisation Update Report		
Date of Meeting:	3rd December 2009		
Report of:	Joy Hollister Director of Adult Social Care and Housing		
Contact Officer:	Name:	Denise D'Souza	Tel: 29-5032
	E-mail:	Denise.d'souza@brighton-hove .gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The attached report (appendix 1) details the key highlights and actions of the personalisation agenda, the work area, timescales and details of leads.
- 1.2 The paper seeks to give an overview of the work underway to fulfil the requirements of the Putting People First Concordat.

2. RECOMMENDATIONS:

- (1) To be aware of the work in progress and seek further clarification on specific areas or issues
- (2) In light of the targets to meet key milestones (appendix 2) to deliver personalisation, reports will be made available on a quarterly basis.
- (3) For the Personalisation Strategy to be presented to the Cabinet Members meeting in the New Year.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 Two recent papers, the White Paper "Our health, our care, our say" (Department of Health 2006) and the Putting People First Concordat, both set out clear objectives and outcomes. The White paper focused on

- Improved health and emotional well being
- improved quality of life
- increased choice and control
- freedom from discrimination and harassment
- economic well being and maintaining dignity and respect

Putting People First, a Concordat between the Association of Directors of Adult Social Services (ADASS) and other agencies including health has a wider transformation of public services as a theme, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive communities

The four key elements are:

- Social capital
- Prevention
- Universal Services
- Choice and Control

3.2 A Personalisation Strategy document is currently reaching its final stages of development and will be taken out to wider communities in the New Year.

3.3 The Personalisation Strategy that is currently being finalised will be brought to a CMM meeting in the New Year.

4. CONSULTATION

4.1 Key documents detailed above have been consulted on, and within the work plans and groups, the third sector, key partners and users and carers are involved in the developments

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

The financial impact of the personalisation programme will be considered as part of the strategy development and reflected in the budget strategy for 2010/11 and future years.

Finance Officer Consulted: Anne Silley Date: 17 November 2009

5.2 Legal Implications:

This report sets out the continuing work that the Council is undertaking to achieve the changes required by central Government to the manner in which adult social care is delivered. More detailed legal comments will be provided as required on particular issues within the personalisation strategy once finalised.

Lawyer Consulted: Serena Kynaston

Date: 23/11/09

5.3 Equalities Implications:

Personalisation and implementation of self directed support offer more choice and control, to reduce equalities issues.

5.4 Sustainability Implications:

There are no sustainability implications.

5.5 Corporate / Citywide Implications:

This report on Personalisation will impact on other Directorates and have citywide implications.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 Personalisation is a priority for all authorities and has timescales prescribed by the Department of Health for its implementation (as attached).

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To keep cabinet up to date with progress and to raise issues as appropriate.

SUPPORTING DOCUMENTATION

Appendices:

1. Programme highlights
2. Milestones

Documents In Members' Rooms

None

Background Documents

None.

KEY HIGHLIGHTS FROM THE PERSONALISATION PROGRAMME NOVEMBER 2009

WORK AREA	WHAT	WHEN	WHO	DURATION
COMMUNICATION	<p>Personalisation Board meeting regularly to guide and direct overall programme.</p> <p>Personalisation Strategy is being developed for approval by Personalisation Board before wider consultation and engagement in the new year</p> <p>Staff Awareness Sessions A range of staff awareness sessions will take place to provide staff with a thorough understanding of the concepts related to Personalisation. Sessions promoting SDS</p>	<p>The board now meets monthly</p> <p>The Strategy will be finalised by December 2010</p> <p>Ongoing</p>	<p>The Board is led by Joy Hollister but also includes cabinet members and senior managers across Housing & Adult Social care</p> <p>The work is led by Denise D'Souza and Jaine Huntley</p> <p>All staff: Sessions being led by Jaine Huntley, Gemma Lockwood and Kathy Biggle</p>	<p>The Board will be in place for the duration of the Personalisation Programme</p> <p>The Strategy will run to April 2011</p> <p>4 Awareness Sessions have been implemented to date, to 55 staff within the assessment and access point teams. Further sessions are planned. Awareness of direct payments has been delivered to 3 mental health staff teams at team meetings. A Self Directed Support Practice</p>

	and Direct Payments have already taken place.			Forum has been created with monthly 1-hour sessions starting as from 1/12/09.
WORK AREA	WHAT	WHEN	WHO	DURATION
SELF DIRECTED SUPPORT	<p>There is a drive to meet the NI130 Performance Indicator of 1000+? by April 2010.</p> <p>This will be achieved by reviewing 1400 cases with the intention of offering service users the opportunity of a self directed package of care</p> <p>A Resource Allocation System (RAS) is being piloted in OPCAT. The intention is for the RAS to be 'live' by April 2010</p> <p>Officers are working regionally with FACE to develop specialist aspects of the RAS such as calculating the impact of low cost</p>	<p>All service users will be offered the opportunity of Self-Directed Support by April 2010</p> <p>The pilot began in October and will run for 6 months</p>	<p>An executive group has been set up to develop increased opportunities for Self-Directed Support. This group is led by Denise D'Souza. A 'Dashboard' of performance is being considered by the executive in line with the Care-Networks Tool kit</p> <p>There is a Self Direct Support working group that is developing the RAS (SDS Systems) This work is led by Laura Scott Smith</p> <p>A sub group has been set up to improve information to service</p>	<p>Work continues to increase our Performance Indicators related to Self-Directed Support.</p> <p>Full rollout of the RAS will must take place by April 2010</p> <p>All service users must be offered the opportunity to take up Personal Budgets by 2011</p>

	<p>packages, mental health and personal health budgets</p> <p>Personal Budgets and Support Plans are being implemented in Learning Disability Services following on from the Individual Budgets Pilot. The service has a Resource Allocation System and this is used with all service users. Personal budgets are being promoted particularly for young people on transition to ASC and LD services.</p> <p>Personal Budgets and Support Plans are also being implemented in Adult Social Care using an interim process</p>		<p>users and carers about opportunities for self-directed support. This group is led by Kathy Biggle</p> <p>A sub group has been set up to develop contract and commissioning related to SDS this group is led by Sharon Lyons</p> <p>Learning Disability Services</p>	<p>This work has commenced and will run for the duration of the Personalisation Programme.</p> <p>Ongoing</p>
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	<p>whilst waiting for full implementation of RAS.</p> <p>Individual Service Funds are already being implemented in Learning Disability Services particularly in relation to Supported Living. A new type of support model is being worked on for the Wellington Road development.</p> <p>The Commissioning Team for Learning Disability and CLDT are working on Transitions to improve outcomes for independent living through personal budgets and supported living.</p> <p>Learning Disability Services have introduced Day Options through the In</p>		<p>Gemma Lockwood</p> <p>Learning Disability Services</p> <p>Anne Richardson</p>	<p>Began Nov 09</p> <p>Ongoing</p> <p>October 2010</p>
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	<p>applicable across all Council services and to all Brighton and Hove residents</p> <p>Following a Brokerage event in the summer a Brokerage Scoping Paper is being produced to map current Brokerage Functions across the city</p>	<p>workshop will take place in November 2009</p> <p>The paper will be presented to Personalisation Board in December 2009</p>	<p>Jaine Huntley is leading on this piece of work.</p>	<p>CE</p> <p>All service users must be offered Individual Budgets by March 2011 so Brokerage must be in place by then.</p> <p>Discussions are taking place about how in house processes/teams may need to change to accommodate this.</p>
WORK AREA	WHAT	WHEN	WHO	DURATION
WORKFORCE DEVELOPMENT	<p>Personalisation will bring opportunities for workforce development.</p>	<p>A Workforce Strategy is now in place.</p>	<p>There is a dedicated work-stream assigned to this task led by Karin Divall</p>	<p>Working is on going and will be complete by 2011</p>

REABLEMENT	Re-ablement approach offered to all service users via the Community Solutions Team	Ongoing	There is a dedicated work-stream taking this work forward which is led by Karin Divall and aligns with development of reablement with Independent Home Care providers which is led by Lynn Mounfield	The work has been phased over the last year.
MARKET PLACE DEVELOPMENT	Personalisation will mean greater choices for service users. This means the local market will need to be ready to meet these social care needs.	A Market Strategy is now in place	There is a dedicated work-stream assigned to this task which is being led by Jane MacDonald. An Independent Sector Development Worker has been appointed to help develop this work	This work will be carried out over the duration of the project (2011) and beyond
COMMISSIONING	The Personalisation agenda is being aligned with the major Commissioning Strategies such as PD, OP & Carers	All strategies have been reviewed	The strategies are led in the main by the PCT in partnership with ourselves	The strategies are reviewed on a regular basis and will include consideration of the Personalisation agenda
WORK AREA	WHAT	WHEN	WHO	DURATION
IT & SYSTEMS	Dedicated resource in place to ensure that IT	This work has commenced	There is a dedicated work-stream in place	This is a 3 year programme of work.

	systems can support changes required by Personalisation agenda.	& links to Personalisation timetable.	led by Phillip Letchfield and supported by Carol Fletcher (CF6)	
FINANCIAL	The financial impact of the Personalisation Programme is being assessed as part of a Financial Modelling Group	A working group has been set up to scope the financial impact.	Finance (Anne Silley) and ASC are working closely to ascertain costs and future costs. A dedicated Finance Manager (Steve Dabson) has been recruited to support Personalisation	Financial modelling is a key part of the Personalisation Strategy and the action plan will be finalised at a Personalisation Strategy workshop in November 2009
PERFORMANCE MONITORING	The Personalisation agenda links directly with a range of National Performance Indicators (NI 131, 132, 133, 135 & 136) It also aligns with the ADASS 5 key milestones and the SDS performance Dashboard,	These are reported on an ongoing basis	There is a dedicated resource to report Performance Indicators on a monthly basis. This work is overseen by Phillip Letchfield	Performance monitoring will cover the life of the project and beyond.

MEASURING PROGRESS

In order to support the process of change ADASS and LGA have worked in partnership with DH and other key stakeholders (including the Care Quality Commission - CQC) to establish a set of milestones against which we can judge our progress.

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	<p>That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them.</p> <p>That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [By Dec 2009]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>	<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>
Self-directed support and personal budgets	<p>That every council has introduced personal budgets, which are being</p>	<p>That all new service users / carers (with assessed need for</p>	<p>That at least 30% of eligible service users/carers have a personal budget.</p>

Appendix 2

	used by existing or new service users/ carers.	ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget.	
Prevention and cost effective services	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
Information and advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	That councils and PCTs have commissioning strategies that address the future	That providers and third sector organisations are clear on how they can respond to the	That stakeholders are clear on the impact that purchasing by individuals, both

Appendix 2

	<p>needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>	<p>needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>	<p>publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.</p>
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