Who are we?

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

Where and when is the Board meeting?

This next meeting will be held in the Boundary Room, Sussex County Cricket Club, Eaton Road, Hove, on Tuesday 14th October 2014, starting at 4pm. It will last about two and a half hours.

There is public seating and observers can take part in an informal question and answer session with the Board prior to the formal meeting, starting at 3.30pm and they can leave when they wish.

What is being discussed?

There are seven main items on the agenda

- Outcomes from the Drug and Alcohol Recovery Procurement Process
- Pharmaceutical Needs Assessment – Supplementary Statement and Working Draft of PNA report conclusions and recommendations
- Brighton & Hove Safeguarding Adult Board Annual Report 2013-14
- Local Safeguarding Children Board Annual Report 2013-14
- Dementia Delivery Plan
- Cancer Outcomes Report
- Brighton & Hove City Council Summary Report of Healthwatch B&H Performance: Year 1 – 2013/14

What decisions are being made?

- To make a recommendation to the Policy & Resources Committee concerning the drug and alcohol procurement outcome
- To agree an updated supplementary statement to the 2010 pharmaceutical needs assessment and to note a working draft of conclusions and recommendations to the 2015 pharmaceutical needs assessment
- To note the Adults Safeguarding Annual Report 2013-14 and approve a protocol to ensure clarity of working
- To note the Local Safeguarding Children's Annual Report 2013-14
- The Board are asked to endorse the dementia plan
- To note the Healthwatch summary report Year 1 – 2013-14

Health & Wellbeing Board
14 October 2014
4.00pm
The Boundary Room, Sussex County Cricket Ground - Hove

Who is invited:

J Kitcat (Chair),K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald

Dr Xavier Nalletamby (Brighton and Hove Clinical Commissioning Group), Geraldine Hoban (Brighton and Hove Clinical Commissioning Group), Dr Christa Beesley (Brighton and Hove Clinical Commissioning Group), Dr Jonny Coxon (Brighton and Hove Clinical Commissioning Group) and Dr George Mack (Brighton and Hove Clinical Commissioning Group)

Denise D'Souza (Statutory Director of Adult Services), Dr Tom Scanlon (Director of Public Health), Pinaki Ghoshal (Statutory Director of Children's Services), Frances McCabe (Healthwatch), Graham Bartlett (Brighton & Hove Local Safeguarding Children's Board) and Sarah Creamer (NHS England)

Who is unable to attend:

Contact: **Caroline De Marco**
Democratic Services Officer
01273 291063
caroline.demarco@brighton-hove.gcsx.gov.uk

This Agenda and all accompanying reports are printed on recycled paper

Date of Publication - Monday, 6 October 2014


Health &
Wellbeing

AGENDA

Formal matters of procedure

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

Page

29 Declarations of substitutes and interests and exclusions

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

30 Minutes **1 - 10**

The Board will review the minutes of the last meeting held on the 9 September 2014, decide whether these are accurate and if so agree them.

31 Chair's Communications

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

32 Formal Public Involvement **11 - 12**

This is the part of the meeting when members of the public can formally ask questions of the Board or present a petition. These need to be notified to the Board in advance of the meeting. Ring the Secretary to the Board, Caroline DeMarco on 01273 291063 or send an email to caroline.demarco@brighton-hove.gcsx.gov.uk

The main agenda

33 Outcomes from the Adult Drug and Alcohol Recovery Procurement Process **13 - 26**

Report of the Director of Public Health (copy attached).

Contact:	*Kerry Clarke, Peter Wilkinson*	*Tel: 01273 295491, Tel: 01273 296562*
Ward Affected:	*All Wards*	

Health & Wellbeing

34 **Pharmaceutical Needs Assessment - Supplementary Statement and Working Draft of PNA report of Conclusions and Recommendations** **27 - 46**

Report of Public Health Principal (copy attached).

Contact:	*Nicola Rosenberg*	*Tel: 01273 574809*
Ward Affected:	*All Wards*	

35 **Brighton & Hove Safeguarding Adults Board Annual Report 2013-14** **47 - 108**

Report of Executive Director of Adult Services (copy attached).

Contact:	*Michelle Jenkins*	*Tel: 01273 296271*
Ward Affected:	*All Wards*	

36 **Local Children Safeguarding Board Annual Report** **109 - 228**

Report of Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board (copy attached)

Ward Affected: *All Wards*

37 **Brighton & Hove Dementia Plan 2014-2017** **229 - 256**

Report of the Commissioning Manager (copy attached).

Contact:	*Simone Lane, Annie Alexander, Jane MacDonald*	*Tel: 01273 574776, , Tel: 29-5038*
Ward Affected:	*All Wards*	

38 **Cancer Screening in Brighton & Hove** **257 - 274**

Report of the Director of Public Health (copy attached).

Contact:	*Dr Christa Beesley, Max Kammerling, Martina Pickin*	*Tel: 07909 099656, Tel: 01273 574675*
Ward Affected:	*All Wards*	

39 **Brighton & Hove City Council Summary Report of Healthwatch B&H Performance: Year 1 - 2013/14** **275 - 282**

Report of Policy & Performance/Corporate Policy & Performance (copy attached).

Contact:	*Michelle Pooley*	*Tel: 29-5053*
Ward Affected:	*All Wards*	

Health & Wellbeing

Part Two

40 Drug and Alcohol Recovery System Procurement Outcome - Exempt Category 3 283 - 286

Appendix to the report of the Director of Public Health listed as Item 33 on the agenda (circulated to Members only).

Contact:	*Kerry Clarke, Peter Wilkinson*	*Tel: 01273 295491, Tel: 01273 296562*
Ward Affected:	*All Wards*	

41 Part Two Proceedings

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

Public Involvement

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

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

Health & Wellbeing

1. Procedural Business

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

(b) Declarations of Interest:

(a) Disclosable pecuniary interests not registered on the register of interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

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

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

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

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

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

4.00pm 9 September 2014

Council Chamber, Hove Town Hall

Minutes

Present: Councillor J Kitcat (Chair), Councillor K Norman (Opposition Spokesperson), Jarrett, Morgan and G Theobald, Dr. Xavier Nalletamby, CCG, Geraldine Hoban, CCG, Dr Christa Beesley, CCG, Dr Darren Emilianos, CCG, Dr George Mack, CCG, Denise D'Souza, Statutory Director of Adult Social Care, Dr. Peter Wilkinson, Deputy Director of Public Health, Pinaki Ghoshal, Statutory Director of Children's Service, Frances McCabe, Healthwatch, Graham Bartlett, Brighton and Hove Local Safeguarding Children's Board, and Fiona Harris, NHS England

Also in attendance: Penny Thompson, Chief Executive, BHCC.

Part One

20 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS

20.1 Dr Daniel Emilianos, CCG declared that he was attending as a substitute for Dr Jonny Coxon, Fiona Harris, NHS England, declared that she was attending as a substitute for Sarah Creamer; Dr Peter Wilkinson declared that he was attending as a substitute for Dr Tom Scanlon.

20.2 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there

would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

20.3 **Resolved** - That the press and public be not excluded from the meeting.

21 MINUTES

21.1 The Chair informed the Board that at the last Health & Wellbeing Board, Iain Kelly, Senior IT Training Manager at BSUH had promised to provide answers to questions relating to the Child Protection Register Benefits as follows: -

Question - How is the Child Protection Register Benefits linked into BHCC current arrangements? *Answer* - Currently the process is a manual check. This system will check automatically against the spine when a child or pregnant mother presents and bring back local authority information if they are on a plan.

Question - Regarding the Child Protection Register Benefits; How does this link into the Child health information system? *Answer* – This project does not include a link to the Child Health Information system.

21.2 **Resolved** - That the minutes of the Health & Wellbeing Board held on 29th July 2014 be agreed and signed as a correct record.

22 CHAIR'S COMMUNICATIONS

22.1 The Chair gave the following update:

Care Quality Commission report on the Brighton and Sussex University NHS Trust

22.2 The Chair informed the Board that the Care Quality Commission's Inspector report had mixed results. The CQC had commented favourably on the caring attitude of staff and had confidence in improved personalisation but had commented less favourably on other areas such as maternity services and cohesive working between the multi disciplinary teams. The Health & Wellbeing Overview and Scrutiny Committee would consider the action plan.

23 FORMAL PUBLIC INVOLVEMENT

23.1 There were no formal questions or petitions.

24 INTEGRATED COMMUNITY EQUIPMENT SERVICE

Introduction

24.1 The Board considered a report of the Executive Director, Adult Services which set out future commissioning options for the Integrated Community Equipment Service (ICES) in Brighton & Hove. The options were explained in paragraphs 2.6 to 2.9. The report was presented by Denise D'Souza.

24.2 Ms D'Souza stressed that the staff at the equipment store did a very good job and the service was valued by those who received it. The Service was jointly provided and had been jointly commissioned by the CCG and the LA since 2004. It was staffed by 7 local authority employees and 15 Sussex Community Trust staff. Demand for the service had grown since 2004. Sussex Community Trust had decided that the service was not part of their core business and the Local Authority did not have the capital to invest in the service.

24.3 The Board were informed that the current building was in significant need of repair and a minimum of £193,000 was required to meet the minimum standards necessary for the building alone. This would still not address the lack of space for equipment, the poor decontamination facilities and the lack of space and facilities for staff.

24.4 Ms D'Souza stressed that it was necessary to move from the store and meet rising demands for the service. There was a need to improve delivery times and to have a daily delivery, seven days a week. There was also a need to improve recycling, and show value for money. A range of options for the service were presented in the report. Option 1 was recommended.

Questions and Discussion

24.5 Councillor Morgan considered that the Board had been presented with a fait accompli. Councillor Morgan quoted a letter he had received from a union representing staff and agreed with the concerns raised. He stressed that the service had been highly valued over many years, and asked why the Board were not being asked to start its own company in the city. There were valid concerns over any service tendered out to the private sector. If it was too late to consider alternatives then Councillor Morgan asked for earlier and proper consultation.

24.6 Denise D'Souza replied that there had been conversations about involving the third sector in setting up a local service but this would have required the same amount of capital as the Local Authority.

24.7 Geraldine Hoban stated that a local service was an attractive proposition but the economy of scale that a small city could work in would be prohibitive. A store in Brighton & Hove would not be able to keep large equipment such as bariatric beds.

24.8 The Chair stated that there was no spare capital for a local service and none of the voluntary or third sector had any money.

24.9 Councillor Norman agreed with comments made by Denise D'Souza and Geraldine Hoban and stated that he supported the proposals. He agreed that there was no money to invest in the current service and he stressed the need to modernise and improve the service. There was no reason why a new organisation could not provide a better service.

24.10 **Resolved** –

(1) That the Policy & Resources Committee be recommended to approve that the Council and the CCG enter into a contract with the equipment provider selected by West Sussex County Council (WSCC) as set out in Option 1 (paragraph 2.6 of the report).

25 BRIGHTON & SUSSEX UNIVERSITY HOSPITALS TRUST: 3T FULL BUSINESS CASE

Introduction

25.1 The Board considered a report of the 3Ts Head of Communication Engagement. Members were informed that on 1st May 2014, Brighton & Sussex University Hospitals Trust (BSUH) received approval of the Outline Business Case for the 3Ts Redevelopment of the Royal Sussex County Hospital. As the final step in the approval process the Trust was now required to submit a Full Business Care to the Trust Development Authority (TDA) and the Treasury by the end of September 2014. As part of the approval process for the Full Business Case the TDA would want assurances that key partners and stakeholders continue to support the 3Ts Redevelopment. BSUH was consequently seeking letters of support from key partners, including the Brighton & Hove HWB.

25.2 The report was presented by Matthew Kershaw, Chief Executive (BSUH), and Duane Passman, Director of 3Ts (BSUH). Members were informed of the process for the decant and main development. This was set out in the appendices to the report.

25.3 Mr Passman stressed that the building project would provide significant improvements in services for patients. It would be a better environment for patients and staff. Disparate services such as neurology and stroke services would be brought together in one place.

25.4 Matthew Kershaw informed the Board that the project would affect large numbers of patients and a far broader range of services would be available. The current environment was massively out of date. Mr Kershaw confirmed this was the final stage of the project.

Questions and Discussion

25.5 Councillor Theobald commented that very few people would not want to support the project. He raised that issue of fresh cooking and asked if there would be a facility for kitchens to provide fresh food.

25.6 Councillor Norman fully supported the project but stressed that there needed to be some thought as to how food would be provided on the site as well as the car parking aspect of the project. Councillor Norman thought that there should be local food provision either in the hospital or nearby. This could be linked with the community meals service.

25.7 Mr Passman confirmed that there would not be a major production kitchen in the new build. Catering had been outsourced since the early 2000s. The service had recently been retendered and part of the specification related to sustainability. Mr Passman stated that he would be happy to have discussions on this subject with the local authority.

25.8 Dr Darren Emilianos considered that the challenge was to reassure people that there would be an improvement in the general service. Mr Kershaw agreed this was a challenge but stated that the CCG was positive about a number of the changes that were taking place. BSUH needed to work with the CCG and social care. The Better Care Fund was a good example of how the system could be reformed. Mr Kershaw was confident that there would be improvements for patients.

25.9 Dr Emilianos asked for confirmation that district general services would be improved. Mr Kershaw replied that they would be improved. He stressed that not many of these services were isolated in hospitals. They were shared services. There would be better facilities and pathways which would improve services.

25.10 Frances McCabe was pleased to hear the reassurances regarding the clinical position whilst changes were taking place. She noted that there had been a great deal of consultation about building works rather than the patient experience. She asked for more information about the system for communicating. Ms McCabe raised the issue of car parking and asked if payments would compromise the business case.

25.11 Mr Passman stressed that people would receive more information during the decant stage over the next six months. The information was being constantly updated and patients would be told the dates that the changes would take place. The Trust would be communicating within its existing systems in the hospital and through the media and its facebook page. Meanwhile, colleagues of Mr Passman were looking at implications of policy change made by the Secretary of State with regard to car parking. The scale of change would not undermine the business case.

25.12 Mr Passman explained that more car parking spaces were being created. This would enable the trust to segregate staff and patient parking. The trust was also providing 137 new cycle racks.

25.13 Mr Kershaw pointed out that issues relating to changes to services and the involvement of staff were already moving out of the 3Ts project and moving to a wider remit project. When funding was received there would be conversations about how the services would change.

25.14 Councillor Morgan referred to paragraph 3.8 relating to consultation. He thanked Mr Kershaw and Mr Passman for engaging and informing local residents. Residents faced a 10 year process of construction and Councillor Morgan hoped it would result in a world class facility.

25.15 Mr Passman stated that there would be 100 new beds on the site. He was confident that the number of beds on the site was appropriate. Mr Kershaw stressed that there needed to be some flexibility on the number of beds and what they were used for.

25.16 **Resolved –**

(1) That the Full Business Case for the 3T initiative, as detailed in Appendix 1 to the report be supported.

(2) That it be agreed that the HWB Chair should write a letter in support of the 3Ts programme.

26 JOINT HEALTH AND WELLBEING STRATEGY UPDATE

Introduction

26.1 The Board considered a report of the Director of Public Health which set out progress so far against the action plans for each of the Joint Health & Wellbeing priorities. These are cancer and access to cancer screening, dementia, emotional health and wellbeing, healthy weight and good nutrition and smoking. The action plans were attached as appendices 1 to 5 in the report. Members were asked to consider how these priorities could inform the future choice of strategic priorities. The report was presented by Dr Peter Wilkinson, Consultant in Public Health Medicine/Deputy Director of Public Health.

26.2 The Board were informed that ideas for a new JHWS would be discussed at the first Health & Wellbeing Partnership meeting in November 2014. A draft of the new JHWS would be presented for endorsement by the Health & Wellbeing Board at a meeting early in 2015.

26.3 Dr Wilkinson provided an update on each of the current priorities. The key outcomes for cancer for Brighton and Hove showed a higher incidence of cancer and poorer outcomes than other parts of England. The most recent local information available is from 2012/13. Dr Wilkinson stressed the importance of the early

diagnosis of cancer to enable early treatment and potentially improved survival. The information showed that Brighton and Hove GPs had above average rates of urgent referrals of patients with suspected cancer but below average rates in terms of the referred patients being subsequently diagnosed with cancer. Local cancer screening programmes have low coverage and uptake rates compared with the rest of the region and nationally. Dr Wilkinson advised that the Sussex Community Trust's Cancer Health Promotion Team is commissioned to raise awareness about the early signs and symptoms of cancer and to promote the uptake of the screening programmes. A local health protection forum has recently been established which will monitor the performance of local screening programmes. The CCG has established a Cancer Action Group which is developing a detailed work plan.

Questions and Discussion

26.4 Councillor Morgan referred to appendix one, and considered the statistics alarming. He stressed that the City was performing badly on detection and requested full report on cancer screening with a breakdown of statistics across the city including GP Surgeries.

26.5 Christa Beesley agreed that there could be a more detailed report. She stressed that there was often a lower uptake rate in more deprived areas.

26.6 Councillor Jarrett considered that there was an issue about making people think about cancer. This was a public information issue that the council and its partners needed to consider.

26.7 Fiona Harris stated that there were more up to date figures which were available and which showed some improvement. She stressed that the issue was about how people accessed the screening programme. There needed to be more collaborative working amongst the partners.

26.8 Penny Thompson supported Councillor Morgan's request for a breakdown of cancer statistics. She stressed the importance of talking about people as citizens rather than just patients. She considered that the Health & Wellbeing Strategies should be re-considered but would be surprised if cancer did not play a part in the next strategy.

26.9 Graham Bartlett referred to paragraph 3.6 in the report and proposed that the health and wellbeing of children should be included as a priority area in the next strategy. Dr Wilkinson replied that the intention was to look at broader areas for the new strategy.

26.10 The Chair noted that a full report on dementia would be submitted to the next meeting of the Board.

26.11 **Resolved –**

(1) That the progress made in the five priority areas of the Joint Health and Wellbeing Strategy be approved.

(2) That the comments of the Board as set out above, inform the future choice of strategic priorities.

(3) That a report on cancer screening with a breakdown of statistics across the city including GP's surgeries be submitted to the next meeting of the Board.

27 BETTER CARE FUND PROGRAMME UPDATE

Introduction

27.1 The Board considered a report of the Better Care Interim Programme Manager, Brighton and Hove Clinical Commissioning Group and Brighton & Hove City Council. The report explained that following amendments to national guidance for the Better Care plan, each area was required to update their submission by 19th September 2014. Officers were still finalising the plan due to the complexity and short timescales for return. As a result, Board Members had information on an updated plan that was still in draft. A final copy of the plan would be sent to members following the submission to NHS England on 19th September. Geraldine Hoban and Denise D'Souza presented the report.

27.2 Ms Hoban presented a slide which showed the programmes within the Better Care Fund and the outcomes expected in 2015/16. The vision for the frail and vulnerable population was to help them stay healthy and well by providing more pro-active preventative services that promoted independence and enabled people to fulfil their potential.

27.3 Ms Hoban informed members that there was a pooled budget of £19,660 million in the year financial year 2015/16. It would be necessary to have better management of long term conditions and 7 day working would need to be implemented. The Better Care Fund Programme was an ongoing transformational work which was constantly changing.

27.4 Denise D'Souza stated that the work would protect social care. There was funding in the Care Act and Disabled Facility Grant. She thanked staff who had worked hard to produce the work to date.

Questions and Discussion

27.5 Matthew Kershaw informed the Board that the Better Care Fund Programme was a major issue for the acute trust. It fitted in well with the strategy of BSUH and they were supportive of the programme. However, Mr Kershaw stressed that it would be

important not to destabilise one part of the service whilst improving another. He stressed the importance of maintaining a dialogue with partners to mitigate risks.

27.6 Councillor Theobald asked for an explanation of how seven day working would work in practice. Geraldine Hoban explained that it was necessary to provide a better service over the weekend. For example, the public should have access to equipment seven days a week. If someone needed admission to a care home, then an assessment should be available at the weekend. It did not mean that every service would be available seven days a week. However, it would result in identifying critical services and when they were needed.

27.7 Dr Christa Beesley stated that the Better Care Fund Programme was about people getting the right care, in the right place, in the right way. The proposals were positive for people in the city.

27.8 The Chair thanked officers for the progress report and stated that he appreciated all the hard work involved.

27.9 **Resolved –**

(1) That the final draft of the updated Better Care Plan as attached at Appendix 1 and 2 of the report be approved.

(2) That delegated authority is given to the Executive Director, Adult Services, following consultation with the Chair and the CCG, to sign off the final Better Care Plan for submission by 19th September 2014.

28 HEALTHWATCH: ANNUAL REPORT

Introduction

28.1 The Board received a verbal presentation from Fran McCabe in relation to the Healthwatch Annual Report. The report was available online at http://bit.ly/1nWzpNc

28.2 Ms McCabe informed the Board that Healthwatch was a statutory organisation set up under the Health and Social Care Act 2012. Healthwatch was established in 2013 and the first Healthwatch report covered the year 2013/14. Key areas of work included the setting up of a helpline with a focus on primary care services. The helpline answered 300 calls in the year.

28.3 Healthwatch had a good data base of complaints in the city. This was reviewed on a quarterly basis. A major piece of work was being carried out on Urgent Care in collaboration with the CCG who worked with traditionally hard to reach groups.

28.4 Healthwatch produced a monthly magazine. http://bit.ly/1zrtYyz.
The magazine dealt with issues such as cancer awareness.

28.5 Healthwatch had less than five full time members of staff. The remainder included members of the governing body and volunteers. 34 volunteers had been recruited in addition to the governors. A major issue had been making the public aware of Healthwatch.

Questions and Discussion

28.6 Councillor Jarrett commented that there was no other organisation carrying out the work of Healthwatch and there was no question that their work was required. He stressed that the Board members needed to ensure that Healthwatch was taken notice of and supported. If there was a problem with resources then the Board needed to see if help could be provided.

28.7 Councillor Norman noted that the total grant received by Healthwatch had been £199,000 and the total expenditure for the year had been £175,080.79. He asked if the outstanding sum of £23,919.21 could be carried over to the new financial year.

28.8 Ms McCabe confirmed that some money could be carried over to next years' budget. There would be a less favourable grant for next year which created a problem with staffing.

28.9 **Resolved –**

(1) That the Healthwatch Annual Report be noted.

The meeting concluded at 6.12pm

Signed Chair

Dated this day of

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

1. Formal details of the paper

1.1. Petitions

1.2 This paper is to be made available to the general public.

1.3 14 October 2014

1.4 Caroline De Marco
Democratic Services Officer
Tel: 01273 291063
Caroline.demarco@brighton-hove.gov.uk

2. Decisions, recommendations and any options

2.2 That the Board respond to the petition from users of the Community Centre currently administered by Southdown and located in Buckingham Road.

3. Relevant information

3.1` The petition is being submitted to the Health & Wellbeing Board rather than the Policy & Resources Committee as the service is funded by the NHS.

3.2 To receive the following petition.

"We the users of the Community Centre currently administered by Southdown and located in Buckingham Road do hereby petition Brighton & Hove Policy & Resources Committee to adequately fund day centres as part of the Care in the Community program of Social Inclusion. We are of the opinion that this is Value for Money as it

would be far more affordable to tax payers than admission to Mill View Hospital or into A&E."

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

Summary:

In July 2013, the Policy and Resources Committee agreed for Public Health to commence the procurement process for the new Adult Drug and Alcohol services contract with a greater focus on recovery. This report describes the procurement process that has led to the preferred bidder being recommended for approval by the Health and Wellbeing Board and Policy and Resources Committee. If approved the responsibility for providing the local services will transfer to a new partnership from April 2015. Currently the service is provided by local community and voluntary sector partners and an NHS provider. The new partnership, led by the preferred bidder, will include a different NHS provider together with several local community and voluntary sector organisations which already provide drug and alcohol services. This report is referred to Policy & Resources Committee for decision as it is a follow up report to the Policy and Resources Committee decision in July 2013 and in view of the corporate budgetary implications of the procurement.

1. Formal details of the paper

1.1. Title of the paper
Outcomes from the Adult Drug and Alcohol Recovery Procurement Process

1.2 Who can see this paper?
Everyone

1.3 Date of Health & Wellbeing Board meeting
14 October 2014

1.4 Author of the Paper and contact details

Peter Wilkinson, tel: 01273 29-6562
Peter.Wilkinson@brighton-hove.gov.uk

Kerry Clarke, tel: 01273 29-5491
Kerry.Clarke@brighton-gove.gcsx.gov.uk

2. Decisions, recommendations and any options

2.1 That the Health & Wellbeing Board recommends to Policy & Resources Committee that the Adult Drug and Alcohol Recovery Service contract is awarded to Cranstoun as the lead provider in the Pavilions Partnership at a value not exceeding £15.6m over a three year period, subject to the Director of Public Health being satisfied about the detailed delivery arrangements; and authorises the Director of Public Health to award this contract upon being satisfied as to the delivery arrangements, and to take all necessary steps in connection with the letting of the contract.

2.2 That the Health & Wellbeing Board recommends to Policy & Resources Committee that it further grants delegated powers to the Director of Public Health to extend the contract at the end of the three year term, with the potential to extend the contract for a further two years if he deems it appropriate

3. Relevant information

3.1 In July 2013 the Policy and Resources Committee considered a paper from the Director of Public Health on the "renewal of Public Health contracts" which outlined the proposals for the Public Health contracts which had transferred to the local authority from the NHS. The committee agreed to the contract transfer arrangements and the procurement plans for a number of service contracts which included the Adult Drug and Alcohol Services.

3.2 The Policy and Resources Committee also agreed for the extension of the Drug and Alcohol Service agreements until March 2015 to enable the commissioning process to be completed and the contract to be awarded following a fair, equitable and transparent process.

3.3 NHS Brighton and Hove had been the commissioner of Substance Misuse services for many years, with the Public Health Specialist Team leading the process for the two years prior to the transfer to the Local Authority in 2013. There had been no recent market testing or re-commissioning prior to the transfer of these services in 2013, resulting in 19 different agreements and contracts for Drug and Alcohol services alongside 12 locally enhanced community pharmacy scheme agreements which have been rolled forward over that time. These agreements and contracts are with a range of different providers, including NHS and a number of local third sector organisations.

3.4 Advice from BHCC procurement and legal departments to re-procure community Drug and Alcohol services was endorsed by the Drug and Alcohol Action Team (DAAT), Joint Commissioning Group (JCG) and Safe in the City Partnership Board. These groups play key roles in the commissioning and delivery of substance misuse services. The decision to re-procure was also informed by national policy drivers which include:

- Two recent national strategies, (Drug Strategy 2010, Reducing demand, restricting supply, building recovery: supporting people to live a drug free life and the Government's Alcohol Strategy 2012). These policies changed the approach from a harm reduction and maintenance model to a recovery focused model with the service users integral to design and delivery.

- National policy directives that services need to be able to respond to the changing pattern of substance use and take a whole pathway approach.

- Furthermore the commissioning model must be compliant with Brighton & Hove City Council's Contract Standing Orders.

3.5 For the purpose of this future service, 'Service users' include substance users or those affected by others' using any substance, as described in 2010 Drug Strategy and 2012 Alcohol Strategy. This includes: illicit drugs, 'legal highs', performance and image enhancing drugs, over the counter and prescribed medicines.

3.6 The procurement process began in mid 2013 overseen by a working group comprising legal, procurement, public health commissioning and the DAAT/JCG. The process was also informed by a regional

Public Health England led action learning set for commissioners on procurement for Adult Drug and Alcohol Services.

3.7 Extensive consultation was undertaken to support the development of the new recovery focused service specification. Given the complex nature of substance misuse and alcohol services, external support was commissioned to carry out this consultation. The Centre for Public Innovation (CPI) was selected to provide this support across a series of individual and group face-to-face and telephone consultation sessions. An online survey was also undertaken reaching 250 people from the local community. This enabled a large number of relevant stakeholders to give feedback.

3.8 This consultation informed the development of the service specification, which was finalised jointly with commissioners across health and other parts of the council as well as service users and regional colleagues. The aim was to create a recovery orientated service for adult drug and alcohol users in Brighton & Hove that would be outcome focused, with creative approaches to service provision through new ways of working and by building on existing good practice.

3.9 This process puts service users' needs at the centre of the service as opposed to modifying exiting historical agreements. The outcomes agreed in the service specification put recovery and re-integration as a goal from the outset which is a change from harm minimisation and maintenance.

3.10 The aims of the new Recovery Service are:

- To enable service users to live free from the harms of using drugs and alcohol.
- To increase service users involvement in employment, education and training.
- To support the improvement of mental health and emotional wellbeing of individual service users, carers, families and children.
- To support service users to reduce their involvement in substance related offending.
- To implement a health promotion approach to reduce harm from drugs and alcohol in the general population.

3.11 These aims are not distinct from each other and need to be thought of as a continuum in order to create opportunities, services and activities that serve local citizens best.

3.12 The specification did *not* include the contracts for in-patient detoxification beds and residential rehabilitation. These will remain under the present arrangements which are that Sussex Partnership Foundation Trust provides the detoxification beds and Brighton Housing St Trust and the St Thomas Fund provide the residential rehabilitation spaces.

3.13 Following the development of the new specification, from March to September 2014, a commissioner led process was put in place. This comprised:

- The co-designed, outcomes based specification.
- Setting up an evaluation panel including representatives from public health, probation, children services, housing, Clinical Commissioning Group, Department of Work and Pensions and service users.
- A soft market testing event which described what Public Health was expecting from the new Recovery Service and confirmed the procurement process. This enabled feedback to be provided which was included in the final specification.
- The completion of a Substance Misuse Needs Assessment, an Alcohol Needs Assessment and an Equality Impact Assessment, all of which were released to bidders alongside the needs assessment for Community Safety and Mental Health.
- Reference to the Independent Drugs Commission that reported in April 2014, with an expectation that the bidder would take the recommendations into consideration.
- A bidders' briefing which described the outcomes based specification, with a focus upon a personalised approach and confirmed that the commissioners were looking to award a single contract with delivery undertaken by a joint partnership.
- A two stage tendering process with a dialogue period allowed for each submission including a clarification meeting with the evaluation panel, a clarification meeting with local pharmacy and primary care representatives and a series of dialogue meetings on the detail of each bidder's submissions.

3.14 Throughout the process the potential providers have been aware that an internal decision would be reached on whether or not to continue with the Injectable Opioid Treatment programme.

3.15 The Invitation to Tender document was published on the 21st March 2014 with a deadline for receipt of proposals by 20th May 2014. This resulted in four initial submissions and following an initial evaluation, three bidders were taken forward into the two stage process described above.

3.16 Bids were evaluated on the basis of the quality, partnership working and cost as set out below:

- Proposals have been evaluated on price (30%) and quality (70%).
- Quality was divided into two sections: service delivery (70%) and partnership (30%)

3.17 The key areas assessed as part of the quality section were:

- Achievement of outcomes across the specification
- Treatment and harm reduction services with a single access point and individual recovery co-ordinators
- The integration of care of people with dual diagnosis under a single plan
- Working with the criminal justice system
- Working with local GPs and pharmacists
- Working in hostels and alongside the street populations.
- Safeguarding arrangements and service delivery for adults and, where service users were parents, implementing a response that seeks to keep families safe together.
- Provision that would reduce Accident and Emergency first and repeat presentations and admissions.
- Increasing access and engagement with education, training and employment opportunities and to build individual financial resilience.
- Work with the service users to build recovery capital.
- The support provided to the local recovery system.
- Provision of services for the wider community through health promotion and training.
- Proposed performance measures and stretch targets.

- The partnership working included assessment of;
    - Clinical governance
    - Competency of workforce
    - Information sharing, risk assessments and care planning processes
    - Performance management structures
    - Contribution to social capital
    - Branding media and communication plans

3.18 The bid put forward as the recommended provider is called Pavilions Partnership, led by Cranstoun. Cranstoun is a Surrey based charity established in 1969 offering support and treatment to those affected by substance use.

3.19 Delivery of the service will be undertaken by a consortium of 'direct delivery partners', led by **Cranstoun**, whose focus will be service users, their needs and achievement of the local service specification outcomes.

3.20 Supporting Cranstoun's proposal and the delivery of the core new service, is an array of other partnerships and relationships, with 'shared-care delivery partners', established with other provider authorities and agencies. The confirmed partners and their roles in the partnership are as follows:

Partner	**Which provision the partner will lead**
Cranstoun.	Cranstoun will provide the contract management and strategic leadership. They will deliver access and engagement services, including outreach, satellite services and in-reach within other services and communities. Cranstoun will provide a broad range of harm reduction, psychosocial interventions and manage the wider health promotion agenda, peer mentoring programme and build upon mutual aid (co-facilitating SMART recovery where appropriate). Cranstoun will lead and manage the Education, Employment and Training opportunities, social & leisure activities, criminal justice response, the volunteer programme; and broker people into the wider networks within the Brighton & Hove community to sustain recovery beyond treatment. Cranstoun will lead on service user involvement and integrate this into the structure of the service, both in mobilisation and beyond.

Surrey & Borders Partnership NHS Foundation Trust	An NHS provider of specialist mental health, drug and alcohol and learning disability service. Surrey and Boarders NHS Foundation Trust will deliver pharmacological & health-related services. This includes being the lead partner in the delivery of the integrated mental health and substance misuse pathway and the management of complex needs clients. They will also take the Clinical Governance Lead role for the service.
EquinoxCare	Interventions related to street outreach, including engagement and access services, working across alcohol and drugs, together with targeted work with homeless and those with challenging housing issues. Discussions have also included provision around rough sleeper's services.
Brighton Oasis Project	Organisational input and support in the areas of specialist women's services, parenting programmes and one to one work, children and families interventions and crèche facilities (development, expansion and broadening of current provision)
Brighton Housing Trust	Specialist housing/homelessness input and links to Criminal Justice system.
SMART Recovery	The SMART Recovery local provision is a well establish and respected set of local self-help network groups that use a secular and science based approach to address addiction through motivational, behavioural and cognitive interventions. These voluntary sector groups are run by local people and it is the intention for Cranstoun to expand their existing contract to include the provision of specific services for Brighton & Hove.
Cascade Creative Recovery	This service is run by people with experience of active recovery from addiction providing supportive peer-led services across the city. Cascade will offer support for mentoring initiatives, development of wider mutual support networks and undertaking the role of 'critical friend'.

Mind in Brighton & Hove	Discussions thus far have included consideration of their current role and function as host to service user engagement and representation activity. Cranstoun are seeking to further develop and enhance this area of work and broaden out MIND's offer to a more integrated input in the area of mental health and substance misuse.

3.21 The overall partnership approach will be underpinned and supported by 'Recovery support partners' and networks. Direct delivery partners have been selected by Cranstoun by virtue of the respective agency competence and specialism, sought for the delivery of Pavilions service offer and their local presence and connectedness. Whilst some partners are already locally connected, the Cranstoun and Pavilions approach is designed to make the integrated and coordinated.

3.22 Pavilions, the service, will build upon and enhance positive local work and relationships, focussing provision on recovery and outcomes. The Pavilions proposal offers a single recognisable identity and brand, with Service-Users at the centre and integral to design and delivery.

3.23 It is intended that Pavilions will actively engage with the key local and existing shared care partners across primary, statutory and public care to enable service users to get the service they deserve and the city to achieve outcomes sought. They intend to connect strategically and structurally within the variety of forum and meetings already in place and much of this work will be undertaken during mobilisation.

3.24 It is anticipated that better integration and joint working will be achieved by frontline staff, with joint working protocols and arrangements being determined, agreed and planned during mobilisation, then delivered during implementation and beyond. Cranstoun have confirmed that Pavilions will actively seek direct input and involvement, in furtherance of service users' outcomes, with wider partner agencies e.g. with hospitals and mental health services; with social care, children's and safeguarding authorities.

3.25 Given the importance of the delivery arrangements, we have asked Cranstoun for more details of how the partnership will be legally

structured, and it is recommended that the contract is made subject to a pre-condition requiring the council to be satisfied about the details of the partnership arrangements before the service begins. This will require Cranstoun to confirm the outcomes to be delivered by individual partners, how partners (including direct delivery and integrated delivery) will work together, governance structures to ensure quality, safety and consistency, confirmation of single and joint assessment processes, details on joint planning and care reviews, risk assessments, information sharing arrangements, co-location of staff details, clinical care pathway details, and the respective roles and responsibilities that individual partners will have in the new recovery focused service.

The contract will be managed by the council through a management steering group and quality assurance meetings.

The mobilisation period, which will be from P&R Committee agreement to April 2015, will enable the commissioner and partnership to develop a robust and clear implementation plan taking account of changes for service users.

The evaluation panel concluded that the submission from Pavilions provided the strongest partnership arrangements with a single brand across the services. This was demonstrated through:

- Response to the evaluation questions which met the requirements outlined
- Partnership representation during the dialogue sessions.
- Evidence of working with the commissioners and listening to the feedback, speaking further to local partners and presenting change in final submissions

3.26 This is a cost effective delivery model and will complete a process that makes approximately 8% savings to the Public Health budget. The proposal also brings added value through:

- The free access to additional rehabilitation beds (value 58K)
- New agreements with three Boots pharmacies to make use of their facilities locally in the recovery journey

3.27 Where services are delivered externally (as is the case here), the options for the council are to continue with this arrangement, or to bring the service in house. Given the nature of this service, it is not considered realistic for it to be delivered in house. Part of the service is currently delivered by an NHS Trust, and in the

Cranstoun bid, this arrangement will continue, albeit with a different NHS Trust.

3.28 As with all procurement processes a change of service provider will give rise to potential TUPE transfers of staff. At this stage, the role of the council is to act as a conduit for TUPE Information in relation to the service and the incumbent contractor(s). This information was requested from existing partners early in the process and was supplied to all bidders for them to deal with accordingly. The preferred bidder has therefore taken into account the TUPE requirements in their bid. The details of any specific TUPE transfer(s) will be for the new contractor and the incumbents to agree.

3.29 Commissioners will ensure that as part of the mobilisation period Cranstoun will engage in conversation with local communities and ward councillors about any changes to service being delivered in their communities.

4. Important considerations and implications

4.1 Legal

4.1.1 In letting this contract, the council is carrying out its public health functions as set out in the Health and Social Care Act 2012.

4.1.2 Contract Standing Orders require that approval for contracts values in excess of £500k must be obtained from the relevant Committee, and that the contract must be executed as a Deed.

4.1.3 The services to be provided under the contract are 'Part B' services for the purposes of the EU procurement rules, and the process followed in relation to such services must be fair and transparent, and must not discriminate against potential service providers. It is considered that the procurement process that has been followed in this case (as outlined above) complies with this legal requirement.

4.1.4 There are no adverse human rights implications in relation to the recommendation.

Lawyer Consulted: Jill Whittaker Date: 22/09/2014

4.2 Finance

4.2.1 Brighton & Hove City Council receives a ring-fenced Public Health grant from the Department of Health to fund the costs of its Public Health service. The grant figure has not been confirmed for 2015/16, but is likely to be at the same level as 2014/15 (£18.695m).

4.2.2 The letting of this contract will help deliver savings of approximately 8% against current costs. The average yearly costs of the new contract are £5.2m, compared to £5.6m spent currently. This will result in savings of £0.4m against the Public Health budget, which will need to be factored into the budget setting process for 2015/16.

Finance Officer Consulted: Mike Bentley Date: 01/10/2014

4.3 Equalities

4.3.1 An Equality Impact Assessment (EIA) was completed as part of the commissioning process in January 2014. This was released to bidders alongside the needs assessment for Community Safety and Mental Health. It also resulted in a number of specific questions being put to bidders, to ensure that the successful organisation could demonstrate how it would meet the identified equality needs.

4.3.2 Equality monitoring is required quarterly from the service provider, along with improvement plans based on the monitoring information. Future needs assessments will review the impact of this EIA, identify and respond to the needs of diverse communities and the EIA's actions and impacts will be reviewed after 18 months.

4.4 Sustainability

4.4.1 No implications

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

4.5.1 Children Services, Adult Social Care and the CCG were involved in the development of the initial tender and the evaluation process. The implication for their services and teams have been taken into account in developing the new service.

4.5.2. All relevant parties will continue to be involved during the mobilisation period.

5 Supporting documents and information

5.1 No supporting document

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

1. Formal details of the paper

1.1. Title of the paper
Pharmaceutical Needs Assessment – Supplementary Statement and Working Draft of PNA report conclusions and recommendations

1.2 Who can see this paper?
All

1.3 Date of Health & Wellbeing Board meeting
14/10/2014

1.4 Author of the Paper and contact details
Nicola Rosenberg, Public Health Principal
*Email:*Nicola.rosenberg@nhs.net
Tel: 01273 574809

2. Decisions, recommendations and any options

2.1 This paper presents an updated supplementary statement to the 2010 Pharmaceutical Needs Assessment (PNA), for approval by the Health and Wellbeing Board (HWB).

2.2 The paper also presents a working draft of conclusions and recommendations of the ongoing 2015 PNA for discussion as requested by the HWB at the meeting on 05/02/2014. The PNA Steering Group will approve the draft of the PNA report prior to a 60-day consultation period, as agreed at the HWB meeting 5th February 2014. The final draft PNA document will be presented to the HWB in March 2015 for approval.

3. Relevant information

3.1 Context / background information

3.1 The Pharmaceutical Needs Assessment (PNA) is a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (Pharmaceutical and LocalPharmaceutical Services) Regulations 2013 ("the Regulations") set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA as well as the responsibility of NHS England in relation to "market entry".

3.1.2 The provision of NHS Pharmaceutical Services is a controlled market. Ifsomeone (a pharmacist, a dispenser of appliances, or in some circumstancesand normally in rural areas, a GP) wants to provide NHS pharmaceuticalservices, they are required to apply to NHS England to be included on apharmaceutical list. Since April 2013 pharmaceutical lists are compiled and heldby NHS England. This is commonly known as the NHS "market entry" system.

3.1.3 Under the Regulations, applications for inclusion on a pharmaceutical list mustprove that they are able to meet a pharmaceutical need as set out in the relevantPNA. There are two exceptions, one for services provided by distance selling (e.g.internet pharmacies), and the second is an application for needs not foreseen inthe PNA.

3.1.4 NHS England will use the PNA when making decisions on applications. Suchdecisions are appealable and decisions made on appeal can be challengedthrough the courts.

3.1.5 NHS England must maintain up to date lists of persons within an area offering a pharmaceutical service. NHS England must consult, giving 45 days for aresponse, the relevant Health and Wellbeing Board when an application for anew pharmacy or change to an existing pharmacy is received within 2km of thearea served by a Health and Wellbeing Board.

3.1.6 The requirements of the Health and Wellbeing Board are as follows:

3.1.6.1 HWBs are required to produce **the first PNA by 1 April 2015.** The Regulations set out the minimum information which must be included in the PNA, matters thatmust be considered when making the assessment and the process to befollowed (including a statutory 60 day consultation period). In the interim periodthe Regulations make provision for use of the PNA published by the HWBsformer PCT(s) to inform market entry decisions.

3.1.6.2 HWBs are required to publish a revised assessment within **three years** ofpublication of their first assessment; and

3.1.6.3 HWBs are required to publish a revised assessment as soon as is reasonablypractical after identifying significant changes to the availability of pharmaceuticalservices since the publication of its PNA unless it is satisfied that making arevised assessment would be a disproportionate response to those changes whereby a supplementary statement could be published. Inaddition the Health and Wellbeing Board is required to maintain an up to datemap of provision of NHS Pharmaceutical Services.

3.1.7 The current position regarding the PNA is described below:

3.1.7.1 A PNA for Brighton and Hove was published by NHS Brighton and Hove inFebruary 2011. A copy of the PNA can be found on the Brighton and Hove Connected website athttp://www.bhconnected.org.uk/content/needs-assessments

3.7.1.2 In March 2013 the PCT Pharmaceutical Committee reviewed the 2011 PNA and published a Supplementary Statement which states that a revised PNA was not required at that point (and would be a disproportionate response). A copy of theSupplementary Statement is available at:http://www.bhconnected.org.uk/content/needs-assessments

A further supplementary statement, accurate as at 1st July 2014, is presented here (Section 5) for approval by the HWB.

3.1.8 The HWB has instructed the Director of Public Health to produce a draft PNA for approval by the HWB by 1st April 2015. The Director of Public Health established a PNA steering group in March 2014 to oversee this process. The steering group is chaired by a Consultant in Public Health. Membership of the group includes representatives of BHCC Public Health Directorate, East Sussex Local Pharmaceutical Committee, Local Medical Committee, NHS England, Brighton and Hove Clinical Commissioning Group and Healthwatch.

3.1.9 A revised draft PNA will be circulated to the HWB as part of the statutory consultation.A final version will be presented to the HWB for approval by 1 April 2015. **A working draft of the draft PNA conclusions and recommendations is presented here to the HWB as requested by the HWB 5th February 2014**.

3.1.10The completion of the PNA is expected to adhere to the following timeline:

Key steps	Complete	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
PNA Steering Group Meetings									
HWB PNA Briefing									
Final Approved PNA implementation plan									
Engagement with stakeholders									
Data collection & analyses - current services, health needs and local and national priorities									
Map current service provision									
Identify and prioritise gaps in current service provision against the identified needs and priorities									
First draft of PNA									
Review of PNA 1st draft by Steering Group									
Finalise draft of PNA									
Draft consultation PNA signed off by Steering Group									
Formal consultation									
Analysis and preparation of consultation responses									
Amend PNA in light of consultation									
Finalise PNA for sign off by Steering group and submission to the HWB									
PNA signed off by the HWB 24th March 2015									
PNA published by 1st April 2015									

3.2 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

3.2.1 Publication of a PNA is a statutory requirement for the Brighton and Hove Healthand Wellbeing Board. The specified option was

approved, as an efficient and effective method to fulfil these duties, by the HWB on 5th February 2014.

3.3 COMMUNITY ENGAGEMENT & CONSULTATION

3.3.1 The Regulations set out the requirements for consultation on PNAs. When making an assessment for the purposes of publishing a Pharmaceutical Needs Assessment, each HWB must consult the following about the contents of the assessment it is making:

(a) Local Pharmaceutical Committee
(b) Local Medical Committee (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
(d) any Local Pharmaceutical Service chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
(e) Healthwatch, and any other patient, consumer or community group in its area which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area; and
(f) NHS trusts or NHS foundation trust;
(g) NHS England and
(h) neighbouring HWBs

We have consulted all of the above and will again will stakeholders and residents an opportunity to comment on the PNA report during the consultation process.

3.3.2 Engagement that has already taken place during the preparation of the draft PNA includes the following:

- Three surveys with: local patients / the public; local community pharmacies and local GPs and non-medical prescribers
- A focus group with local pharmacists representing different types of pharmacies within the city
- In-depth interviews with members of the public who showed an interest in further engagement following completion of the survey
- Semi-structure interviews with providers of other NHS pharmaceutical services (NHS Trusts, Foundation trusts and independent provider)

3.3.3 There is a minimum period of sixty days for consultation responses. The consultation period for the PNA will be 66 days and take place 1st November 2014 – 9th January 2015.

4. Important considerations and implications

4.1 Legal

The statutory requirement and prescribed process for the HWB to publish a PNA is set out in the body of the overall PNA report. The proposals in the report are consistent with ensuring that the HWB is in a position to discharge its duties.
Lawyer Consulted: Elizabeth Culbert Date: 16/01/14

4.2 Finance
The cost of producing the PNA including public involvement and consultation will be met by the ring-fenced Public Health Grant. There is £20k allocated for the PNA in the 2014/15 Public Health Business Plan for 2014/15.
Finance Officer Consulted: Anne Silley Date: 14/01/14

4.3 Equalities
We have incorporated Equality Act 2010 requirements throughout the PNA document. During the PNA process we have taken into consideration protected characteristics and vulnerable groups at each stage of the process and details relating to how services affect different groups are detailed in the main PNA report.
Equalities Officer Consulted: Sarah Tighe-Ford Date: 25/03/14

4.4 Sustainability
There are details in the PNA report regarding schemes aimed to improve sustainability of pharmacy services, such as the green bag campaign, inhaler recycling and reducing medicines waste.

4.5 Health, social care, children's services and public health
The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services. This will enable the provision of appropriate health, care and public health services as part of the delivery of local health and social care strategies, including the Health and Wellbeing Strategy and the Better Care work.

5 Supporting documents and information

Attached documents:

1) PNA Supplementary Statement, July 2014
2) Working draft of conclusions and recommendations of the 2015 PNA

Brighton and Hove
Clinical Commissioning Group

Brighton & Hove City Council

Brighton & HovePharmaceutical Needs Assessment
Supplementary Statement –July 2014

This supplementary statement to the Brighton & Hove Pharmaceutical Needs Assessment is issued in accordance with Paragraph 6 (3) b ii) in Part 2 (3) of the NHS (Pharmaceutical Services) Regulations 2013.

Whilst we are undertaking the review of the Pharmaceutical Needs Assessment for publication by 1st April 2015, the Health and Wellbeing Board has issued this supplementary statement to show the NHS England approved changes to pharmaceutical services in Brighton & Hove since March 2013.

Date Pharmaceutical Needs Assessment Published:	1st February 2011
Pharmaceutical Needs Assessment Review Date:	Currently under review. Due 1st April 2015.
Date Supplementary Statement Issued:	1st July 2014
Supplementary Statement No:	2
Authorised by Brighton & Hove Health and Wellbeing Board on:	

Since April 2013 the following changes in pharmaceutical services have been approved:

Pharmacy (T/A) and Address	Pharmacy Name	Type of change	Date Changed	Current Hours	Resulting change
Hove Pharmacy Superstore, Nevill Road, Hove, BN3 7PZ	Hove Pharmacy	Name change		Mon: 09:00-19:00 Tue: 09:00-19:00 Wed: 09:00-19:00 Thu: 09:00-19:00 Fri: 09:00-19:00 Sat: 09:00-18:00 Sun: 10:00-16:00	Name change
Leybourne Pharmacy, 9 Leybourne Parade, Brighton, East Sussex, BN2 4LW	Leybourne Pharmacy	Opening		Mon: 08:30-18:00, Tue: 08:30-18:00, Wed: 08:30-18:00, Thu: 08:30-18:00, Fri: 08:30-18:00, Sat: 09:00-13:00	New pharmacy
Parris and Greening Pharmacy, 105 Church Road, Hove, East Sussex, BN3 2AF	Parris and Greening Pharmacy	Change of ownership		Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00	Change in owner
Portslade Medical Centre Pharmacy, Portslade Health Centre, Church Road, Portslade, BN41 1LB	Portslade Medical Centre Pharmacy	Supplementary		Mon: 08:30-18:30, Tue: 08:30-18:30, Wed: 08:30-18:30, Thu: 08:30-18:30, Fri: 08:30-18:30	Change in opening hours
Superdrug Pharmacy, 78 Western Road, Brighton, BN1 2HA	Superdrug Pharmacy	Supplementary		Mon: 09:00-14:00; 14:30-18:30 Tue: 09:00-14:00; 14:30-18:30 Wed: 09:00-14:00; 14:30-18:30 Thu: 09:00-14:00; 14:30-18:30 Fri: 09:00-14:00; 14:30-18:30 Sat: 09:00-14:00; 14:30-18:00 Sun: 11:00-14:00; 14:30-17:00	Change in opening hours

Change	Totals
Closures	0
Openings	1
Changed name	1
Changed hours	2
Ownership	1
Relocations	0

2) Brighton and Hove Pharmaceutical Needs Assessment 2015 (Draft for discussion by Health & Wellbeing Board 14th October 2014)

Conclusions and recommendations

Key summary

- Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer residents over 55 years and below 15 years.
- Between 2012 and 2018 the population is expected to grow by 4.5%.
- There are currently 60 community pharmacies in the city. This equates to 22 pharmacies per 100,000 residents. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Currently and in line with future population projections the number of pharmacies per head of population are considered to be sufficient to meet the pharmaceutical service needs of residents.
- There is good coverage across the city of advanced and public health commissioned locally commissioned services. The PNA has not identified any significant gaps in the current pharmaceutical provision.
- Residents on the whole are satisfied or very satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies to support reducing health inequalities and improving health and wellbeing.
- Respondents to the public survey were largely (83%) satisfied with that existing pharmacy opening hours met their needs. We recommend that information about pharmacies opening after 6pm and during the weekends is made more readily available through different channels and in different places to ensure residents are aware of where and when services are delivered. There are a significant number of pharmacies distributed across the city that provide services after 6pm on week days and a service during the weekend.
- Findings from both the public and GP and non-medical prescribers survey showed a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on pharmacy services should be made more readily available locally to different audiences.
- There are significant opportunities for maximising the role of pharmacies within primary care and public health. Recommendations within this report support this.

1.1 Brighton and Hove population profile

Brighton and Hove has an estimated population of 278,112 (2013). Compared to the rest of England, there are proportionally more men and women aged 20-59 and fewer older residents and young people under the aged of 15 years. Between 2012 and 2018 the population is expected to grow by 4.5% and it is expected that the west locality will see the largest growth in total population. However currently and in line with these projections the number of pharmacies per head of population will remain sufficient to meet the pharmaceutical service needs of increasing numbers of residents.

Over the last decade the city has seen increased ethnic diversity. In 2001 white British residents made up 94.2% of the city in comparison to 80.5% in 2011. The overall age structure of Black and Minority Ethnic residents is comparably younger than the white population; 17% of BME residents are 0-14 years old compared to 15% of the White British population and 78% of BME residents are between 15 and 64 years compared with 70% amongst White British residents.

The average life expectancy in Brighton and Hove is 83.0 years for females and 78.7 for males. Life expectancies for both genders were lower than the South East, by 10 months for females (83.8 years) and two years for males (80.3 years).

There is a nine year difference in life expectancy between the most deprived ward and the least deprived wards in the city. As has been seen nationally, whilst mortality rates in the city are falling in all groups (and therefore life expectancy rising), they are falling at a faster rate in the least deprived areas of the city and inequalities are widening.[i]

As well as a lower life expectancy, people living in more deprived areas have poorer outcomes on a range of health and wellbeing indicators such as teenage pregnancy, smoking, alcohol and heart disease.

In order to maximise the role of community pharmacy in supporting efforts to reduce health inequalities the following recommendations in this report have been informed by the findings of the public, GP and pharmacy surveys, the pharmacy focus group and interviews with residents and other NHS providers.

1.2 Pharmaceutical dispensing activity and trends

There is a growing trend in the number of prescriptions dispensed both nationally and in Brighton and Hove. However pharmacies in Brighton and Hove have dispensed on average, significantly less than the England and Kent, Surrey and Sussex averages between 2006-07 and 2012-13.

1.3 Current pharmaceutical service provision

There are currently 60 community pharmacies in the city, one more pharmacy than was recorded in the previous PNA published in 2011. This equates to 22 pharmacies per 100,000 residents, ranging from 20 per 100,000 residents in the west locality to 25 per 100,000 residents in central. These figures compare favourably to the Kent, Surrey and Sussex combined average of 19 per 100,000 residents and the England average of 22 per 100,000 residents. Considering the projected population of Brighton and Hove in 2018, assuming no change in the number of community pharmacies, there will be 21 pharmacies per 100,000 residents (19 per 100,000 in west locality, 21 per 100,000 in the east and 24 per 100,000 in central).

When compared with other areas within a peer group the provision in Brighton and Hove appears to be better in terms of the number of pharmacies per head of population and if the local population grows in line with 2018 projections, the current number of pharmacies still provides sufficient coverage for the city.

1.4 Range of pharmaceutical services provided in Brighton and Hove

1.4.1 Advanced services

Pharmacies in Brighton and Hove provide Medicine Use Reviews (MURs), New Medicines Service and the Stoma Appliance Customisation (SAC) Service.

The proportion of pharmacies providing MURs in Brighton and Hove was higher than the national average in the years 2010-11 to 2012-13. The average number of MURs per provider was also higher than the England averages over this period. During the year March 2013 – February 2014 the proportion of Brighton and Hove providing the New Medicines Service (85%) was lower than the Kent, Surrey, Sussex 2012-13 year average (86.9%) but higher than the England average (82.3%). For Stoma Appliance Customisation, in 2012-13 6.8% of pharmacies in Brighton and Hove provided this service, which was significantly lower than both the Kent, Surrey and Sussex average (14.3%) and the England average (15.2%). The average number of SACs carried out by local providers has remained similar year on year.

In summary overall there is good access to advanced services within the city

1.4.2 Locally Commissioned services

There is a variation in the number of community pharmacies who provide locally commissioned services (LCS) across the city. Community pharmacies provide most of these services in addition to other service providers.

Intravenous medications within the community
The one CCG commissioned LCS is to provide Intravenous medications within the community. There are 2 pharmacies providing this service in different parts of the city and as this is a low use service that is also reliant on paying for transport for patients or carers this is considered to be good coverage.

The following services are commissioned by Brighton and Hove City Council public health directorate.

Stop smoking service
There is good coverage of community pharmacies offering the smoking cessation service with 34 (57%) pharmacies offering these services across the city.

Sexual health service – Emergency Hormone Contraception service including condoms and Chlamydia screening
Just over half (31) of pharmacies in the city provide the EHC service, which includes C-Card (information and condoms) and Chlamydia screening. Although coverage by providers across the city is good, there are some issues regarding the hours that the service is available from individual pharmacies. In the future pharmacies will be required to provide the services throughout all opening hours.

Supervised consumption of prescribed medications for substance misusers
Forty two community pharmacies provide supervised consumption services ensuring good coverage across the city.

Needle exchange and syringe exchange programme (NSP)
There are 24 community pharmacies providing (NSP) distributed across the city ensuring good coverage of the service.

A new contract for Substance Misuse services will begin in April 2015. Responsibility for overseeing the ongoing management of the pharmacy based needle exchange and supervised consumption services will pass to the provider. Details of how these services will run from April are under development however there should be no impact on the service experienced by people using the above two services.

Following publication of the previous PNA in 2011, there has been a significant increase overall in the number of pharmacies delivering public health locally commissioned services (previously named Locally Enhanced services). In 2011 on average 21 pharmacies delivered any one of the above named LCSs in comparison to 33 currently delivering these services. This demonstrates an improvement and overall good coverage of services.

1.5 Findings from public survey

We know from previous waves of the City tracker survey and the Healthwatch Urgent Care report (2013) that residents in the city are largely satisfied or very satisfied with pharmacy services. The City Tracker city-wide survey is conducted with residents aged 16 and over to find out what they think of Brighton and Hove as a place to live and to track key performance indicators including satisfaction with key services. Analysis carried out across all 6 waves of the survey showed that satisfaction for pharmacy services was high across different demographic groups. A review of the detailed reports compiled to inform the Health Watch Urgent care report (2013) did highlight slight differences between certain groups regarding the use of pharmacies.

The public survey carried out as part of the PNA was completed by 421 individuals. It should be noted it may be more likely that people who use pharmacy services completed the survey than those that do not.

Over 50% of respondents to the survey access a pharmacy close to their home on a weekday between 9.00am and 5.00pm. Eighty six percent of respondents were satisfied that they travelled a short distance to use their pharmacy, just over half use a pharmacy to collect their prescription and 15% had medications delivered to their home by their pharmacy. A few respondents requested for more information regarding home delivery service of medications.

Although during the PNA process we received feedback from various stakeholders regarding the lack of a 24 hour pharmacy within Brighton and Hove, survey respondents were largely (83%) satisfied that existing pharmacy opening hours met their needs. The minority (14%) within the survey who were not happy with current opening hours reported the main issue being that their pharmacy closed at 17.00 and they found it difficult to go to a pharmacy during daytime business hours. However as the maps 6, 7, 8, 9 in this report show there is a good distribution of pharmacies across the city that are open after 6pm on a weekday and at weekends. To support residents to access urgent care appropriately, the CCG is developing a website to share information about the range of services including pharmacies available at different times outside of and within business hours.

Although quite a large proportion, (42%) of survey respondents take their unwanted / unused medicines to a pharmacy for disposal discussions with key stakeholders revealed there is a need to highlight issue of safe disposal of medicines to patients.

Respondents are largely satisfied with current access to and use of pharmacy services across all localities. However older residentsare more likely to find their pharmacist, and the staff in the pharmacy, helpful than those aged under 25 years.

We asked residents about the services they used within pharmacies aside from collecting their prescriptions and what services they would like to see delivered in this setting. The top four services that residents used were:

- Minor conditions advice
- Medicines use check
- Urgent medications out of hours
- New medicines service

The top six services that residents would like to see pharmacies deliver in the future were:

- Minor conditions advice
- Urgent medications out of hours
- Medicines use check
- NHS health check
- Advice about managing your condition
- Advice about NHS / council services

The services that survey respondents would like to see provided in the future chime with the plans to increase the role of pharmacy with the EPIC pilot project. The EPIC pilot project aims to increase the role of pharmacies in the delivery of primary care services. Within this project pharmacies are accredited to deliver increasing numbers of patient group directions in order to manage care for patients and to take pressure off general practice for particular groups. The findings from the pilot project and this PNA should inform future services to be commissioned within pharmacies.

Among survey respondents whose first language is not English, 44% reported that their pharmacist made arrangements to communicate with them in their first language. The CCG commissions the Sussex Interpreting Service to provide interpreting services where necessary.

Additional information and feedback provided by survey respondents reflected how satisfied the vast majority of patients are satisfied with pharmacy services. This correlates with the data from the responses to the other survey questions and other sources. The recommendations below are made to help improve existing high quality services rather than a call to significantly change what and how services are delivered within pharmacies.

Draft Recommendations

- To improve the public's knowledge and understanding of the services delivered by community pharmacies. This could be achieved through a

national campaign lead by NHS England and to improve understanding of pharmacy services across the country. Brighton and Hove City Council and CCG should also ensure information is available locally in a number of different ways to different audiences to ensure residents are aware of and have easy access to up to date information about what, when and where services are provided by pharmacies.

- For there to be no significant reduction to existing opening hours for pharmacies across the city. Where there are pharmacies open in the evenings, late at night and throughout the weekend, more information should be made available to patients / residents using different avenues (web and non-web based).
- To develop and deliver new initiatives including a local campaign regarding safe disposal of medications tailored to target groups as identified by the survey findings.
- For NHS England to note that patients would like to know more about the home delivery of medications service that some pharmacies provide.
- Pharmacies to train staff to communicate well with younger age groups as well as older residents.
- NHS England, Brighton and Hove City Council and CCG and pharmacies to work together to communicate clearly with patients regarding pharmacy services that are already available such as minor conditions advice.
- NHS and public health commissioners to consider commissioning new services within pharmacies in response to a given need, e.g. NHS health checks and advice regarding managing long term conditions
- Brighton and Hove CCG to share information regarding Sussex Interpreting service and for this to be shared widely with both pharmacists and residents to ensure arrangements are made for patients to communicate with pharmacies in their chosen language.

1.6 Findings from the GP and non-medical prescriber[1] survey

All GPs and non-medical prescribers were invited to participate in the survey. The 29 GPs and non-medical prescribers that responded to the survey came from 18 out of the 46 practices in the city and 57% of the responses came from the central locality. It is to be expected that those who responded to the survey are professionals who themselves may more engaged and interested in pharmacies and as the numbers of respondents for this survey are low, the results should be considered within this context. However an overwhelming finding from the survey is that the respondents either generally considered pharmacy services to be fair, good or very good or weren't sure about the quality of service. A significant theme within the free text comments provided within survey responses focused on requests for pharmacies to take more of a lead in specific areas of care, similar as to those services that are being piloted within the EPIC project.

Across a number of questions, respondents repeatedly reported that they thought the services that they knew about within pharmacies were generally good but that they didn't know about the range of services provided.

[1] A non-medical prescriber is a healthcare professional (who is not a doctor e.g. nurse or pharmacist) qualified to prescribe medications.

The majority of respondents to the survey were not sure about the quality of the range of different pharmacy services (essential, advance and locally commissioned services). There were mixed responses in terms of feedback following medicines use reviews, 45% of respondents received feedback and 40% stated this sometimes happened.

The majority (65%) of respondents had weekly contact with pharmacies and most of this contact was considered of good or very good quality. In response to a question about how to improve working between pharmacy and general practice, aside from GPs needing to understand more about pharmacy services, there were recommendations for more communication between pharmacies and practices and more joined up working.

Overall respondents were positive about new services being delivered by pharmacies. The top four services that survey respondents would like to see pharmacies delivered in the future were:

- Help with weight – healthy eating and physical activity
- Alcohol support – advice and information
- Long term conditions advice
- Immunisation and vaccinations e.g. flu

Further recommendations (in addition to those directly below), regarding working between general practice and pharmacy, are found in the below section following the findings from the community pharmacy survey and the focus group with pharmacists.

Draft Recommendations

- To improve the GPs' and non-medical prescribers' knowledge and understanding of the services delivered by community pharmacies. Brighton and Hove City Council and CCG should also develop training and a local information campaign to ensure GPs and non-medical prescribers are aware of, understand and have easy access to up to date information about what, when and where services are provided by pharmacies.
- To review and evaluate the impact of the roles pharmacies played within the EPIC project alongside the findings from this PNA to inform future commissioning of services.

1.7 Community pharmacy survey and focus group

All 60 community pharmacies in the city were invited to participate in the survey and we held a focus group with pharmacists delivering services within Brighton and Hove who were also members of the East Sussex Local Pharmaceutical Committee. The findings within this section are derived from the 39 survey responses (from 36 pharmacies) and themes that emerged from the focus group. As 60% of pharmacies responded to the survey the findings from this survey should be considered in light of this.

Regarding pharmacy premises; 100% of pharmacies that responded have a separate consultation room, 25 (69%) have hand washing facilities and 10 (28%) have access to toilet facilities. Just under half of pharmacies that responded have

limited room for expansion and 40% have car parking facilities, with just under a third providing disabled parking facilities. This summary of the current situation of pharmacy premises demonstrates that although services within pharmacies are considered to be of good quality, they could yet be further improved by addressing the issues relating to the Equality Act requirements, access to hand washing and toilet facilities. In order for pharmacies to deliver a wider range of services to meet local patients' needs, issues relating to equality of access to facilities and premises will need to be addressed.

With very few exceptions, pharmacies have computer and printing facilities, internet access and computers that are enabled to deliver the electronic prescription service. Most pharmacies have one full time pharmacist and 66% have at least one regular locum.

Almost all pharmacies have at least one accredited pharmacist to deliver MURs and NMS and health care assistants to deliver stop smoking interventions. The findings relating to contact with GPs chimes with the responses to the GP survey. A significant proportion of respondents reported having weekly 'good quality' professional contact with GPs. Pharmacies are by and large interested in providing a whole range of new services in the future that are not currently commissioned.

Regarding the Health Living Pharmacy (HLP) initiative whereby pharmacies are accredited to deliver health improvement campaigns and interventions, 94% of respondents were aware of the scheme - 27% of whom are already a HLP and 58% are interested in becoming a HLP. Ninety four per cent of respondents have a display area for health promotion materials. There are significant opportunities to maximise the public health role of pharmacies and the knowledge and interest shown in the Healthy Living Pharmacy scheme provides insight into how the work with the HLP scheme should develop.

The focus group discussed how to improve existing provision of services within community pharmacy and working with practices. The key themes that came out of discussions focused on: repeat dispensing responsibilities, maximising the opportunity of the Electronic Prescription Service and improving channels of communication with GPs.

The recommendations below regarding improving working with general practice are about joining up different parts of the primary care system so that pharmacies are seen as part of the same 'team' as general practice and wider integrated team working being developed under the Better Care initiative.

Draft Recommendations

- All pharmacies should have an understanding of the 2010 Equality Act requirements for their premises.
- BHCC Public health directorate to further develop the Healthy Living Pharmacy scheme working with pharmacies to focusing efforts on reducing inequalities and addressing needs of vulnerable groups
- For pharmacies to have more of a lead role regarding repeat dispensing. Pharmacists would inform GPs which patients could go onto repeat

dispensing and receive prescriptions and medications directly from the pharmacy without having to go to the GP surgery.

- NHS England, Brighton and Hove CCG and City Council, pharmacies and patients to work together to reduce waste of medicines.
- To share practice and pharmacy email addresses between practices and pharmacies. Pharmacists should use an nhs.net[2] email account for communication.
- To improve more integrated ways of working linked with the Better Care work, joint meetings between GPs and pharmacist within local areas should take place. Exchanges and joint meetings should also happen between practice and pharmacy staff to help share understanding of different roles and issues pharmacies and practices both face.

[i] South East Public Health Observatory. Health Inequalities Gap Measurement Tool [accessed 2014 Jun 24]. Available from URL: http://www.sepho.nhs.uk/gap/gap_national.html

[2] September 2014 NHS England invited all pharmacies, that didn't already have an nhs.net email account to make a request for one in order to facilitate sharing of information between professionals securely.

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

1. Formal details of the paper

1.1. Title of Paper
Brighton & Hove Safeguarding Adults Board Annual Report 2013-14

1.2 Who can see this paper?
This paper is to be made available to the general public.

1.3 Date of Health & Wellbeing Board
14th October 2014

1.4 Author of the paper and contact details
Michelle Jenkins, Head of Adult Safeguarding
Tel: 01273 296271
michelle.jenkins@brighton-hove.gcsx.gov.uk

2. Decisions, recommendations and any options

2.1 That the Health and Wellbeing Board notes the safeguarding work carried out in 2013-14, and the priorities for 2014-15.

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

2.3 The Health and Wellbeing Board approves the protocol between the Brighton & Hove Health & Wellbeing Board, the Brighton & Hove Safeguarding Children's Board and the Brighton & Hove Safeguarding Adults Board.

3. Relevant information

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

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

The Safeguarding Board Annual Report outlines work carried out across the City during the period of 2013-14, and notes the priorities for 2014-15.
The report is published on the Brighton & Hove City Council website, and circulated to all member organisations of the Safeguarding Adults Board.

A protocol to ensure clarity of work between the Health and Wellbeing Board and the Adult and Children's Safeguarding Boards has been included this year as an appendix.

4. Important considerations and implications

4.1 Legal

The requirement for producing the Annual Safeguarding Report is contained in the body of this report and the relevant legislative requirements including significant statutory change arising from the Care Act 2014 and application of the Mental Capacity Act 2005 (as amended) arising from Supreme Court case law are described in detail in the appended annual report.

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4.2 Finance

Safeguarding work is supported through and integrated within the budgets for adult social care and partner organisations. During 2014/15 there has been increasing activity on assessments under Deprivation of Liberty Safeguards which is putting a financial pressure on adult social care budgets and the expected activity levels will need to be reflected within the development of the 2015/16 budget.

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Date: 01/10/2014

4.3 Equalities

There are no specific equalities implications for the HWB in relation to this report. An Equality Impact Assessment has been carried out for safeguarding work, including Safeguarding Procedures. Positive joint working in this area will ensure that the most vulnerable residents are supported to access the justice system, and to prevention of harm and abuse.

4.4 Sustainability

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

5 Supporting documents and information

Safeguarding Adults Board Annual Report 2013/14

Protocol between the Brighton & Hove Health & Wellbeing Board, Brighton & Hove Safeguarding Children's Board and the Brighton & Hove Safeguarding Adults Board

Brighton & Hove Safeguarding Adults Board

Annual Report 2013/14

Brighton & Hove SAB Safeguarding Adults Board

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

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

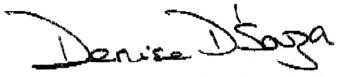
In April 2015 the Care Act comes into statute, and puts safeguarding adults on a statutory footing. This includes making Safeguarding Adults Boards statutory, in line with Safeguarding Children's Boards. We all welcome this change in law, and the emphasis it gives to the importance of protecting the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

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

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

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

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



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

2. National Developments

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In July 2012 the Care and Support White Paper *Caring for our future: reforming care and support* set out a commitment to establishing the role of Principal Social Worker in adult services to mirror developments in Children’s services and created the role of Chief Social Worker for Adults in the Department of Health.
Locally we have created the post of Principal Social Worker in Adult Social Care and recruited to this post. This post will lead on social work reform within BHCC, working closely with the Principal Social Worker for Children’s Services, and with the Head of Adult Safeguarding in ensuring staff competency, practice and support required to meet the expectations of the Care Act.

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

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

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

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

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

2.3 Key Priorities for 2014-15

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

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

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

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

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

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

3. Performance and Practice 2013-14

3.1 Summary of Main Points to Note

1) The total number of safeguarding alerts raised due to suspected harm or abuse of an adult at risk in Brighton and Hove for the year 2013-14 (April –end March) is **1,861**. Last year the total was 1,876, so this is a very slight decrease from 2012-13 of 0.8**%**. Last year there was a 29% increase, and in general since 2004, when data collection started, there has been a yearly increase of between 20-60%.

2) This year the number of alerts received in Adult Social Care services is 1111. This is a 15% increase from last year. The number of alerts received in Mental Health and Substance Misuse Services is 750. Last year 909, a 17% decrease.

3) These figures therefore show no real increase over all for alerts, which is a change to the trend in past years of a continuous increase. This may be that the number of alerts has now plateaued, though with only 1 year's data showing this it is hard to know if this is a trend. However, in Adult Social Care there has been an increase of recorded alerts, and in Mental Health and Substance Misuse Services, combined, a decrease is showing, indicating a difference between the two areas. It is not clear at this stage why there is this difference, and this is being explored within assessment services. Due to the Care Act, recording will be based on different criteria from 2015, so any ongoing trends from this year will be hard to judge beyond this.

4) The number of alerts which required a safeguarding investigation this year totalled **845.** Last year there were 858 investigations, so a 1.5% decrease in number of investigations undertaken from last year. Previous years have shown between a 5% - 20% increase. 845 investigations breaks down to 16.25 safeguarding investigations per week.

5) The percentage of alerts which required to be investigated under the safeguarding procedures last year was 46%. This year it is **45%**, showing a fairly steady approach, and has remained near this figure for the last few years.
   In Adult Social Care Services (ASC) 378 investigations were undertaken. Therefore 34% of alerts received by ASC services required an investigation under the safeguarding procedures.
   In Mental Health and Substance Misuse Services 467 investigations were undertaken. Therefore 62% of alerts received by these services required an investigation under the safeguarding procedures. Last year this split remained equal at 46% across all services.

6) A decrease in investigations, even though only slight, is again a change in the trend from previous years. Again, as with alerts this may be finally showing a plateau. What is significant this year is the difference in proportion of alerts going into investigation between Adult Social Care teams, and Mental Health/Substance Misuse teams. In all previous years recorded, the proportion between the teams has remained equal between the teams at about 45 to 50%. This requires further exploration by the assessment service, as could indicate a data recording issue, or a difference in approach in applying the threshold for investigating. An audit last year of alerts that did not go into investigation did not show any concerns with the application of the threshold, but this data will require further exploration for assurance.

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

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

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

3.2 Performance Data 2013 – 2014

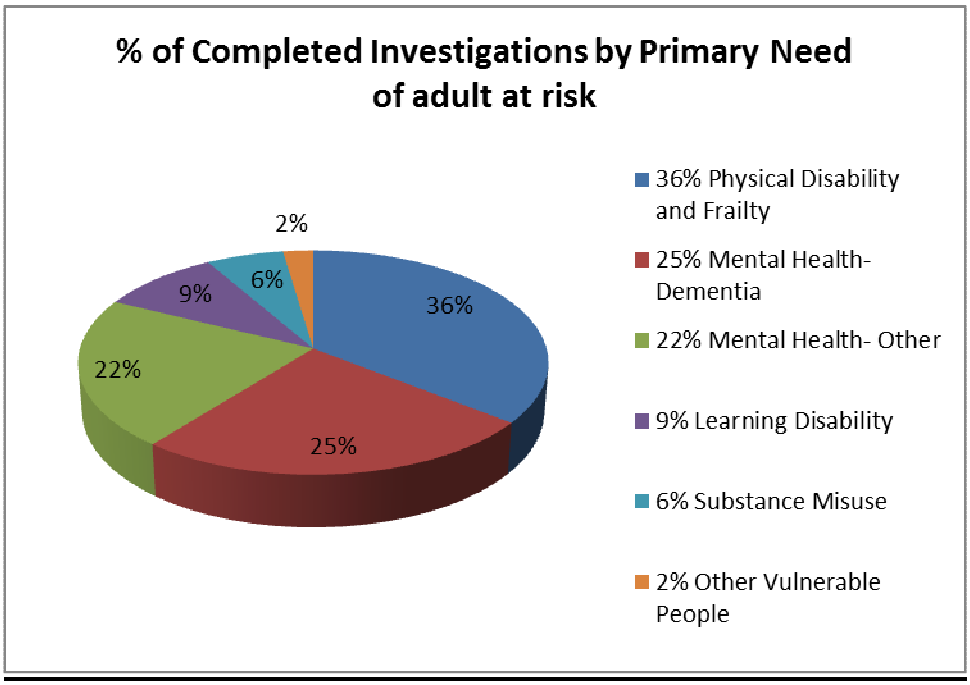


Figure 1: Number of Investigations by Primary Need of Adult at Risk

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

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

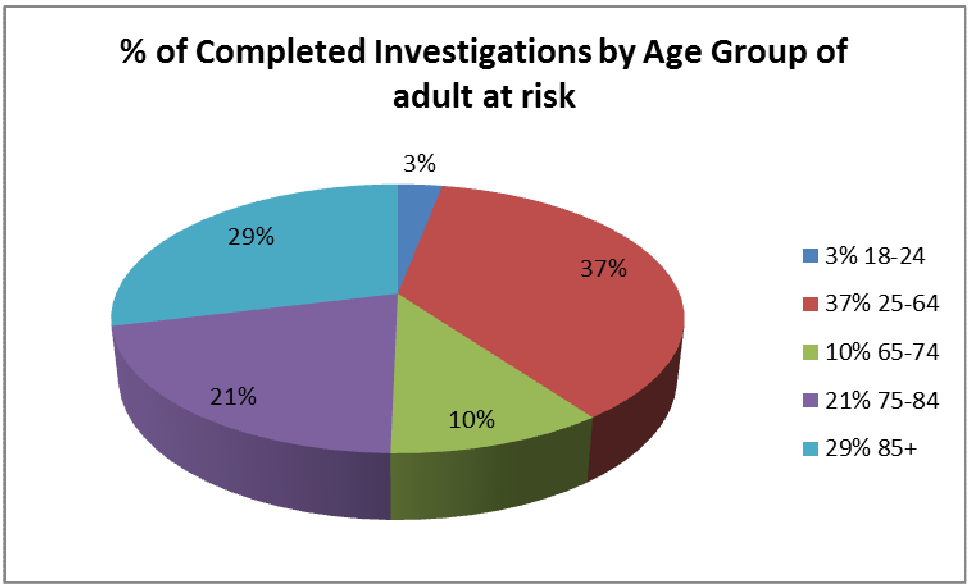


Figure 2: Number of Investigations by age group of adult at risk

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

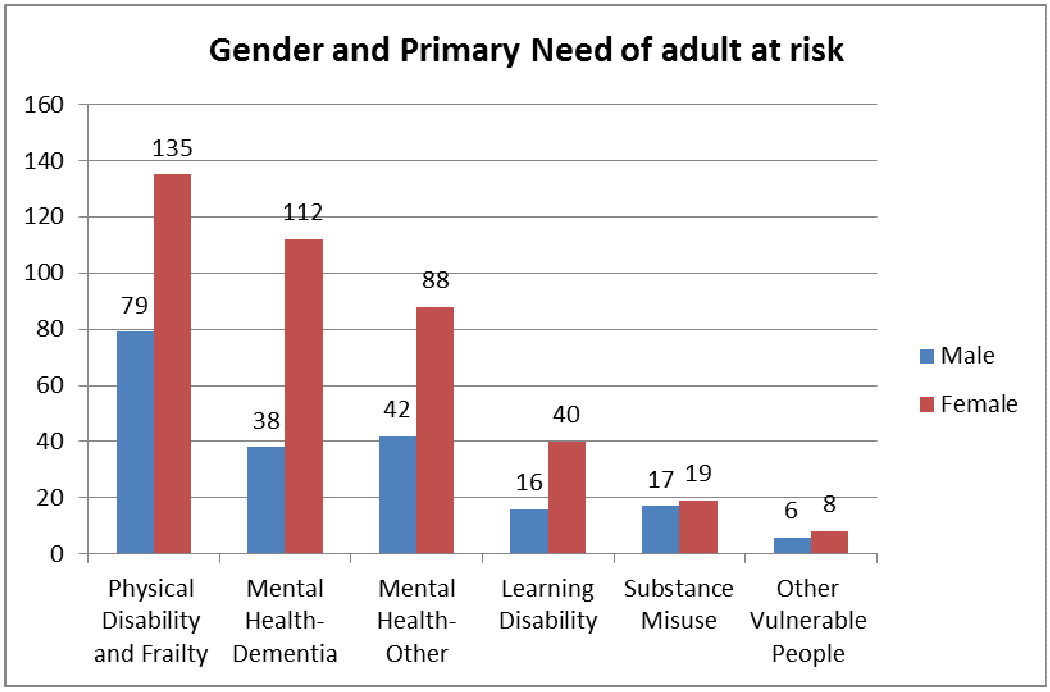


Figure 3: Number of Investigations by Gender and Primary Need of Adults at Risk

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

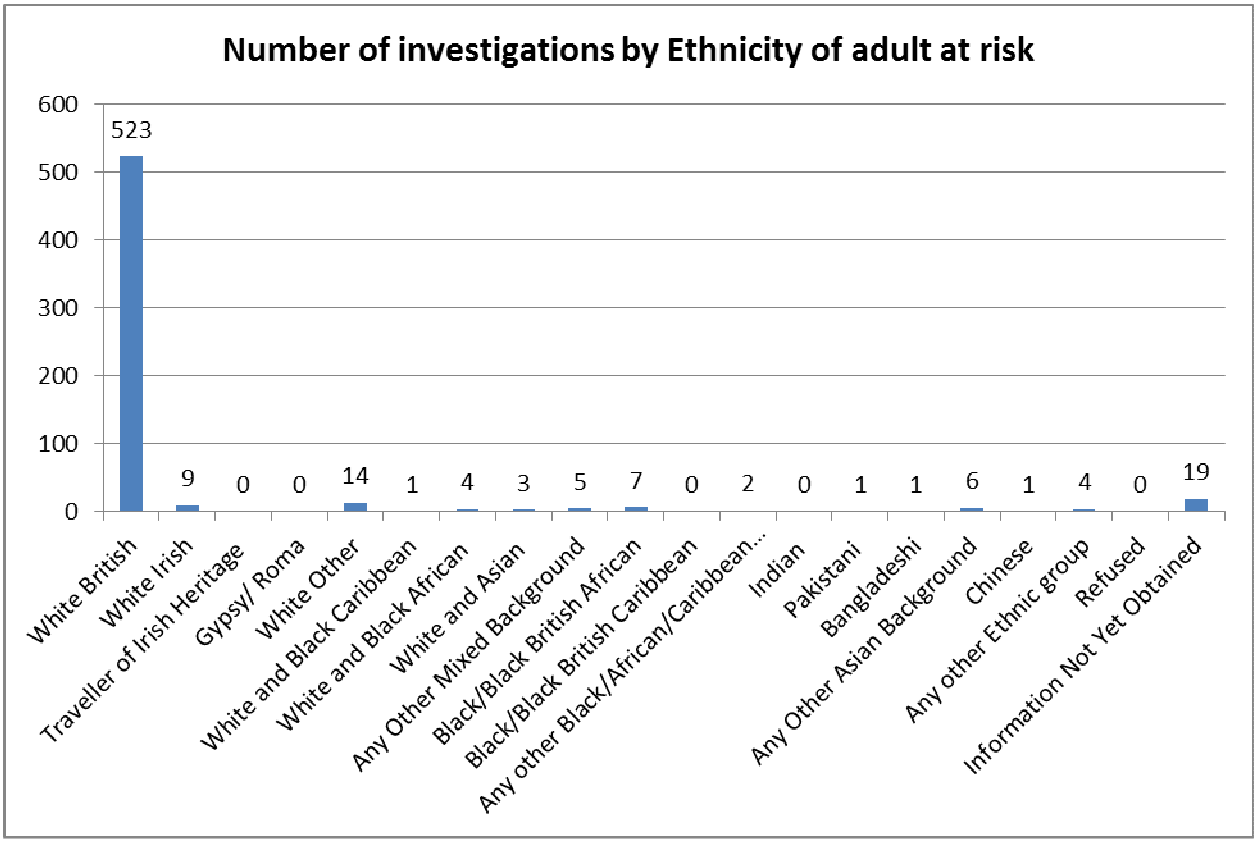


Figure 4: Number of Investigations by Ethnicity of the Adult at Risk

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

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

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

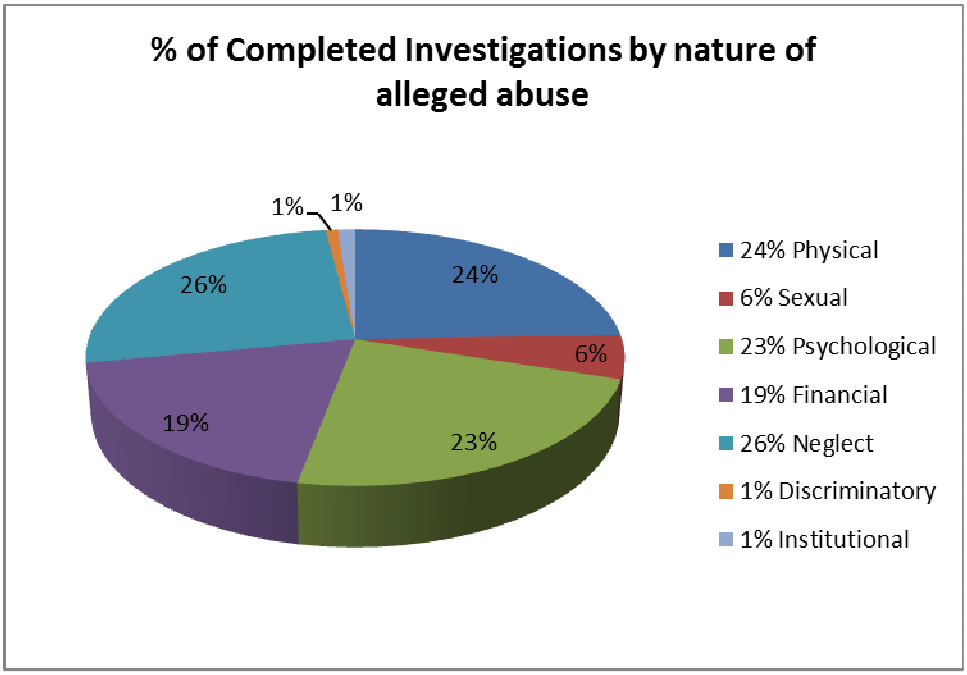


Figure 5: Percentage of Investigations by the nature of the alleged abuse

Figure 5 shows investigations by category of harm or abuse. Categories of harm or abuse remain proportionate to the previous year.
It must be noted that this data is based on the first type of abuse recorded in each investigation to provide an idea of the spread. Multiple categories of abuse can be noted as part of one investigation.

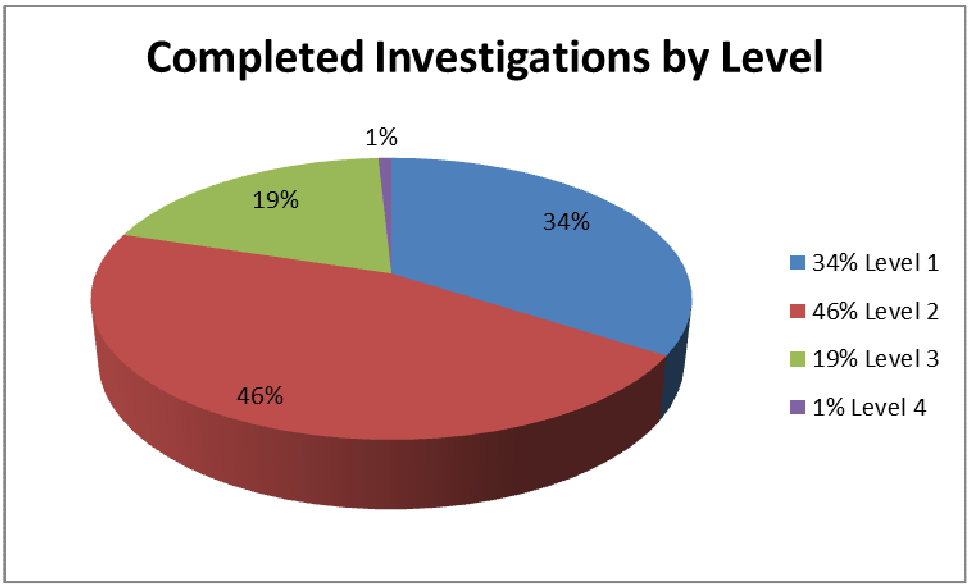


Figure 6: Percentage of investigations by level of investigation.

In Sussex safeguarding investigations procedures require each investigation to be assigned a level of investigation. Levels are 1 to 4, with Level 1 and 2 indicating harm, Level 3 indicating significant harm. Level 4 is an allegation that requires an investigation for more than 1 adult at risk. Please see appendix for further guidance on levels of investigation from the procedures. This is not something that is reported nationally, but is of local interest.
This year Level 1 and level 2 investigations stand at 80% of all investigations, which is in line with last year's figures, and reflects current practice developments.

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

Figure 7: Number of Investigations by Referral source

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

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

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

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

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

The category of 'other' at 4% includes;

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

All these proportions remain very similar to last year's data, with a slight increase in referrals from social care staff due to an improvement in data entry causing a decrease in the category 'other' being used.
Work will need to continue regarding raising awareness amongst Personal Assistants. As these arrangements are generally organised between the person and the carer directly, training and awareness of safeguarding is not always assured. However, work has been done in this area, with additional support now being offered from The Fed to people employing carers via Direct Payments, which will hopefully increase awareness in this area.

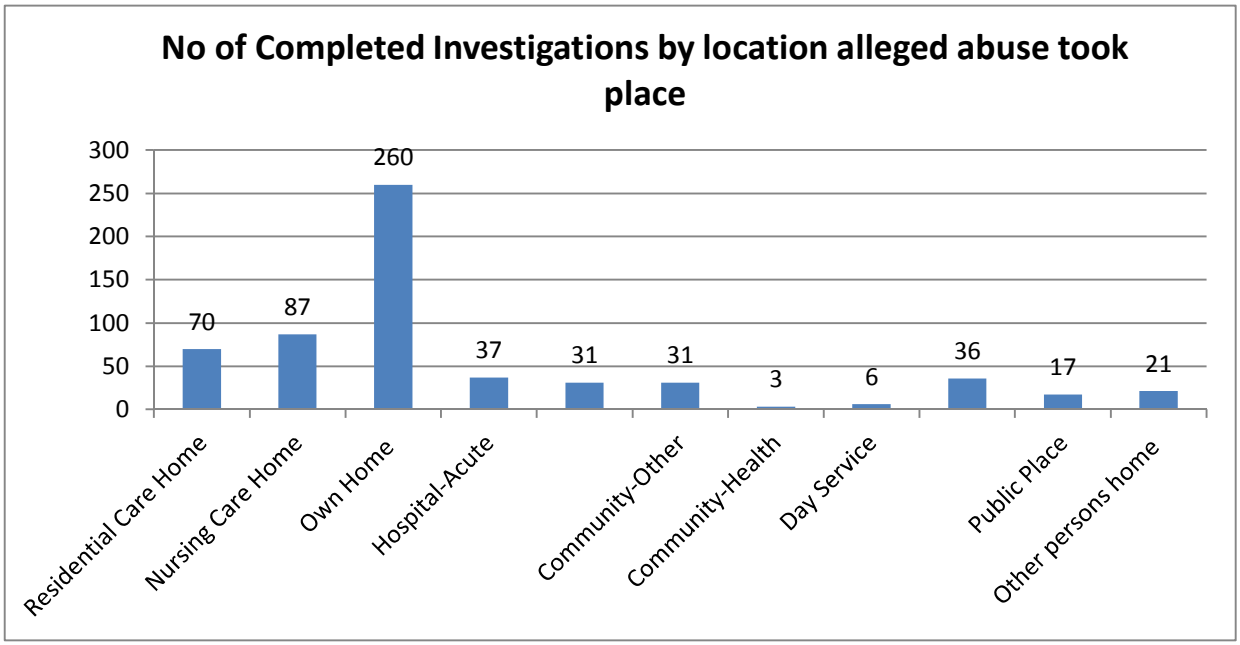


Figure 8: Number of Completed Investigations by Location Alleged Abuse Took Place

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

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

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

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

Figure 9: Number of Investigations by Source of Risk

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

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

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

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

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

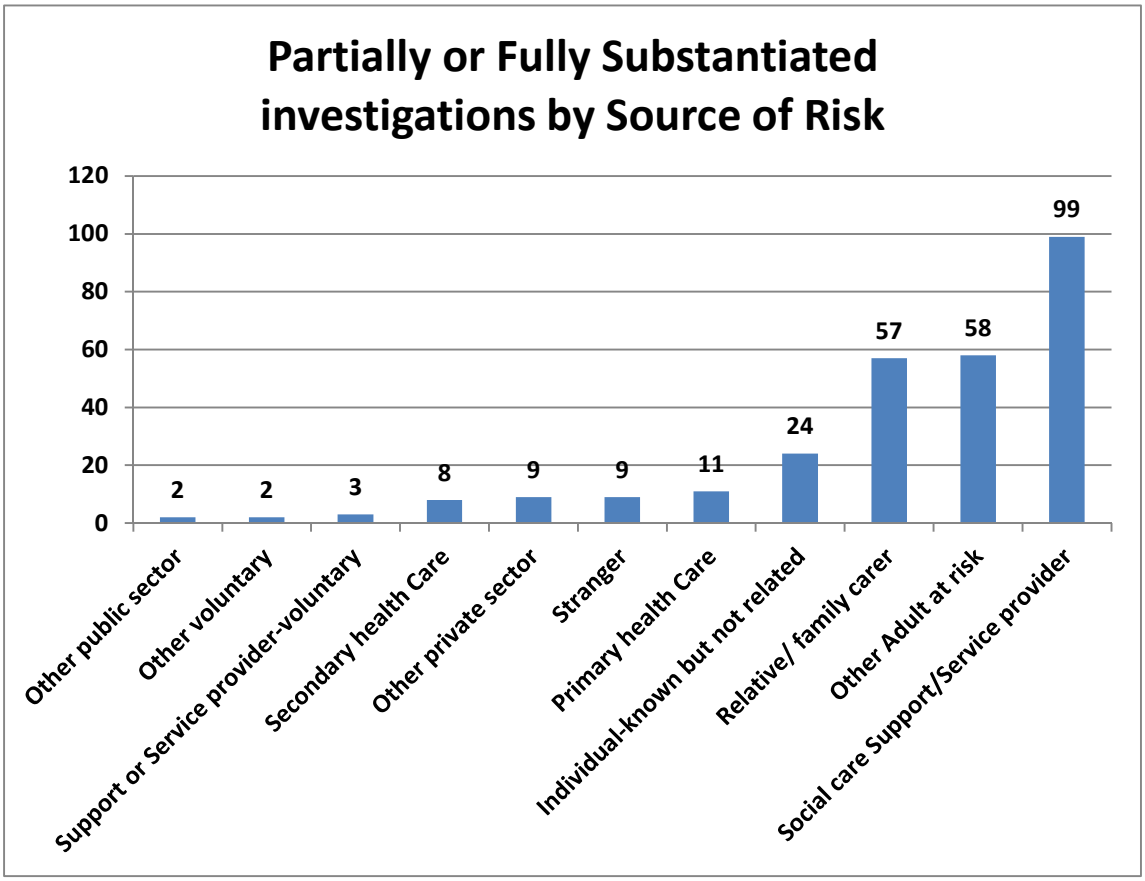


Figure 10: Number of Substantiated Investigations by relationship of person who has caused harm to an adult at risk

Figure 10, shows further information on the source of risk, as it shows the information by substantiated and partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded. Out of 600 investigations 282 were outcomed as substantiated, or partially substantiated which means an element of the allegation was substantiated.
Again, as data requirements are so different from the previous year a clear comparison is difficult, but the following gives a breakdown;

35% social care provider (not including voluntary sector) (15% social care staff last year, though this does not reflect the same groupings as this year's data collection)
29% relative or family member or friend or neighbour (last year 25%)
Other adult at risk 20.5% (last year 25%)
Health – Primary and secondary 7% (13% last year)

What may be a more useful way to compare with last year's data is to combine the categories into professional roles and non professional roles, such as family members/friends etc.
This breaks down as;
Professional (including voluntary) 48% (50% approx. last year)
Non professional 52% (50% approx. last year)

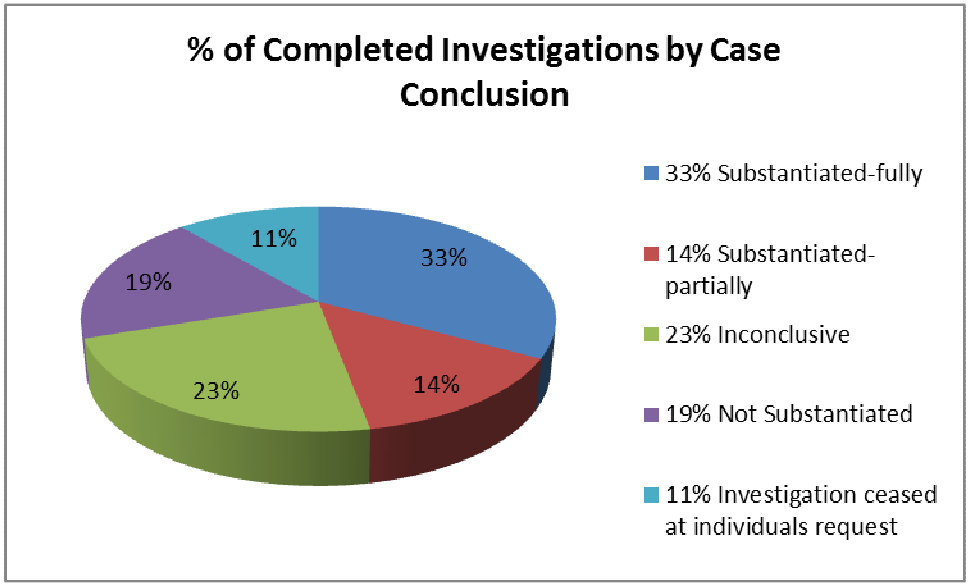


Figure 11: Percentage of Completed Investigations by Case Conclusion

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

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

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

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

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

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

4. Safeguarding Adults Board Member Organisation Reports

4.1 Brighton & Hove City Council Adult Social Care Assessment Services

General overview of the year 2013-14:

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

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

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

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

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

Future plans / priority areas for 2014/15:

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

Brian Doughty
Head of Assessment Services
Brighton & Hove City Council

4.2 Sussex Police

General overview of the year 2013-14:

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

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

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

Future plans / priority areas for 2014/15:

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

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

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

Future plans for staff competency through training and other means:

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

Any other information / areas / issues:

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

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

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

Louise Williams
Policy and Audit Supervisor
Sussex Police

4.3 Adult Social Care Commissioning Unit

General overview of the year 2012-13:
The Adult Social Care (ASC) Commissioning & Contracts team merged in April; this will ensure better links between the commissioning, contracts & quality monitoring functions.

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

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

A) COMMISSIONING TEAM

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

B) CONTRACTS TEAM

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

Future plans / priority areas for 2014/15:

A) COMMISSIONING TEAM

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

B) CONTRACTS TEAM

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

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

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

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

facilitated where required.

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

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Future plans for staff competency through training and other means.

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

Any other information / areas / issues:

Care Governance Framework

The council has a Care Governance framework in place through which it seeks to:
• promote good quality care across the sector
• assure itself of quality in each service, and
• ensure effective action is taken when quality is not achieving acceptable standards.

The framework seeks to work positively with all providers of care and support, seeking to identify concerns about quality early and intervene before they have a negative impact on service users. The safety and well-being of service users is always paramount.
The Care Governance framework is overseen by a Board of Senior Managers including CCG representation. It is supported by two panels:
a) The 'Promoting Good Quality In Care Panel' actively promotes sector-wide improvement through informing a Learning and Development Programme (which is open to all social care providers in the city) and through its co-ordination of Dignity and Quality assurance networks. The Panel identifies key themes across the sector on which to focus improvement activity. The emphasis is on sharing best practice and exploring the difficult issues that face all providers in an open and outcome focused manner.
b) The 'Service Improvement Panel' monitors the quality of individual services, co-ordinates action when services are not achieving acceptable standards and ensures effective service improvement planning. The monitoring of quality includes gathering information from a range of sources including the CQC, health practitioners, the complaints team and the council's assessment team. The views and experiences of service users and their families are of particular importance in making judgements about the quality of services.

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

Contracts with providers

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

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

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

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

Anne Hagan
Lead Commissioner Adult Social Care
Brighton & Hove City Council

4.4 Partnership Community Safety Team (PCST)

General overview of the year 2013/14:

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

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

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

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

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

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

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

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

monitoring strategies and bringing perpetrators to justice.

Specific developments, achievements & work undertaken in 2013/14

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

Future plans / priority areas for 2013/14

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

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

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

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

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

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

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

Linda Beanlands
Commissioner Community Safety
Partnership Community Safety Team

4.5 Brighton & Hove City Council Adult Social Care Provider Services

General overview of the year 2013-14:

Improved overview and delivery of training:

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

2012/13.
- No target for refresher training but evidencing safeguarding competency framework on PIER annually.

Restrictive Practices: introduced document to ensure least restrictive practice.

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

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

Future plans / priority areas for 2014/15:

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

Future plans for staff competency through training and other means.
Training targets 2014/15:
- Safeguarding Basic Awareness Training- target 85% of all staff
- MCA training- 60% of all staff
- DoLs- 60% of all staff.

Improve training and practice- DoLS/MCA

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

Review of observation policy in line with DoLS case law.

Karin Divall
Head of Provider Services
Brighton & Hove City Council

4.6 Brighton and Sussex University Hospital NHS Trust (BSUH)

General overview of the year 2013-14:

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

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

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

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

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

The key themes that came up in the review were:

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

Flagging patients who have a learning disability has been the one of the priorities for the Learning Disability Liaison Team (LDLT) since the beginning of 2012. We now have an additional 249 patients flagged since this point. No records of those previously flagged are available so there is some uncertainty of the actual numbers flagged.
All people with a Learning Disability (PLD) referred to the LDLT are now flagged on Symphony and Oasis, hospital databases.

The Safeguarding Team has also achieved the following;

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

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

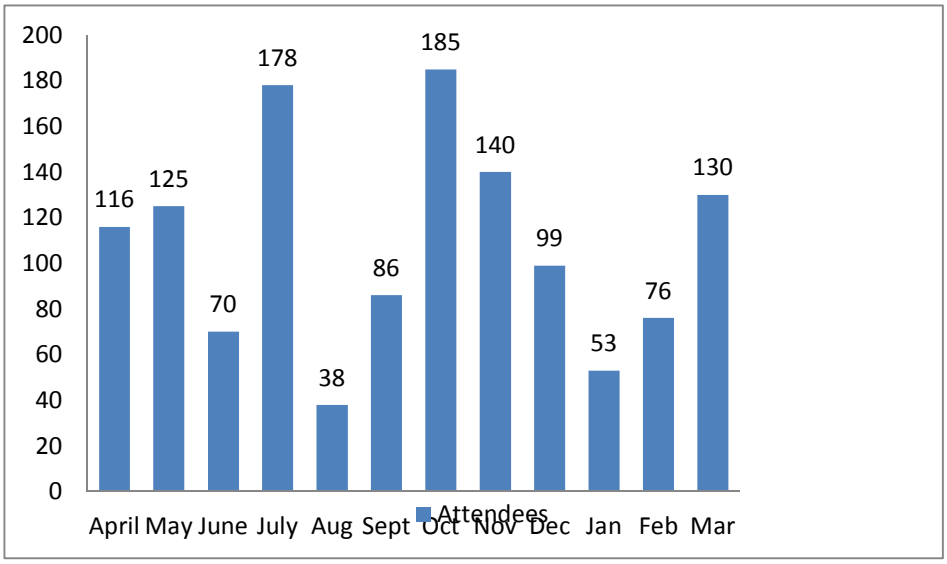
79 staff completed a short quiz. From a possible total score of 26, individual scores ranged from 10 to 18.5. The quiz highlighted a gap in knowledge regarding supporting patients with a learning disability as one of the main areas for development; as well as a lack of understanding regarding who is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

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

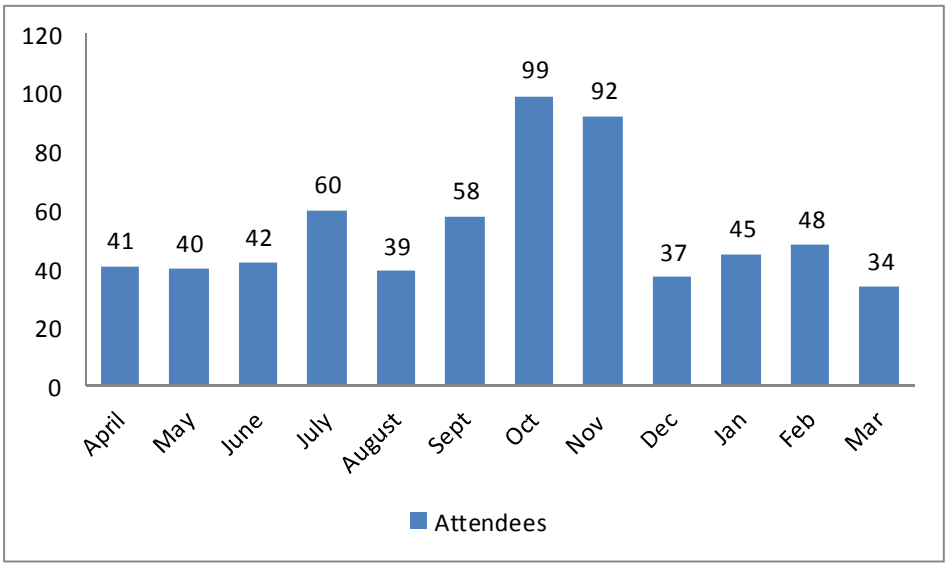
Developed a Top Ten Tips for Staff when caring for and Managing patients who are at risk of Pressure sore Development.

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

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



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



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

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

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

Goals for 2012/13 has highlighted in the Annual report

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

Future plans / priority areas for 2014/15:

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

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

To organise and hold a Study day in February 2015

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

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

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

Sherree Fagge
Director of Nursing
Brighton and Sussex University Hospital NHS Trust

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

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

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

received the appropriate support at the earliest moment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Future plans / priority areas for 2014/15:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.8 South East Coast Ambulance Service (SECAmb)

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

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

What safeguarding training has been delivered within your organisation between 1st April 2013 and 31st March 2014?
There has been a drive within SECAmb to deliver training through alternative mediums such as distance learning packages. Training over 2013/14 has been focussed on delivering child safeguarding training, adult training will take place over 14/15 in line with the organisational training plan.

What planned developments, future plans/priority areas for 2014/15 &/or beyond for safeguarding adults does your organisation have?
The Trust is looking at how the work undertaken under the domestic abuse pilot could be taken forward and expanded across the whole Trust. An electronic vulnerable person report form is also under development which will facilitate closer scrutiny of concerns being raised and make reporting against these more robust.

Other information related to safeguarding in your organisation such as challenges/issues.
With the continued increase in activity being seen within the Trust, there have been some communication and capacity issues across the area we cover; these have been extremely challenging. Working closely with partners is a key area of safeguarding and improving this will be another area of focus within SECAmb for the coming year.

Jane Mitchell
Safeguarding Lead
South East Coast Ambulance Service NHS Foundation Trust

4.9 Sussex Community NHS Trust (SCT)

General overview of the year 2013-14:
The biggest challenge has been that of gaining attendance at SCT internal Safeguarding Adults group from all services and also attendance at training sessions.

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

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

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

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:
Due to the IT systems used by the Trust's two local authorities(i.e. West Sussex, and Brighton and Hove) it is very difficult to confirm the number of safeguarding alerts raised against SCT by other organisations and there is some evidence to suggest that others are raised against the Trust that are not coming to the attention of the Safeguarding Adults Lead – particularly if an investigation has been set at Level 1. Information held by the Safeguarding Adults Lead records that twenty two alerts were raised against SCT during 2013/14. Of the 22 alerts identified it appears the broad themes for alerts included:

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

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

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

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

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

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

Priority Areas for 2013-14
1. Development and implementation of a Trust Safeguarding Adults Strategy from 2013 – 16, which will include a Training Strategy to address Safeguarding Awareness, Mental Capacity and Deprivation of Liberty.
2 Closer integration of clinical metrics and safeguarding activity through the Safeguarding Adults Group.

Update on priority areas:

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

Future plans / priority areas for 2014/15:

Governance
Development of an SCT Safeguarding People Group in recognition that safeguarding adults, children and young people is everybody's business. This joint group will also enable shared learning. The group will be chaired by the Chief Nurse and report to the Trust wide Clinical Governance Group. (August 2014)
Partnership working: SCT will ensure attendance at Local Safeguarding Adult Boards (West Sussex and Brighton and Hove) and sub groups and that the priorities from those Boards are included in the SCT workplan. (August 2014)
Independent review: In recognition that SCT has significant gaps in both safeguarding resource, embedment in practice, in preparedness for a CQC inspection visit in the Autumn and as a learning

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

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

Training
The statutory and mandatory training plan has been refreshed again for 2014/15 with the ultimate aim to improve the Trust's compliance with statutory training.
Induction – Basic awareness of safeguarding will be included for all new staff.
Level 1 – E-learning for all staff in clinical and non-clinical settings.

Level 2 – Face to face training for all staff who work predominantly with adults and have clinical line management responsibilities (excluding staff working within Children's Services). This focuses on when and how to refer abuse into the safeguarding process. This level of training will also include face to face Mental Capacity and DoLS for those clinical staff based within bedded areas.
Level 3 – Specialist modules run in collaboration with local authorities for staff who have been identified as co-ordinators or investigating officers.

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

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

The timescale for delivery of the programme is:

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

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

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

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

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

gaps.

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

Training activity
From April 1st 2013 – 28th February 2014 a total of 1181 members of staff are recorded to have undertaken SAR Basic Awareness training. This figure corresponds to around 25% of the total workforce of the Trust.
This demonstrates a significant improvement on last year's total of ten per cent of the workforce. The Trust recognises this is unacceptable and the new training strategy will ensure increased compliance. Staff are also able to access training provided by both local authorities but the number of staff who have accessed this training is not available to date.
Deprivation of Liberties Safeguards (DoLS)
The Assurance team, part of the wider Clinical Governance team, were allocated the responsibility for notifying the Care Quality Commission (CQC) of all DoLS applications made by any service within the trust.
The Trust notified the CQC of eight applications for deprivation of liberty authorisations during the year. A recent CQC report highlighted a number of national concerns regarding the lack of understanding of the Mental Capacity Act and the Deprivation of Liberties Safeguards. They also highlighted a lack of training.
These concerns have been acknowledged within the Trust and there are plans to increase the delivery of DoLS training to all applicable staff in 2014/15 to ensure that the workforce is up to date and able to identify possible Deprivation of Liberties and make an application when required.

Sue Giddings
Deputy Chief Nurse
Children & Specialist Services
Sussex Community NHS Trust

4.10 Sussex Partnership NHS Foundation Trust (SPFT)

General overview of the year 2013-14:
Sussex Partnership is committed to the Pan Sussex Multi Agency Safeguarding Policies and Procedures. These provide an overarching framework to co-ordinate all activities undertaken where a concern relates to actual or alleged harm or risk.

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

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

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

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

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

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

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

The function of this group is:

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

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

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

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

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

Specific developments, achievements & work undertaken in 2013-14, reviewed against goals set in 2012-13 report:
Multi-agency guidelines on Self Neglect were adopted Sussex wide and these were widely distributed within the integrated workforce.

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

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

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

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

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

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

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

Future plans / priority areas for 2014/15:

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

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

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

Development of specific training re: Domestic violence.

Development of Trust wide Domestic violence policy and procedure.

Improve data collection re: safeguarding training.

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

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

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

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

Future plans for staff competency through training and other means.
The new joint training in relation to MCA and DOLs will be available from September 2014 to March 2015. Staff in the integrated services will be encouraged to attend. The training will be available across the Health and Social care sector in Sussex including to staff in nursing and residential homes.

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

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

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

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

Andy Porter
Deputy Director of Social Work
Sussex Partnership NHS Foundation Trust

4.11 Brighton & Hove Clinical Commissioning Group

General overview of the year 2013-14:
NHS Brighton and Hove CCG became authorised as the commissioner of health services on the 1st April 2013. With authorisation came a number of responsibilities in relation to safeguarding adults.
CCGs have a statutory responsibility along with NHS England to ensure commissioned services have safe systems to safeguard adults. Further clarification of CCGs statutory responsibilities for safeguarding adults is expected in the Care Act Guidance. However the Act brings the requirements of all providers and commissioners in line with the existing statutory requirements around children's safeguarding.
At the same time there have been changes to the requirements for the CCG in relation to responsibilities as a member of the Community Safety Partnership, for example as a member of the Violence Against Women and Girls (VAWG) multi-agency board and the Domestic Homicide Panel. CCGs are small organisations and capacity is stretched, that said we have been fully participating in the work from a health perspective providing support and expertise.

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

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

Prevent is one of the work strands of CONTEST, the United Kingdom counter terrorism strategy. The Prevent strategy focuses on stopping people becoming terrorists or supporting terrorism. Prevent in health is aligned to the safeguarding process. The health sector's contribution to Prevent focuses on objectives 2 and 3:
Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;

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

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

Health Officer Investigations undertaken by B&H CCG on behalf of BHCC
Over the year B&H CCG Clinical Quality managers have undertaken nine health investigations in Care Homes with Nursing in collaboration with the Local Authority.
Each investigation has been undertaken in different homes across the city. A report is produced with recommendations by the CCG Quality team and presented to the BHCC Safeguarding panel for each case.

Themes that have frequently occurred in the investigations are:

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

Outcomes of the investigations are as follows:

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

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

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

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

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

Future plans / priority areas for 2014/15:
Although a great deal has been achieved and B&H CCG has developed monitoring systems and collaborative working over the last year supporting partners with its clinical expertise there is further work to be completed.

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

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

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

In October 2013 updated guidance was published by SCIE regarding the Deprivation of Liberty Safeguards (DoLS) (2013) which included the role of CCGs.
Primary responsibilities include:
The commissioning of appropriate health care for those of 16 +, normally resident in the area who do not have capacity to consent to treatment, even when that treatment is received in another area, which is in compliance with the MCA, and for those 18 and above that services are also compliant with the DoLS.
Ensuring the CCG has access to information on providers (Hospitals, Hospice – NHS and Private) in the locality, to the number and outcome of applications for DoLS assessment and use of Independent Mental Capacity Advocacy (IMCA) service and appropriateness.
The standard NHS contract at present does not have a specific section in relation to people who lack capacity however hospitals can be asked to report on these specifically in relation to people who lack capacity under:
Service condition 9: policy on consent
Service condition 1: all service will be compliant with the law
Service condition 12: service user involvement
Service condition 13: equality of access and non-discrimination
General condition 5: hospitals are required to demonstrate they have staff with appropriate experience, skills and competence
The quality team is working with commissioners to ensure that any new contracts identify requirements as stated above and are part of the routine reporting processes. Regular reporting through the Quality Review Meeting (QRM) schedule has been commenced. B&H CCG as lead

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

A Sussex wide template for reporting compliance (see inset)

Bi Monthly
Safeguarding Adults T

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

Future plans for staff competency through training and other means:
The CCG is working with the Pan Sussex Adult Safeguarding group to identify levels of training and appropriate targets.
In support of all providers in the area a bid was made for £112,000 from the Chief Nurses for England's Fund to support Dementia, MCA and DoLS awareness training for both clinical and non-clinical staff across the health care economy including primary care.
A program of accredited training which will ensure multi-professional, multi-organisational learning opportunities are being supported by a collaborative program group with representations from SPFT, SCT, BSUH, BHCC, and co-ordinated by B&H CCG. There will be a process of evaluation and post training outcome assessment supported by SCT.

Any other information / areas / issues:
Learning from incidents example
Monitoring template
Multi-organisational working group for training.

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

4.12 East Sussex Fire and Rescue Service (ESFRS)

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

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

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

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

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

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

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

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

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

Future plans / priority areas for 2014/15:

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

Review of staff competency through training and development during year 2013/14.
Service wide training to key members of staff to improve awareness, skill in wellbeing and safeguarding. 135 staff were trained on Safeguarding by an External trainer and 231 members of staff completed the Kwango e-learning course, which will continue until all staff have carried out this training. The training has given confidence to staff to report safeguarding issues to the correct staff within ESFRS and to know what to look for when concerns are shown.

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

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

Lisa Geraghty
Community Risk Lead Support
East Sussex Fire and Rescue Service

4.13 Practitioners Alliance for Safeguarding Adults (PASA)

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

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

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

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

Speakers included:

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

4.14 Mental Capacity Act

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

MCA DoLS sub group.

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

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

2013:

- Quality Assurance /MCA DoLS compliance. This group was initially set up to consider auditing options and a method of qualitative analysis, but evolved into the drafting of a set of 'gold standards 'relevant to different organisations and settings as a starting point/bench mark for future audit and qualitative analysis. The standards were ratified by the Safeguarding Board in March 2014. Agreement regarding formal 'launch' will follow final formatting.

- MCA/ DoLS awareness in provider settings. Following this, a series of Managing Authority and Supervisory Body 1 day DoLS update 'learning events' have been planned between October 2014 and January 2015. It is hoped that these events will contribute to an increase in understanding of different roles within and across agencies. This will reinforce application of the Mental Capacity Act as the responsibility of all organisations. It will also form part of a wider work plan seeking to address concerns about inconsistency of awareness and understanding, as highlighted through the House of Lords Scrutiny (August 2013) of how the Act is understood and applied.

Data Collection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Future plans / priority areas for 2013/14:

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

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

Edwina Sabine
Mental Capacity Act Lead
Brighton & Hove City Council

4.15 Safeguarding Adults Multi-Agency Training Strategy Sub Group

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

Safeguarding and MCA Training Review 2013-2014
This year there has been excellent progress against the targets set for training. The approach to setting targets around safeguarding and Mental Capacity Act training has moved away from setting targets on outputs (number of courses a year) to measuring staff coverage i.e. the percentage of people trained. Measuring this requires a blend of using training records, employee data and staff questionnaires and the data shows a high level of training compliance within BHCC.
The yearly Safeguarding Conference went ahead, with 130 delegates attending from a wide range of services and organisations, coming together for a full day of speakers and workshops featuring key note addresses from Margaret Flynn (on the Winterbourne Hospital serious case review) and Gary Fitzgerald, Action on Elder Abuse. The conference was well received by representatives from the many statutory, provider and third sector participants
In the year ahead we will continue to hold a conference, planned for December 2014.

Tim Wilson
Development Manager
Organisational and Workforce Development
Brighton & Hove City Council

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

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

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

* IV Sector = Independent & Voluntary Sector

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

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

5. Brighton & Hove Safeguarding Adults Board Members

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

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

Appendix 1

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

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

Protocol to support the working relationship between the Brighton and Hove Health and Wellbeing Board (HWB), the Brighton and Hove Local Safeguarding Children Board (B&HLSCB) and the Brighton and Hove Safeguarding Adults Board (B&HSAB)

Officers have drafted this protocol for the Health and Wellbeing Board (HWB) and the two Safeguarding Boards to discuss and if minded to approve. It sets out the proposed relationship that should exist between HWB and the children and adult safeguarding boards operating across Brighton and Hove. This paper sets out a proposed framework and protocol within which we will secure effective joint-working between the three Boards.

Given this protocol is going to three Board this paper sets out the distinct roles and responsibilities of each the Boards. It also seeks to clarify the inter-relationships between them in terms of safeguarding and well-being and the means by which we will secure effective co-ordination and coherence between the Boards. The protocol is designed to meet best practice and recommended ways of working.

The recommendations are:

- Between September and November each year the Chairs of the two Safeguarding Boards would present to the HWB their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards' performance in the current financial year. This would provide the opportunity for the HWB to review and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Brighton and Hove Health and Wellbeing Strategy.
- Between October and February the HWB to present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to review and challenge performance of the HWB and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Commissioning Strategy.
- In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Background to the three Boards
The Purpose of Health and Wellbeing Boards

Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority must have its own health and wellbeing board. Board members are expected to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up

way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Brighton and Hove HWB is a formal committee of the city council. For details of the membership, agendas and terms of reference please go to the website http://present.brighton-hove.gov.uk/mgCommitteeDetails.aspx?ID=826

It is important to note that the Chair of the Brighton and Hove local Safeguarding Children Board is a member of the HWB.

The Purpose of Safeguarding Boards
Brighton and Hove Local Safeguarding Children Board (B&HLSCB)

The key objectives for all LSCBs were set out in ***'Working Together to Safeguard Children 2013'.*** These are:

- To co-ordinate local work to safeguard and promote the wellbeing of children;
- To ensure the effectiveness of that work

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

A key objective in undertaking these roles is to enable children to have optimum life chances and enter adulthood successfully.

The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

There is a comprehensive website http://www.brightonandhovelscb.org.uk/

which includes a detailed business plan and key priorities.

Brighton and Hove Safeguarding Adults Board (B&HSAB)

Following the Care Act gaining Royal Assent in May 2014 Safeguarding Adult Boards are now in statute, becoming statutory bodies in April 2015. Adult Safeguarding Boards operate within the framework promoted by 'No Secrets' which was published by the Department for Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

The focus of the work of Safeguarding Adults Boards is 'vulnerable' adults. The forms of abuse which the Board aims to prevent and address could include: physical

abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse.

The role of any SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

The chair of the B&HSAB is also on the HWB.

http://www.brighton-hove.gov.uk/content/health-and-social-care/safeguarding-adults-risk

The website gives key information as well as the business plan and priorities.

The need for effective communication and engagement between the Boards.

Safeguarding is everyone's business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people of Brighton and Hove are safe and their wellbeing is protected. The two safeguarding boards have a responsibility to review and challenge these arrangements.

The Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across Brighton and Hove and so it is essential that in drawing up, delivering and evaluating the strategy there is effective interchange between the HWB and the two safeguarding Boards.

Whilst currently there is no statutory requirement to secure a formal relationship between the Health and Wellbeing Board and the safeguarding boards there is guidance steering in this direction that may become a requirement and it is obviously seen as best practice.

Whilst *'Working Together 2013*' did not formalise the relationship between the Health and Wellbeing Board and the Local Safeguarding Children Board as had been anticipated there is an expectation that the LSCB's annual report should be submitted to the HWB and of cross-Board engagement in relation to the JSNA. Given Adult Safeguarding Boards are now statutory it would be suitable to ensure they are included especially given the recently expanded terms of reference of the HWB.

The opportunities presented by a formal working relationship between the Brighton and Hove Health and Wellbeing Board and the B&HLSCB and B&HSAB can, therefore be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with *Working Together* guidance
- Aligning the work of the LSCB business plan and SAB Strategic Plan with the HWB Strategy and related priority setting.
- Ensuring safeguarding is ‘’everyone’s business’’, reflected in the public health agenda and related determinant of health policies and strategies.
- Evaluating the impact of the HWB Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning
- Cross Board challenge and ‘’holding to account’’: for example ensuring the HWB is embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

Arrangements to secure co-ordination between the Boards.

In order to secure the opportunities identified above it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

- Between September and November each year the Chairs of the two Safeguarding Boards would present to the Brighton and Hove HWB their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards’ performance in the current financial year. This would provide the opportunity for the HWB to review and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Brighton and Hove Health and Wellbeing Strategy.
- Between October and February the Brighton and Hove HWB to present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to review and challenge performance of the Brighton and Hove HWB and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Commissioning Strategy.
- In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Conclusion

The role of the B&HLSCB and B&HSAB in relation to the HWB would be one of equal partners underpinned by this protocol.

The role of Brighton and Hove City Council Scrutiny Panels, to scrutinise performance of safeguarding boards and to be consulted on for policy changes and related service design and commissioning intentions, will remain unchanged, as will

the governance committee of partner agencies to oversee and monitor respective agency contribution and performance to prevent and protect.

BDH 28.08.2014

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

1. Formal details of the paper

1.1. Title of the paper
LSCB Annual Report 2013/14

1.2 Who can see this paper?
A final draft of the report was discussed at full Board on 24 September 2014 and agreed. It will be publically available including on the LSCB web site http://www.brightonandhovelscb.org.uk/

1.3 Date of Health & Wellbeing Board meeting
14 October 2014

1.4 Author of the Paper and contact details
Mia Brown, LSCB Business Manager
Email mia.brown@brighton-hove.gcsx.gov.uk
Telephone 07584217256

2. Decisions, recommendations and any options

2.1 This paper is presented for information

2.2 It is recommended that the Board notes the report and members support their organisations in their contribution to keep children safe from abuse and neglect.

2.3 It is recommended that the Board note the challenges for the LSCB in 2014/15.

2.4 The Board is asked to approve the attached protocol for co-working between the LSCB and the HWB.

3. Relevant information

3.1 It is a statutory requirement for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area.

3.2 The LSCB continues to work in partnership with member agencies to protect children from abuse and neglect, and to minimise any adverse consequences of abuse. The Annual Report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. Safeguarding activity is progressing well in the area and the LSCB has a clear consensus on the strategic priorities for the coming year.

3.2 The LSCB Business Plan 2013- 16 has been developed to reflect the key objectives and actions needed in order to help make children and young people safer in Brighton & Hove. The plan takes into account the Government's response to Professor Munro's Review of Child Protection and the changes to Working Together to Safeguard Children (2013). By the end of March 2014 considerable progress had been made on the business plan, in relation to responses to specific safeguarding concerns – Child Sexual Exploitation, Child Sexual Abuse and Neglect, as well as in areas of Participation & Engagement, Early Help, and Board accountability.

4. Important considerations and implications

4.1 Legal

It is a statutory requirement for the LSCB to publish an annual report evaluating the effectiveness of safeguarding arrangements for children and young people in the local area

Elizabeth Culbert, Deputy Head of Law.

4.2 Finance

A financial statement of the 2103/14 expenditure and partner's contributions for the LSCB can be found at Appendix 1. In summary, the LSCB was in deficit in 2013/14 by £12,400 which was entirely borne by the council. Moving forward In 2014/15 agreement has been reached to have a more collective responsibility towards financing the LSCB; with all partner agencies increasing their contributions to match the expenditure plan for the year.

David Ellis
Accountant, Business Engagement – Children's Finance

4.3 Equalities

The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. One of the key objectives of the LSCB is to improve outcomes for children and

young people from diverse communities and groups, and for those who live in deprived geographical communities.

4.4 Sustainability

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

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

The report details health, social care and public health implications.

4 Supporting documents and information

Annual Report 2013/14
Executive Summary in the Style of an LSCB Board Briefing
Protocol for co-working

Brighton & Hove Local Safeguarding Children Board
Annual Report 2013 / 2014

Safeguarding is everyone's responsibility

Brighton & Hove LSCB local safeguarding children board

Contents

An Executive Summary is available to view on the LSCB Website

www.brightonandhovelscb.org.uk

@LSCB_Brighton
#yourLSCB

"It is a pleasure to be able to say that all agencies in the city understand the critical nature of safeguarding children. I will ensure that remains the case and help them work together effectively in the interests of children"
Graham Bartlett, Interview with Latest 7 Magazine

Introduction from the Chairperson

Welcome to the 2013/2014 Brighton and Hove Local Safeguarding Children (LSCB) Board Annual Report. This report reflects my first year as chair of the Board and explains the incredible amount of work that has gone on to meet the challenges of the revised Government Guidance Working Together to Safeguard Children 2013 and to embed a learning and improvement culture within the Board and therefore within its constituent agencies.

As the title of this report asserts, Safeguarding is Everyone's Responsibility. Whether you are a professional, a parent, a volunteer or none of those we all have a responsibility to ensure that our children have the best start in life, growing up happy, healthy and safe. The job of the LSCB is to ensure that the efforts of those agencies and groups who have contact with children work singly and collectively to ensure that children are helped, supported and protected. We have gone through a fundamental change in the way we do that. For example we have identified new priorities, set by board members. We have refreshed our training programme and linked it with our new multi agency audits and the outcomes of case reviews both locally and nationally. Our data and management information is being developed to allow us to see not just what was done but what difference it made.

One of the real strengths of the Board is the willingness of agencies to challenge and be challenged. That comes from the top with me commissioning an Effectiveness Survey to allow members to determine how they feel the board operates and is led. We are reaping the rewards of that at Board level and through the subgroups with all the members clear that the status quo is not acceptable.

We know we can do more in hearing the voice of children, parents, carers and frontline professionals. We are making efforts to do this by recruiting more lay members, involving staff more in our case reviews and ensuring that our audits focus on the experiences of service users.

I hope you find this report interesting and useful and urge you to share it far and wide so that more and more people become aware of who we are, what we do and, critically, speak to us about how we can improve the lives of our children.
Graham Bartlett
Independent Chair

Introduction

This report covers 1 April 2013 to 31 March 2014 and summarises the Board's structure, activity and progress during 2013/14, with a focus on the four priority areas as outlined in the Brighton & Hove LSCB Business Plan 2013-16.

There are approximately 49,947 children (aged under 18) living in Brighton & Hove, making up 18.3% of the City's population (Source 2011 Census). Whilst it is not possible to know every child at risk in Brighton and Hove due to the often duplicitous and secretive nature of abuse and neglect, keeping children safe will always be our number one priority. We are committed to strengthening safeguarding and child protection and to promoting early intervention and prevention to bring about better outcomes for the children living in the City.

Many groups of children in Brighton & Hove are vulnerable. They include: those subject to or at risk of Child Sexual Exploitation (CSE); Missing (Home, Education & Care); Trafficked Children & Private Fostering, as well as other risk groups. Throughout 201/14 we have looked to establish a new LSCB Subcommittee to monitor and scrutinise the work across the partnership in respect of these particularly vulnerable children and you will read more about the Subcommittee later in this report.

'If children and families are to receive the right help, everyone who comes in contact with them – midwives, health visitors, GPs, early years' professionals, teachers, youth workers, police, voluntary and social workers – has to play a role by identifying concerns, sharing information and taking prompt action.'
Safeguarding is everyone's responsibility, Working Together to Safeguard Children: March 2013.

Role of the Board

Brighton & Hove LSCB is made up of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Children and Family Court Advisory and Support Service (Cafcass), Youth Offending, the Community & Voluntary Sector as well as Lay Members.

Our main role is to coordinate what is done locally to protect and promote the welfare of children and young people in Brighton & Hove and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The efficacy of Brighton & Hove LSCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

Safeguarding children is everybody's responsibility. Our purpose is to make sure that all children and young people in our City are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well informed and trained.

A corner stone of the LSCB's work is the provision of information to and from the public, potential and actual service users, staff working in partner agencies and others interested in children's welfare. In recognition of our belief that the responsibility to keep children safe and well belongs to everyone, Brighton & Hove LSCB's Participation & Engagement Subcommittee have implemented a Communication Strategy which you will read about later in this report.

Governance & Accountability

The Children Act 2004 places a duty on every local authority to establish a Local Safeguarding Children Board (LSCB).

The Government's Statutory Guidance, Working Together to Safeguard Children (2013) defines safeguarding and promoting the welfare of children as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best life chances.

This is to enable those children to have optimum life chances and enter adulthood successfully.

As outlined in last year's annual report, LSCBs do not commission or deliver direct frontline services although they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed.

Each Board partner retains their own existing line of accountability for safeguarding.

The Board met 5 times during 2013/14 and was attended by senior managers from statutory and voluntary organisations, and sporadically attended by Lay Members. 2013/14 saw the appointment of a new Director of Children's Services, Pinaki Ghoshal and Councillor Sue Shanks, Brighton & Hove City Council's Lead Member for Children Services, still attends the LSCB as a participating observer; she continues to challenge the work of the LSCB through discussion, asking questions and seeking clarity.

This provides an additional scrutiny function to the Board and further ensures the Board is supported by the City Council.

In addition to the senior representatives, the LSCB values the input of professional advisers. The Board is attended by the (newly appointed) Designated Doctor and Designated Nurse, the City Council's Head of Safeguarding (who is the local authority Child Protection Adviser and Single Point of Contact for missing Children) and the Police Safeguarding Adviser.

Where there has been insufficient attendance or engagement at the Board, this has been appropriately challenged by the Independent Chairperson.

Regulation 5 (1) of the Local Safeguarding Children Boards Regulations 2006:
a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

1. The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention.
2. The training of persons who work with children or in services affecting the safety and welfare of children.
3. The recruitment and supervision of persons who work with children.
4. The investigation of allegations concerning persons who work with children.
5. The safety and welfare of children who are privately fostered.
6. The cooperation with neighbouring children's services authorities and their Board partners.

b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.

c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.

d) Participating in the planning of services for children in the area of the authority.

e) Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) relates to the LSCB Serious Case Reviews function and **Regulation 6** relates to the LSCB Child Death functions.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory function under Regulation 5 an LSCB should use multi-agency data and, as a minimum, should:

- Assess the effectiveness of the help being provided to children and families, including Early Help
- Assess whether LSCB partners are fulfilling their statutory obligations set out in Section 11 of the Children Act 2004.
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned.
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

There are currently eight Subcommittees operating within Brighton & Hove LSCB, in which a significant amount of the LSCB's work is progressed. As with the full Board, membership is multi-agency. There is also a Leadership Group that is accountable to the full Board. You will read more from these Subcommittees later in this report, and the Subcommittee Structure chart can be viewed in Appendix 4

All Terms of Reference have been updated within the last year and there is recognition by all Chairs that the effectiveness and thoroughness of the Board requires that the work of each Subcommittee interacts with that of the others. Terms of Reference for all Subcommittees can be viewed online: Sub-Committee Terms of Reference

Key Relationships

Children & Young People Committee
In previous years Brighton & Hove LSCB reported annually, via the presentation of this report, to this body, highlighting how agencies have worked together to keep children safe and are address the issues facing children and young people at risk in Brighton & Hove. This accountability is now held by the Health & Wellbeing Board in place of the Children & Young People Committee. Brighton & Hove LSCB holds them to account so that services are commissioned accordingly.

Health and Wellbeing Board (HWB)
The HWB assumed its full statutory powers in April 2013 and the LSCB Chairperson is now a participant observer, increasing the influence of the Board by strengthening the relationship with this key strategic group. Clearer lines of accountability have been developed over the year and Brighton & Hove LSCB report annually to the HWB and continue to make sure key safeguarding issues are addressed.

Violence Against Women and Girls Programme Board (VAWG)
The Brighton & Hove LSCB Chairperson is an active member of the Violence against Women and Girls Programme Board. The two Boards have worked collaboratively on a number of child protection issues which are also crime types on the VAWG agenda, for example, the implementation of the Child Sexual Exploitation Strategy 2013-16, which you can read online: VAWG & LSCB Child Sexual Exploitation Strategy

Adult Safeguarding Board
The LSCB Chairperson is a participant observer on the Adult Safeguarding Board and the Chair of the Adult Safeguarding Board has been a participant observer at the LSCB. This relationship has been better defined over the year with Chairs meeting regularly and the development of a formal protocol.

Member Agencies Executive Management Boards
Board members are senior officers within their own agencies; this provides a direct link between Brighton & Hove LSCB and the various agencies' Boards.

Examples of Cross Regional & National Working:

- Association of LSCB Chairs
- Regional Business Manager Meetings
- Pan – Sussex Business Manager Meetings
- Pan – Sussex LSCB Chairs liaison and joint meetings with Police Crime Commissioner and Chief Constable
- Pan Sussex Sub Committees

Impact:

- improved working relationships with a more national context
- innovative ways of working
- sharing and disseminating learning and LSCB practice

LSCB Finance & Resources

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

There is no set formula on how LSCBs are funded, as each is different. It is not really possible to compare like for like and many contributions may be given in kind but not recorded in the budgets.

In 2013/14 the Independent Chairperson wrote to a number of agencies regarding their financial contributions. When an original budget of £146,050 was agreed, no increase had been applied for the last 3 years. On taking up the Chair, the new Chairperson had to ensure the LSCB functioned well and was able to meet its statutory duties. This included stabilising the budget and providing more clarity on contributions made. For example, costs had been absorbed by BHCC for the Training Programme and Child Death Overview Panel, and there was a 'hidden' arrangement for funding which was not equitably shared by other funding partner agencies. Additional contributions based on the gap and the projected additional pressures were sought for 2013/14. All contributing agencies met this challenge.

The full financial breakdown, plus the budget forecast for 2014/15, can be read in Appendix 1

Reflecting on the resource issues impacting on the LSCB and how we ensure effective use of resources the following points should be made:

- The LSCB budget does not represent the true costs of the Board's business and development work –'hidden' costs in City Council budget.
- National and local changes in the way Health services are commissioned and delivered is still to fully embed and the relatively new Clinical Commissioning Groups do not have the same remit or budgets as the previous Primary Care Trusts.
- Serious Case Reviews (SCRs) or other learning reviews present new financial pressures as and when these are agreed.
- The Learning & Development Sub Committee, as per their Terms of Reference, 'ensure best value of the available resources allocated to training' – by utilising free venues, in-house training providers, and other methods of ensuring value for money.

Monitoring & Evaluation (M&E)

What did we do? How well did we do it? What difference did we make?

Over the year the new Independent Chairperson has established a culture of accountability and challenge and the Monitoring & Evaluation (M & E) Sub Committee has driven the quality of service improvement and delivery of outcomes consistently across the partnership. The main focus of the Monitoring & Evaluation Sub Committee's work in 2013/14 has been developing and overseeing a programme of multi-agency audits (the findings of which can be found throughout this report) revising the management information provided to Brighton & Hove LSCB, and developing a Quality Assurance Framework (QAF) for the LSCB.

Building on the progress we've made towards performance management and quality assurance so as to strengthen the scrutiny and challenge function of the LSCB is our main priority. We will continue to strive to evidence the impact all our work has had on the lives of the children and families in Brighton & Hove. **Helen Davies, Independent Chair of the Monitoring & Evaluation Subcommittee.**

The membership has been expanded to include representatives from: Children and Adolescent Mental Health Services, Sussex Partnership NHS Foundation Trust, Brighton & Sussex University Hospitals Trust, also the Children's Services Quality Assurance Programme Manager, who has led on developing the QAF.

Key Achievements:

- A varied and responsive programme of multi-agency audit has continued throughout 2013/14 in Brighton & Hove.
- A multi-agency quality assurance programme for 2014/15, which plans to monitor and evaluate the quality of multi-agency frontline practice, including Early Help, has been approved.
- The M&E Subcommittee have had oversight of all single agency audit activity relating to safeguarding and child protection.
- A Quality Assurance Framework has been developed, further information on this can be read on page 52.

Challenges Ahead:

- The effective implementation of the QAF, especially embedding the learning from multi-agency audits with all partners, and using it to change practice and improve outcomes for children.
- Enabling all partner agencies to use the QAF for their own agency's quality assurance and keeping oversight of this.
- Ensuring that meaningful management information is available from all agencies.
- The M&E Subcommittee has focussed throughout 2013/14 on developing the management information presented to the LSCB into a multi-agency data set. Whilst some progress has been made obtaining data from the CCG, police and probation has been slow.

Child Protection and Children in Need Plans – Example of Multi-Agency Audit

For information on the number of children subject of Child Protection and Child in Need plans, see page 57..

In 2013/14 a multi-agency audit was undertaken of children who were the subjects of Child Protection plans and children who were subjects of Child in Need plans. The audit was undertaken in line with Ofsted inspections and Working Together 2013 guidance and there was a clear focus on impact and outcome. The audit selected 13 cases of children subject of a Child Protection Plan (CPP) or Child in Need (CiN) plan in August 2013 or in the preceding three months. The cases represented a spread of: categories of abuse; ethnicity, age and gender mix; and a mix of professional and service involvements

The audit found that practice was generally effective with children who were subjects of a Child Protection Plan, with good engagement from relevant agencies and plans leading to change in families and improvement in children's lives. However, with Child in Need plans, the picture was not so positive, with evidence of lack of focus and drift in some cases.

Key Findings:

- The recording of ethnicity is not consistent across and within agencies.
- There is a shared high level of commitment to engaging in the Child Protection process.

Child in Need Findings:

- Responses to referrals were prompt and decisions made in a timely way.
- The quality of up to date assessments varied from 42% scoring good, 29% adequate, 29% Inadequate.
- All agencies reported that they were fulfilling their responsibilities as outlined in the plan.
- In relation to reviewing how effective the plan was and having clear objectives, the scoring varied across agencies. Social care tended to score higher (good to adequate) compared to other agencies (inadequate to adequate). The difference in scoring between agencies for the same child would indicate that partners are not sharing their concerns effectively and jointly agreeing on whether the plan is having a positive effect.
- In almost half of the cases audited there was no evidence of management oversight, which compares unfavourably with the same section for children who were subjects of a Child Protection Plan.

Child Protection Findings:

- The referral process is not clearly understood by all agencies and, in addition, referrers do not appear to receive an acknowledgment in line with Working Together 2013.
- Once the referral meets the criteria for Child Protection the process for allocating a social worker and convening a case conference is smooth.
- All Agencies agree that actions are taken to ensure the child is safe and, in all six cases, it was felt that the nature and level of risk had been accurately assessed.
- The Child Protection Conference was felt to be effective and appropriately involved children and parents in every case; all were held within timescale and were quorate.
- The Supervision Process within social care does not appear robust. In 50% of the cases examined, the supervision was judged to be inadequate.
- Supervision arrangements in agencies outside social care vary from a formal process to ad-hoc advice giving if practitioners request it.
- Minutes from core groups are not circulated as effectively compared with minutes from case conferences.

An example of what performance data has told us:

The Subcommittee has analysed why the number of children subject of repeat Child Protection plans in Brighton and Hove is higher than the national average. Of the 353 children who became the subject of a Child Protection Plan during 2013/14, 97 (27.5%) were subject for a second or subsequent time, above the 2013 England average of 14.9% The main reason for this is repeated episodes of domestic abuse; Child Protection plans have ended because the abuse is believed to have ceased, but have to be reinstated when the domestic abuse recurs. This will be addressed in more depth in the planned multi-agency audit of domestic abuse in 2014/15.

In response to this audit the social care supervision policy was reviewed and requirements were reinforced with supervisors of staff.

Supervision/Management Oversight arrangements across all agencies were scrutinised as part of the Section 11 process. Staff who worked within the multi-agency arena were reminded of their responsibility as a core group member to challenge fellow colleagues if a plan is not felt to meet the needs of a child.

Single Agency Audits

A programme for monitoring single agency audits has been put in place. In 2013/14 all agencies were requested to provide their audit schedules for 2013/14 and 2014/15. The Subcommittee has received summaries from all agencies (after additional challenge) of key findings from their own audits.

In February 2013 my agency (Brighton & Sussex University Hospitals NHS Trust) undertook an audit to establish if all children with a Child Protection Plan who have hospital notes are flagged. All notes were checked as part of this audit and all were found to have been flagged correctly, giving assurance that the process was working correctly; this will be re-audited in 2014.

We also did an audit of the safeguarding and public health aspect of maternity notes from the hospital. We wanted to do this to provide an overview of the documentation of child protection, domestic violence and mental health enquires and referral forms, to ensure that midwives assess pregnant women for safeguarding risk factors and refer them to supportive services and also we wanted to create opportunities for continuous practice improvement and development of expertise. We found that booking information is completed well in most cases, however, there were some improvements which could be made to assist better communication about this area of practice.'
Debi Fillery, Nurse Consultant for Safeguarding Children & Young People, Brighton & Sussex University Hospitals NHS Trust

Complaints Regarding Child Protection Conferences

The LSCB has dealt with 4 complaints about Child Protection Conferences during 2013/14. The decisions were reviewed by a multi-agency panel made up of LSCB members who have no involvement in the case. This is in line with the Pan-Sussex Child Protection and Safeguarding Procedures. The options open to the panel are either to uphold the decision of the original Child Protection Conference or to reconvene the conference with a different chairperson. However, the original Child Protection Conference decision stands whilst the complaint is investigated.

The nature of these complaints were:

- Complaint 1 – Complainant unhappy that her children have remained on the Child Protection register after the latest RCPC (Review Child protection Conference). She doesn't understand why that is.
- Complaint 2 – General complaint about the Child Protection Conference.
- Complaint 3 – Complainant was only allowed in the Child Protection Conference for 5 minutes. She did not feel that she was heard and was made to feel unimportant.
- Complaint 4 – Complainant was unhappy with how the Child Protection Conference went.

No complaints were upheld. In the case of complaints 3 and 4 similar issues were highlighted: the importance of explaining thinking and reasoning to young people when attending conferences and to do so in a language they understand; the importance of good communication between the social work team and the Independent Reviewing Officer prior to a conference; and the importance of remembering how invasive and stressful Child Protection Conferences can be for young people.

The above complaints and the feedback received from children and young people on their experiences of Child Protection Conferences (which you can read on page 40), demonstrates that there remains work to be done in supporting young people to participate fully in their Child Protection Conferences.

Section 11 Audits

Section 11 of the Children Act 2004 requires agencies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. The Section 11 Audit is the Brighton & Hove Local Safeguarding Children Board's (LSCB) method of assessing the safeguarding arrangements in place across the key partner agencies within Brighton & Hove.

The most recent Section 11 audits were completed by 31 March 2014, which a 'Section 11 Challenge Event' taking place on 30 May 2014. The findings and recommendations from the Challenge Event will be made available to the Board September 2014.

A revised self-assessment audit tool (devised in conjunction with East and West Sussex Local Safeguarding Children Boards) was used by agencies working with children, young people, and families to self assess their own safeguarding arrangements. Agencies were asked provide evidence where possible to support responses. In relation to the Community & Voluntary Sector Safeguarding, the Section 11 response was compiled by the elected voluntary sector representative, Terri Fletcher, with support from Community Works. All of the medium to large voluntary sector organisations working with children, young people and families across the city that are commissioned for services, were asked to complete a Section 11 audit.

In summary, findings appear to emphasise that there is commitment and engagement of senior management officers across a range of agencies in Brighton & Hove, demonstrating that the safeguarding & child protection agenda is placed at the appropriate level within individual agencies. Whilst senior management assurance is there, it was accepted that there is a need for organisations to set themselves high standards to create a 'Culture of Safeguarding,' where all staff in their organisations understand the importance of safeguarding and promoting the welfare of children. Attendance at LSCB meetings was recognised as needing improvement, but also as a challenge due to capacity and staff absence.

There was good attendance and engagement. I think that senior colleagues giving this time is very important. As CEO of the LA with the Chair of the LSCB accountable to me, I think this is a very tangible way of my demonstrating my commitment and accountability and using my experience of safeguarding and child protection.

Penny Thompson CBE
Chief Executive, Brighton & Hove City Council

There were positive common themes across agencies, these included:

- All statutory agencies have established or, in the case of East Sussex Fire & Rescue Service and Police, are in the process of establishing safeguarding polices and procedures for staff that are easy to access.
- Complaints and whistle-blowing procedures appear to be in place in all statutory agencies.
- All statutory agencies have a clear accountability framework that covers individual, professional and organisational accountability for safeguarding children.
- All statutory agencies reported they were either compliant or working towards compliance for ensuring equality of access for all sectors of the community.
- All statutory agencies have in place a safer recruitment policy and records are maintained detailing checks carried out for employees in all agencies.
- All statutory agencies reported they have effective interagency working at a strategic level.
- All statutory agencies have in place agency-specific guidance on information sharing that is in accordance with Government guidance at both strategic and operational levels.

Some deficiency themes spanned a number of agencies, most significantly recognition and response to risk of Child Sexual Exploitation (CSE). It was recognised by all agencies that all were working towards an adequate response to the spectrum of risk covered by CSE. There was a view that, while this is not a new risk, widespread acceptance of the range and extent of the risks to children and young people was only recently brought to full attention. The importance of a comprehensive multi-agency recognition and response through the Multi-Agency Safeguarding Hub (MASH – more on this later) was agreed.

Other significant deficiency themes across a number of agencies included consideration of fathers, male partners and other significant adult males in the family in all assessments, online safety and safer recruitment.

What we will do next?

We held our first Section 11 Challenge Event at the end of May 2014. This is where we brought together the Chief Executives or deputies of Brighton & Hove LSCB partner agencies, those with a responsibility for promoting positive outcomes for vulnerable children through their professional roles, to challenge other services on their Section 11 audits. The Challenge Event offered all an opportunity to seek assurance that safeguarding children is effective amongst and between Board partners across the city so as to promote, improve and ensure best practice. We will now take forward the recommendations resulting from the audit and the subsequent Challenge Event.

Private Fostering

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

Current arrangements for the regulation of private fostering originate from concern following the death of Victoria Climbé in 2000. Victoria was privately fostered by her great aunt.

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

In 2013/14 a range of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public as follows:

- Four half-day training sessions were delivered to approximately 70 social workers from ACAS & CIN in Oct & Dec 2013.
- A Private Fostering awareness raising event with Language Schools/Colleges took place in March 2014. The event was very well attended and it provided an opportunity for the department to establish (from the schools & colleges) whether any of their students (under 16) were living in private fostering arrangements.
- The LSCB multi-agency private fostering training has been refreshed in 2013/14 and a new programme will start in Sept 2014 to be delivered each quarter.
- Brighton & Hove continues to have detailed and thorough information about Private Fostering available via the Council website with dedicated web pages of information and links to other sites. In addition, the LSCB has used social media to raise awareness about private fostering including Private Fostering Week (July 14), links to the BAAF 'Somebody Else's Child' campaign material and information in the LSCB electronic newsletter.

In 2013/14 the Local Authority Private Fostering Annual Report was presented to the LSCB. Following discussion East Sussex Fire and Rescue Service said they would be happy to offer safety checks for homes of Privately Fostered Children and a Lay Member suggested youth sports teams should be made aware of Private Fostering as they are well placed to make referrals.

Monitoring Compliance with Duties and Functions

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

New PF Arrangements during the year	2011-12	2012-13	2013-14
	4	17	34

Private Fostering activity has increased in 2013/14. At the start of the year (1 April 2013) there were 9 children reported as being in private fostering arrangements. During the year,35 new notifications were received and thirty four were confirmed as being private fostering within the definition.

All new notifications received an initial visit, with 97% taking place within 7 working days. The England average for 2013/14 is 80%.

This year Children's Services provided mandatory training to social workers on private fostering and statutory requirements. Consequently, we saw an increase in the percentage of cases where visits to children were carried out within the timescales required by Regulation 8 of the Private Fostering legislation (which is at least 6 weekly in the first year). At 77% this is an improvement on the previous year (59%) and above the England average of 67% (2013-14).

In 2013/14 most children living in private fostering arrangements are aged 10 to 16 and one child is aged 5-9. Five children were born in the UK and thirty children were born overseas.

Twenty six arrangements ended during the year, leaving a total of 17 children in Private Fostering arrangements at 31 March 2014.

Reason why the Arrangement Ended: (Using data fields proposed by Ofsted, Jan 14)	Number
Overseas child returned voluntarily to country of origin	5
Overseas child returned to country of origin via Home Office intervention	0
UK born returned to parents	1
Became 'looked after child'	0
Educational/sporting/vocational opportunity ended	0
Child turned 16 (or 18 if disabled)	14
Moved to another private fosterer	1
Other	5
Total	**26**

Note: Of the 'Other,' 4 young people moved from the host family to the residential part of the college; one further arrangement was deemed to be unsuitable and the young person was moved to alternative accommodation.

Under the National Minimum Standards for Private Fostering each local authority is required to report annually to the Chairperson of the Local Safeguarding Children Board on its assessment of the welfare of privately fostered children. The Council's report for 2013/14 will be presented to the LSCB in 2014.

Management of Allegations of Adults who work with Children

Working Together to Safeguard Children (2013) contains the statutory guidance surrounding this issue and requires the local authority to investigate any situation where a person may have:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against, or related to, a child or;
- behaved toward a child or children in a way that indicates they may pose a risk of harm to children

There is no current nationally agreed data set for allegations against people working with children, making comparison of data between Local Authorities difficult. This year the Sussex regional LSCB's agreed to adopt the LADO data set used the by Thames Valley authorities as a step towards a uniform reporting set. The following data will be requested annually and it is hoped this will aid comparison across areas in forthcoming years. Currently data is not collected in relation to allegations that refer to historic events. This will be included in 2014/15 data set.

Referrals by Employer and Type:	Neglect	Suitability	Sexual	Emotional	Physical	ICT	Total	%
Children Social Work Services		10			4		**14**	**6.4%**
Early Years Services	1	32	2	1	9		**45**	**20.5%**
Faith			2		1		**3**	**1.4%**
Foster Care	6	15	6	2	4		**32**	**14.9%**
Health	1	8	5			1	**14**	**6.4%**
Other		1					**1**	**0.5%**
Police				1			**1**	**0.5%**
Probation		1					**1**	**0.5%**
Residential LA	1	1					**2**	**0.9%**
Residential Non LA		4	1	1	1		**7**	**3.2%**
Schools	1	53	5	2	16		**77**	**35%**
Self Employed					1		**4**	**1.8%**
Transport		3	3			1	**6**	**2.7%**
Voluntary Org		8	2				**10**	**4.5%**
Youth Services		3					**3**	**1.4%**
Total	**10**	**142**	**26**	**7**	**36**	**2**	**221**	**100.0%**

Previous Department for Education research indicates a growing trend of increasing referrals over the past 4 years. This is no different in Brighton & Hove:

2010/11	2011/12	2012/13	2013/14
16	112	184	221

There have been fewer instances of poor reporting by agencies to the LADO. Those cases where reporting was an issue resulted in meetings and improved outcomes through organisational learning.

Of the 221 referrals in 2013/14, 68 involved employees of Brighton and Hove City Council (BHCC) which represented services across Schools, Early Years, Youth, Residential and Children's Social Work Services. School environments and the teacher/pupil relationship continued to total the most significant number of allegations made (77) representing 35%.

Children's Social Work Services data is made up of a variety of professionals working with and for children, including sessional workers and independent/contracted staff. 9 of the 14 cases involved BHCC staff and 4 of these involved qualified social workers regarding their 'suitability' to work with children. 3 cases were 'unsubstantiated', the other 'substantiated' and resulted in individual learning.

There has only been one incident involving a lack of compliance regarding allegations procedures during 2013-14 involving maintained schools. The outcome led to organisational learning for the school and subsequent improved liaison with the LADO. The increased reporting is relative to the general increase nationally and locally the past few years. This is likely to be attributable to the role of the LADO having a raised profile amongst agencies and the impact of high profile cases in the media involving teachers, members of various faiths and celebrities.

The trend relating to the significant increase in the number of referrals relating to the suitability and conduct of professionals continues – 64% of all referrals in 2013-14 compared to 46% in 2012-13. Issues within an individual's private life can raise concerns about their suitability and eligibility to work with children.

The number of referrals regarding Local Authority foster carers has increased from 13 in 2012-13 to 23 in 2013-14. It should be noted that the way in which allegations against foster carers are recorded has changed, with both foster carers being reflected in the figures even if the allegation is against one individual carer. Of the 23 allegations against foster carers, 7 were couple carers and were therefore counted as 14 in the total figure. There are 3 ongoing criminal cases, all of these from Dec 13/Jan 14 and involve complex, police led investigations into alleged historical abuse against 3 individuals who have foster care partners.

Allegation Outcomes[1]:

The outcome finding of 'unsubstantiated' is one that continues to cause the most difficulty for everyone concerned in the allegation against staff process, particularly employees who consider they have been found 'not guilty'. The importance of all organisations in following allegations procedures has been highlighted by a number of high profile media cases and serious case reviews where investigative processes have been flawed and agencies and employers have not followed procedures.

	Substantiated	Unfounded	Unsubstantiated	Not Known	Malicious	False
Children Social Work Services	3	3	8			
EYS	29	7	8		1	
Faith	1	1	1			
Foster Care	17	2	9	3		2
Health	8	2	4			
OTHER	1					
Police	1					
Probation		1				
Residential LA	1		1			
Residential Non LA	5	2				
Schools	40	11	25		1	
Self Employed	3	1				
Transport	4	1		1	0	
Voluntary Org	9		1			
Youth Services	2	1				
Total	**124**	**32**	**57**	**4**	**2**	**2**

[1] Definitions: **Substantiated –** A substantiated allegation is one which is supported or established by evidence or proof. **Unfounded –** This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it is necessary to have evidence to disprove the allegation. **Unsubstantiated –** An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence. **Malicious –** This implies a deliberate act to deceive. For an allegation to be classified as malicious, it is necessary to have evidence, which proves this intention. **False -** there is sufficient evidence to disprove the allegation

HR Outcomes:
There is a range of responses by employers following the conclusion of a management investigation into an allegation against a member of staff. These must be proportionate and ensure children are protected from harm.

The use of alternatives to suspension is actively discussed at Strategy Meetings and this message is reinforced by the updated Department for Education Guidance, Keeping Children Safe in Education 2014. Of the 34 individuals 'suspended', 15 were 'reinstated' following investigation.
There have been no instances reported in the past year of pupil exclusions regarding allegations deemed to be 'malicious' in schools. This is the same as last year.

Referral Outcomes:
The outcome of no further action after Initial Evaluation[2] has seen a significant rise in 2013-14, 60% up from 31.5% in 2012-13. Criminal investigations decreased to 21.3% from 31.5% in 2012-13; s.47 investigations have also decreased to 12.2% from 13.6% in 2012-13. Significantly, disciplinary procedures have increased the past 3 years from 24% (2011-12) to 43% (2012-13) to 53.85% in 2013-14.

The data appears to demonstrate employers understanding that an employee's conduct and suitability may meet the threshold for contacting the LADO, resulting in fewer safeguarding procedures being initiated, but where disciplinary action has been necessary. Previously the LADO was only contacted when significant and more obvious incidents occurred. There is a 'grey area' between conduct and suitability (disciplinary) and significant harm (s.47/police) in which advise should be sought from the LADO to determine if it meets the criteria. In referring those in the 'grey area' there has been an increase in suitability category and less in formal safeguarding procedures. The Allegation Management Procedure within Brighton & Hove appears to be well embedded in a range of statutory and voluntary organisations. There is always more work to be done to raise the profile across all services and employers and this will continue. In Children's Services the LADO plans to attend Team Meetings across services, including induction meetings with the Learning Development Officer and Newly Qualified Social Workers.

[2] **No further action after Initial Evaluation:** Refers to the initial discussion with the referrer, and this may include Children's Services and/or the Police about whether the alleged incident falls within the scope of these safeguarding procedures. Following the initial discussion/inquiries there may be no need for further action under these procedures. Further assessment or investigation may be undertaken in accordance with other Regulatory frameworks such as the Assessment of Children in Need (Section 17 C.A'89), or via an employer's disciplinary procedures.

	Strategy Discussion	Section 47	Police Investigation	Charge	Conviction	Internal Investigation	NFA after initial evaluation
Children Social Work Services	2	2	2			8	8
EYS	6	5	8	3		23	33
Faith							2
*Foster Care	16	7	10			13	13
Health	3		3	1	1	7	8
OTHER						1	0
Police							1
Probation							1
Residential LA	1					1	1
Residential Non LA	4		3	1	1	9	11
**Schools	16	10	12	4		45	48
Self Employed		1	2	1			1
Transport	2	1	5			2	
Voluntary Org	4	1	2	1		8	5
Youth Services	1					2	2
Total	**55**	**27**	**47**	**11**	**2**	**119**	**134**

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is the inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It is a sub-group of the two Local Safeguarding Children Boards (LSCBs) for Brighton & Hove and East Sussex and is therefore accountable to the two LSCB Chairs, Reg Hooke, Chair of East Sussex LSCB and Graham Bartlett, Chair of Brighton & Hove LSCB. If during the process of reviewing a child death, the CDOP identifies the following then a specific recommendation is made to the relevant LSCB(s).

- an issue that could require a Serious Case Review (SCR);
- a matter of concern affecting the safety and welfare of children in the area; or
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area;

During 2013-14 there were no recommendations made to the LSCBs regarding the need for a serious case review. Some recommendations were made regarding matters of concern about the safety and welfare of children and wider public health concerns. These included recommending to the East Sussex LSCB that:

- East Sussex LSCB should recommend that West Sussex LSCB consider asking Police Traffic Management to review speed restrictions and other road safety measures for schools within West Sussex.
- When the Rapid Response Procedures are reviewed there should be discretion given to the paediatrician and police involved at the time of the death to exercise professional judgement as to whether all of the Rapid Response Process has to be followed.

Recommendations made to the Brighton & Hove LSCB were that:

- That the issue of enabling greater discussion between clinicians involved in the care of the child and the pathologist/coroner at the time of the post mortem/inquest should be pursued.
- The LSCB to explore how to raise the profile nationally of the benefits of breast milk banks so as to reduce the risks of babies developing of Necrotizing Enterocolitis (NEC).

There were additional recommendations made to member agencies of both LSCBs which related to issues specific to particular case histories and not necessarily having general relevance.

Organisation of the Child Death Overview Panel.
Fiona Johnson is the Independent Chair of East Sussex and Brighton & Hove CDOP. The panel members comprise representatives from key partner agencies who together have expertise in a wide range of issues pertinent to children's well-being and are listed below:

Fiona Johnson –Chair
Carolyn Baillie – CDOP Coordinator
Jane Mitchell - South East Coast Ambulance NHS Service Foundation Trust
Edmund Hick – Sussex Police
Ali Jenkins - Specialist Nurse for Child Deaths
Deb Austin – Head of Safeguarding
Dr Anne Livesey - Designated Paediatrician
June Hopkins – Designated Nurse
Lydie Lawrence - Public Health
Fiona Rose – Named Midwife
Dr Cassie Lawn – Neonatologist

The administrative work of East Sussex Brighton & Hove CDOP is organised by the CDOP Coordinator, with support from the CDOP Chair and other panel members.

National Developments, Challenges and Achievements.
Working Together 2013 was published in March 2013 which reaffirmed the role and function of the Child Death Overview Panel. The CDOP works within the context of the Learning & Improvement Framework which covers a range of reviews and audits of which the CDOP is a part. CDOPs are required to report annually to the DfE on the functioning of the Panel and this year the data return required even greater detail about the outcome of case discussions. Last year a national research project on how public health data from CDOPs are collected and analysed was undertaken during 2013. Findings from this research highlighted the missed opportunities to capitalise on the work of CDOPs by the failure by Government:

> '…to collect, analyse and disseminate local CDOP data nationally. There was a clear and vociferous call from CDOP staff and chairs for a proper national system of collecting, analysing and reporting CDOP data which would enable appropriate alerts and alarms to be issued and which would provide a focus for national information sharing and learning.'[3]

To date the Government has not indicated what if any action will be taken in response to this research.

[3] Jennifer J Kurinczuk & Marian Knight National Perinatal Epidemiology Unit University of Oxford Child death reviews: improving the use of evidence Research Brief DfE October 2013

Local Developments, Challenges and Achievements.
An audit of the rapid response process across Sussex was undertaken during Spring 2013 and findings from this audit were presented to the CDOP during 2013. Local procedures have been reviewed during 2013 in response to the findings from the audit and the changes in Working Together 2013. Parents have contributed to the CDOP process by providing feedback on services received. This has continued throughout 2013 and parents have contributed to most reviews about children who die beyond the neonatal period. The CDOP continues to work closely with the Coronial Service providing coroners with information and receiving information from them.

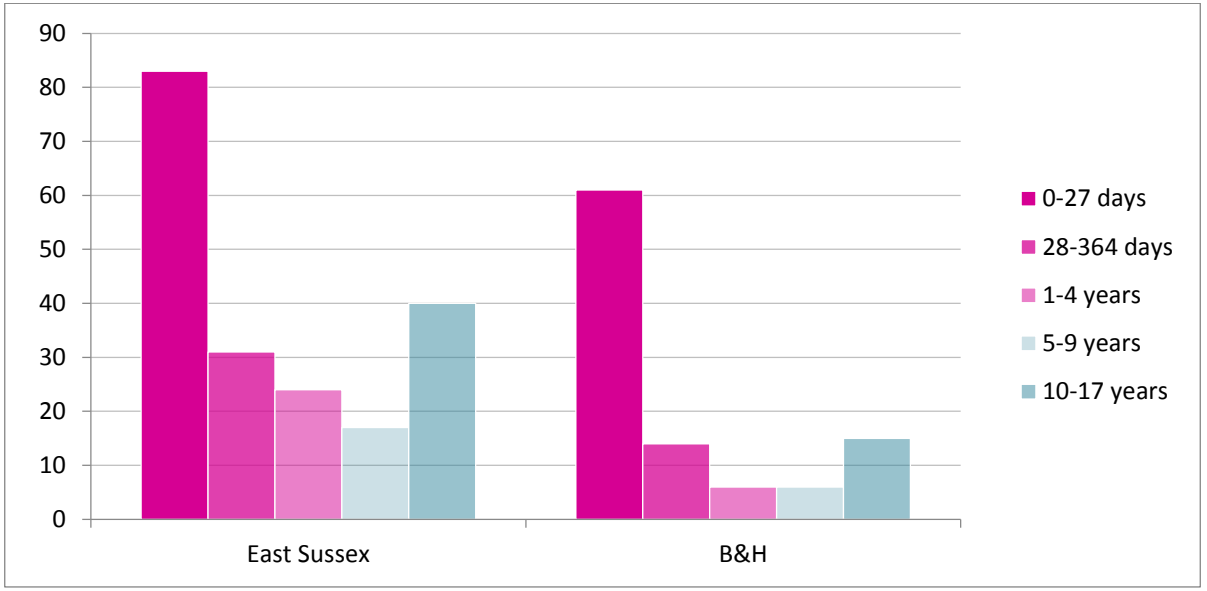
The CDOP has held 15 meetings in the past year (including 4 Brighton & Hove neonatal panels and 5 East Sussex neonatal panels).
The main work of the panel is to review the deaths of all children who die across East Sussex and Brighton & Hove, on behalf of the two Local Safeguarding Children Boards (LSCBs). Between April 2013 and March 2014 the CDOP was notified of 52 deaths of children who were resident in East Sussex (36) and Brighton & Hove (16) which is an increase in numbers of deaths since last year. The CDOP has reviewed a total of 44 (26 East Sussex & 18 B&H) deaths during 2013/14. There will always be a delay between the date of a child's death and the CDOP review being held; of the 18 Brighton & Hove reviews completed in 2013/14 7 were completed within six months. This is a significant deterioration in performance which can be explained in part by sickness on the part of the CDOP administrator. The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are identified modifiable factors which may have contributed to the death. If this is this case the panel must decide what, if any, actions could be taken to prevent such deaths in future. Of the 240 deaths reviewed between 2008 and 2014 thirty have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths. Of the eleven reviews that were completed during the year that had modifiable factors nine related to babies. Modifiable factors included inappropriate sleeping arrangements for babies and high risk pregnancies where there were problems with the obstetric and midwifery care. All of the cases reviewed were very different and there were no obvious patterns or trends that could be identified.

Child Death data
In Brighton 20% of the population are aged under 18 years (55,000 out of 273,000). This compares to 23% for the South East region and for England. (Source: Census 2011)

All deaths notified to CDOP from 1st April 2008 to 31st March 2014	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	**Total**
Brighton & Hove	16	20	11	21	18	16	**102**

Deaths notified to CDOP last year showed a slight decrease which is within the expected range for the areas. The mean and median average figure over the six years is 17. Data will need to be monitored for a much longer period before trends can be identified.

Age at death of all children notified to CDOP 2008 – 2013



The age distribution of deaths in children follows an expected pattern linked to national trends with most deaths being seen in children in the first month of life followed by deaths in the first year of life, with an increase in deaths during adolescence.

Ofsted

No Ofsted inspection was undertaken of the Local Authority or LSCB in 2013/14. However, there is still a comprehensive service improvement plan underpinning future inspections following an unannounced Ofsted Inspection of Safeguarding and Looked After Children in March 2011.

Key issues noted for action from the 2011/12 inspection were:

- the LSCB's lack of capacity to undertake quality assurance work and large scale audit work;
- the consistency of multi-agency work;
- developing a greater mutual understanding of each other's practice quality; and
- the depth of understanding of race, culture and identity across the children's workforce.

As you will have read, the LSCB now has in place a functioning Monitoring & Evaluation Subcommittee, which is chaired by an independent person who has lead on developing a quality assurance programme for the Board. Throughout 2013/14 a Designated Nurse for Child Protection was allocated one day a week for Brighton & Hove LSCB audit work. Improvements in the consistency of multi-agency work have been consistently gauged through further audit work. Single agency audits have been routinely presented to the Monitoring & Evaluation Subcommittee. Issues relating to race, culture and ethnicity have in part been addressed through the LSCB's Learning & Development Mission Statement, see Appendix 3 and the LSCB multi-agency training programme.

Key focus points the Local Authority and the LSCB have been working on for inspection include:

- Audit Practices, both single and multi agency
- Child Sexual Exploitation
- Missing Children, from Care, from Home, & from School
- Early Help and the system as a whole
- Disseminating and optimising learning from Serious Case and Learning Reviews

Serious Case Reviews (SCRs)

As per *Working Together to Safeguard Children* (2013), LSCBs are required to consider whether to initiate a serious case review when a child dies (including death by suspected suicide) or is seriously injured, and abuse or neglect is known or suspected to be a factor. The main purpose of a serious case review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.

Brighton & Hove LSCB intends to use the Social Care Institute for Excellence's (SCIE) Learning Together model for investigating SCRs. This methodology had been highlighted in the Munro Review of Child Protection (2011). Staff from the LSCB and in LSCB partner agencies have been trained using the SCIE model throughout 2013/14, in preparation for reviews. This ensures the LSCB has the capacity and experience 'in house' to undertake reviews.

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

In 2013/14 one Serious Case Review was initiated and findings are pending as at 31 March 2014. This Serious Case Review is being carried out using the SCIE Learning Together model.

Liam's Story
Liam was just a few weeks old when he was taken to hospital with multiple non-accidental injuries. A SCR was instigated because there were concerns that agencies did not share crucial information about Liam's father, which may have impacted on the outcome.

Liam's story raises a number of concerns. The risk care leavers might pose to their own or other children are not being adequately identified, meaning that they are left without the support they need as parents and children may go unprotected. In midwifery services, it would appear that social information is mainly sought in respect of an expectant mother rather than both parents, which means that important information impacting upon an assessment of risk may not be obtained. Information technology systems may not offer up easily accessible case history information on which to assess risk. Full findings will be presented to Brighton & Hove LSCB in 2014.

LSCB Business Plan 2013 – 2016 #yourLSCB's Key Priorities

The Brighton & Hove LSCB Business Plan was developed and further refined during a LSCB Development Day in July 2013. It reflects key objectives and actions needed in order to help make children and young people safer in Brighton & Hove. The Board selected these priority areas due to either their prevalence in the cases agencies see or because we believe them to be unseen or hidden forms of abuse which we need to work together to tackle. Alongside these priorities we decided that help given to children, before they suffer abuse, is a key area to develop. Early Help ensures that all children, and their families, who are experiencing problems get the support they need from a range of agencies before it's too late.

Priority Area 1: Responses to Specific Safeguarding Concerns

Children and young people in Brighton & Hove are protected effectively from

Neglect
Sexual abuse
and **Sexual exploitation.**

Priority Area 2: Participation & Engagement

- The views of parents, carers, children and young people are contributing to learning and practice.
- Parents, carers, members of the public, staff and managers have an improved understanding of the LSCB.
- Staff and managers are informing learning and improvement.

Priority Area 3: Service Responses

- The process for the early help assessment and the type and level of early help services to be provided is effective in meeting the needs of children and families.
- There is a prompt and assured response when referrals are made or new information is received about child care concerns.

Priority Area 4: Accountability

The Board is better coordinated and ensuring the effectiveness of what is done by partner agencies.

Priority Area 1: Responses to Specific Safeguarding Concerns

Children and young people in Brighton & Hove are protected from neglect.

30.5%

Of the 2,351 **single assessments** completed in 2013/14, 718 **(30.5%)** identified neglect as a factor at the end of the assessment.

33%

Of the 288 children subject of a **Child Protection Plan** as of 31 March 2014, 95 **(33%)** had neglect recorded as a category of abuse.

What making a difference will look like: Well-timed, good quality and noticeable involvement by everyone necessary, which shows us children are safeguarded from neglect.

What we did:
A neglect multi-agency audit was undertaken in 2013, findings & challenges were presented & discussed at Board in March 2014.

We are working on a multi-agency basis around neglect. We have undertaken a benchmarking audit described in this report, with a view to clarifying exactly what the issues are in the way we respond to neglect issues.
Deb Austin, Head of Safeguarding, Children's Services.

This was designed as a baseline audit with the purpose of evaluating current multi-agency practice before putting in place a Quality of Care assessment tool in an attempt to improve practice. The audit revealed that multi-agency working was a strength in all cases but there were a number of concerns that featured regularly in cases of neglect, notably:

- response to referrals focusing on events not trends
- periods of drift in some cases
- outcomes of interventions not tracked effectively
- insufficient attention to recording children's wishes and feelings.

A positive aspect of this audit was the seeking of feedback from parents.

What we will do next:
A follow up audit will take place later in 2014/15 to evaluate the impact of the new assessment tool.

The LSCB training programme includes three 'core' child protection courses, which contain neglect case studies. A specific LSCB Neglect training course in 2014/15 will incorporate learning from the first multi-agency audit as well as training front line practitioners to use a new Quality of Care Assessment Tool following its use in pilot cases.

In 2014/15 there will be a LSCB Safeguarding Board Bulletin that will feature information and updates for professionals on city wide activity in response to Neglect.

My agency undertook a single agency neglect health retrospective review of 12 months, looking at 16 cases, 44% female and 56% male ranging from 7 months – 10 years. This concluded that a significant amount of information can and should be gained prior to health medical, the medical team could be more standardised in the assessment documentation and that medicals are time consuming but do provide a concise summary and do identify unknown health needs for the child. These findings were shared with colleagues from across agencies in the city at Brighton & Hove LSCB's Monitoring & Evaluation Subcommittee in February 2014.
Ann White, Named Doctor,
Sussex Community Trust.

In my agency Named Professionals have been involved in a multi agency neglect working group which has involved a multiagency neglect audit .I am a Named Nurse and also the Board lead for neglect, I am leading a pilot with the Principal Social Worker on developing Quality of Care tool for practitioners .

Yvette Queffurus Named Nurse Safeguarding Children
Sussex Community Trust

Significant numbers of children affected by family drug and alcohol use experience neglect. Brighton Oasis project was able to work with a significantly higher number of children this year due to increased funding via Charitable Trusts. Provision of a service to children in their own right ensures they have a safe, confidential space to express their feelings, reduce isolation and build self-esteem. In the last year, Young Oasis has offered child centred arts and play therapies to 77 children and young people. Many of the children have experienced neglect and disruption including time in foster care or living apart from their birth parents permanently. Their monitoring using the New Philanthropy Capital (NPC) wellbeing tool shows significant increases in the following aspects of wellbeing after the therapeutic intervention; Satisfaction with Friends, Community, with School and increased life satisfaction.
Terri Fletcher, Director, Safety Net.

Children and young people in Brighton & Hove are protected from sexual abuse (CSA)

What making a difference will look like: Well-timed, good quality and noticeable involvement by everyone necessary, which shows us children are safeguarded from sexual abuse.

What we did:
In February 2014 a Child Sexual Abuse (CSA) audit was undertaken as a follow up to an audit carried out in 2012. The 2012 audit concluded that there were gaps in both recording and service delivery and recommended a further audit 12 months hence to look at progress. An action plan from the 2014 is in place which aims to ensure:

- strategy discussions are multi-agency and, as a minimum, include involvement by relevant health disciplines
- records of children who have made allegations of CSA are clear, accurate, up to date & include relevant information
- all children are spoken to in households where there are allegations of CSA
- better recording of Police requests for medical examinations or rationale for why no request is appropriate
- Pan-Sussex joint investigation training for police and social workers should include a refresher session on responding to CSA referrals and recording.

6.1%

Of the 2,351 **single assessments** completed in 2013/14, 143 **(6.1%)** identified sexual abuse as a factor at the end of the assessment.

Of the 288 children subject of a **Child Protection Plan** as of 31st March 2014, 20 **(6.9%)** has a category abuse of sexual abuse recorded.

6.9%

Sussex Community NHS Trust undertook a CSA medical profile retrospective review over 12 months (January 2012 – December 2012) involving 35 cases. One of the recommendations from this audit was to continue to request Achieving Best Evidence (ABE) prior to the CSA Health Assessment medicals. This benefits the child as they do not have to keep repeating the details, and helps the medical staff know what focus to put on the examination.
Ann White, Named Doctor, Sussex Community NHS Trust

Children's Services have been part of the multi-agency audit on child sexual abuse discussed within this report. It was helpful to get an interagency perspective on what the strengths and what the areas of development are in working these complex cases.
Deb Austin, Head of Safeguarding, Children's Services.

What we will do next:
An Interagency Forum on CSA is proposed for early 2015. This will include staff working with children & families in Brighton & Hove to a forum style recognition and awareness-raising session.

In 2014/15 there will be a LSCB Safeguarding Board Bulletin, which will feature information and updates for professionals on city-wide activity in response to CSA.

Metrics in relation to CSA will continue to be reported to the Board via the Management Information Report.

Paediatricians from Brighton & Hove are working with colleagues across the county and NHS England to establish a Paediatric Sexual Abuse Referral Centre (SARC) with excellence and equity of care across Sussex for children up to and including the age of 13 years. The service model is more than the medical examination and includes the provision of support in a seamless manner. The aim being to have Crisis workers (support staff) trained to work with children and families involved from the outset, followed by counselling /therapy services provided local to the child's home. We are delighted to hear that funding for Child Independent Sexual Violence Advisors (CISVA's) to support families across Sussex has been secured. This enhanced service will improve quality of care for sexually abused children across Sussex and are hopeful that it will become fully available in 2015.

'CCG commissioners are working with providers to ensure victims of CSA receive appropriate therapeutic support.'
June Hopkins, Designated Nurse, B&H CCG

Safety Net and the Survivors Network have received funding to provide support and preventative services to young people at risk of and who have experienced sexual abuse. The work includes school based activities, a group work programme, counselling and a residential.
Terri Fletcher, Director, Safety Net

As paediatricians we are guided by children's disclosures and behaviours that might/do indicate CSA. This is a challenging area and sharing of information, recent and crucially historically, and effective joint meetings is vital to ensure these vulnerable children are protected and supported. Working together helps us to understand each agencies roles better and share knowledge in an area that is often complex and that may be lacking any concrete evidence of CSA
Jamie Carter Designated Doctor and Board lead for CSA

Children and young people in Brighton & Hove are protected from sexual exploitation (CSE)

This year has shown that data surrounding children at risk of sexual exploitation is not sufficiently robust. We are putting this right.

What making a difference will look like: Well-timed, good quality and noticeable involvement by everyone necessary, which shows that children are safeguarded from sexual exploitation.

An LSCB Child Sexual Exploitation Strategy with actions in place for the next two years.

What we did:
In July 2013, Brighton & Hove LSCB confirmed Child Sexual Exploitation (CSE) as a priority area. Since this time CSE has been adopted by the Violence against Women and Girls (VAWG) Programme Board, with an action plan developed from the CSE strategy implemented and monitored by the VAWG Programme Board, within the Community Safety, Crime Reduction and Drugs Strategy for 2014 – 17. The VAWG Programme Board is accountable to the Safe in the City Partnership Board. The Brighton & Hove LSCB Independent Chairperson sits on the VAWG Programme Board.

The VAWG is responsible for commissioning services and Brighton & Hove LSCB are responsible for scrutiny and assurance of them. This joint approach is unusual and has attracted interest from the South East region.

A quarterly CSE Steering Group, under the auspices of the VAWG and attended by the LSCB Business Manager, supports the Community Safety Partnership/Police/LSCB strategic plans and monitors ongoing prevalence and responses to CSE. This is chaired by Detective Chief Inspector, Head of Safeguarding, Brighton & Hove Division, Sussex Police, who is also a lead professional operating within the LSCB as a CSE lead. You may read his update later in this report.

There is a Pan-Sussex CSE Strategy, as well as a joint Brighton & Hove LSCB and VAWG Programme Board CSE Strategy 2013-16 and action plan. This action plan focuses on:

- raising awareness: across practitioners & within communities to reduce children and young people's vulnerability and improve early identification
- understanding what's happening: improving our evidence base
- developing a strategic response: joining up approaches across statutory and voluntary & community agencies
- improving interventions: improving support for victims & families and facilitating policing & prosecutions in order to hold perpetrators to account

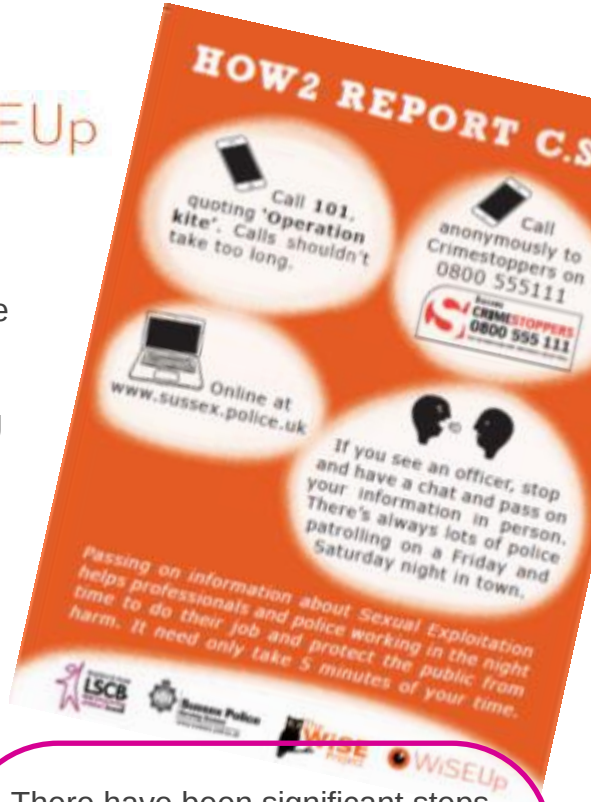
In addition there is a monthly multi-agency operational meeting (Red Operation Kite) the purpose of which is to share information among relevant agencies and identify those children and young people (age 12 - 25) in Brighton & Hove at high risk of sexual exploitation. A scoping exercise and strategic problem profile has been undertaken in relation to CSE, which has collated the multi-agency intelligence picture in Brighton & Hove.

WiSE[4] provides 'Preventing and Disrupting the Sexual Exploitation of Children & Young People' training for frontline professionals on behalf of the LSCB. Further information on this course is detailed later within this report. The number of professionals who have received training is 367, more on this later in the report.

In March 2013 the LSCB started work on a Safeguarding Board Bulletin. This featured information and updates for professionals on city-wide activity in response to CSE. This included details on the event that was run on 28 March 2014 in partnership between The WiSE Project, & Sussex Police which aimed to raise awareness of CSE amongst workers in the Night Time Economy in Brighton & Hove. It mirrored the National Working Group's 'Say Something if You See Something' Campaign.

The table below shows the number of cases worked by WiSE during the year ending 31 March 2014.

Cases worked by WISE Latest Year Ending March 2014	Number
Number of young people case worked	86
Number of young people receiving a joint intervention	12
Number of lead professionals advised/provided with tools	31
Number of drop-ins/outreach/detached sessions	124
Numbers of targeted peer groups	12



There have been significant steps in responding to the needs of children and young people at risk of CSE & missing during the past year. There is a comprehensive missing procedure in place and some excellent interagency working, as evidenced by the Red Op Kite CSE meeting and Operation Pipeline, a police investigation into localised sexual exploitation of children'
Deb Austin, Head of Safeguarding, Children's Services.

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

What we will do next:
In 2014 the Brighton & Hove LSCB Vulnerable Children Monitoring Group was established which scrutinises the operational responses made by a number of groups in the City whose work supports a specifically vulnerable cohort of children, including those who are missing, privately fostered as well as those who are at risk of CSE.

In 2014/15 Brighton & Hove LSCB will be auditing a selection of cases held by Red Operation Kite. The audit tool will look at interagency working, responding to risk, outcomes for the young person, how the young person's voice is represented, and how this is understood within a professional network.

We will be looking at how to better support professionals to recognise and respond to the risk of CSE via training opportunities.

Sussex Partnership NHS Foundation Trust, are working towards engagement in all the relevant local groups looking at child sexual exploitation at both a strategic level and at operational level with clinical and managerial leads appointed to these groups. Staff in Children and Adolescent Mental Health Services (CAMHS) are familiar with and have started using the sexual exploitation risk assessment framework (SERAF) to support their work and recognition of CSE. We have been proactive in our approach to recognising and responding to the risks posed by CSE. An awareness raising session has taken place with Safeguarding Link Practitioners and a brief has been delivered to operational managers across adult services as well.
Zo Payne, Designated Nurse, Sussex Partnership NHS Foundation Trust

From 1 April 2013, all Local Authorities in England were required to record factors identified at the end of assessment 'in order to ascertain the child's needs, the parent's ability to meet those needs, and the impact of wider family and environmental factors.' Of the 2,351 Single Assessments completed during the year ending 31 March 2014, 143 (6%) identified Child Sexual Exploitation as a factor at the end of the assessment.

In Brighton and Hove, across a variety of agencies, we have reacted quickly to get better at looking after those children at risk of CSE. Red Operation Kite has been set up to flag CSE cases as early as possible and we now have interagency risk assessment conferences to ensure safety packages around those children most at risk. The development of the Multi-Agency Safeguarding Hub opening in September 2014 is yet another initiative to improve our response to this priority area of safeguarding.
Carwyn Hughes, Detective Chief Inspector, Head of Safeguarding, Brighton & Hove Division, Sussex Police (CSE Board Lead).

Priority Area 2: Participation & Engagement

The views of parents and carers are contributing to learning and practice.

Do you regularly obtain the views of children, parents & carers?

Do you ask what difference the service has made to their lives?

What making a difference will look like: Audits and other programmes evidence a link between quality assurance and feedback from parents and carers.

What we did:
Obtaining the views of parents and children in safeguarding work is underdeveloped because it is hard to do, especially in what can be the fraught nature of safeguarding work. Yet it is clearly a rich seam, not just in terms of understanding the quality and impact of services now, but as a source of learning and organisational development.

Brighton & Hove LSCB has challenged partners to demonstrate how the voice of parents and carers influences their work and the Monitoring & Evaluation Subcommittee requested all partner agencies provide reports on feedback they received from service users/their families. This was wide ranging, with clear evidence that agencies were taking feedback seriously and acting on it.

In March 2014 the LSCB Communications Strategy was approved, which is part of our effort to reach out to communities & particularly young people, so we can hear what they want most from the LSCB partners and get their views on how that should be delivered.

Brighton & Hove Children's Services undertook an exercise in seeking service user feedback during 2013/14, which was shared with the Monitoring & Evaluation Subcommittee. You can read the feedback throughout this report. Included in this was feedback from families after Child Protection Conferences. An example of feedback included:

- 60% strongly agreed and 36% agreed they were given the opportunity to give their views at conference
- 47% strongly agreed and 39% agreed that if their child was the subject of a Child Protection Plan they were clear about what needs to change or happen for the conference members to be able to consider ending the plan
- 50% strongly agreed and 41% agreed their views were listened to during the whole Child Protection process.

What we will do:
We will fully embed the Quality Assurance Framework (QAF). A key part of the framework will be to assess the impact that interventions & services have on users and their families, and their experiences. As part of this process, the views of parents and carers will be sought on a regular basis to inform learning and drive service improvement. We will need to receive and act upon the views and experiences provided via quantitative and qualitative data from single and multi-agency performance reporting and audits, Serious Case Reviews and other management reviews.

Lay Member recruitment to be undertaken throughout the Summer 2014. Parents and carers to be invited to apply to be lay members.

In any Serious Case Reviews and Learning Reviews the Brighton & Hove LSCB commission will work on the basis that, where practicable, families will always be involved in the process in recognition that their perspective can be very informative and may result in more meaningful findings.

The views of children and young people are contributing to learning and best practice.

What making a difference will look like: Audits and other programmes evidence a link between quality assurance and feedback from children and young people

What we did:
LSCBs must act on the duties outlined in the Children Act (2006) in that they are to listen to children, young people and their families and to draw on 'their insights when engaged in their other functions.'

The multi-agency audit on CSA asked for evidence of the child being spoken to and seen alone where appropriate, and also documentation of the child's wishes and feelings, as well as the child's understanding of the situation. 12 cases were audited, there were 4 cases where there were issues of concern (33%) and this was either Met or Not Applicable in 8 cases (66%).

Young people over the age of 12 are invited to attend their Child Protection Conferences and are offered support to do this by the Youth Advocacy Project. From October 2012 to March 2013 there were 68 cases that involved young people. Between January & June 2013 the Youth Advocacy Project got results from 13 young people through questionnaires following the conferences. An example of feedback includes:

- 62% felt that their views were taken into account, and 31% felt this was partly true
- 92% felt safer as a result of participating in their conference and 8% felt this was partly true.

We have tried to promote the direct participation and input of children and young people in the work of Brighton & Hove LSCB at a strategic and operational level. The Participation & Engagement Subcommittee, ran a short consultation with youth organisations on the ChildLine Report, which highlighted a rise in contacts about cyberbullying and self-harm in January 2014. Youth organisations (in-house and voluntary sector) were asked to discuss 3 questions with young people. The following young people responded:

- The Youth Council members (representatives from all the secondary schools and colleges and some youth groups) aged 11-19 (up to 25 with SEN)
- Youth Service universal provision aged 13-14 (group response)

Their responses, which linked the increase in cyberbullying with the increase in self-harm and suicidal thoughts, were fed into a LSCB newsletter which was circulated in February 2014 across a wide range of agencies working with children and families in Brighton & Hove. You can read their full feedback here.

What we will do:
As with ensuring the views of parents and carers are contributing to learning and best practice, the Quality Assurance Framework (QAF) process will seek the views of children and young people to inform learning and drive service improvement.

Lay Member recruitment will be undertaken throughout the summer of 2014. It will be targeted at care leavers, young carers, and young ambassadors.

In any Serious Case Reviews and Learning Reviews commissioned by Brighton & Hove LSCB, we will work to the basis that, where practicable, children and young people will always be involved in the process, in recognition that their perspective can be very informative and may result in more meaningful findings.

Parents, carers and members of the public have an improved understanding of the LSCB.

I am committed to supporting the Board to ensure that the views of children, young people and parents/carers are taken into account. In doing so we foster better relationships with youth and parent groups in the city and help raise the profile of Brighton & Hove LSCB. Most importantly, by focusing on the child's voice, their journey and their identity in our Board activities (such as the multi-agency audits, and then feeding these findings back to professionals) we enhance the importance of listening, hearing and recording the experience of the child.
Andy Reynolds, Director of Prevention & Protection, East Sussex Fire & Rescue Service & Chair of the Participation & Engagement Subcommittee.

What making a difference will look like: LSCB Communications Plan implemented.

What we did:
Throughout the year we have made sure that the Brighton & Hove LSCB website demonstrates and communicates about the LSCB's work and effectiveness.
We have, via Participation & Engagement Subcommittee activity, developed links and built relationships with existing parents' and carers' groups and forums.

Parents/Carers of the Parents' Forum database were emailed for feedback about the LSCB website and offered an opportunity to give further comments about future communications with the LSCB. 43 parents responded, all of whom were accessing Brighton & Hove children's services.

In March 2014 the LSCB established the 'Board briefing.' This is a short, succinct briefing that gives the wider community an update on Board discussions, challenge and actions following each quarterly full Board meeting. This is circulated via the website and twitter and also across the partnership by Board members who are encouraged to promulgate the briefing throughout their agencies to staff and service users.

What we will do:
Feedback from parents and carers was collated in the summer of 2014 and the suggested amendments to the website are being made. Furthermore, the LSCB will be working in collaboration with Safety Net from 2014/15 to get safety messages to parents with children at primary schools via a Safety Net and Brighton & Hove LSCB parent newsletter. This will help raise awareness of safeguarding issues amongst parents and carers and equip them with the knowledge to ensure children stay safe. Consideration will be given about how best to deliver safety messages to parents with children in secondary and independent education.

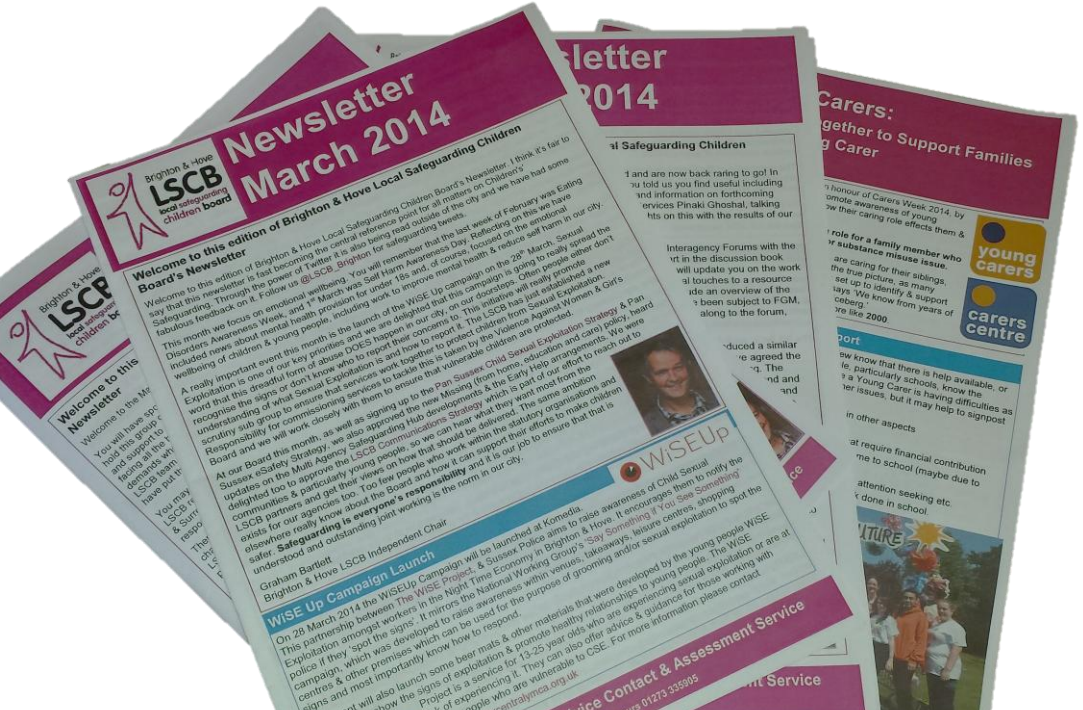
Staff and managers have an improved understanding of the LSCB.

‘All LSCB newsletters have been widely circulated to staff, including to primary care colleagues. I’ve also made sure all relevant information has been added to the safeguarding area of the CCG extranet for easy access’. **June Hopkins; Designated Nurse CCG**

What making a difference will look like: LSCB Communications Plan implemented

What we did:
As with improving parents and carers understanding of Brighton & Hove LSCB, the same ambition exists for our agencies too. Too few people who work within the statutory organisations and elsewhere really know about the Board and how it can support their efforts to make children safer. **Safeguarding is everyone’s responsibility** and it is our job to ensure that that is understood and outstanding joint working is the norm in our city. The Communication Strategy & thematic plan is one of our vehicles to achieve this.

The Brighton & Hove LSCB Multi-Agency Training, Serious Case Review Seminars, Newsletters, Board Briefings, Safeguarding Bulletins, Website, Twitter and multi-agency case audits have encouraged two-way communication with professionals working with children and families in the city.



What we will do:
Following the 2013/14 Section 11 audit, a recommendation for Board consideration was a Brighton & Hove LSCB annual conference with front line workers. The purpose is to share case studies and best practice relating to safeguarding as well as to improve staff and managers understanding of the workings of the Board.

Staff and managers are informing learning and improvement.

Are the views of your staff valued & taken seriously?

Do you regularly observe frontline practice?

What making a difference will look like: Audits evidence a link between quality assurance and feedback from staff and managers.

What we did:

Two Serious Case Reviews: Implications for Practice lunchtime seminars where run by the Head of Safeguarding in 2013/14. Serious Case Reviews play an important part in both individual and collective learning about how we can improve our responses to protecting children. The seminars were very well attended and afforded an opportunity for multi-agency professionals to learn from one another. Feedback included:

1. What was helpful?	2. What have you learnt today?	3. How will you put your learning into practice?
It helps to think about **recurring themes**/learning and how we can use this info when delivering safeguarding training to my team.	To think about ways to best **listen** to younger children;	Ensure I continue to **share information** with children's services when working in my role as a tenancy officer.
It is a reminder of the key lessons learnt in serious case reviews and the factors to be mindful of when identifying risk, i.e. **domestic violence**.	To put emphasis on **thinking the unthinkable**	Be **reflective** in my practice and be aware of thinking the unthinkable even if this may not be what we want to think. Not to isolate situations and **make links.**
It is helpful to discuss and listen to **other colleagues perspectives**.	Not to be afraid of **common sense**.	In supervision sessions, to ensure **child's voice** is at the centre.

In 2013/14 the CSE Steering Group undertook a mapping exercise across professionals in Brighton & Hove to hear their views and understanding of the prevalence of CSE in the city to inform learning and improvement.

Staff and managers working across the partnership are engaged in the LSCB Newsletters and Bulletins. This is a collaborative exercise to ensure the newsletter is informing learning and improvement. Newsletters have included interviews with frontline staff, multi-agency audit findings, briefings from local and national Serious Case Reviews, as well as promoting multi-agency training and events.

In March 2014 the Board approved a recommendation from the Participation & Engagement Group to establish 'Interagency Forums,' these are not formal training inputs but bitesize discussion forums run over a few lunchtime hour slots. These sessions explore issues that affect the safety of children & adults in our city, provoking discussion and learning as well as nurturing partnership working across organisational boundaries.

What we will do:
It is important to have a constant feedback loop from the frontline to senior management and those with governance responsibilities, not just in terms of what is or is not working but also to assist with ideas for improvement so that changes can be made systematically. The Quality Assurance Framework will play an important role in how we do this. Key activities to do this are set out in the QAF and include, staff surveys and interviews, focus groups, staff evaluations of partnership working and 'walking the floor' and observation of frontline practice by senior managers.

We will continue to host Serious Case Review: Implications for Practice seminars, taking main themes from national and local Serious Case Reviews and focusing on a number of meaningful recommendations and actions with a multi-agency audience.

We will continue to run Interagency Forums like the two sessions in May 2014 hosted by Brighton & Hove LSCB and VAWG on Female Genital Mutilation (FGM) which were attended by 90 professionals working with children and families in the City. The sessions launched an FGM Resource Pack, which contained information and guidance for people who may encounter women or girls at risk of, or having undergone, FGM.

Brighton & Hove LSCB is signed up the SCIE Learning Together methodology for all Serious Case Reviews. This systems approach has a heavy emphasis on engaging frontline professionals and their managers as active participants in the process, while the review is being undertaken, when findings are being shaped, and in driving impact. All Serious Case Reviews and Learning Reviews will be the B&H LSCB's vehicle to providing a framework to listen and learn from frontline professionals.

We want all children in Brighton and Hove to thrive and be safe, to achieve their absolute potential and to have good life chances. We are determined to provide early help and support to children when they need it.
Pinaki Ghoshal, Executive Director, Children's Services Brighton & Hove City Council.
Graham Bartlett, Independent Chairperson, Local Safeguarding Children Board.

Priority Area 3: Service Responses

Early Help meets the needs of children and families.

What making a difference will look like: Local Threshold Document is published

Well-timed, good quality and noticeable involvement by everyone necessary shows that children's welfare is promoted and they are safeguarded from harm.

What we did:
The Early Help Partnership Strategy 2013 – 2017 was successfully launched at a well-attended conference on 5 November 2013. This described how agencies will need to work together to provide Early Help in the city. The Early Help Strategy described Early Help by highlighting the description in Working Together 2013, **'providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'** The strategy goes on to say that, in a nutshell, **'Early Help is about stopping problems escalating.'**

In March 2014 we approved and signed off the Threshold Document (Interagency Threshold of Need and Intervention Criteria) and this was circulated for wider consultation with agencies in Brighton & Hove. The new document was designed to support more robust decision-making around blurred cases. It provides guidance for professionals and service users to: identify and assess level of individual need; and clarify the circumstances in which to refer a child to the Multi Agency Safeguarding Hub (MASH), the Early Help Hub (EHH) or to a specific agency to address an individual need.

The Threshold Document can be found at www.brighton-hove.gov.uk/content/children-and-education/childrens-services

Throughout 2013/14 two multi-agency audits of the Common Assessment Framework (CAF) were presented to the Monitoring & Evaluation Subcommittee. They revealed some sound practice. Key areas for improvement included:

- assessment skills
- consultation with other professionals involved with the child and family
- taking account of and recording the wishes of children and young people
- including all family members in the CAF.

The findings were fed back to lead professionals involved with the audited cases, reported to the CAF reference group for action and were built into training programmes. A follow up audit will take place later in 2014/15.

What we will do:
From 1 September 2014 the proposal is to bring together key parts of services to create an integrated 'Early Help Hub' (EHH). This hub will offer a new route for advice and referral and will support professionals in the city to target, coordinate and provide Early Help interventions to families that need additional support beyond what they already receive, but that do not meet the threshold for the council's social work service.

Brighton & Hove LSCB will want informative and robust performance data reported from the EHH so as to measure the timeliness and quality of responses and the impact on outcomes for children. It will help test the hypothesis that the development of the Early Help offer will, over time, reduce the number of children needing additional services.

An Early Help audit and a Referral and Response audit will be carried out by the Monitoring & Evaluation Subcommittee in 2014/15

When the Early Help Hub and MASH will go live, supported by the new Thresholds document, there will be interagency briefings for operational managers, led by the Chairperson of Brighton & Hove LSCB and the Director of Children's Services, plus a series of training sessions for practitioners throughout the Autumn 2014.

Brighton & Hove LSCB communications in January 2015 will be reflecting on the impact of Early Help and MASH initiatives.

There is a prompt and assured response when referrals are made or new information is received about child care concerns.

What making a difference will look like Establishment of local Multi-Agency Safeguarding Hub

Well-timed, good quality and noticeable involvement by everyone necessary shows that children's welfare is promoted & they are safeguarded from harm.

What we did:
The proposal to develop a Multi-Agency Safeguarding Hub (MASH), (as well as the publication of the new Threshold document) has been actively agreed and on Brighton & Hove LSCB's agenda over the last couple of years.

It has been agreed that Brighton & Hove's MASH will be a team of professionals based together sharing information in order to make timely and correct decisions to protect and support children and young people. The team will consist of social work staff, police officers and staff from Housing, Education, Youth Offending, Probation and a range of Health providers. There will be very close links between the MASH and the EHH.

The attraction of this model is it is proven to be more effective in the identification of vulnerable children and improving the speed to which those children receive the most appropriate help, including Early Help, from single or several agencies. The challenges that existed at the end of March 2013 in setting up the MASH, which appeared to be agreeing the model to be used, and finding suitable premises that are secure and large enough to house all the personnel and IT systems, have been fully resolved.

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What we will do:
When the Early Help Hub and MASH will go live, on 1^{t} September 2014,, supported by the new Thresholds document, there will be interagency briefings for operational managers, led by the Chairperson of Brighton & Hove LSCB and the Director of Children's Services, plus a series of training sessions for practitioners throughout autumn 2014.

Brighton & Hove LSCB will continue to review the Threshold criteria and this will continue to be a focus in the Brighton & Hove LSCB Strategic Priorities and Business Plan for 2013-16.

Data from the MASH will be reported quarterly to the LSCB and will include: numbers of cases deemed in each rating, i.e. Reds, Ambers and Greens; the % of decisions that were made within the set time frame; and attendance at MASH by the various reps. This will assist the LSCB in monitoring that well timed, good quality and noticeable involvement by everyone necessary is promoting children's welfare and safeguarding them from harm.

Early Help Performance – The Family CAF (Common Assessment Framework)

The CAF is a shared assessment tool for use across all services for children and all local areas in England. It aims to help early identification of children with additional needs and promote coordinated service provision. The CAF is undertaken with the consent and full participation of the child and their family.

There is no national benchmark for CAF activity as all local authorities are free to define their own thresholds and targets.

The target of 60 CAFs per month is a locally set target based on the average number of previously unknown families referred to ACAS per month. In April 2013, 26 CAFs were initiated that have been recorded to date:

- 12 (46%) were initiated by Health Visitors
- 5 (19%) by Family Coaches
- 3 (11.5%) by Youth Workers.

2 or fewer CAFs were initiated by Family CAF workers, School nurses, Social Work students and Community workers.

40 CAFs were initiated in February and 42 in March, giving a quarterly average of 36 per month. The yearly average from May 2013-April 2014 is 31 per month, significantly below the target of 60 per month.

The overall number of open CAFs currently stands at approximately 520. The recording of CAF Assessment data has been collected on CareFirst since April 2013. Despite an increase, centrally reported CAF activity levels are an ongoing area for development.

Priority Area 4: Accountability

The Board is better coordinated and ensuring the effectiveness of what is done by partner agencies.

What making a difference will look like: Review completed of Board arrangements and changes confirmed

Outcome Based Accountability (OBA) is established as a model for informing the LSCB of the quality of partner agency work.

Learning & Improvement Framework published

Review completed of LSCB core data requirements. So that Informative and robust data on safeguarding activity is presented routinely to Brighton & Hove LSCB for scrutiny

Review of Board arrangements

What we did:

One of the challenges identified in 2012/13 was for Brighton & Hove LSCB to be well coordinated (particularly across the subcommittees) and ensure that the monitoring and evaluation functions are well resourced to help inform the Board of what difference we are making to keep children safe in the local area.

Throughout the year the terms of reference of each Subcommittee have been revisited and bought in line with the Learning Improvement Framework. The effectiveness and thoroughness of the Board requires that the work of each Subcommittee interacts with the work of the others, whereby the output of one Subcommittee informs the input to another. This in turn creates the opportunity for the Board to evaluate the effectiveness of agencies' services to safeguard and promote the welfare of children.

Each Subcommittee – with the exception of the Chid Protection Liaison & Safeguarding Group, which is more case specific in approach – has a work plan in place which proves to be a robust method of reporting into the Board. The Board in turn challenges the progress of the Subcommittees against their work plan and in ensuring there is multi-agency accountability and assurances in place.

In 2013/14 a Participation & Engagement Subcommittee, which started out as a Task & Finish Communications Group, became a standing subcommittee of the Board. For reasons explained previously, the Child Sexual Exploitation Subcommittee moved out of

the LSCB to under the auspices of the Violence against Women & Girls Programme Board although it still reports to the LSCB and its performance is scrutinised by the Vulnerable Children's Monitoring Group. The Education Safeguarding Subcommittee and the Health Advisory Group moved outside of the LSCB, as these groups are not multi-agency in approach. Whilst these groups stand outside the LSCB, they continue to dovetail in when necessary. A new chair of the Monitoring & Evaluation Subcommittee was appointed who has provided real rigour to the assurance the LSCB needs.

The biggest change has been to the Executive Subcommittee. This was a chief officer led committee designed to keep top managers aligned with safeguarding and ensure prompt clear decisions if needed in between main Board meetings. Key safeguarding advisers also attended. In October 2013, a review of governance arrangements identified that the Executive Group was not the most effective model for Brighton & Hove LSCB. It was acting as a second Board and making decisions on that should have been made by the Board. There was a limited joined up approach between subcommittees and the main Board was not receiving adequate reports from subcommittees and the Executive on work to progress the Business Plan. In response a Leadership Group was formed in its place. The Leadership Group meets quarterly and is accountable to the full Board. Its purpose is to drive the implementation of the Brighton & Hove LSCB Business Plan. It is attended by the chairs of each subcommittee, who oversee progress against work plans of each others group to ensure consistency and a joined up approach between all the subcommittees of the LSCB.

At every full Board there is a short presentation by one subcommittee on a rota basis. This keeps the wider Board up to date on subcommittee activity and affords an opportunity for further multi-agency scrutiny.

Throughout 2013/14 Brighton & Hove LSCB has footnoted in its minutes all 'challenge,' which has taken place between and by Board partner agencies. We have established a challenge evidence folder that includes these challenges, which have taken place within the meeting, but also goes some way to describe the kind of challenge happening within the life of local multi-agency practice.

What we will do:
Current subcommittees are:

- Leadership
- Monitoring & Evaluation
- Learning & Development
- Participation & Engagement
- Child Protection Liaison Group
- Vulnerable Children Monitoring Group
- Serious Case Review Panel
- Child Death Overview Panel
- Pan-Sussex Procedures

We want to think innovatively about how the Board can better facilitate challenge to the effectiveness of what is done by its partner agencies, and to demonstrate our commitment to this function by giving a running commentary of activity and challenge to a wider audience via the Board Briefings.

In recognition that Board meetings can be long and 'paper heavy' we trailed a new approach to covering Board business in June 2014. We allocated time to discuss a range of topics in smaller groups as well as having whole Board discussions. Feedback on this approach suggested it provided a greater opportunity for participation, reflection and challenge amongst members.

Having undertaken a performance and effectiveness survey to better gauge how Board members rate the efficacy of the Board we will work with the findings from this, which although mostly encouraging did highlight room for improvement. One of the things the LSCB needs to do on the back of this survey is to look at current membership and representation at the subcommittees to make sure it is diverse, stable and active.

Outcome Based Accountability

What we did:

Quality assurance is about assessing the quality of the work agencies undertake to safeguard children and understanding the impact of this work in terms of its effectiveness in helping to keep children and young people safe. We know that effective quality assurance will contribute to a culture of continuous learning and improvement.

The Quality Assurance Framework (QAF) has been in development throughout 2013/14. It is based on an 'Outcomes Based Accountability' (OBA)[5] approach and guided by the framework developed by Local Government Improvement and Development & the London Safeguarding Children Board.[6] The QAF increases understanding of a given area of business/concern by considering:

- What we do (Quantity)
- How well we do it (Quality)
- What difference we have made/whether anyone is better off (Outcome)

[5] Mark Friedman, *Trying Hard is Not Good Enough*, 2005, Trafford Publishing.
[6] Local Government Improvement and Development & London SCB, Improving Local Safeguarding Outcomes: Developing a strategic quality assurance framework to safeguard children, 2011.

It does this by obtaining information from a range of sources, using a variety of methods, including case records, the experience of children & parents, experience of the workforce and other organisational activity (e.g. supervision).

There are so many dimensions to safeguarding that if we tried to quality assure everything it would become unmanageable. There is a need therefore to focus on a discreet number of defined areas, which Brighton & Hove LSCB concludes are the most important. The areas of focus will be determined by local need following consultation with all partner agencies and informed by evidence such as findings from research, audits, management information and learning from serious case reviews.

What we will do:
We will now focus on effectively implementing the QAF, especially embedding the learning from multi-agency audits with all partners and using it to change practice and improve outcomes for children.

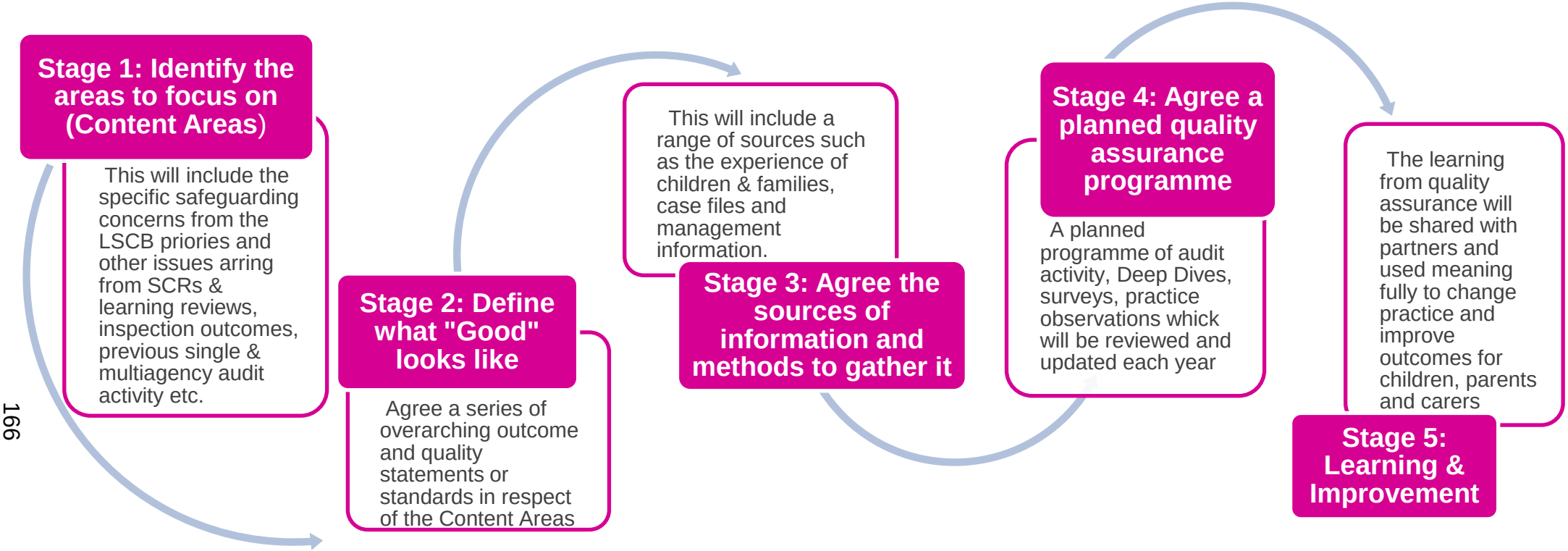
We will need to enable all partner agencies to use the QAF for their own agency's quality assurance and keep an oversight of this.

We will need to ensure the QAF supports us to know how parents, carers and children feel treated by the professionals and agencies they interact with.

As staff and frontline managers will often know about the quality and impact of their own services, and those of partner agencies they work with, we will need QAF activity to support collection of these viewpoints.

The LSCB QAF brings agencies together with a common purpose to assess the quality of the work undertaken in the city (both individually & collectively) to keep children safe. It also contributes to a culture of continuous learning & improvement
Tina James, Quality Assurance Programme Manager, Children's Services

The Monitoring & Evaluation Subcommittee will take a lead role in the implementation of the QAF, which will be achieved through 5 stages:



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Learning & Improvement Framework

What we did:

Our learning culture has been enhanced by the programme of multi-agency case audits. These have given a valuable insight into the child protection system and how single agency service delivery and working together impacts on outcomes for children.

The Brighton & Hove LSCB Learning & Improvement Framework, which can be read here, has been approved and implemented. This encourages professionals and organisations protecting children to reflect on the quality of their service and learn from their practice and that of others. It underpins the LSCB's learning ethos and spans the work of all subcommittees.

The QAF has been designed to ensure that Brighton & Hove LSCB effectively meets Regulation 5c of the LSCB Regulations 2006 requirements and aligns with the Learning & Improvement Framework.

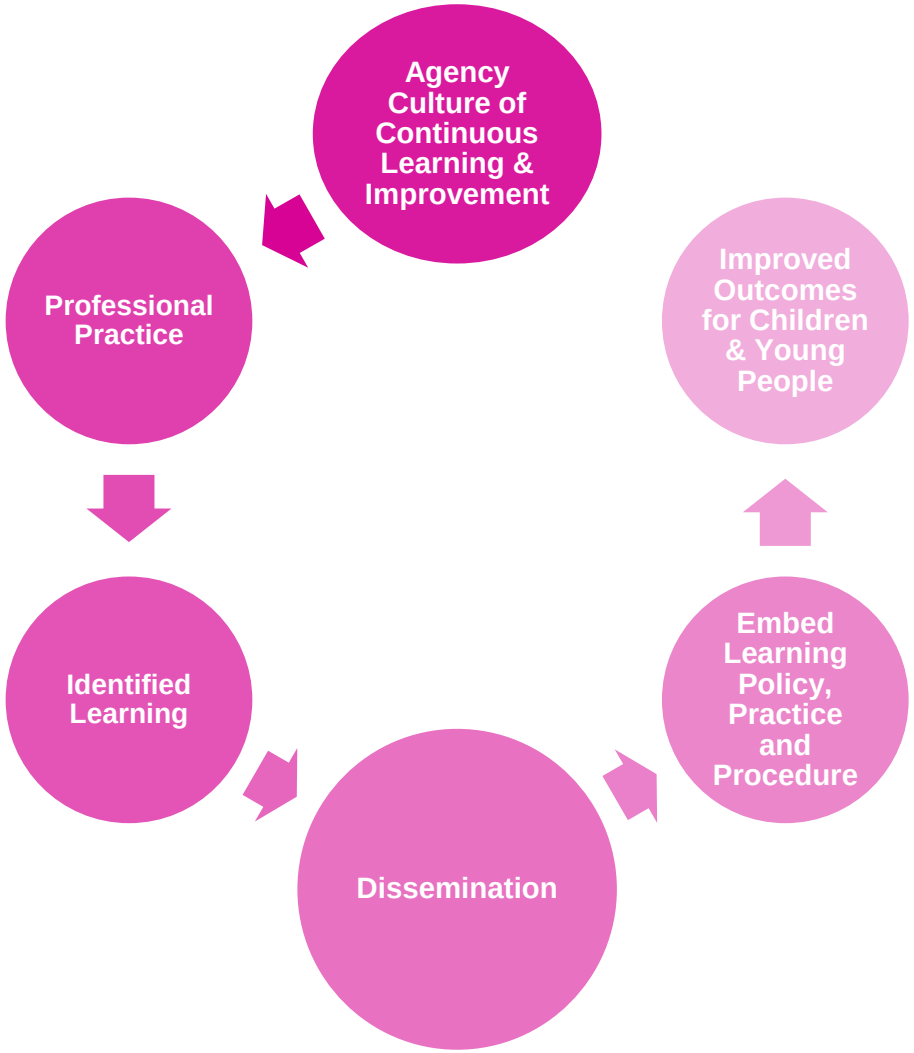
Brighton & Hove LSCB's SCR Procedure has been agreed with clear lines of communication for referrals and decision-making. Significant work has been completed to clarify the role the SCR Subcommittee has to lead on the Learning & Improvement Framework and to ensure the independence of the LSCB Chair in decision making on SCRs and other learning reviews.

What we will do:
We will keep the Learning & Improvement Framework under review and when needed will adapt the Framework to ensure learning has a demonstrable impact on improving services for children and families in Brighton & Hove.

The LSCB Independent Chairperson will continue to meet, via the Leadership Group, with the subcommittees Chairpersons to drive the LSCB's Business Plan and manage the interface between the work of the subcommittees. The Leadership Group will continue to have a pivotal role in further developing the learning and improvement framework.

We must recognise that learning and improvement is not exclusive to Brighton & Hove LSCB and we need to be better at importing learning from, and exporting learning to, other bodies, including the Health & Wellbeing Board, the Safeguarding Adults Board and through the Association of Independent LSCB Chairs.

A Cycle of Learning & Improvement



Core data requirements

What we did:

Throughout 2013/14 we have tried to develop a robust multi-agency data set, which includes both key nationally and locally collected multi-agency child protection data to give the Board a better picture of multi-agency work. This data is reported quarterly to the Monitoring & Evaluation Subcommittee via a Management Information Report, for scrutiny ahead of it being tabled at full Board.

The purpose of this data set is to highlight:

- progress towards meeting the Brighton & Hove LSCB Business Plan priorities
- major changes to performance and quality assurance measures
- any additional information pertaining to the safeguarding and welfare of children and young people in Brighton & Hove.

What we will do:

It has not been easy to see where referrals are coming from in the Community & Voluntary Sector. With the establishment of the MASH it is anticipated this will be improved, with a more consistent approach to separating referrals from advice enquiries.

We need to make further improvements to the Management Information Report to ensure an effective multi-agency data set to better scrutinise and challenge child protection performance across the partnership.

How safe are children and young people in Brighton & Hove?

2013/14 Performance Summary

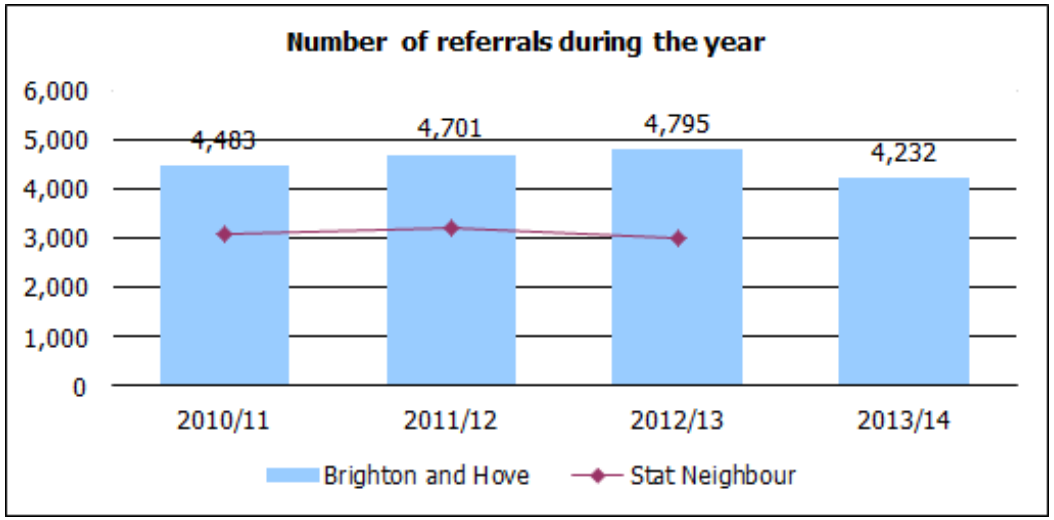
The full Board and the Monitoring & Evaluation Subcommittee have, throughout the year, reviewed child protection activity and performance data. Brighton & Hove LSCB has tried to establish a more multi-agency dataset to give the Board a complete and assured picture of whether our work is making a difference to children and to adequately alert the Board of any risks in the system. Whilst progress has been made, this remains an area of improvement for the LSCB.

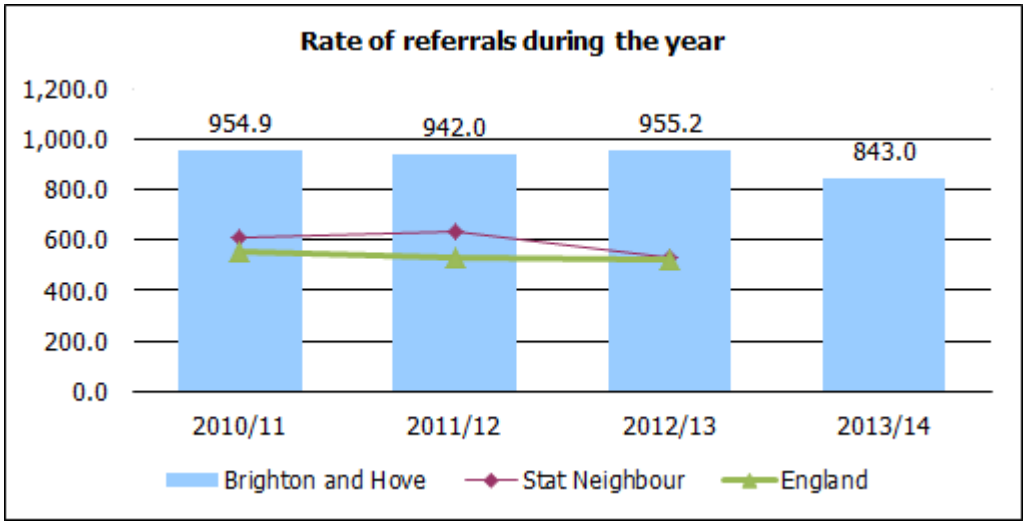
Referrals

It is important to highlight that figures for 2013/14 are provisional and subject to change as the CIN Census has not yet been submitted to the Department for Education. Comparator data for 2013/14 will not be available until November 2014.

The number of referrals to Children's Social Care has continued to fall during 2013/14, falling from 4,795 in 2012/13 to 4,232 in 2013/14, an 11.7% decrease.

Although the rate of referrals per 10,000 children aged under 18 has fallen from 955.2 in 2012/13 to 843 in 2013/14, this remains significantly above the 2012/13 England average of 521 and statistical neighbour average of 531.





Re-referrals

The re-referral rate is 29% for 2013/14, an improvement from 38.2% in 2012/13 but above the 2012/13 England average of 24.9%.

Single assessments

Brighton & Hove launched the single assessment in April 2013 and it is not possible to provide trend data for initial and core assessments in this year's annual report. Comparator data on the number of single assessments completed and by duration will not be available until November 2014. Provisional figures from the 2013/14 CIN Census show that 2,351 single assessments were completed during the year, with 82.6% completed within 45 working days.

Section 47 Enquiries

In cases where a child is believed to have suffered or be at risk of significant harm, a strategy discussion takes place. Professionals from the relevant agencies will meet to decide whether to initiate a section 47 enquiry. This refers to an enquiry under section 47 of the Children Act 1989 and initiates further investigation.

The number of section 47 enquiries started during the year ending 31 March has fallen from 1,566 in 2012/13 to 848 in 2013/14. The decrease in the number of section 47 enquiries is mainly due to a change in how section 47 enquiries were calculated in 2013/14. In previous years, the strategy discussion was used to identify section 47 enquiries and this was changed to the section 47 record in 2013/14.

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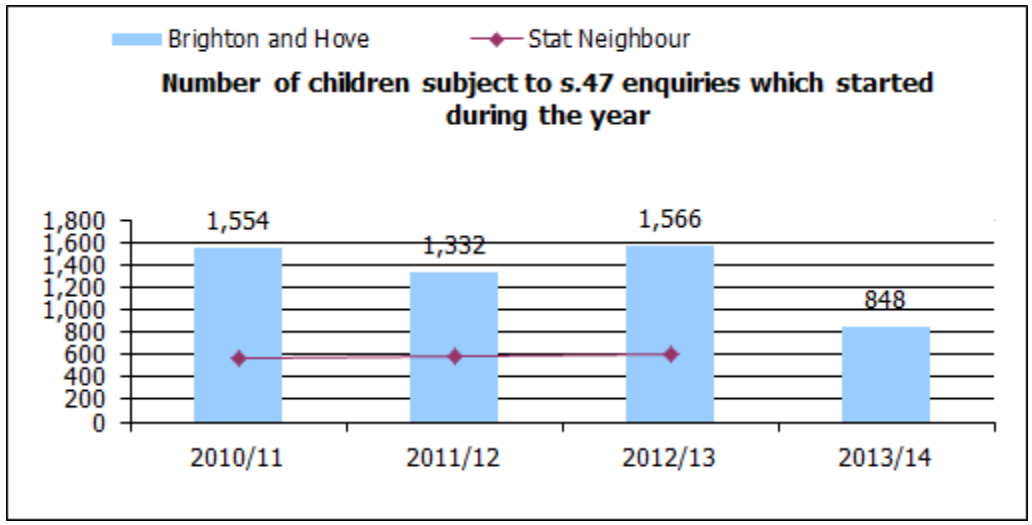
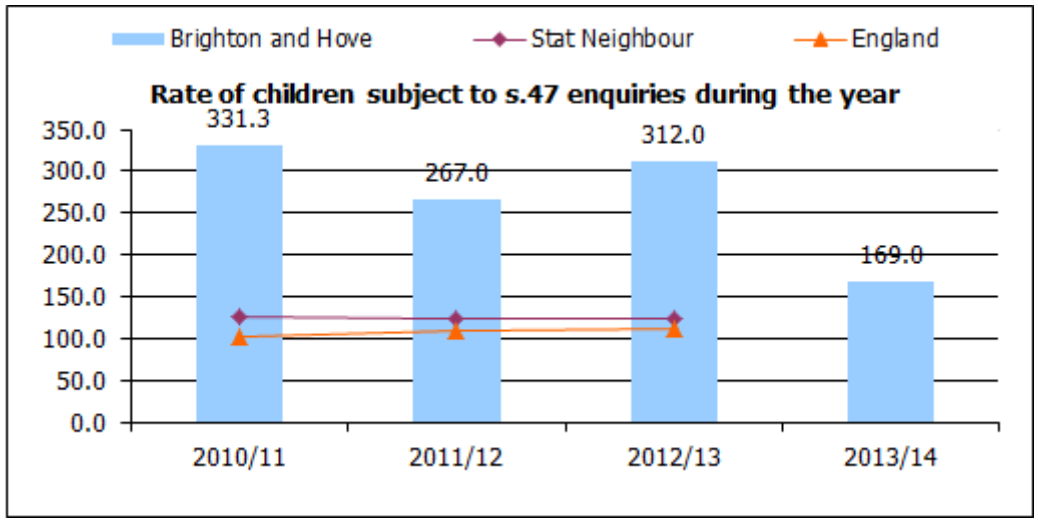
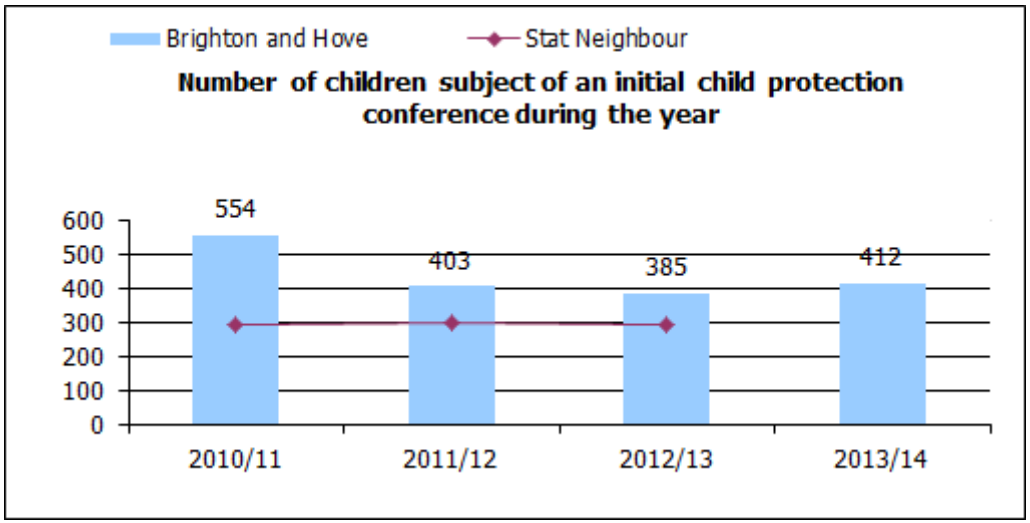
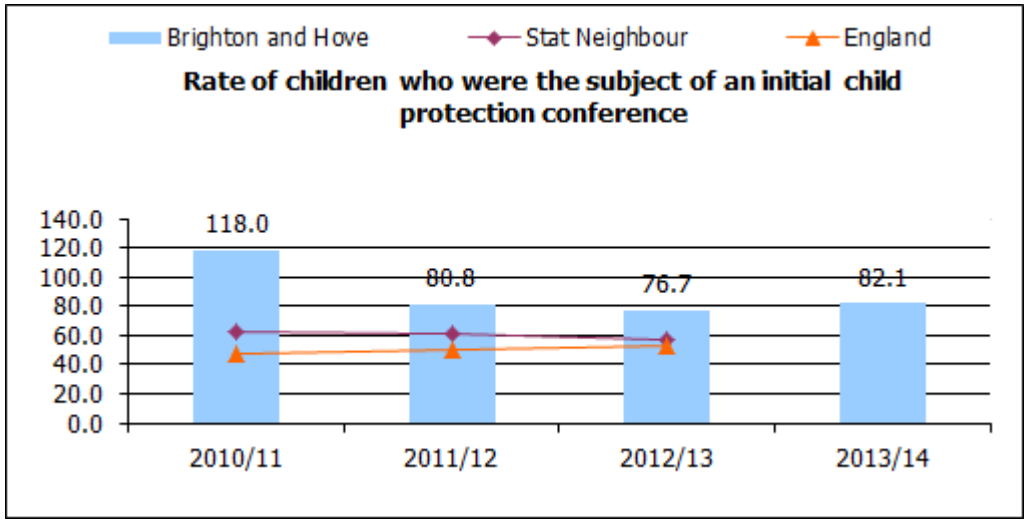




Initial Child Protection Conferences

The number of children subject of an initial Child Protection Conference has risen slightly from 385 in 2012/13 to 412 in 2013/14.





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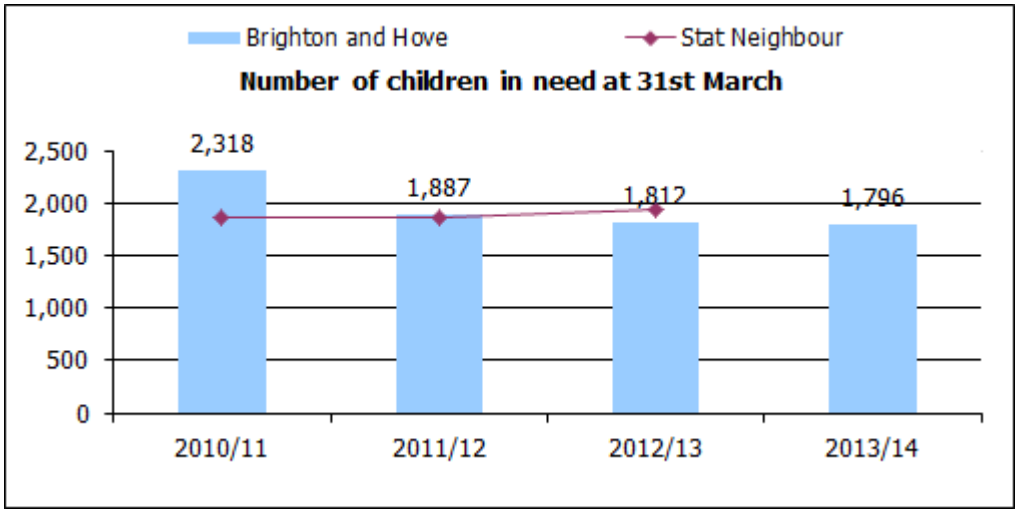
The rate of children subject of an initial Child Protection Conference has risen from 76.7 in 2012/13 to 82.1 in 2013/14. This is significantly above the 2012/13 national average of 52.7 and 56.8 for our statistical neighbours. 75.7% of initial child protection conferences were held within 15 workings of a strategy discussion, an improvement from 60.5% in 2012/13 and above the 2012/13 England average of 70%.

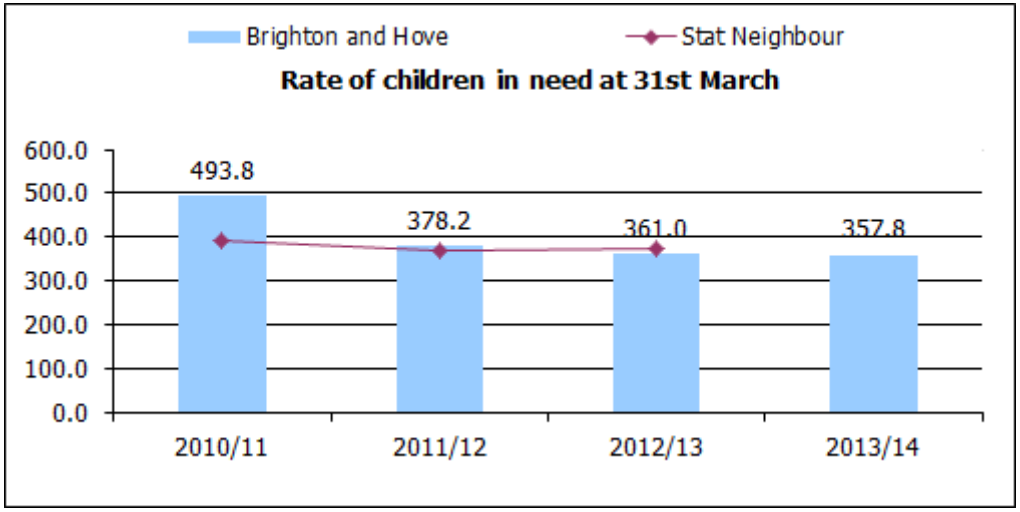
89% of children where invited to attend or contribute to the Child Protection Conference (14% increase from last year), 43% of children contributed to the Child Protection Conference (13% attended with an advocate, 17% attended on their own, and 13% had their views represented by an advocate – a 15 % increase from last year). You will have read the feedback on Child Protection Conferences from young people and families earlier in this report.

Brighton & Hove have high rates of children in need, in care, and with Child Protection plans.

Children in Need

The number of Children in Need has fallen year-on-year from 2,318 as at 31 March 2011 to 1,796 as at 31 March 2014.





As at March 2014, 357.8 per 10,000 children in Brighton & Hove were identified as being in need, this is below the average of the South East which is 373.5 per 10,000, but above the 2012/13 England average of 332.2.

In February 2013 the Child in Need service selected some cases randomly, and sent people questionnaires about their experiences of services. They repeated this in July 2013. Parents and carers feed back included:

- 85% said that the social worker was open and honest about what opinions were following the visit
- 86% of parents/carers said that the social worker was easy to contact (we did not think this was good enough and so took action to remind social workers to discuss contact arrangements and expectations)
- 85% of parents/carers felt that the work they did with the social worker achieved the outcome they had hoped for.

They asked children and young people questions which were graded on a scale of 1-10 where 1 = No never and 10 = Yes always. Some examples of the children and young people's responses include

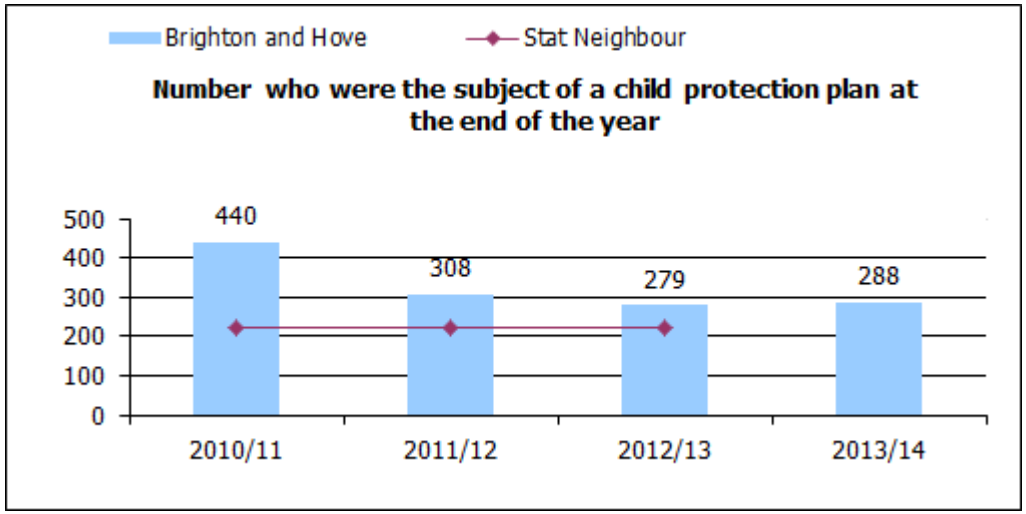
- 39% said their social worker always involved them in decisions about their lives (with 43% rating this between 5 and 9)
- 50% said they felt the social worker listens to them, understands what they are saying and how they are feeling (with 36% rating this between 5 and 9)
- 58% said that overall they felt their social worker helped them and their family (with 27% rating this between 5 and 9)

This was an invaluable exercise which highlighted that the main issues for discussion with staff were around the need to explain rights, the complaints procedure, and confidentiality more clearly to service users. Furthermore, there were a number of questions where parents or young people had raised specific issues of concern – and these were taken forward as a priority.
Richard Hakin, Head of Service, Children in Need, Children's Services.

Children with a Child Protection Plan (CPP)

Children who have a CPP are considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of these factors.

Evidence nationally shows that children who grow up in families where there is domestic violence, mental illness and/or parental substance misuse are most likely to be at risk of serious harm. There is an option to record multiple categories and the Board requested a breakdown of these to better understand what children are at risk of in Brighton & Hove. This showed that we are slightly above the national average for children subject to Sexual Abuse (6.9% as at year end, against national average of 4.7%) and this continues to be a priority concern for the LSCB.

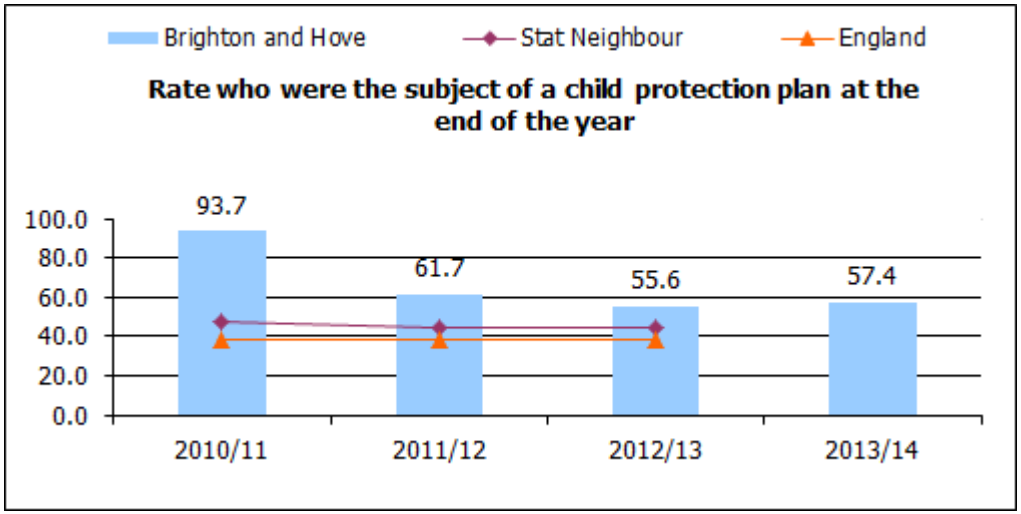


As at March 2014, 288 children were the subject of a Child Protection Plan. The number of children subject of a Child Protection Plan has risen slightly from the 279 reported at 31 March 2013. As described earlier in this report, audit findings suggest that this rise was in part a reaction to the number of children that were stepped down to a CiN plan bouncing back.

The rate of children subject of a Child Protection Plan is 57.4 as at 31 March 2014, above the England average of 37.9 and statistical neighbour average of 43.9.

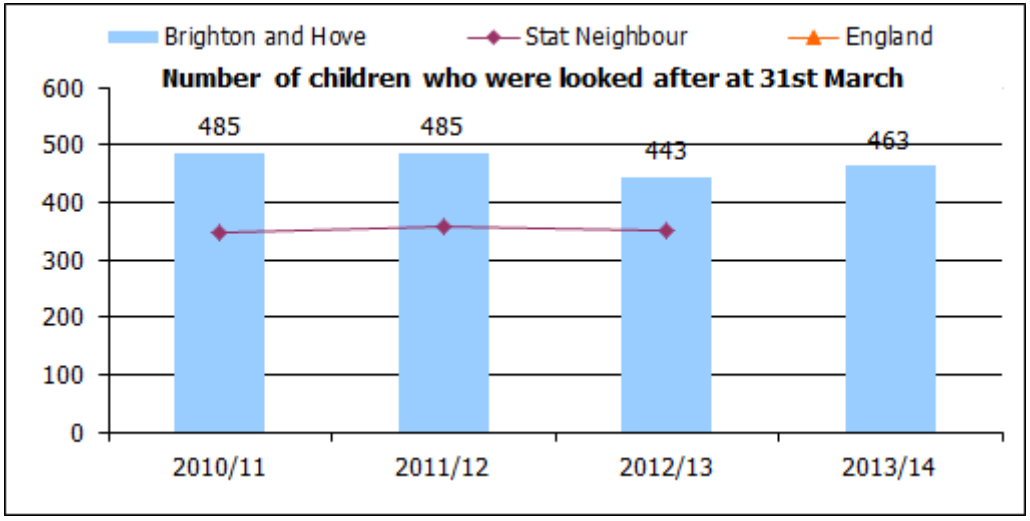
Of the 344 children that ceased being subject of a Child Protection Plan during 2013/14, 5.2% had been subject of a plan for 2 years or more at the point of being de-planned, in-line with the 2013 England average.

Of the 353 children who became subjects of a Child Protection Plan in 2013/14, 97 (27.5%) were for a second or subsequent time. Performance has deteriorated from 14.5% in March last year and is significantly worse than the 2013 England average (14.9%). Figures remain high and a priority for Brighton & Hove LSCB to monitor during the coming year.



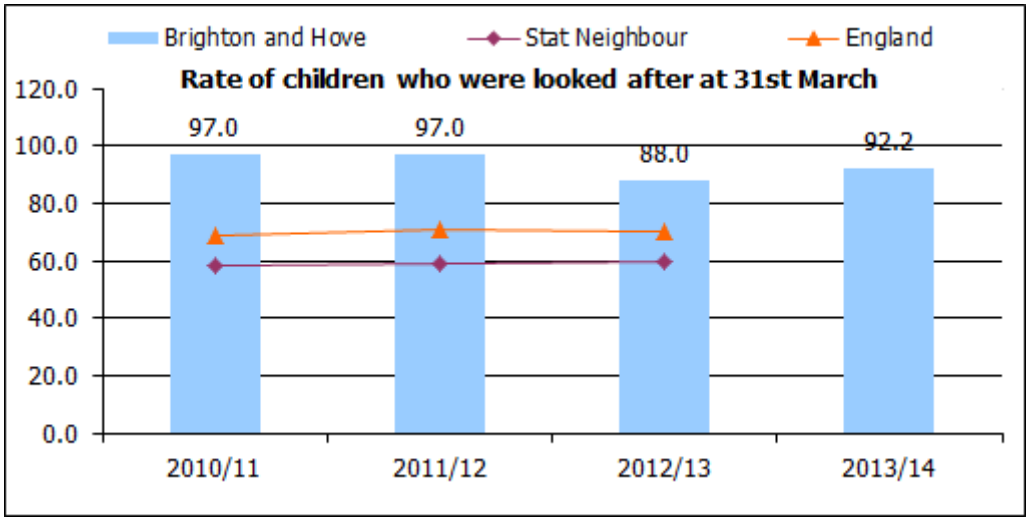
You will have read earlier in this report about the audit on Child Protection and Children in Need Plans which identified areas of good practice and areas of concern which provided a baseline of performance.

Looked After Children



The number of Looked After Children at the year end is 463. This is a rise from the 443 Looked After Children in March last year.

The rate of Looked After Children is 92.2 per 10,000 as at 31 March 2014, above the 2013 England average of 60 and statistical neighbour average of 70.



Children in Care at the end of KS2 achieving L4+ in Reading, Writing and Maths

National Data is now available for Reading, Writing and Maths level 4+ since Dec 2013. However, there is no published combined figure for Reading, Writing and Maths available for looked after children (LAC) nationally. As the cohort numbers are low for Brighton & Hove LAC we have calculated and reported the combined percentage of children in Brighton & Hove schools achieving Level 4+ in Reading, Writing and Maths for 2012/13 (59.7%). The benchmark and target figure has been removed as this is not available combined but the subjects' benchmarks are:

- Reading 71%(18) pupils achieved level 4+ for Brighton and Hove LAC compared to 63% Nationally.
- Writing 50%(12) pupils achieved level 4+ for Brighton and Hove LAC compared to 55% Nationally.
- Maths 54%(13) pupils achieved level 4+ for Brighton and Hove LAC compared to 59% Nationally.

Children in Care at the end of KS4 achieving 5+ A-C including English and Maths

Of the 44 Year 11 pupils in the Virtual School at the end of the academic year, 35 will be formally reported on to the DfE with regard to their GCSE or equivalent results. These children have been in the care of Brighton and Hove continuously for a year on the 31st March 2013.

In Brighton & Hove 4 pupils achieved five A*- C GCSEs including English and Maths – this equates to 11.0%. This is currently a significant increase on last year's validated figure of 6% and is slightly below the national average of 15.3% (2013). Of the 35 students 13 (37.1% of the cohort) achieved 5A* - C at GCSE. This is currently above the national average of 36.6% (2013).

Missing Looked After Children (LAC)

There were 89 missing LAC episodes during the year ending 31st March 2014 with 31 LAC missing for more than 24 hours from their agreed placement, an increase from 57 missing LAC episodes and 23 LAC missing in the previous 12 months. Of the 31 children who went missing from their agreed placement during the last 12 months, 12 were male and 19 were female.

Children in Care & placed in Brighton & Hove by other Local Authorities

As at 31 March 2014, there were 47 Looked After Children placed in Brighton & Hove by other Local Authorities.

All Children in Care are offered annual health reviews. Many of these are undertaken by the School Nurses or Health Visitors, but children who do not attend a school in Brighton & Hove or who live out of area are assessed by the LAC nurses. They have been collecting service user feedback through questionnaires since July 2012, and have about a 50% response rate. Most questionnaires are given out at the time of the visit and handed back then or returned later in a pre-paid envelope. Some questionnaires have been posted out following the visit. Feedback included:

- 100% said that during their visit they felt they had enough time or opportunity to ask any questions
- 100% said they would be happy to use the service again
- 100% said they had received a helpful and courteous response
- Over 80% said it was easy to contact the service

Positive quantitative feedback included:

“Helpful lovely lady”

“The nurse was informed and had a lovely way of talking to the children”

“Very good service and knowing your concerns are being looked at by a health professional.”

Children exposed to Domestic Violence

Using national data it is estimated that in the last year in Brighton & Hove between 5,800 and 11,900 women experienced domestic violence, 3,000 women experienced sexual assault, and 7,200 women were victims of stalking. There remains no comparative data at local authority level, and so domestic violence could not be included in the indicators to provide a comparison between authorities. 148 (51.9%) children subject of a child protection plan had Domestic Violence/Abuse recorded as contributory factor for becoming subject of a child protection plan.

Brighton & Hove Violence against Women and Girls Forum (VAWG)

During 2013-14 Brighton & Hove VAWG Forum members reviewed the key functions and purpose of the forum and its membership. A key decision was taken to broaden the Forums remit to include all VAWG crime types in line with the Brighton & Hove VAWG strategy and structures.

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

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

Members of the Forum are drawn from the community & voluntary sector (CVS) and statutory agencies engaged in tackling VAWG crime types in Brighton & Hove

Its role in relation to the LSCB is to:

- To give the VAWG Forum perspective in the development and evaluation of safeguarding children policies, procedures and practices.
- To contribute and to comment on documents/issues presented at the LSCB and to disseminate relevant information to VAWG Forum members

- To attend LSCB meetings and development days.
- To promote greater awareness of VAWG issues, developments and services, and to disseminate information, policies and procedures to LSCB members
- To participate in the audits and evaluations of the LSCB and those carried out by the LSCB.
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between the LSCB and VAWG Forum.
- The VAWG Forum Chair attends the Safeguarding Adults Board providing a link between adult and child safeguarding issues from a VAWG perspective.

Summary of Activities for 2013 -2014

- The VAWG Forum Chair regularly attends and contributes at LSCB meetings
- VAWG Forum members, deliver training on domestic violence, and sexual exploitation as part of the LSCB training programme.
- VAWG Forum members participate in Domestic Homicide Reviews. The recommendations are considered at future forums and LSCB meetings.
- VAWG Forum members have been involved in the development of the Multi-Agency Safeguarding Hub (MASH) and Early Intervention Hub.
- VAWG Forum monitors receives performance information on domestic and sexual violence
- VAWG Forum received presentations from local providers services on topics such as “Child Sexploitation and the Night Time Economy “.

What difference has the DV forum/members made to Safeguarding Children?

- Ensured that the safety of children and young people affected by VAWG is paramount.
- Raised awareness of the impact of VAWG on children and young people.
- Raised awareness of services providing support to survivors of VAWG including the gaps in knowledge and provision to equality groups such as BME and LGBT.
- Raised awareness of services providing support to perpetrators of domestic violence.
- Raised awareness of preventative /early help interventions and programmes working across the range of VAWG.

- Promoted good practice in working with survivors of VAWG, especially children and young people.
- Improved identification of domestic violence across statutory and voluntary sector.
- Improved survivor pathways to support and satisfaction with services provided.
- Provided a forum for information sharing and sharing of good practice for professionals.

What we will do next

In March 2014 the LSCB heard about Sussex Police's intention to trial 'Operation Encompass' with West Sussex. This is with regard to information sharing between agencies about domestic abuse and it is a potential scheme that will alert schools and GPs to incidents. The pilot for Operation Encompass goes live in West Sussex from 1 September 2014. Progress will be reviewed after a couple of months to allow roll out across Sussex as quickly as possible.

The LSCB Monitoring & Evaluation Subcommittee commissioned a two-stage multi-agency audit of domestic abuse cases, which started in August 2014, and is the first multi-agency audit undertaken in line with the new Quality Assurance Framework. The cases audited covered a spectrum of levels including Child in Need, Child Protection Plan (and second time on a Child Protection Plan) and Looked After Children. The audit assessed strengths and gaps, including family involvement, the effectiveness of interventions and the experience of the child and made a number of recommendations. After addressing the recommendations the next stage will be to look at how Early Help is used in cases, and the final stage will be to capture the voice of the child, and service user feedback, led by the recent Coordinated Action Against Domestic Abuse (CAADA) report.

Missing Children

We know that children missing from their home or placement could be at a higher risk of sexual exploitation, missing out on their education, engaging in criminal behaviour and be more exposed to other risk-taking behaviours.

Brighton & Hove LSCB aims to provide a unified multi-agency approach to make sure the needs of these children and young people are met appropriately and effectively. The Missing Children Strategy was approved by Board in March 2014. This was agreed to be a solid operational policy that looks at what puts children & young people at risk of going missing, and is proactive in approach. It reflects the statutory guidance released in June 2013 and joins together the three strands of children missing from home, care & education (including elective home education). In this year, Deb Austin, Head of Safeguarding, Children's Services, became Single Point of Contact (SPOC).

The strategy covers:

- what steps to take to preventing children going missing
- what to do when a child is reported missing, and the route to getting them to safety
- what to do when a child returns, to find out why they went missing, and lessen the possibility of a reoccurrence

Read more about what the Local Authority are doing in response to missing children on page 74

What we will do next

- The Missing Strategy will be rolled out, with reporting systems adapted to contain the risk grading in May & June 2014, in preparation for the start of the MASH. Work to commission a provider to undertake the Independent Return Interviews will be finalised.

- The LSCB will receive updates from the Single Point of Contact (SPOC).

- We will develop our management information report to include information on the number of children missing from their home/neighbourhood and the number of return interviews conducted per month.

Learning and Development Sub Committee

What did we do? How well did we do it? What difference did we make?

Brighton & Hove LSCB has a responsibility to develop policies and procedures in relation to the 'training of persons who work with children or in services affecting the safety and welfare of children…to monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children' (*Working Together, 2013*)

With oversight from the Learning & Development Subcommittee, a LSCB Training Strategy and a comprehensive multi-agency training programme was developed and delivered by Brighton & Hove LSCB during 2013/14. Issues from national Serious Case Reviews (SCRs) and other case reviews were analysed, considered and incorporated to ensure that the content of the training programme related to emerging issues of concern, as well as to core safeguarding learning, that all practitioners working with children and their families need to understand.

We now have realistic information on the true cost of the training programme, which previously had been hidden in the council's safeguarding budget, and must now make sure that all the courses represent value for money.

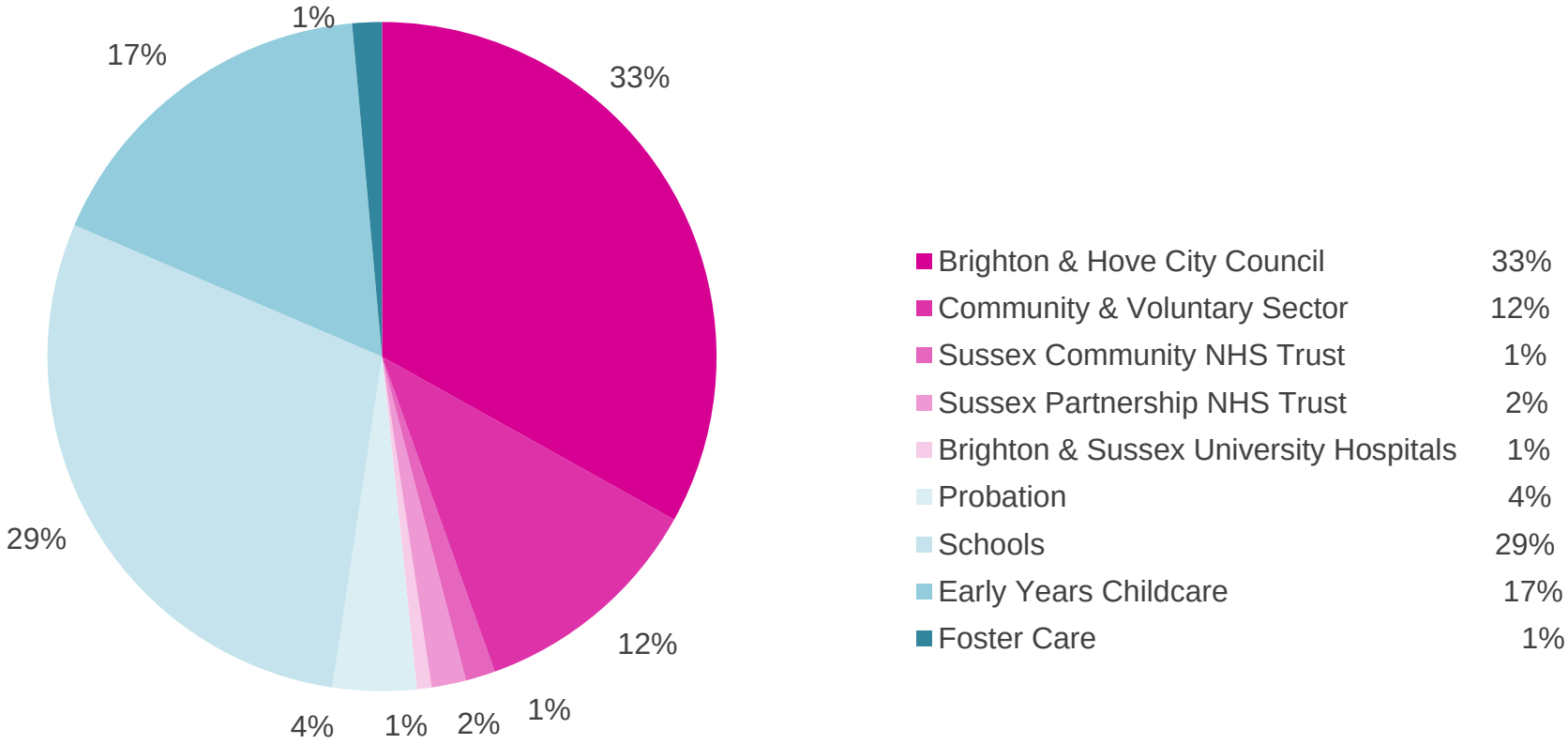
The LSCB annual training programme for 2013/14 was planned and successfully delivered. The training programme includes three core child protection courses and a series of other courses covering specialist areas. There is a heavy demand for the training programme with some courses being oversubscribed resulting in a waiting list being used. The LSCB Training Manager, Michael McCoy, plans and manages the multi agency training programme.

Partner agencies are responsible for arranging Level 1 training (which covers a basic understanding of child protection such as signs and symptoms, how to make a referral) and the LSCB is responsible for multi agency training.

During the year 2013-14, 22 child protection courses (Level 2) were delivered with 420 practitioners attending, an increase from 19 core courses delivered in 2012/13 with 395 practitioners attending. A further 16 specialist courses (Level 3) were delivered with 182 practitioners attending, compared to 22 specialist courses delivered in 2012/13 with 326 practitioners attending.

Brighton & Hove LSCB: Multi-Agency Training Attendance for 2013-14		
Course title	Number of Courses	Number of Attendees
Level 2 – Core Child Protection Courses		
Developing a Core Understanding	9	181
Assessment, Referral and Investigation	6	119
Child Protection Conferences and Core Groups	7	120
Level 3 – Specialist Child Protection Courses		
Domestic Violence and Abuse	5	70
Preventing and Disrupting the Sexual Exploitation of Children & Young People	3	35
Learning from Serious Case Review Seminar	2	72
Substance Misuse and Parenting Capacity	0	0
Mental Health & Children's Services: Working Together with Families	1	12
Joint Investigation for Social Workers 4 days	1	9
Undertaking Safeguarding Children Assessment Workshops	0	0
Multi Agency Public Protection Arrangements (MAPPA)	2	16
Safeguarding Children with Disabilities	2	31
Totals:	**38**	**602**

Attendance at Brighton & Hove LSCB Core Training Courses by Agency 2013-14				
	Developing a Core Understanding	Assessment, Referral & Investigation	Core Groups & Child Protection Conferences	**Total**
Brighton & Hove City Council	66	26	47	**139**
Community & Voluntary Sector	23	17	8	**48**
Sussex Community NHS Trust	5		1	**6**
Sussex Partnership NHS Trust	7			**7**
Brighton & Sussex University Hospitals		1	2	**3**
Probation	9	5	3	**17**
Schools	37	41	44	**122**
Early Years Childcare	34	23	15	**72**
Foster Care		6		**6**
Total	**181**	**119**	**120**	**420**



The Learning & Development Subcommittee has developed into a proactive group with clear terms of reference and work plan. Much of 2013 was spent on establishing basic benchmarks i.e. clarifying budget, identifying training needs etc. During 2014 the group will be building on systems to ensure quality and effectiveness of both single and multi-agency training.
June Hopkins, Chair of Brighton & Hove LSCB Learning & Development Subcommittee

The Learning & Development Subcommittee continued to report to the main LSCB regularly on the progress to deliver the multi-agency training programme and developments for discussion and resourcing.

Since July 2013 the attendance of the Subcommittee increased with improved representation from the majority of Board partner's agencies.

A Train the Trainers programme is in place to ensure there is a pool of practitioners to facilitate the training programme in addition to the LSCB Training Manager. Strong commitment is evident from across the partnership. A two day course is run each year after which delegates are expected to co-lead as trainers at 2-4 courses per year.

It has been a challenge to get formal collated evaluation reports regarding the LSCB multi-agency training this year. This has meant it has not always been possible to shape the training programme and verify quality standards. Whilst an annual Training update was presented to Board in March 2014, it did not show trends and findings based on evaluation data due to the absence of this information.

There is no current method of evaluating whether the learning has a direct impact on practice – the Training Manager trailed an approach whereby a number of delegates were contacted three months post attending the Core Group & Child Protection Conferences in March. However, take up was low with only five delegates responding to the request. The LSCB vigorously challenged this and a new approach is to be adopted for 2014/15.

Course content has been revised to ensure the voice of the service user/carer and equality and diversity issues are given more prominence.

Key Challenges for next 12 months

- Training course on Neglect to be agreed once Quality of Care tool piloted
- Training course on CSA developed. Previous CSA training has been medically focused and training needs to take a broader approach
- Review of CSE training provision
- The impact and effectiveness of multi-agency safeguarding training needs to be formally evaluated so that its effectiveness can be assessed and improved
- Analyse findings from single agency training needs analysis tool with Section 11 submissions

Safeguarding Children in Education

Brighton & Hove City Council's Education and Inclusion Team plays a pivotal role in ensuring that the statutory duties placed on schools and local authorities, via their education functions, are carried out effectively.

Section 175 of the Education Act 2002 and related statutory guidance places specific responsibilities on schools to safeguard children and promote their welfare. It is the role of the local authority to provide support, training and challenge to schools (including academies) and early years settings.

In June 2013 the B&H LSCB was presented with findings from a Safeguarding in Schools audit in which 75% of schools have participated. Schools do not have to complete the audit and the 25% who didn't participate were followed up the Attendance Strategy Manager, Behaviour & Attendance Partnership. In summary, it was concluded that schools have Designated Teachers who receive adequate and appropriate child protection training and that schools work well with colleagues in Children's Services and the Education and Inclusion Team are reassured that when a concern is raised schools act swiftly and work well to make sure that children are as safe as they possibly can be at school.

Brighton & Hove Education and Inclusion Team were required to complete a Section 11 audit tool. On the whole the audit supported the assurances given to the Board in June 2013. However, a significant area that will benefit from closer scrutiny is the designated lead for safeguarding receiving supervision in relation to the role and the gaps in guidance regarding individual or group supervision. Evidence that senior managers monitor supervision and the information that staff receive about any further support that is available.

What we will do next

In April 2014 new safeguarding guidance for schools 'Keeping Children Safe in Education' was published and the new safeguarding in schools audit tool was updated in light of this. Findings to inform next steps will be presented to the full Board in December 2014.

LSCB Member Agencies' Safeguarding Reports 2013/14

Brighton & Hove City Council Children's Services

What did we do?
Within Brighton & Hove City Council, overall accountability for safeguarding arrangements for children rests with the Executive Director of Children Services. This post was appointed to on a permanent basis in July 2013 following a period when interim arrangements were in place. The Executive Director is supported by three Assistant Directors and an extended directorate management team. Challenge and support to safeguarding arrangements within the City is provided by the Head of Safeguarding, who has direct accountabilities to the Executive Director.

During 2013/14 a number of important developments/initiatives have taken place which include:

- Missing procedures with identified Practice Leads for children missing from home, education and care have been developed and responses to children missing has been supported by the continued close working with Sussex police colleagues;
- a pan-Sussex CSE strategy has been developed and an operational CSE group has been embedded;
- the Schools Safeguarding Audit has been reviewed and amended and the 2013/14 audit is currently out for completion;
- the Safe and Well at School Survey (SWASS) has been undertaken with 8139 children aged between 11 and 16 participating in this, equating to 72% of children in this age range;
- a core training programme has continued to be delivered to Children Service's staff with 107 different training events being delivered to 1730 staff; an established school safeguarding training programme has continued to be provided with 148 teachers and governors attending five specific courses;
- a revised Supervision policy has been developed and launched, supported by a programme of coaching and mentoring training for supervisors;
- the Quality Assurance Framework, which assures that all children receiving a social work service are protected from harm, has been refreshed;
- a Threshold document has been developed which provides a framework for referrals into Children's social work and early help services;
- the development of an Early Help Hub and Multi-Agency Safeguarding Hub commenced with a launch date of 1 September 2014.

How well did we do it?
The Schools Safeguarding audit from 2012/13 had an 80%+ response rate and it is anticipated that responses for the 2013/14 will reach or exceed this level. Responses from the SWASS highlighted amongst other issues that, 89% of students reported feeling safe at school; bullying has fallen significantly from 26% of pupils reporting this in 2005, to 13% in 2013; the proportion of U16s reported to be engaged in sexual activity is 19%, below the national average of 28%. It is acknowledged that additional help is needed to support Lesbian, Gay and Bisexual pupils as they are amongst those more likely to experience bullying and to report being unhappy at school. Work to address this has included the student equality conference held March 2014.

There has been a range of quality assurance activity during 2013/14, including audits around the threshold for children entering the care system; 2nd time Child Protection Plans; responses to child protection issues in adoption cases. Deep dive audits into practice within the Child in Need Team and Children in Care Service have also taken place. Strengths have been identified around multi-agency working; improved outcome focused planning and the involvement of children in decision-making. Areas for improvement include the increased involvement of Independent Reviewing Officers between statutory reviews; recording of supervision and evidence of management decisions.

How did we make a difference?
There continues to be effective arrangements in place to protect children within Brighton & Hove from abuse and harm.

The results of the 2012/13 Schools Safeguarding Audit indicated that across the city, safeguarding in schools was robust. This is further supported and evidenced by safeguarding not being raised as an issue in the 26 Ofsted inspections undertaken in Brighton & Hove schools in 2012/13.

Quality assurance activity shows that overall, the quality of social work is sound, although requiring improvement.

The implementation of the Missing policy has provided a clear and coherent framework for working with this particularly vulnerable cohort of young people.

Effective interagency working , particularly with the police and WiSE has led to the establishment of a multi agency operational CSE group that identifies and oversees the care planning for young people identified at high risk of CSE. This ensures a co-ordinated and informed response is provided to this cohort of complex young people with particular vulnerabilities.

Brighton & Hove Clinical Commissioning Group (CCG)

The CCG has in place a director who is Lead for safeguarding children. During the year the vacant Designated Nurse post was filled and a new Designated Doctor appointed. The Designated Doctor post has been increased to 0.4 WTE (up from 0.2WTE) and covers the funding for the Designated Doctor for Child deaths. In addition there is a Named GP, who provides support to Primary Care in the city..

What did we do?

The CCG has a statutory responsibility for ensuring that the organisations from which they commission services provides a safe system that safeguards children and adults at risk of abuse. The CCG has in place a safeguarding work plan to ensure it is compliant with its duty.

The ways in which assurance is obtained from services commissioned by the CCG include:

- Monthly Quality Monitoring Review meetings, & monthly performance and contract meetings with providers.
- Monitoring of Serious Incidents.
- Supervision with Named professionals.
- Meetings with named Professionals and Leads for safeguarding across independent providers of health care monitoring of actions for health providers in relation to serious case/ leaning reviews

Internal Mechanisms

- Safeguarding reports are taken bi monthly to the Safeguarding Committee meeting.
- Annual safeguarding children report is presented to and signed off by the CCG Governing Body (May 2014)

How well did we do it?

NHS England Local Area Team Assurance report from June 2014 l looked at 6 domains and NHS England marked each area for Brighton & Hove CCG as Assured:

1. Are patients receiving clinically commissioned high quality services?
2. Are patients and public actively engaged and involved?
3. Are CCG plans delivering better outcomes for patients?
4. Does the CCG have robust governance arrangements?
5. Is the CCG working in partnership with others?
6. Does the CCG have strong and robust leadership

An Independent Safeguarding Audit in March 2014 found that:

- the CCG has taken account of the regulatory framework within which it operates in regard to the safeguarding of vulnerable adults and children;
- the CCG has in place an appropriate safeguarding governance framework which ensures that appropriate policies, plans and procedures are embedded;
- and that these responsibilities are effectively discharged at operational level

Brighton & Hove CCGs Internal Assurances:

- CCG staff are required to undertake mandatory safeguarding training to ensure staff meet the requirements set out in Safeguarding Children and Young People: roles and competences for health care staff 2014.
- CCG Safeguarding Children Awareness Audit carried out in early 2014 indicated that over 80% of staff knew where to find the safeguarding policy. 100% knew where to take a safeguarding concern.
- Supervision is provided by the designated professionals on a case by case basis. The Designated and named GP access external supervision.

How did we make a difference?
We have ensured all commissioned services have robust safeguarding procedures in place that comply with section 11 requirements

Brighton & Sussex University Hospitals NHS Trust

What have we done?
The BSUH Safeguarding Children Committee has continued its responsibility to ensure that the internal governance arrangements and statutory requirements for safeguarding children and child protection are met. The systems, processes and policies are constantly under review to ensure that they comply with local and national guidance and an action plan which addresses local issues and actions from national & local serious case reviews. The Annual Safeguarding Children Report 2013-2014 was presented and agreed by the Trust Board in March 2014 and a follow up report will be presented in November 2014

There is an appropriate structure of dedicated practitioners who provide a team approach to safeguarding children. The Named Nurse, Doctor and Midwife have continued to play an active role in the LSCB by attending the Board meeting as professional advisors to the Chief Nurse and being involved in a number of the subcommittees and short term working groups including the Monitoring & Evaluation subcommittee, the Child Protection Liaison Group , the Learning & Development subcommittee, and the Multi Agency Safeguarding Hub (MASH) working group.

In addition the named Nurse has been part of the local serious case review and SCIE learning review having undertaken Social Care Institute for Excellence (SCIE) Learning Together training.

In March 2014 BSUH completed a regional update of the Section 11 audit and then participated in a 'challenge' event in May 2014. An action plan is in place to address the Amber areas and is being monitored by the BSUH Safeguarding Children Committee.

The recent CQC visit made positive comments about the safeguarding service. The adult A&E department and the Children's emergency department are vigilant in risk assessing adults & young people and refer to the Local Authority as appropriate. There is a designated day time service to undertake child protection medicals when required. There is a health IDVA working with A&E, maternity and the Sexual health clinic to raise awareness of domestic abuse which is well evaluated.

The hospital sexual health clinic are working with the vulnerable children group to ensure staff recognise and refer this group of young people. The teams are aware of The WiSE Project and have worked closely with them to gain a conviction.

The improved pathway for young people with mental health issues related to self-harm has reviewed and supported 144 young people. There is a year on year increase which reflects the issue of children's mental health being affected by a multitude of issues but an increasing trend seems to be the use of social media sites.

How well have we done it?

The total BSUH workforce requires some level of statutory safeguarding children training, (7000 people). The content of the training reflects the learning from serious case reviews, local learning, the 3 priority areas of concern highlighted by the LSCB (sexual abuse, neglect & sexual exploitation), and that suggested by the intercollegiate document.

Level 1 (All non clinical staff) requires 3 yearly update.
Level 2 (All clinical staff who see adults) requires 3 yearly update
Level 3 (All clinical staff who see children) requires annual update

Training is monitored using the OLM system which illustrates that key areas such a paediatrics and midwifery have achieved 80% compliance. The recent CQC visit across the Trust found that staff were aware of their safeguarding responsibilities and knew how to report safeguarding issues and abuse.

In addition all staff have access to the safeguarding team and safeguarding supervision is undertaken on a case by case basis when staff identify a safeguarding concern about a child. Certain members of staff who carry caseloads in areas that are high risk for child protection (eg teenage pregnancy midwife, substance misuse midwife) have regular one to one supervision about complex cases.

Daily safeguarding ward visits continue at RACH enabling improved case discussion for nurses on approximately 450 children pa. The Named Doctor continues to give safeguarding supervision to medical staff on an ad hoc basis, and participates in the Monday teaching sessions and the Thursday peer review meetings

There is an on-going programme of single agency audits:-

Audits undertaken		
Section 11 audit updated Overview of CP medicals LSCB notes audit Maternity CP, MH, & DV documentation & referral.	CP flagging Staff confidence of caring for young people with eating disorders. Babies under a month attending A&E with feeding issues.	Ward discussion overview Training evaluation Flagging & SW notification Referral forms. Infants attending with ALTE

What difference has it made? :
The Section 11 audit has provided reassurance that Brighton & Sussex University Hospitals Trust continues to be able to demonstrate a safe service, although there are challenges such as the rising numbers of complex children with safeguarding issues and the issue of adapting to the changing provision and organisation of social care and community liaison services.

The audits have shown that care is of a good quality with documentation and risk assessment being of a good standard and staff are able to demonstrate they know who to contact if they had a concern about a child. There have been changes to practice brought about by working with the multi-agency partners including the bruise pathway, liaison about premature babies, and the process of initial contact.

Clinical Staff are involved in the Strategic and operational multiagency groups and awareness of neglect & Child Sexual exploitation has been incorporated into all safeguarding children training programs.

Debi Fillery Nurse Consultant for Safeguarding Children & Young People on behalf of BSUH

www.bsuh.nhs.uk @BSUH_NHS

Sussex Partnership NHS Foundation Trust

Governance: What did we do?
We reviewed our membership of each LSCB subgroup to ensure appropriately senior and consistent representation.

Supervision: What did we do?
We strengthened our approach. The two Lead Nurses in Adult Community Services now have a clear statement in their job descriptions identifying them as leads for Safeguarding Children in their team. Each is tasked with driving safeguarding children up the agenda in team meetings where patient care is reviewed and reminding staff of the need to identify patients as parents on the team boards. The Named Nurse, and two leads meet regularly and are embarking on some training to ensure that staff are aware of how to get extra help for families. Family Forum meetings are just being implemented ensuring that cases can be discussed with a view to supporting the CAF/ TAF process. Carole King and Julia West from what will be the Early Help Hub, will be involved in this meeting.

How well did we do it?
We now have assurance that patients who are parents are identified. Further work is underway to make the proactive consideration of CAF / TAF routine.

How did we make a difference?
The difference is made by improving the overall system and approach. Working with staff outside our own speciality is critical to managing risk. Offering early help to families where this didn't happen before will hopefully enable other services to offer children in these families, access appropriate to their needs.

Quality Assurance Activity: What did we do?
We reviewed our trust-wide safeguarding group, strengthened membership and matched it to the six LSCBs we work with.

How well did we do it?
The structure is stronger, the profile is higher and the outputs have included revisions to the training content we work to.

How did we make a difference?
It meant that at a strategic level, connections were made right across the Trust as a whole, with some clear standards agreed and monitored.

Training: What did we do?
We have reviewed our overall position and are reviewing our training. There has been a renewed drive to ensure that clinical staff are up to date and have accessed learning to assure competencies to Level 2/3 training. By autumn 2014 the Named Nurses will have run a number additional focussed sessions for staff in Adult Community services, Personality Disorder Services, Secure and Forensic Services and Living Well with Dementia Services

How well did we do it?
We know that in challenging financial times, we must focus relentlessly on the quality of training and the value added as a result of staff being trained. Targeting our approach has made it easier to achieve the objective of ensuring that all staff are up to date at all times with the training they require. The training content is benchmarked against the competencies and outcomes identified in the safeguarding Children and Young People, Roles and Competencies for Healthcare Staff Intercollegiate Document. It is important to note however, that in times of financial constraint, a sustained and uncompromising focus on training uptake and quality is required.

How did we make a difference?
Well trained staff, in motivated teams, make a positive difference to the quality of services we provide.

Lessons learned from reviews: What did we do?
We have continued to undertake Root Cause Analysis (RCA) reviews for all Serious Incidents in the Trust, and have shared these with the LSCB and partner agencies to form the basis of the condensed SCIE review processes that are taking place across the city. We have ensured representation at the LSCB 'Learning from SCRs: Implications for Practice' sessions. We also shared this session with our Brighton Safeguarding Link Practitioners Groups. Two of our staff are trained in the SCIE methodology and have actively participate in the learning reviews

How well did we do it?
The test in relation to how well we did this is in how well the lessons learned are recognised and understood in the longer term. We continue to monitor this. Information is shared with both clinical practitioners and with managers, with a view to covering those in both strategic and clinical roles

How did we make a difference?
Understanding the complexities and common themes that compromise safety helps attune staff to these issues in real time way of interagency working.

www.sussexpartnership.nhs.uk @withoutstigma

Sussex Community NHS Trust

What have we done ?
Sussex Community Trust have appointed a substantive new Chief Nurse with Board level responsibilities for Safeguarding children who has commissioned an independent review of Safeguarding Children & adults .

The Annual Safeguarding Children Report 2013-2014 and Safeguarding Children Plan 2014 -2015 was approved by the Sussex Community Trust Quality Committee in July 2014. The purpose of the report was to provide both assurance and evidence to the Board that the Trust is fulfilling its statutory responsibilities to safeguard children and to summarise achievements and challenges against last years plan.

The Section 11 Audit was completed and signed off by the Chief Nurse in March 2014 and SCT attended and participated in the LSCB scrutiny event. An action plan is in place to address the Amber/red areas and is being monitored at the Trust wide Safeguarding Children group which meets regularly.

SCT Named Nurse and Doctor have continued to play an active role in the LSCB by attending the Board meeting as professional advisors to the Chief Nurse and being involved in a number of the subcommittees and short term working groups including the Monitoring & Evaluation Subcommittee, the Child Protection Liaison Group , the Learning & Development Subcommittee , the Child Sexual Exploitation and the Multi Agency Safeguarding Hub (MASH) working group.

Both SCT Named Nurse and Doctor have undertaken the Social Care Institute for Excellence (SCIE) learning together training and the Named Nurse has been an active member of the review team on both a SCIE Learning Review and a Serious Case Review.

How well have we done it :
In accordance with the SCT Safeguarding Children Training & Development Strategy & the Intercollegiate Document (RCPCH 2013) staff groups have received the appropriate level of training for their role . There has been an improvement in provision for Brighton & Hove staff to undertake safeguarding children training and at levels 1 and 2 resulting in 1022 staff equating to 75% and 92% were trained at Level 3

The delivery of regular safeguarding children supervision continues to be a priority. As a consequence 97% Health Visitors , 95% School Nurses and 100% of Managers seconded into Brighton & Hove Children & Family Services under a section 75 received supervision in the appropriate timeframe . A Safeguarding Children Supervision audit was completed in Children Centre Teams which demonstrates that Health Visitors receive regular supervision of a quality that meets their needs in terms of working with cases of concern

Single audits that were completed included the following: An audit to demonstrate implementation of NICE Guidance CG89 When to Suspect Child Maltreatment which gave assurance that 100% of the staff seconded into Brighton & Hove Children & Family Services under a section 75 were compliant. An audit of Child Protection Process in Children's Centres, the result being to improve outcome based planning by introducing a Family Action Plan Template which will be re audited in 2015 and a new Safeguarding Children Supervision procedure. A Child Abuse Single Agency Audit which recommended to request Achieving Best Evidence interviews prior to Child Sexual Abuse medicals.

Improved organisational communication was achieved in relation to "What to do if you suspect a child is being abused "by development of an SCT poster and leaflets which were distributed during training and throughout staff premises.

What difference has it made:
The Section 11 audit has evidenced that Sussex Community Trust continues to have safe and effective arrangements in place to safeguard and promote the welfare of children. Audit activity demonstrates that 100% of staff know who to contact if they had a concern about a child and that supervision arrangements that are in place are robustly supporting staff. An increased number of staff have received safeguarding children training at the appropriate level in accordance with the Safeguarding Children Training and Development Strategy. There is a high level of effective multiagency working through case reviews and multiagency groups which has resulted in changes to practice like the development of the Bruise/Unusual Mark Pathway and Leaflet for Parents.

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Update on Priority area of the LSCB business plan

1. Child Sexual abuse – Named Professionals were involved in the multiagency audit in addition to the single audit . The action plan is currently being developed and will include SCT Named professionals being involved in a weekly multiagency meeting at the MASH commencing Ist September 2014 which will build on the meetings already established in ACAS by the Named Doctor and will involve training to the Child in Need Team . The Named Doctor is involved in the development of the Paediatric Sexual Assault Referral Centre (SARC). The Designated Doctor is the Board lead for Child Sexual Abuse.
2. Neglect – Named Professionals have been involved in a multi agency neglect working group which has involved a multiagency neglect audit . Currently the Named Nurse, who is also the Board lead for neglect, is leading a pilot with the Principal Social Worker on developing Quality of Care tool for practitioners .
3. Child Sexual Exploitation – SCT Named Professionals and Clinical Staff are involved in the Strategic and operational multiagency groups .Awareness of Child Sexual exploitation has been incorporated into all SCT safeguarding children training programs level 1,2 & 3 for year 2014/2015.

www.sussexcommunity.nhs.uk @nhs_sct

Community Voluntary Service (CVS) Sector

Brighton & Hove has a vibrant, active and diverse Voluntary and Community Sector (CVS) which plays a major role in providing a range of (usually) free, high quality services in communities. The last Taking Account Survey 2014 showed that there are at least 2,300 CVS organisations and groups in the city of which 11% (253) define their main activity as working with children & young people.

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

These locally based organisations often play a key role in safeguarding children and young people in communities and it is therefore crucial that they have appropriate arrangements in place and are confident in managing their safeguarding responsibilities. For most CVS organisations the responsibility for safeguarding lies with their management committee or Board of Trustees.

Brighton & Hove has a well-established infrastructure organisation, Community Works, which provides a mechanism for bringing together the voice and concerns of the Third sector. The Children & Young People's Network operates under the umbrella of Community Works to provide a forum for organisations across the city who are providing services and support to children, young people and families. Following recommendations from the Section 11 audit, Community Works will be amending its membership requirements to include questions about safeguarding practice to those groups and organisations working with children, young people, families and vulnerable adults. Safeguarding is a standing item at the quarterly meetings and safeguarding information is regularly circulated to groups via the Community Works e-list. Larger organisations in the CVS may also have their own safeguarding forums in place.

Safety Net and Community Works are also promoting the NSPCC/Children England Safe Network site which provides a range of resources for community and voluntary sector groups as well as the Safe Network standards which groups can self-assess against. Safety Net, a local children's charity is a Safe Network ambassador for Brighton & Hove and also provides safeguarding information and support to many CVS organisations across the city through its Let's Protect Project which includes:

- Safeguarding support to individuals and organisations
- A rolling programme of child protection training for community and voluntary sector organisations, delivered in community venues across the city.
- The 'Simple Quality Protects' quality assurance which provides a framework for organisations to create, review and develop their safeguarding policies and procedures and share good practice, and be supported and assessed by Safety Net to achieve their Bronze, Silver & Gold awards.
- A DBS checking service and support

CVS Organisations and groups access child protection training from a range of sources including: in-house (for larger organisations), E-safeguarding courses provided by external providers, for example Educare as well as from Safety Net.

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We have been involved this year with SQP: Simple Quality Protects which is an excellent way of ensuring operational order for TOYBOX Crèche in respect of Child Protection. Staff and volunteers have made good use of the completed file during periods of induction as the file clearly explains core policy statements that support Child Protection and Safeguarding. The file is a useful reference document for any OFSTED inspection due to the way in which the information is collated. TOYBOX received an OFSTED inspection in February of this year and was graded 'GOOD'.
Brighton Women's Centre

Over the last year Safety Net has provided Level 1 Safeguarding training to workers and volunteers from over 100 different organisations. 133 staff from CVS Early Years settings have received training, 215 staff and volunteers from community organisations have accessed free general safeguarding courses and 870 individuals have received training in their own settings. A further 107 attendees have accessed additional safeguarding courses relating to safeguarding teenagers, safer recruitment, safeguarding for trustees, online safety and safeguarding for children with disabilities delivered by Safety Net in partnership with other CVS organisations and the National Safe Network.

A Number of larger organisations have quality assurance marks from national schemes such as PQASSO, MATRIX and Investors in People. Locally, the Simple Quality Protects Scheme provides a simple 3 level model of quality assurance standards, bronze, silver and gold to enable groups to evidence that they meet standards of practice in a range of area, including safeguarding. This scheme was developed by Slough CVS as a means of smaller groups evidencing safe practice and standards. Over the last 2 years 30 organisations have undertaken the Simple Quality Protects scheme, with 13 achieving bronze level, 10 silver and 7 gold. A further 17 organisations are undertaking the scheme in 2014.

The CVS continues to be an active member of the LSCB. Terri Fletcher from Safety Net is the current elected representative; her role has included membership of the LSCB full board, the Participation & Engagement, and Learning & Development Subcommittees, and the Early Help development group, as well as taking on the role of chair for the newly formed Vulnerable Children Monitoring Subcommittee. Community Works staff and Reps continue to work with Children's Services staff and the LSCB around the Early Help and Mash developments, and have been regularly updated through attendance by BHCC staff at the Community Works conference. Local CVS organisations RISE and Sussex Central YMCA also deliver specialist courses as part of the LSCB training offer around "Domestic Violence & Abuse: the Impact on Children & Young People" and "Preventing & Disrupting the Sexual Exploitation of Children & Young People" respectively.

The Brighton & Hove Violence Against Women & Girls Forum acts as the multi-agency forum for Brighton and Hove in raising awareness of the effects of Violence Against Women & Girls, responding to these issues and promoting joint working, co-operation and mutual support. The chair of the Violence Against Women & Girls Forum is Gail Gray, the CEO of RISE. The chair of the Forum attends the LSCB to promote effective communication between the LSCB and Violence Against Women & Girls Forum. An update from Gail on behalf of the Violence Against Women & Girls Forum is on page 65.

Sussex Police

Although all police officers have a duty to protect life and property, safeguard children and bring offenders to justice, the specialist provision for protecting children from harm and abuse is the responsibility of the officers from the Brighton & Hove Child Protection Team (CPT). This is one of 5 such teams located across the Sussex Police area.

Officers within these teams are all trained detectives who have received additional specialist national training to be accredited child abuse investigators, and joint training with colleagues from Children's Social Care. The quality and effectiveness of investigations is managed locally by Detective Sergeants under the direction of a Detective Inspector using IT systems that include mandatory reviews of all cases under current investigation.

The Protecting Vulnerable People Branch (PVPB) is responsible for providing the Force-wide strategic lead for a number of portfolios including child protection, with a role which includes the development of policy, audit and review, and representation at the LSCB.

What did we do?

- The findings from a number of serious case reviews have related to trying to improve the collation of the large amount of information Sussex Police receives about children that is located within a number of IT systems. During the year the introduction of a new IT system has enabled a better collation of information, and the introduction of electronic child protection family files.

- We have continued to work has with partners to introduce a Multi Agency Safeguard Hub (MASH), which will bring agencies together in one location to receive and assess referrals with immediate access to information from those agencies involved.

- At a Force-wide level the PVPB have continued to focus on several complex historical child sexual abuse investigations involving members of the clergy

- Considered of how investigations into neglect might be improved

- Continued the ongoing development in our response to Child Sexual Exploitation (CSE)

How did we do?

- Electronic family files are now replacing paper versions. As this process develops staff will have easier access to information across the whole Force area rather than just from within their own team. This will help ensure more accurate information is available when commencing joint investigations with Children's Social Care, especially in cases where families are transient. More informed investigations give better opportunities to achieve a positive outcome for a child following an investigation.

- The MASH project is continuing towards a proposed implementation during 2014

- In relation to the historical abuse investigations a number of convictions have been achieved during the year. At a local level this has helped raise the profile of this area of abuse, and given the opportunity for many victims to be listened to and believed, and see justice achieved in relation to those responsible for their abuse.

- The threshold for police intervention in neglect referrals often remains relatively high, given the wide spectrum of neglect that can exist, from poor parenting through to deliberate neglect causing harm where a criminal threshold is reached. Officers from the CPT have been briefing uniformed colleagues on this issue and encouraging officers to use their body worn video to record evidence of potential neglect at premises they attend as part of their day to day duties. This has been helpful in collecting potential evidence and assessing the scale of any neglect seen by the officers.

- In addition to undertaking a complex abuse criminal investigation, the police have completed a strategic assessment of CSE across the Force area. Training has been provided to front line staff in the recognition of CSE and how to respond, and CSE incorporated into the roles of the Missing Person coordinators. Vulnerable children who go missing or who at risk of CSE are discussed at a monthly multi-agency meeting.

How did we make a difference to children?

The above initiatives continue to contribute towards improving the way the police respond to their statutory duty to safeguard children from abuse and neglect. The year ahead will see a significant restructure in the way child protection and other specialist crime areas are delivered, including joint working with Surrey Police. The LSCB will be kept informed of developments as the restructure progresses.

www.sussex.police.uk @sussex_police

Sussex & Surrey Probation Trust

Surrey & Sussex Probation Trust

Probation services are primarily engaged with adults to reduce reoffending and protect the public. This includes a duty to protect children and young people and there are policies and procedures in place to ensure this happens. Surrey and Sussex Probation Trust (SSPT) were responsible for the delivery of probation services in Brighton & Hove until the 1st June 2014 when a new system for the management and rehabilitation of offenders in the community was introduced. A new public sector National Probation Service (NPS) is responsible for the management of those offenders who pose the highest risk of serious harm and have committed the most serious crimes. The Kent Surrey and Sussex Community Rehabilitation Company Ltd (KSSCRC) manages offenders who are assessed as presenting a low or medium risk of harm and delivers interventions which include Unpaid Work.

What did we do?

Probation staff continue to discharge their safeguarding responsibilities to children through activities which include information sharing, risk assessment and risk management. All operational staff have received training to make them aware of factors that may indicate a risk. These may relate directly to offending against children for example, violence and/or sexual offending. However staff are also made aware of other risk factors that may be present in cases where those we supervise are parents or carers, particularly domestic violence, substance misuse and mental health. In the case of the latter staff are trained to recognise that child neglect may be a more significant issue.

Systems are in place to identify those children and young people who are at risk of harm from offenders. Staff are encouraged and supported to work in partnership with other agencies in order to manage the risks posed. Current partnerships include those with substance misuse and accommodation providers through our Integrated Offender Management Scheme, the Safer families Stronger communities programme and Inspire women's programme.

All operational staff are subject to a quality assurance audit of their risk assessments. Middle managers are required to regularly monitor in supervision, all known safeguarding cases assessed as posing a medium risk of harm to children. Cases identified as fulfilling the criteria for inclusion in MAAPA are subject to rigorous internal and external audit processes.

A designated Safeguarding lead has responsibility for strategy and professional practice. In SSPT the post was held by the CEO. In the NPS there is a regional Director lead for Safeguarding as well as a local Assistant Director who represents the NPS on the LSCB. The Director of Operations in the KSSCRC holds the strategic and professional lead for the CRC. Safeguarding is a priority for strategic managers and there is strong representation at the LSCB and associated sub groups. From June representation was split to include a senior representative from both organisations. A number of probation staff participated in a recent Serious Case Review, the learning from which will be used to inform future practice.

How well did we do it?
Offender managers are required to carry out two types of assessment, one of offender needs and contributory factors to their offending behaviour and the other the risk of harm they pose to others. The overall quality of these assessments is monitored and has achieved a good overall standard this year. We know however that we need to improve our recording to include easier identification of 'current and active' risk of harm cases involving a child or known adult. This will be an immediate focus of work for both new probation organisations.

Our training records show that 90-95% of the offender facing staff have attended child protection training in 2013/14. Much of this was delivered through in house training, in particular the 'Developing Professional Curiosity' workshops which were mandatory for all front line staff. New staff attended introductory 'Working Together' events. Overall attendance at LSCB events was low. We will seek to improve attendance at relevant LSCB events in the coming year.

Senior Management attendance at the LSCB and representation at associated subgroups was good. A KSSCRC middle manager was trained in the SCIE Serious Case Review methodology and will be available to undertake reviews in Sussex.

How did we make a difference to the lives of children?
There are numerous examples of good practice in relation to the assessment and management of offenders who are at risk from and/or have contact with children. The contribution of Probation to MAPPA, MARAC and to formal joint child protection work is strong. We are mindful that there is further room for improvement and will be studying closely the recommendations in the recent inspection report 'An Inspection of the Work of Probation Trusts and Youth Offending Teams to Protect Children and Young People' HM Inspectorate of Probation August 2014, to make the outcome of effective protection of children more likely in every relevant case.

Leighe Rogers former Director SSPT. Current Director of Operations KSSCRC
August 2014

www.ksscrc.co.uk @KSSCRC

Children & Family Court Advisory and Support Service (CAFCASS)

Cafcass is a non-departmental public body, sponsored as of April 2014 by the Ministry of Justice. Its principal functions are to safeguard and promote the welfare of children who are subject to family proceedings, and to provide advice to the family courts. It employs about 1870 staff, over 90% of whom are frontline.

What did we do?

In 13/14 a total of 9,680 care applications (public law) were received, which is a decrease of 12% compared with the number received in 12/13. Similarly there has also been a decrease in private law cases where a total of 42,888 applications were received in 2013/14 - a 7% decrease compared to 12/13. Shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.

How well did we do it?

The following are examples of activities undertaken by Cafcass in 13/14 to improve practice, better safeguard children and make a positive contribution to family justice reform:

- Working with partners in family justice e.g. the Family Justice Board, Local Family Justice Boards (11 of which are chaired by Cafcass), judges; the Family Justice Young People's Board; and the ADCS, to promote family justice reform in preparation for the implementation of the Children and Families Act (April 2014).
- Contributing to the development of the Public Law Outline and Child Arrangements Programme (Practice Directions 12A and 12B respectively); and working with partners to reduce the duration of care cases (35 weeks as of quarter 3).
- Setting up demonstration projects designed to accelerate family justice reform e.g. a telephone helpline service in the North-East to divert from court cases where there are no safeguarding issues.
- Strengthening the workforce through a number of measures including: the talent management strategy; MyWork (a mechanism by which staff can understand and regulate their own performance); development of a health and wellbeing strategy.

- Revising the Child Protection Policy, Operating Framework and Complaints and Compliments Policy.
- Drafting service user minimum standards which will be joined with our workstream on child outcomes.
- Undertaking a number of pieces of research into the work of Cafcass and family justice including research into: expert witnesses in s31 cases; the work of the Children's Guardian; learning derived from Cafcass submissions to serious case reviews (Cafcass having contributed to 30 such reviews in 13/14).

How did we make a difference to the lives of children?

The National Ofsted inspection took place in February and March 2014. Both private law and public law practice were judged to be good as was the management of local services. National leadership was judged to be outstanding.

All of the Key Performance indicators, relating to the allocation of work and filing of reports, have been met, which will have made a difference to the lives of children we work with and contributed to a more timely resolution of children's matters in the courts

East Sussex Fire & Rescue Service

What have we done?
ESFRS improved its monitoring of child protection and safeguarding practices set within its policy and procedures. Staff across ESFRS continued to report all Safeguarding concerns to the Safeguarding Co-ordinator(s) located within the Community Risk Management Department and information has been shared with statutory and voluntary agencies appropriately. The strategic overview of safeguarding continues through a refined Safeguarding Panel, chaired by the ESFRS Designated Officer, the Director of Prevention & Protection.

An internal audit was undertaken in 2013/14 by the Community Safety Lead Support at the request of the ESFRS Safeguarding Panel to assure itself that the Fire Authority was meeting its statutory requirements.

Dedicated pages on the ESFRS intranet have been made available to provide access for all staff to central information and guidance on safeguarding. This includes links to external agency information and staff support.

How well did we do it?
The Audit undertaken confirmed that all files contained a full audit trail of relevant reports, subsequent actions and feedback from organisations taking referrals from ESFRS.

230 staff completed the online Safeguarding Children KWANGO course in 2013/14, which is an increase on last year's figures. ESFRS new starters now complete the KWANGO online course as part of their induction; however, ESFRS continued to train supervisory managers, LIFE Instructors and Firesetter Intervention Scheme Advisors at the Advanced level training; over 120 staff has completed the Advance Safeguarding training in 2013/14. ESFRS recognises that awareness training on child sexual exploitation (CSE) is needed for all staff.

How did we make a difference to the lives of children?
The audit has confirmed that referrals are actioned in a timely manner and referred to the correct agency. The number of staff receiving training is having a positive impact on numbers of referrals made and the completion of accurate records ensuring that children are protected from harm at the earliest indication that there is a concern.

There continues to be effective arrangements in place to protect children from abuse and harm at the earliest opportunity. Overall, the quality of Safeguarding work is robust although there is a requirement for additional training in some key areas.
www.esfrs.org @EastSussexFRS

Conclusion and Challenges for 2014/15

This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. It has evidenced that safeguarding activity is progressing well in the area and that Brighton & Hove LSCB has a clear consensus on the strategic priorities achieved and what actions will follow over the coming year. The LSCB is aware of, and working to fulfil, its statutory functions under the revised Working Together to Safeguard Children (2013). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

Our child protection policies and procedures to keep children safe are well embedded, regularly reviewed and ensure agencies have a clear reference point to undertake single and multi-agency work. We are confident that these ensure children are best protected from harm and their families offered the right support when they most need it. Our local policies and procedures also enable the right decisions to be made about the safe recruitment, induction and supervision of frontline staff, as well as respond to allegations against staff.

Challenges:

- Whilst we have tried to promote the direct **participation** and input of **children** and **young people** in the work of Brighton & Hove LSCB at a strategic and operational level this remains an area of challenge for the Board.
- We need to improve the breadth of our lay membership to ensure that the Board and agencies receive challenge from a reprehensive section of our communities. We are undertaking a recruitment exercise which will see a Lay Member Sub Group reporting in to and represented on the board.
- Performance management and analysis needs further development within the Board. We are working to improve our **multi-agency data set** so that it drives an embedded culture of rigorous performance management, which transforms the standards of practice.
- The LSCB **multi-agency training programme** was an area that needed attention previously. Throughout 2013/14 urgent action was taken to reinvigorate the Training, now the Learning & Development Subcommittee. A new chair implemented Terms of Reference, which ensures regular and well-engaged meetings and that the group has a clear work plan linked with the LSCB's priorities. This needs to be driven forward
- We are looking to consider our capacity to deliver more regular and focused SCIE Learning Together training appropriate to different levels and **engagements in SCRs**, for example, training for the 'Case Group,' not just training for Lead Reviewers.

- The development of a Multi-Agency Safeguarding Hub (MASH) and local approach to Early Help were implemented on 1 September 2014 . We will be making sure certain arrangements are communicated effectively, understood, and consistently implemented across the partnership to **promote appropriate referrals** and support safeguarding of children and young people.
- LSCB newsletters and the adoption of the SCIE Learning Together approach to Serious Case Reviews, has helped to raise the profile of Brighton & Hove LSCB with frontline staff and raise awareness of what is being done locally. However, we need to continue to strive to raise the Board's profile with members of the public and we need to consider how we can better **engage the public in safeguarding children.**
- The **economic** situation and **organisational** change affecting public services continues to be a **challenge** for the Board and we must ensure the safety of children is not compromised.
- We need to strengthen our approach to **online safety** as the advancements in social media technology have created new opportunities for children and young people to be harmed.
- We need to better understand the reach and impact of our training, learning from case reviews and outcome of audit so as to be assured they are improving the lives of children

Messages for Readers

Board Members

Identify and act on child protection concerns

Work effectively to share information appropriately

Collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and collectively monitor the effectiveness of those arrangements.

Staff working in Board partner agencies

Book onto LSCB Multi agency training and learning events pertinent to your role

Be familiar with the Pan Sussex Safeguarding Procedures

Be familiar with the Threshold document to ensure an appropriate response to children and families

Use your agency representative (you can see who this is on page 102) to make sure the voices of the workforce, children and young people are heard

Chief Executives & Directors

Show Brighton & Hove LSCB that your agency is committed to a culture of safeguarding

Ensure your workforce contributes to the provision of LSCB multi agency safeguarding training

To have an open dialogue about any barriers that may impact on your organisations ability to safeguard children and young people

The Community

You are in the best place to look out for children and young people and to report any of your concerns

Safeguarding children and keeping them free from harm is everyone's responsibility, if you are worried about a child or young person please follow the steps on Brighton & Hove LSCB's website:

www.brightonandhovelscb.org.uk

Local Politicians

Help Brighton & Hove LSCB respond to the voices of vulnerable children and families in your ward. For 2013/14 Councillor Sue Shanks was lead member for children and families, making sure their voices are heard by the LSCB

Keep the protection of children and young people at the forefront of thinking when scrutinising and challenging any plans for Brighton & Hove

Commissioners

Scrutinise and challenge governance and planning arrangements by your providers for children, young people and their families in Brighton & Hove

Discharge safeguarding responsibilities fully to ensure services are commissioned for the most vulnerable children

Monitor how information is shared across and between your providers

Children and Young People

You are at the heart of the child protection system.

We want to make sure that your voices are heard and that we know how you are experiencing the services in our Board partner agencies. If you would like to know more about how you can influence the work of Brighton & Hove LSCB please contact us at www.brightonandhovelscb.org.uk/contact

Appendix 1: LSCB Budget 2013-14

Detail	Original Budget £	Revised Budget £	Actual £	Budget 2014/15 £	Forecast 2014/15 £
Staffing:					
Training Manager	30700	30700	**30797**	31050	31196
Business Manager	49700	49700	**75028**	50450	47519
Admin Officer	19800	19800	**16574**	22900	22497
Nurse		15000	**9817**	15100	6510
Independent Chair	20000	20000	**22331**	20000	20000
Other Costs:					
Contingency for SCR Panels	10000	10000	**12400**	10100	21878
Venue Hire	1000	1000	**758**	1000	1000
Staff advertising	0	0	**400**		
Training	0	0	**11025**	15740	15740
Insurance				80	80
Transport Costs	200	200	**0**	200	200
Printing	2000	2000	**251**	2000	2000
Office Stationery	100	100	**0**	100	100
Telephony	300	300	**239**	300	300
Computer Costs	200	200	**0**	200	200
Chronolater	2300	2300	**2030**	2300	2300
Communications	2000	2000	**1800**	2000	2000
Conferences	1000	1000	**0**	1000	1000
CWDC	15000	15000	**0**		
Hospitality	200	200	**202**	200	200
Child Death Review Panel		10000	**10000**	10000	10000
Pan Sussex Safeguarding Procedures Manual	2000	2000	**1955**	2200	2200
Other fees		0	**244**		
Total LSCB Expenditure	**156500**	**181500**	**195850**	**186920**	**186920**

Funded By:					
B&H City Council - Core Funding	85500	85500	**85500**	124680	124680
B&H City Council - Extra Funding	8400	35400	**35400**		
B&H City Council - Balance of Carry Forward	15000	15000	**15000**		
Contrib. from NHS Brighton & Hove CCG	32000	32000	**32000**	43780	43780
Surrey & Sussex Probation Trust	4000	4000	**6000**	5572	5572
The Police and Crime Commissioner for Sussex	9000	9000	**9000**	12338	12338
CAFCASS	600	600	**550**	550	550
Total Funding	**154500**	**181500**	**183450**	**186920**	**186920**
Overspend			**12400**		**0**

Breakdown of extra funding received in year		
Nurse		15000
Child Death Review Panel		10000
Admin Post		8400
Procedures manual		2000
	Total	35400

Appendix 2: Local Safeguarding Children Board Members as of March 2014

Statutory Members:

Graham Bartlett, Independent Chair of LSCB

Brighton & Hove City Council (BHCC):

Pinaki Ghoshal, Director of Children's Services
Helen Gulvin, Acting Assistant Director Children's Services: Children's Health, Safeguarding & Care
Jo Lyons (Dr), Assistant Director Children's Services: Education & Inclusion
Linda Beanlands, Head of Community Safety

Sussex Police

Paul Furnell (D/Supt)

Sussex & Surrey Probation Trust

Leighe Rogers, Director, Brighton & East Sussex Local Delivery Unit

Youth Offending Service

Anna Gianfrancesco, Head of Service

CAFCASS

Nigel Nash, Service Manager

East Sussex Fire & Rescue Service

Andy Reynolds, Director of Prevention & Protection

Lay Members

Andrew Melrose (Professor)
Gabraella Howard-Lovell

Brighton & Hove Clinical Commissioning Group (CCG):

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

NHS England

Katrina Lake (Dr)

NHS Trusts

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

Schools

Wendy Harkness, Head Teacher, West Hove Infants
Haydn Stride, Head Teacher, Longhill Secondary
Wendy King, Head Teacher, Bevendean Primary School

Domestic Violence Forum

Gail Gray, Chair, Brighton & Hove, Domestic Violence Forum

Community & Voluntary Sector

Terri Fletcher, Director, Safety Net

Advisors:

Ann White (Dr)	Named Doctor, SCT/BHCC
Carwyn Hughes (DCI)	Protecting Vulnerable People Branch, Sussex Police
Deb Austin	Head of Safeguarding, BHCC
Debi Fillery	Named Nurse BSUH, NHS Trust
Eddie Hick	Child Protection and Safeguarding Manager, Sussex Police
Helen Davies	Independent Safeguarding Consultant, Chair LSCB Monitoring & Evaluation Sub Committee
Leonie Perera (Dr)	Named Doctor, BSUH, NHS Trust
Mia Brown	Brighton & Hove LSCB Business Manager
Natasha Watson	Managing Principal Lawyer, BHCC
Sue Shanks (Cllr)	Lead Member, BHCC Children's Services
Tom Scanlon	Director of Public Health
Yvette Queffurus	Named Nurse – Safeguarding, SCT/BHCC
Zo Payne	Named Nurse, Sussex Partnership NHS Trust

Agency	Number of Statutory Members	Representation at LSCB Meetings 2013-14[7]
Brighton & Hove City Council	4	80%
Sussex Police	1	100%
Sussex & Surrey Probation Trust	1	80%
Youth Offending Service	1	40%
CAFCASS	1	40%
East Sussex Fire & Rescue Service	1	60%
Lay Members	2	20%
Brighton & Hove CCG	4	80%
Brighton & Sussex University Hospitals	1	80%
Sussex Community NHS Trust	1	80%
Sussex Partnership NHS Foundation Trust	1	20%
SECAMB	1	0%
Schools	3	66%
Brighton & Hove Domestic Violence Forum	1	60%
Community & Voluntary Sector	1	80%

[7] Average of statutory members from the agency attending or sending an appropriate delegate to all five LSCB meetings during 2013-14

Appendix 3: Brighton & Hove LSCB Training: Mission Statement

Our full Training & Development Strategy can be read on our website. Our mission is to provide high quality, up-to-date training on safeguarding. This training will enable frontline practitioners working with children and families living in Brighton & Hove to keep safeguarding and promoting the welfare of children at the centre of their work.

Our multi-agency training enables staff and volunteers to work effectively across boundaries and organisation. This takes into account the individual rights of both participants and the children and families served with regards to race, culture, gender, experience of disability, language, sexuality and sexual orientation.

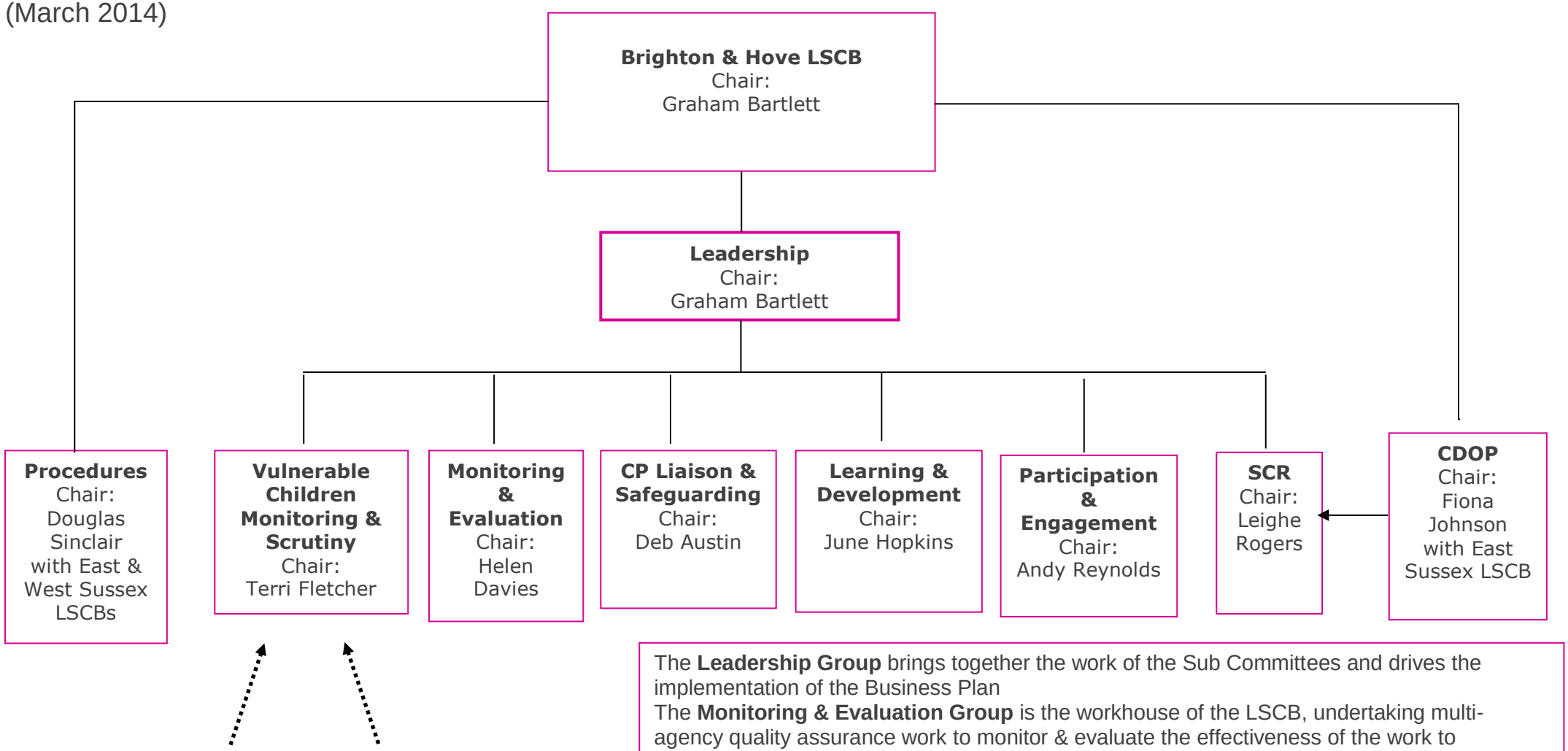
Brighton & Hove Local Safeguarding Children Board's Training Programme is based upon the following principles that will underpin all training events:

- All training is child focussed ensuring the voice of the child and the child's welfare remain paramount
- Training is delivered by trainers who are experts in safeguarding, child protection and promoting welfare.
- Training is informed by current evidence based research, lessons from serious case reviews, child deaths, practice developments and national and local policy

Evaluation and feedback is integral to the continued development of the LSCB training programme, and we will ask you to comment on the course & content at the end of the day. We also suggest that you reflect on how this learning effects your practice during supervision with your manager, and we will contact you around three months after the course with a short online survey to assess how you have been able to put the training into action, You may also be contacted to request a quick telephone consultation, or to become part of a focus group, and your cooperation with this is truly valued.

Appendix 4: Brighton & Hove LSCB Subcommittee Structure Chart

(March 2014)



The **Leadership Group** brings together the work of the Sub Committees and drives the implementation of the Business Plan

The **Monitoring & Evaluation Group** is the workhouse of the LSCB, undertaking multi-agency quality assurance work to monitor & evaluate the effectiveness of the work to safeguard & promote the welfare of children in Brighton & Hove.

The **SCR Group** commission case reviews & leads on the local learning & improvement framework

The **Learning & Development** & the **Participation & Engagement Group** are closely linked to all sub groups, and work to raise awareness of safeguarding issues & foster good multi agency working.

The **CPLG Group** is an operational group that discusses cases & acts upon the issues to improve multi agency working relationships.

The **VCMS Group** monitors and scrutinises at a strategic level the multi-agency operational groups that work with vulnerable children – focusing on missing and CSE.

Brighton & Hove
LSCB
local safeguarding
children board

Brighton & Hove LSCB
Moulsecoomb North Hub
Hodshrove Lane
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@LSCB_Brighton
#yourLSCB

Annual Report 2013/14
Executive Summary
Working Together to Safeguard Children

This Executive Summary summarises the Brighton & Hove LSCB Annual Report covering 1 April 2013 to 31 March 2014. It describes the Board's structure, activity and progress during 2013/14, with a focus on the priority areas as outlined in the Brighton & Hove LSCB Business Plan 2013-16.

There are approximately 49,947 children (aged under 18) living in Brighton & Hove, making up 18.3% of the city's population (Source 2011 Census). Due to the often duplicitous and secretive nature of abuse and neglect, it is not possible to know every child at risk in Brighton and Hove, but keeping children safe will always be our number one priority.

We are committed to strengthening safeguarding and child protection and to promoting early intervention and prevention to bring about better outcomes for the children living in the city.

Role of the Board

This section outlines the role and purpose of the B&H LSCB, describing how it is made up of statutory and voluntary partners, these include representatives from Health, Education, Children's Services, Police, Probation, Children and Family Court Advisory and Support Service (Cafcass), Youth Offending, the Community & Voluntary Sector as well as Lay Members.

Our purpose is to make sure that all children and young people in our City are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well informed and trained.

Governance & Accountability

The Children Act 2004 places a duty on every Local Authority to establish a Local Safeguarding Children Board (LSCB). The Government's Statutory Guidance, Working Together to Safeguard Children (2013) defines safeguarding and promoting the welfare of children as: Protecting children from maltreatment; Preventing impairment of children's health or development; Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; Taking action to enable all children to have the best life chances.

This is to enable children to have optimum life chances and enter adulthood successfully. The annual report provides an analysis of the effectiveness of the LSCB in reflecting on the best approaches to ensure constant improvement. There has been re-structuring and refocusing during 2013/14 in response to the experiences of 2012/13. This section of the report describes positive advances in the role of the LSCB in challenging partners and in the ongoing development of links across key strategic partnerships.

LSCB Business Plan 2013 – 2016: An update on #yourLSCB's key priorities

This section looks in detail at progress made in 2013/14. Full information on progress against the strategic priorities can be found on pages 31-56.

Summary of Achievements as at March 2014


Increased the influence of the Board by strengthening **relationships** with other **key strategic** groups, e.g. the Health & Wellbeing Board and the Adult Safeguarding Board


Work of the Board is informed by clear agreed **priorities** underpinned by an up to date and well-structured Business Plan


Improved **Monitoring & Evaluation** function with a varied multi-agency audit programme that includes operational staff and analyses and uses findings to drive improvement


Demonstrated a commitment to ensuring Board partner agencies are capturing the experiences of children, young people and families to inform service improvement and increased efforts to **hear the voice** of children, young people, families and practitioners in Brighton & Hove LSCB activities


Raised the **profile** of Brighton & Hove LSCB by developing and maintaining the LSCB website, disseminating LSCB newsletters and bulletins, board briefings, establishing a presence on Twitter and developing links and building relationships with existing parents & carers groups & forums


Successfully launching an **Early Help** Partnership Strategy which describes how agencies need to work together to provide Early Help in the city


Approved the **Threshold Document** (Interagency Threshold of Need and Intervention Criteria) which provides guidance for professionals and service users to; identify and assess level of individual need; and clarify the circumstances in which to refer a child to the Multi Agency Safeguarding Hub (MASH), the Early Help Hub (EHH) or to a specific agency to address an individual need


Progressed work in supporting the identification, assessment and safeguarding intervention of children at risk of **sexual exploitation** through the establishment of the multi-agency operational group, Red Operation Kite.


Developed a more effective multi-agency **data set** which is used to routinely scrutinise partners performance, and challenge and audit where necessary (ongoing improvement of the process)


Demonstrated that Brighton & Hove LSCB provides effective **challenge** to partners and holds partners to **account** to improve safeguarding outcomes for children and young people


Promoted awareness of **private fostering** which has helped ensure that more privately fostered children and young people are identified and supported


Provided **challenge** to Board partner agencies to provide sufficient resources to ensure they are able to take part in all aspects of child protection work, including strategy discussions and meetings, child protection conferences and quality assurance activity


Routinely reviewed the work of all LSCB Subcommittees to ensure this is being effectively undertaken and where applicable **influencing practice**


Delivered child protection **training** across the partnership, ensuring that all staff have access to good quality training, which helps support sustained improvements across all safeguarding services

LSCB Finances & Resources

All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. In principle, members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on one or more partner agencies. Locally, the City Council has contributed around 70% of funding. The full financial breakdown, plus the budget forecast for 2014/15 can be read in appendix 1.

Monitoring & Evaluation

This section provides some analysis of the work that has taken place in terms of developing a robust approach to performance monitoring. There are summaries of some of the key learning arising from multi-agency themed audits regarding **Child Protection** and **Children in Need Plans**, which found that practice was generally effective with children subject to a child protection plan, with good engagement from relevant agencies and plans leading to change in families and improvement in children's lives. However, with children in need plans, the picture was not so positive, with evidence of lack of focus and drift in some cases. Other work is also reported on here in terms of the LSCB's effectiveness in monitoring the safeguarding system, including **Section 11 Audits, Private Fostering, Management of Allegations of Adults working with Children and Complaints Regarding Child Protection Conferences**.

Management Information Report

Performance management has been a key priority for 2013/14. The full Board and the Monitoring and Evaluation Sub Committee have throughout the year reviewed child protection activity and performance data. The Brighton & Hove LSCB has tried to establish a more multi agency dataset to give the Board a complete and assured picture of whether our work is making a difference to children and to adequately alert the Board of any risks in the system. Whilst progress has been made, this remains an area of improvement for the LSCB.

This section provides a general analysis of current data around safeguarding children. Data in this section relates to: **Referrals, Single Assessments, Section 47s Enquiries Initial Child Protection Conferences, Children in Need, Looked After Children and Children with a Child Protection Plan.**

Learning & Development

Brighton & Hove LSCB has a responsibility to develop policies and procedures in relation to: "… training of persons who work with children or in services affecting the safety and welfare of children … to monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children". (Working Together, 2013). This section looks at the work of the LSCB's Learning & Development Sub Committee.

We now have realistic information on the true cost of the training programme, which previously had been hidden in the council's safeguarding budget, and must now make sure that all the courses represent value for money.

Child Death Overview Panel

This part of the report contains a summary of the work of the Child Death Overview Panel (CDOP) during 2013/14. Brighton & Hove CDOP review the deaths of all children normally resident in Brighton & Hove. During 2013/14 16 children died in our area. The panel looks to identify any issues that could require a Serious Case Review (SCR); any matters of concern affecting the safety and welfare of children in the area; or any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area; and will make specific recommendation to the LSCB.

Summary of Challenges for 2014/15

This section discusses how safeguarding activity is progressing well but outlines a number of challenges, these include:

- Whilst we have tried to promote the direct **participation** and input of **children** and **young people** in the work of Brighton & Hove LSCB at a strategic and operational level this remains an area of challenge for the Board.
- We need to improve the breadth of our lay membership to ensure that the Board and agencies receive challenge from a reprehensive section of our communities. We are undertaking a recruitment exercise which will see a Lay Member Sub Group reporting in to and represented on the board.
- Performance management and analysis needs further development within the Board. We are working to improve our **multi-agency data set** so that it drives an embedded culture of rigorous performance management, which transforms the standards of practice.
- The LSCB **multi-agency training programme** was an area that needed attention previously. Throughout 2013/14 urgent action was taken to reinvigorate the Training, now the Learning & Development Subcommittee. A new chair implemented Terms of Reference, which ensures regular and well-engaged meetings and that the group has a clear work plan linked with the LSCB's priorities. This needs to be driven forward
- We are looking to consider our capacity to deliver more regular and focused SCIE Learning Together training appropriate to different levels and **engagements in SCRs**, for example, training for the 'Case Group,' not just training for Lead Reviewers.
- The development of a Multi-Agency Safeguarding Hub (MASH) and local approach to Early Help were implemented on 1 September 2014. We will be making sure certain arrangements are communicated effectively, understood, and consistently implemented across the partnership to **promote appropriate referrals** and support safeguarding of children and young people.
- LSCB newsletters and the adoption of the SCIE Learning Together approach to Serious Case Reviews, has helped to raise the profile of Brighton & Hove LSCB with frontline staff and raise awareness of what is being done locally. However, we need to continue to strive to raise the Board's profile with members of the public and we need to consider how we can better **engage the public in safeguarding children.**
- The **economic** situation and **organisational** change affecting public services continues to be a **challenge** for the Board and we must ensure the safety of children is not compromised.
- We need to strengthen our approach to **online safety** as the advancements in social media technology have created new opportunities for children and young people to be harmed.
- We need to better understand the reach and impact of our training, learning from case reviews and outcome of audit so as to be assured they are improving the lives of children

Messages for Readers

Board Members

Identify and act on child protection concerns

Work effectively to share information appropriately

Collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and collectively monitor the effectiveness of those arrangements.

Staff working in Board partner agencies

Book onto LSCB Multi agency training and learning events pertinent to your role

Be familiar with the Pan Sussex Safeguarding Procedures

Be familiar with the Threshold document to ensure an appropriate response to children and families

Use your agency representative (you can see who this is on page 102) to make sure the voices of the workforce, children and young people are heard

Chief Executives & Directors

Show Brighton & Hove LSCB that your agency is committed to a culture of safeguarding

Ensure your workforce contributes to the provision of LSCB multi agency safeguarding training

To have an open dialogue about any barriers that may impact on your organisations ability to safeguard children and young people

The Community

You are in the best place to look out for children and young people and to report any of your concerns

Safeguarding children and keeping them free from harm is everyone's responsibility, if you are worried about a child or young person please follow the steps on Brighton & Hove LSCB's website:

www.brightonandhovelscb.org.uk

Local Politicians

Help Brighton & Hove LSCB respond to the voices of vulnerable children and families in your ward. For 2013/14 Councillor Sue Shanks was lead member for children and families, making sure their voices are heard by the LSCB

Keep the protection of children and young people at the forefront of thinking when scrutinising and challenging any plans for Brighton & Hove

Commissioners

Scrutinise and challenge governance and planning arrangements by your providers for children, young people and their families in Brighton & Hove

Discharge safeguarding responsibilities fully to ensure services are commissioned for the most vulnerable children

Monitor how information is shared across and between your providers

Children and Young People

You are at the heart of the child protection system.

We want to make sure that your voices are heard and that we know how you are experiencing the services in our Board partner agencies. If you would like to know more about how you can influence the work of Brighton & Hove LSCB please contact us at www.brightonandhovelscb.org.uk/contact

Brighton & Hove LSCB
local safeguarding children board

Safeguarding Children is Everyone's Responsibility

Brighton & Hove City Council
East Sussex Fire & Rescue Service
Cafcass
NHS
Surrey & Sussex Probation Trust
COMMUNITY WORKS

Brighton & Hove LSCB

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#yourLSCB

Protocol to support the working relationship between the Brighton and Hove Health and Wellbeing Board (HWB), the Brighton and Hove Local Safeguarding Children Board (B&HLSCB) and the Brighton and Hove Safeguarding Adults Board (B&HSAB)

Officers have drafted this protocol for the Health and Wellbeing Board (HWB) and the two Safeguarding Boards to discuss and if minded to approve. It sets out the proposed relationship that should exist between HWB and the children and adult safeguarding boards operating across Brighton and Hove. This paper sets out a proposed framework and protocol within which we will secure effective joint-working between the three Boards.

Given this protocol is going to three Board this paper sets out the distinct roles and responsibilities of each the Boards. It also seeks to clarify the inter-relationships between them in terms of safeguarding and well-being and the means by which we will secure effective co-ordination and coherence between the Boards. The protocol is designed to meet best practice and recommended ways of working.

The recommendations are:

- Between September and November each year the Chairs of the two Safeguarding Boards would present to the HWB their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards' performance in the current financial year. This would provide the opportunity for the HWB to review and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Brighton and Hove Health and Wellbeing Strategy.
- Between October and February the HWB to present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to review and challenge performance of the HWB and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Commissioning Strategy.
- In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Background to the three Boards
The Purpose of Health and Wellbeing Boards

Health and Wellbeing Boards were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority must have its own health and wellbeing board. Board members are expected to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up

way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

Brighton and Hove HWB is a formal committee of the city council. For details of the membership, agendas and terms of reference please go to the website http://present.brighton-hove.gov.uk/mgCommitteeDetails.aspx?ID=826

It is important to note that the Chair of the Brighton and Hove local Safeguarding Children Board is a member of the HWB.

The Purpose of Safeguarding Boards
Brighton and Hove Local Safeguarding Children Board (B&HLSCB)

The key objectives for all LSCBs were set out in ***'Working Together to Safeguard Children 2013'.*** These are:

- To co-ordinate local work to safeguard and promote the wellbeing of children;
- To ensure the effectiveness of that work

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

A key objective in undertaking these roles is to enable children to have optimum life chances and enter adulthood successfully.

The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

There is a comprehensive website http://www.brightonandhovelscb.org.uk/

which includes a detailed business plan and key priorities.

Brighton and Hove Safeguarding Adults Board (B&HSAB)

Following the Care Act gaining Royal Assent in May 2014 Safeguarding Adult Boards are now in statute, becoming statutory bodies in April 2015. Adult Safeguarding Boards operate within the framework promoted by 'No Secrets' which was published by the Department for Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

The focus of the work of Safeguarding Adults Boards is 'vulnerable' adults. The forms of abuse which the Board aims to prevent and address could include: physical

abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse.

The role of any SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

The chair of the B&HSAB is also on the HWB.

http://www.brighton-hove.gov.uk/content/health-and-social-care/safeguarding-adults-risk

The website gives key information as well as the business plan and priorities.

The need for effective communication and engagement between the Boards.

Safeguarding is everyone's business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people of Brighton and Hove are safe and their wellbeing is protected. The two safeguarding boards have a responsibility to review and challenge these arrangements.

The Health and Wellbeing Strategy is a key commissioning strategy for the delivery of services to children and adults across Brighton and Hove and so it is essential that in drawing up, delivering and evaluating the strategy there is effective interchange between the HWB and the two safeguarding Boards.

Whilst currently there is no statutory requirement to secure a formal relationship between the Health and Wellbeing Board and the safeguarding boards there is guidance steering in this direction that may become a requirement and it is obviously seen as best practice.

Whilst *'Working Together 2013*' did not formalise the relationship between the Health and Wellbeing Board and the Local Safeguarding Children Board as had been anticipated there is an expectation that the LSCB's annual report should be submitted to the HWB and of cross-Board engagement in relation to the JSNA. Given Adult Safeguarding Boards are now statutory it would be suitable to ensure they are included especially given the recently expanded terms of reference of the HWB.

The opportunities presented by a formal working relationship between the Brighton and Hove Health and Wellbeing Board and the B&HLSCB and B&HSAB can, therefore be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with *Working Together* guidance
- Aligning the work of the LSCB business plan and SAB Strategic Plan with the HWB Strategy and related priority setting.
- Ensuring safeguarding is ‘’everyone’s business’’, reflected in the public health agenda and related determinant of health policies and strategies.
- Evaluating the impact of the HWB Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning
- Cross Board challenge and ‘’holding to account’’: for example ensuring the HWB is embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

Arrangements to secure co-ordination between the Boards.

In order to secure the opportunities identified above it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

- Between September and November each year the Chairs of the two Safeguarding Boards would present to the Brighton and Hove HWB their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards’ performance in the current financial year. This would provide the opportunity for the HWB to review and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Brighton and Hove Health and Wellbeing Strategy.
- Between October and February the Brighton and Hove HWB to present to the safeguarding boards the review of the Health and Wellbeing Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Wellbeing Strategy to enable the safeguarding boards to review and challenge performance of the Brighton and Hove HWB and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Wellbeing Commissioning Strategy.
- In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Conclusion

The role of the B&HLSCB and B&HSAB in relation to the HWB would be one of equal partners underpinned by this protocol.

The role of Brighton and Hove City Council Scrutiny Panels, to scrutinise performance of safeguarding boards and to be consulted on for policy changes and related service design and commissioning intentions, will remain unchanged, as will

the governance committee of partner agencies to oversee and monitor respective agency contribution and performance to prevent and protect.

BDH 28.08.2014

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

1. Formal details of the paper

Brighton & Hove Dementia Plan
2014-2017

1.2 Who can see this paper?
Information included in this paper can be seen by the general public.

1.3 Date of Health & Wellbeing Board meeting
October 14th 2014

1.4 Author/s of the Paper and contact details:

Simone Lane
Commissioning Manager
Brighton and Hove Clinical Commissioning Group
simonelane@nhs.net

Annie Alexander
Public Health Programme Manager
B&HCC
annie.alexander@brighton-hove.gov.uk

Jane MacDonald
Commissioning Manager
Adult Social Care
B&HCC
jane.macdonald@brighton-hove.gov.uk

2. Decisions, recommendations and any options

2.1 That the Health & Well Being Board endorse the Dementia Plan and its broad and integrated approach as set out below

2.2 That the Health & Well Being Board notes the resources available from the Better Care fund and authorises the Dementia Implementation Group to prioritise spending on the Plan.

2.3 That the Health & Well Being Board agrees the process of monitoring the progress of the Dementia Plan

3. Relevant information

3.1 In May 2014, a Brighton & Hove Joint Strategic Needs Assessment (JSNA) on Dementia was completed to assess current and future provision and needs, assets and gaps in relation to dementia care, enabling the development of a local delivery plan to meet these needs.
http://www.bhconnected.org.uk/sites/bhconnected/files/JSNA%20dementia%202014.pdf

3.2 Key findings were that the city has some pockets of excellent dementia services, but they are not always joined up and there are some gaps. Key recommendations include the need for better/more:

- Earlier intervention
- Joined up services that support patient centred care
- Carers support
- Support to local community services
- Training and education

3.3.1 The Dementia Plan has been produced in response to the recommendations of the JSNA and builds on the Dementia plan 2012-2015. It is overseen by the Dementia Steering Group and has been arrived at through a detailed and broad process of consultation and engagement.

3.3.2 This Joint Strategic Delivery Plan aims to treat dementia as a 'long-term condition', aligning dementia services with physical health services so a holistic approach is taken to the care of people with dementia. It is designed to improve care and outcomes for people with dementia and their carers.

3.3.3 Brighton & Hove's strategic approach to dementia is about providing better care and support in the community to enable people to stay in their own homes to preventing avoidable hospital admissions and reduce the number of people going to residential

care and make better use of our overall resources. Care and support for people with dementia will be firmly embedded into the frailty model being developed for the City as part of Better Care.

3.3.4 As numbers of people with dementia increase a key part of the approach to improving dementia care will be to skill up the generalist workforce (i.e. staff in care home, general hospital and primary care). This will enable people with dementia and their carers feel valued and supported and have their rights upheld

3.3.5 There is increasing momentum to make all local services dementia friendly. Services that are dementia friendly are 'friendly' for the wider community.

3.3.6 The Better Care fund is in place and understands the importance of supporting people with dementia and their carers. It recognises the need to resource projects as outlined in the Dementia Plan. The actual spend on each project area is not yet determined as some services and their relationship to other areas need to be better understood, pathways redesigned etc.

3.3.7 Better Care is able to fund the Dementia Plan up to £250K. The Dementia Implementation Group will oversee each project and be responsible for allocating resources up to the initial allocation of £250k appropriately. The Dementia Implementation Group will also monitor the on-going delivery of services.

3.3.8 The Dementia Plan is a 3 year framework and gives a detailed timeframe for the first year. The plan will be refreshed after the first year and a more detailed timeframe for year s 2 and 3 will be provided at that review. This is to allow the plan to be further aligned with other key programmes

3.3.9 Further reports on the progress on Dementia Plan will be made to the Health and Wellbeing Board on a regular basis.

4. Important considerations and implications

4.1 Legal

The Health and Wellbeing Board has delegated responsibility for managing the Better Care Fund Budget and ensuing that Delivery Plans are integrated and accurately reflect the outcomes goals set out in the JHWS.

Elizabeth Culbert
Deputy Head of Law

4.2 Finance

The Better Care Fund for 2015/16 agreed by HWBB includes an allocation of £250k for the Dementia Delivery Plan. The 2014/15 Better Care Fund allocation includes additional investment of £40k to support increasing dementia diagnosis. Progress against the Better Care Fund and plan will be regularly monitored.

Finance Officer consulted: Anne Silley Date 01/10/14

4.3 Equalities

An Equalities Impact Assessment has been started and it will inform the on-going development of the Dementia Delivery Plan. Officer consulted: Clair Hopkins Communities Equalities and Third Sector 20th August 2015

4.4 Sustainability

The council's One Planet Council approach to sustainability based on ten One Planet principles was used as a checklist and will be discussed at the Dementia Implementation group in October 2015.

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

The Draft Dementia Delivery Plan was discussed in the September meeting of the CCG's Clinical Strategy group. The final version will be endorsed at the next meeting on 14th October 2014.

Dementia is a key national priority for the Department of Health. Key policy documents include NICE guidance and policy standards, a National Dementia Strategy (2009) and the Prime Minister's Challenge on Dementia (2012). This Dementia Delivery Plan will help the city to improve dementia services across the three key areas of awareness, earlier diagnosis and intervention, and higher quality of care as well as support people and their carers to live well with dementia.

5 Supporting documents and information

Brighton & Hove Dementia Plan - 2014-2017

Version:	21
Summary statement:	The Dementia Plan is the updated dementia plan for the City, building on the previous plan 2012-2015 as well as a summary of actions following the recommendation of the 2014 joint strategic needs assessment for Dementia. It is designed to improve care and outcomes for people with dementia and their carers.
Staff/stakeholders involved in development:	Dementia Implementation Steering Group
Name of author:	Joint Commissioning Manager- Dementia– Brighton & Hove CCG & Brighton and Hove City Council
Name of responsible committee/individual:	Health & Wellbeing Board
Date Approved	
Review date:	Annually report to HWB annually and final review October 2017
Target audience:	Citywide
Accessibility	Printed and electronic

Key

JSNA	Joint Strategic Needs Assessment	TOR	Terms of Reference
HWB	Health & Wellbeing Board	ASC	Adult Social Care
BHCC	Brighton & Hove City Council	PEACE	Proactive Elderly persons Advisory CarE
QOF	Quality Outcomes Framework	FACS	Fair Access to Care Services
MAS	Memory Assessment Service	PBR	Payment by Results
CrISP	The Carer Information and Support Programme	LES	Local Enhanced Service (now Locally Commissioned Service – LCS)
MDT	Multi-disciplinary Team	LD	Learning Disability
BSUH	Brighton & Sussex University Hospitals	EOL	End Of Life

Introduction

1) Dementia is a syndrome that can be caused by a number of progressive disorders. It affects memory, thinking, behaviour and the ability to perform everyday tasks. Alzheimer's disease is the most common type of dementia. Others include vascular dementia, dementia with Lewy bodies and front temporal dementia.[1] It mainly affects older people. One in 14 people over 65 years and one in six over 80 years in the UK have a form of dementia. It is estimated people live on average 7-12 years after diagnosis.

2) Dementia is an important issue because it affects a large proportion of people and the numbers are increasing as the population is ageing. It places pressure on all aspects of the health and social care system: An estimated 25% of hospital beds are occupied by people with dementia, who have longer lengths of stay, and more readmissions. Approximately two-thirds of care home residents are estimated to have dementia and one in three people will care for someone with dementia in their lifetime.[1]

3) Dementia not only has a profound impact on those people who develop it, but also can have profound effects on family members who often provide the majority of care. Family carers are often old and frail themselves and have high levels of carer burden, depression and physical illness, and decreased quality of life. Contrary to social misconception, there is a very great deal that can be done to support people with dementia. Services need to be responsive so that dementia is diagnosed early and well and so that people with dementia

[1] Department of Health. Dementia. A state of the nation report on dementia care and support in England. November 2013.

and their family carers can receive the treatment, care and support following diagnosis that will enable them to live as well as possible with dementia.

4) Nationally, there is increasing focus on dementia as an issue, including prevention, treatment, and demand for services and creating dementia friendly communities. The National Dementia Strategy was published in 2009 and the Prime Minister launched his Dementia Challenge in 2012.

5) Dementia costs society an estimated £19 billion a year.[2] Due to its unique population profile with a higher proportion of people aged 16-64 years and a lower proportion of 65 years and over (13%) compared to 17% in the South East and 16% in England, dementia needs are not on the same level as other parts of the country. However, a predicted 24% increase in 70-74 year olds and 48% increase in the 90 plus age group by 2021 will put increasing demands on services. This will be particularly felt in the parts of the city where the older population is concentrated i.e. Rottingdean Coastal, Woodingdean, Hangleton & Knoll, Hove Park and Patcham wards.

6) Brighton and Hove had a Joint Dementia Plan which for 2012/15 that set out the Brighton and Hove strategic vision for improving care and support to people with dementia and their carers. The central aim of the plan was to increase awareness of the condition, ensuring early diagnosis and intervention as well as improving the quality of care for people with dementia and their carers. Key progress that has been made includes:

- the implementation of a new memory assessment service in June 2013 which has helped increase our memory diagnosis rate from 44.4% in 12/13 to 67% in April 2015.
- a successful capital funding partnership application, to the DoH for a million pounds to improve the environment of care for people with dementia that included primary care, acute, community services and residential care homes.
- reconfiguring of mental health service to create a Living Well with Dementia Team.
- expansion of Care Home In reach service, that provides support to care homes to improve their ability to care for and support their residents who have dementia commissioning the Alzheimer's Society to provide dementia cafes and singing for the brain and
- Increasing the capacity in the Community Rapid Response Team to offer crisis and short term community support.

[2] Prime Minister's challenge in dementia, based on Alzheimer's Society (2007), Dementia UK, Alzheimer's Society, London.

- Brighton Sussex University Hospital has implementing fully memory screen for anyone over the age of 75 who are admitted over 72 hours and has expanded the dementia champion's role. Opening the Emerald unit a specialist dementia ward within BSUH with support from the capital funding in May 2014.

7) In May 2014 a Brighton & Hove Joint Strategic Needs Assessment (JSNA) was completed to assess current and future provision and needs, assets and gaps in relation to dementia care, enabling the development of a local delivery plans to meet these needs. Key findings were that we have some pockets of excellent dementia services, but they are not always joined up and there are some gaps. Key recommendations include the need for more:
   - Earlier intervention
   - Joined up services that support patient centred care
   - Carers support
   - Support to local community services
   - Training and education

8) This delivery plan has been produced in response to the recommendations of the JSNA and builds on the Dementia plan 2012-2015. This Joint Strategic Delivery Plan aims to treat dementia as a 'long-term condition', aligning dementia services with physical health services so a holistic approach is taken to the care of people with dementia.

9) Brighton & Hove's strategic approach to dementia is about, providing more care and support in the community to enable people to stay in their own homes to preventing avoidable hospital admissions and reduce the number of people going to residential care and make better use of our overall resources. Care and support for people with dementia will be firmly embedded into the frailty model being developed for the City as part of Better Care. The frailty model will be developed based on multidisciplinary primary care teams based around cluster of practices supported by 'hubs' of specialist care and information. A 'Dementia Hub Model' will be developed to support the multi-disciplinary teams. As part of the Better Care model the CCG and the council are testing out the frailty approach with five practices across two geographical clusters.

10) As numbers of people with dementia increase a key part of the approach to improving dementia care will be to skill up the generalist workforce (i.e. staff in care home, general hospital, and primary care). This will enable people with dementia and their carers feel valued and supported and have their rights upheld. It is key that local resources, services and communities recognise and respect individuals and their life stories. All support services will recognise the uniqueness of each person's situation offering continuity of advice and integrated support whenever possible. Additionally there is increasing momentum to make all local services dementia friendly. Services that are dementia friendly are 'friendly' for the wider community.

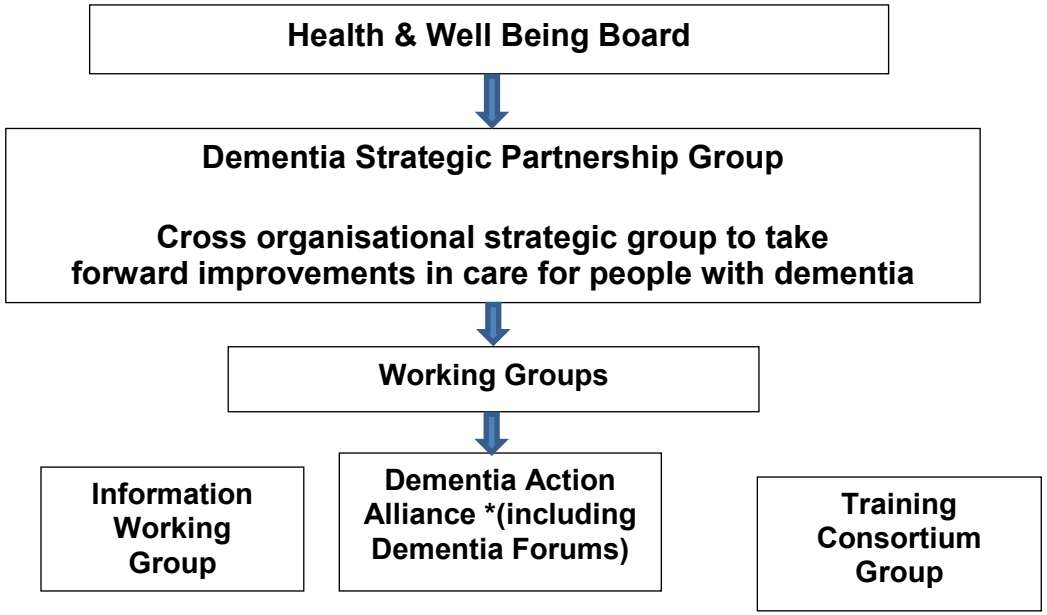
11. Main priorities from stakeholder consultation on JSNA

A stakeholder event attended by over 60 people was held to discuss the JSNA recommendations. Below is a summary of main themes. The event was attended by over 60 people from a range of organisations. The CCG, SPFT and Sussex Community Trust attended. There was wide representation from Brighton and Hove City Council which included attendance from elected members. Managers and frontline staff from independent sector care home, home care agencies and independent sector housing attended. There was wide representation from the voluntary and community sector, including managers and frontline staff in day services, older people advice and information agencies and a learning disability service. Informal carers and people with dementia were also invited and attended the event.

- Ensure all care for dementia is person centred.
- Create a dementia friendly community and develop an Dementia Action Alliance.
- Developing one point of information for advice and information for dementia across the city.
- Increase the scope and range of dementia training across the city to include all staff and carers and develop a network of Dementia Service Champions.
- Ensure that people have joined up and integrated care for dementia that is delivered in one place, with a single point of contact.
- Work across all sectors of housing to provide training for staff and additional support for residents.
- Develop the capacity of home care to support the increasing number of people with dementia, and develop joint working with health to reduce social isolation and decrease delayed discharges of care from hospital.
- Increase the amount of respite care, including crisis support/emergency respite.
- Make the need of carers more transparent and develop, a "single point of access" especially for carers.
- Develop the capacity of care homes to support the increasing number of people with dementia, by training/ development for staff.

- Encourage the development of Dementia Environments.
- Work in partnership with wider community to encourage joint in reach into homes to reduce social isolation.

Governance and delivery structure for Implementation of Joint Dementia Delivery Plan



* Dementia Action Alliances bring together regional and local members to improve the lives of people with dementia in their area. They are seen as the local vehicle to develop dementia friendly communities. A Local Alliance can be established at any level, be it a village, city, county or even a region. They can overlap geographically and member organisations are encouraged to participate in more than one. The Alliance will achieve its aims by bringing together organisations from public, private and charity sectors - not just from health and social care, but from sectors such as the emergency services, retailers and transport operators and community facilities.

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Brighton & Hove Joint Dementia Plan - 2014 -2017

Key -Highlighted colours	
RED	Currently **No** resources available – but could be considered in relation to the Better Care fund
AMBER	Resources **MAY** be available
GREEN	Resources currently available

1. Recognising there is a problem – Good Quality Early Diagnosis and Intervention for All

Area for Development	Key Action	Lead Organisation	When	Key Partners Named lead	Resource needed	Links To
1.1 Develop a single point of dementia information to sign post public & professionals **JSNA recommendations 1.1, 1.3, 3.3, 4.3.12, 3.14, 3.15, 4.3**	• Develop a single point of information and advice as part of dementia Hub for Brighton & Hove to provide information to professionals and the public in a variety of different formats. • Ensure this is linked to other key websites and information programmes in the city. • Make financial and legal advice available to self-funders. This resource is to cover the whole of the dementia pathway.	CCG	Oct 15	• BHCC • The Fed • Age UK Alzheimer's Society • Carers Centre	Currently **No** resources available – but could be considered in relation to the Better Care fund	Better Care Care Act
1.2 Workforce training	Establish a dementia training consortium reporting to the dementia partnership group developing training strategy:	CCG/ BHCC	July 15	BHCC Work force Development	Additional resources **may**	Education training

JSNA recommendations 1.3, 1.13,3.8, 3.3,3.13	• To ensure that the training needs of staff are met. • In particular ensuring that the wider older people's workforce needs dementia awareness training (including those working with older people in the learning disability services). • Develop best practise forums for practitioners.			Manager CCG	be required	group CCG & Joint Commissioning DOLS training group
1.3 Good quality early diagnosis	Increase capacity in Memory Assessment Service to increase level of dementia diagnosis in to 67%.	CCG	Mar 15	CCG Commissioning Manager	Resources currently available	
	The continued provision of carers' assessment through the memory assessment service.	CCG	Ongoing	BHCC Commissioning Manager Carers		
	Rollout primary care Dementia QOF audit tool.	CCG	Nov 14	CCG Commissioning Manager		
	Link primary care memory checks with cardiovascular health programmes; stroke recovery programmes and carer assessments. Annual health checks for people with learning disabilities.	Public Health / CCG	ongoing	CCG Commissioning Manager	Additional resources **may** be required	
	Develop joint pathway to ensure effective MAS access for people with Learning Disabilities.	CCG	Nov 15	CCG Commissioning Manager/LD Commissioning Manager		

2. Discovering that the condition is dementia

Area for Development	Key Actions	Lead	When	Key Partners	Resource needed	Links to
2.1 Early interventions and support for people with dementia, including pre & post diagnostic support. **JSNA recommendations 2.3, 3.1,2.5,2.7,2.6**	Expand the early intervention services for people with dementia and their carers for example • Interventions may include: Counselling, pre & post diagnosis psychological support / groups to support memory strategies, dementia Care mapping, Cognitive Stimulation, Memory Management, Reminiscence, Music and wellbeing, dance and movement and art-based activities.	CCG	June 2015	BHCC Commissioning Manager Carers Alzheimer's Society Sussex Partnership Foundation Trust	Currently **No** resources available – but could be considered in relation to the Better Care fund	Better Care PBR Dementia Cluster F.4
	Increase the capacity of the CrISP training so that people with dementia and their families/carers are aware of how to access financial assistance and support with legal issues.	CCG	April 2015	BHCC Commissioning Manager Carers Alzheimer's Society		
2.2 Develop the advice support and capacity building in primary care.	• Increase education & training for GPs and general practice staff. • Identify, support and train dementia	CCG	Ongoing Oct 15			Care Act Link 1.2

JSNA recommendations 2.2, 3.3,	champions within all practices. • Work with general practice managers to ensure access and provision of information on dementia. • Develop a communication and implementation strategy to promote the Dementia Care pathway.		Oct 15			

3. *Living well with dementia*

Area for Development	Key Actions	Lead	When	Key partners	Resource needed	Links To
3.1 Ensure joined up , integrated care for people with dementia and their carers **JSNA recommendations 2.2, 3.2,3.3,3.4,3.12,**	Develop services to meet the identified gaps in the Brighton and Hove Dementia pathway. • Develop a single point of access as per 1.1 to ensure care is integrated to the whole. • Develop on-going post diagnosis support. • Built capacity in primary care to support care planning, information and advice. Develop Primary Care review template and care plan with training. • Ensure all people with dementia have a named key worker to develop a care plan and act as a single point of contact. • Ensuring care plan/coordination for dementia is in Phase 1 frailty model.	CCG	June 15 Dec 15 June 15 April 16 April 15	BHCC	Currently **No** resources available – but could be considered in relation to the Better Care fund PBR A .8, A.10, 15,16	Better Care Links 1.1

	• Test out integrated MDT working through phase 1 of frailty e.g. dedicated nurse/practitioners. • Consider the role of an admiral nurse model, within phase 1 of frailty pilot. • Ensure Care Plans are in place and systematically reviewed though entire dementia pathway, including EOL care plan when appropriate. • Review pathways and services for people with learning difficulties with dementia.		April 15 April 15 From 15 April 16 Oct 15			
3.2 Create a Brighton Dementia action alliance that supports the development and sustainable of Dementia Friendly Communities through partnership of different organisations **JSNA recommendations 1.2, 1.4, 3.3, 3.4, 3.14, 3.15**	Set up a Dementia action Alliance Action Partnership. To lead the development of Dementia friendly communities. The Alliance should: • Support the rollout of the dementia friends' programme. • Rollout a programme to develop dementia forums to ensure people with dementia and their carers are engaged in the work of the alliances. • Promote Dementia Champions.	CCG	April 15	Public Health Alzheimer's Society	Currently **No** resources available – but could be considered in relation to the Better Care fund	Better Care Care Act Training
3.3 Ensure mainstream services are dementia	Ensure that mainstream services that keep people well are accessible to people with dementia. Services to be	Public Health	From 2015	CCG BHCC	Additional resources **may**	

friendly **JSNA recommendations 3.1, 3.4, 3.15**	encouraged to provide specially targeted programmes for people with dementia where appropriate.				be required
	Ensure relevant commissioning plans and contracts include the requirement they are dementia friendly.	Public Health & CCG	From 2015	CCG BHCC	Resources currently available
	Ensure that older people's services that keep people well are accessible to people with dementia.	ASC	From 2015	CCG Public Health	
	Ensure best practise on developing built dementia environments is disseminated to public service providers.	ASC	From 2015	CCG Public Health	Additional resources **may** be required
	Ensure the needs of people with dementia are linked into relevant wider work areas such as the Age Friendly City work.	Public Health	From 2015	CCG & ASC	Resources currently available
3.4 Memory bag	Memory bags.eg This is me? An individualised version of the 'Memory Box' scheme are still promoted and made available.	CCG	Ongoing	BSUH Alzheimer society	
3.5 Home Care **JSNA recommendations 3.7, 3.8, 3.9**	Ensure a robust training programme is in place for all home care workers in Council in house and contracted services.	BHCC	On going	BHCC Home Care Commissioning Manager	
	Increase the capacity of home care agencies to support timely hospital discharge for people with dementia.	BHCC	To be determined	BHCC Home Care Commissioning Manager CCG	Additional resources **may** be required

	Work with all providers to develop support around End of Life care.	BHCC	To be determined	Home Care Commissioning Manager CCG		
	Consider how to support non Council Approved home care agencies in relations to dementia.	No lead identified	To be determined	Home Care Commissioning Manager CCG		
3.6 Community support and day service **JSNA recommendations 3.12, 3.15**	Work with the voluntary and community sector to develop services to ensure that the risk of people with dementia and their carers being isolated is minimised.	BHCC	2015	Public Health		Better Care Training
	Ensure that dementia training is available for the community and voluntary sector.	Public Health ASC	2015	BHCC Learning and Development Manager		
	Develop the role of the voluntary sector to provide buddies/befrienders who can outreach to support people with memory to engage in community activities.	ASC	2015	Public Health		Sheltered Housing Extra Care Housing
	Ensure the Dementia Friendly Toolkit is rolled out.	ASC	Autumn 2014	CCG	Resources currently available	
3.7 Direct Payments and Personal Budgets **JSNA recommendation 3.11**	Work with care managers and commissioned Self Directed Support service to encourage take up of direct payments for people with dementia.	ASC	On going	CCG and Personal Health Budgets		Care Act Better Care
	Support informal carers with the take up of direct payments.	ASC	Autumn 2014	ASC Commissioning Manager Carers		

	Ensure Personal Health Care Budgets are available for people with dementia.	CCG	Ongoing	CCG Commissioning Manager		
3.8 Carers **JSNA recommendations 3.9, 3.8**	Continue to improve the number of carers receiving assessments.	ASC	On going	ASC Commissioning Manager Carers		
	A "single point of access" especially for carers, (the dementia hub) providing information, advice and support throughout the "journey" of being a carer - including a "navigator role".	ASC	April 2015	ASC Commissioning Manager Carers Alzheimer's Society	Additional resources **may** be required	
	Care home respite to people who meet FACs eligibility. Improved access and information regarding available care home respite across all providers.	ASC	April 2015	ASC Commissioning Managers Carers and Older People	Currently No resources available – but could be considered in relation to the Better Care fund	
	Increase Carers awareness and support via Primary Care, through collaborative working with the Carers Support Service (within the Integrated Primary Care Teams).	ASC	April 2015	ASC Commissioning Manager Carers	Additional resources **may** be required	
	Home based respite services available as universal service to all carers irrespective of FACs.	ASC	April 2015	ASC Commissioning Managers	Currently **No** resources available – but	

				Carers and Home care	could be considered in relation to the Better Care fund	
	Dementia training courses offered to carers.	ASC	On going	BHCC Learning and Development Manager	Resources currently available	Training
	Robust emergency respite is available to everyone at time of need.	ASC	April 2015	ASC Commissioning Managers Carers and Older People	Additional resources may be required	Better Care Care Act
	Increase awareness of the Carers Emergency Back Up scheme.	ASC	On going	ASC Commissioning Managers Carers	Resources currently	
	Review psychological services offered to carers in reference to identified gaps in PBR and increase service provision.	CCG	April 2015	CCG Commissioner/Commissioning Manager Carers		
	Ensure carers are represented on the Dementia Partnership group.	ASC	**?**	Alzheimer's Society		
3.9 Care Homes JSNA recommendations 3.9, 3.10	Ensure a robust training programme is in place for all care home workers.	ASC	By spring 2015	BHCC Learning and Development Manager Commissioning		Training

				Manager Home care		
	Dedicated training to reach into residential care homes and provide onsite training.	CCG	Oct 2015	Learning and Development Managers BHCC and CCG Commissioning Manager	Currently No resources available – but could be considered in relation to the Better Care fund	Training
	Share information on capital improvements to make care homes dementia friendly.	ASC	Ongoing	BHCC Commissioning Managers	Resources currently available	Telecare
	Care homes to have an identified dementia lead.	CCG	April 2016	BHCC Commissioning Manager	Additional resource **may** be required	
	Continue to fund care home In reach Team and look at how functions fit in wider training work/frailty work.	CCG	June 2015	CCG Commissioning Manager Dementia and SPFT	Resources currently	
3.10 Sheltered Housing **JSNA recommendation 3.5**	• Explore what dementia awareness training, preventative work and dementia friendly design work currently taking place and consider further actions. • Explore how to involve the wider community in events taking place in Sheltered Housing, including linking with the Dementia Action Alliance. • Review pathways and support for people with dementia living in Sheltered Housing.	ASC	Autumn 2014	BHCC Housing managers Independent Housing Providers		Telecare Training

3.11 Extra Care Housing **JSNA recommendation 3.5**	• Ensure the commissioned Extra Care Business Case includes dementia. • Ensure Brookmead Extra Care development is linked to wider dementia networks. • Explore what dementia awareness training, preventative work and dementia friendly design work is currently taking place and consider further actions. • Explore how to involve the wider community in events taking place in Extra Care housing, including linking with the Dementia Action Alliance. • Review pathways and support for people with dementia living in Extra Care Housing.	ASC	Autumn 2014 and on going	Independent Housing Providers		Telecare Training Dementia Action Alliance
3.12 Homeless Services	• Explore what dementia related training homeless services managers and staff receive, and consider what more they may need, particularly in relation to alcohol related dementia. • Explore how dementia friendly the internal and outside areas of current homeless accommodation services are. Consider further actions that may be needed to increase dementia friendly design in homeless accommodation services. • Review pathways and support for people with dementia living in Homeless services.	ASC	Autumn 2014	Housing Allocations Supporting People Learning and Development Public Health		Telecare Better Care-(Homeless Project
3.13 LD Accommodation Services	• Explore what dementia related training LD accommodation service managers and staff receive and consider what more they may need. • Review pathways and support for people with	ASC	Autumn 2014	CLDT Kevin Murphy Mark Hendriks Commissioning		Training Telecare

	dementia living in LD Accommodation.			Manager		
3.14 General Needs Social Housing	• Explore what dementia awareness training, preventative work and dementia friendly design work is currently taking place and consider further actions. • Consider how to link general needs social housing with the Dementia Action Alliance to include residents in developing the role of the Dementia Friends programme and dementia forums.	ASC	Autumn 14	Kevin Murphy Housing Management		Dementia Action Alliance Telecare
3.15 General Needs Private Rental Sector	• Explore whether estate agents in the city have a forum or representative body, and if so whether they provide information on dementia awareness to members. • Explore whether the Southern Landlord Association currently provides information on dementia awareness to members, and consider ways to increase awareness to private landlords.	ASC	Autumn 2014	Southern Landlord Association		Dementia Action Alliance

4. Getting the right help at the right time

Area for Development	Key Actions	Lead	When	Key partners	Resource needed	Links To
4.1 Respite Care including Crisis support/emergency Respite **JSNA recommendations 4.2, 4.4**	Explore planned and emergency respite services in care homes.	ASC	Autumn 2014	BHCC Commissioning Managers	Resources currently available	
	Explore planned and emergency respite services in non-residential settings to identify gaps in provision.	ASC	Autumn 2014	BHCC Commissioning Managers		
	Clarify pathways and referral mechanisms to existing respite services.	ASC	Spring 2015	BHCC Commissioning Managers		
	Increase awareness of council provided respite service, including amongst those not eligible for Adult Social Care.	To be identified	Winter 2014-5	BHCC Commissioning Managers		Care Act
	Ensure care home, day and emergency respite is included systematically as a part of care planning.	ASC	Spring 2015	Operational managers		
	Provide access to an emergency back-up scheme for carers not eligible for Adult Social Care.	ASC	Spring 2015	BHCC Commissioning Managers	Currently No resources available – but could be considered in relation to the Better Care fund	
	Commission respite services to meet identified need in care homes.	ASC	Spring 2015	BHCC Commissioning Managers		
	Commission respite services to meet identified need in non-residential settings.	ASC	Spring 2015	BHCC Commissioning		

				Managers		
4.2 Telecare **JSNA recommendation 4.5**	Provide telecare information sessions for people with dementia, including sessions at day services and at relevant information events.	ASC	March 15	Telecare and CareLink Plus	Resources currently available	Training Care Act Better Care
	Provide telecare awareness training for staff members who support people with dementia.	ASC	March 15	CareLink Plus		
	Ensure telecare is integral to relevant assessment processes.	ASC	On going	Training		
	Provide telecare support and information for residential care providers where appropriate.	ASC	On going	Telecare		
	Ensure that the latest telecare equipment is available.	ASC	On going	Telecare		
	Promote telecare and telehealth to all who could benefit, including those who live alone and self-funders.	ASC	On going	Telecare		
	Consider the needs of people with dementia through any telehealth programmes.	ASC/CCG	March 14	CCG and GP practitioners		
4.3 Palliative Care & End of Life **JSNA recommendations 3.2 & 3.10**	Implement the modified PEACE (Proactive Elderly persons Advisory CarE) document. Improve the EOLC (End Of Life Care) of dementia patients by reducing the number of potentially distressing and burdensome transfers to hospital from nursing homes in the final year of life.	BSUH	Nov 15	CCG Clinical Lead Dementia	Additional resources **may** be required	BSUH Strategy

	Ensure Dementia training consortium prioritises EOL / dementia training, including Advance Care Planning, Communication skills development and Prognostic indicators.	CCG	April 15	CCG Commissioning Manager CCG Commissioning Manager Primary Care		Links to training provision
	Advanced Care Planning is promoted through Dementia Advisers and other early intervention services including the Living Well with Dementia team.	CCG	April 15	CCG Commissioning Manager Dementia MAS and SPFT		Links to development of best practise forums for practitioners
	Ensure patients with dementia identified as approaching their end of life are flagged to General Practitioners for entry onto the end of life care and are supported by priorities of Palliative Care LES.	CCG	April 15	CCG Commissioning Manager Dementia		Links to Primary care development
	Carers to be provided with bespoke support at EOL.	BHCC	On-going	BHCC Commissioning Managers	Resources currently available	

5. Strategic Coordination and Partnership working -						
Area for Development	**Key Actions**	**Who**	**When**	**Key partners**	**Resource needed**	**Links To**
5.1 Strengthen current Dementia Partnership group to be body that oversees JSNA delivery Plan	• Review TOR, membership, and governance arrangements. • Facilitate quarterly meetings. • Report back to Health & Well Being Board, HWOSC and Clinical Strategy Group on delivery of plan.	CCG	Nov 2014	Monitoring of delivery of plan	Resources currently available	
5.2 Work with enhancing quality team and public health to develop a dementia dashboard to inform strategic monitoring of dementia. **JSNA recommendation 5.1**	Identify contents of dashboard to include QOF and DES information, MAS data, prescribing data and enhancing quality dashboard.	CCG	April 15		Additional resources **may** be required	
5.3 Engagement with people with dementia and their carers	Develop engagement frame work for Dementia.	CCG	Dec 15			

Appendix 1 Appendix 2 Appendix 3


Dementia Hub


JSNA Recommendations


Dementia Strategy BSUH 2014

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

1. Formal details of the paper

1.1 Title of the paper
Cancer Screening in Brighton and Hove

1.2 Who can see this paper?
All

1.3 Date of Health & Wellbeing Board meeting
14 October 2014

1.4 Authors of the Paper and contact details:
Martina Pickin, Public Health Principal. Brighton and Hove City Council
Email: martina.pickin@nhs.net
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2. Decisions, recommendations and any options

2.1 This paper presents an overview of screening performance in Brighton and Hove for the three NHS cancer screening programmes: bowel, breast and cervical cancer, considering uptake/coverage rates by CCG locality and by GP practice. It makes provisional recommendations for increasing cancer screening rates in the city.

2.2 The paper is intended to inform members about current performance and to promote discussion as to the way forward.

3. Relevant information

3.1. The paper was requested by the HWBB at the meeting of 09/09/14 following the report on the progress made in the five priority areas of the Joint Health and Wellbeing Strategy.

3.2 In May 2012, the shadow Health and Wellbeing Board agreed the priority areas for the Joint Health and Wellbeing Strategy based on the high impact areas identified from the Joint Strategic Needs Assessment. Cancer and access to cancer screening is one of the five health and wellbeing strategy priorities.

3.3 There are three national NHS cancer screening programmes: for bowel, breast and cervical cancer. Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition who, once identified, can be offered information, further tests and appropriate treatment to reduce their risk, and/or any complications arising from the disease or condition.

3.4 In April 2013 the responsibility for commissioning screening programmes was transferred to NHS England. Public Health England staff are embedded in the NHS England Area teams to lead on this work.

3.5 The information provided here is intended to illustrate to members the uptake/coverage for the three cancer screening programmes by CCG locality and by GP practice and to promote discussion as to the way forward for future collaborative working.

4. Important considerations and implications

4.1 Legal

The report considers one of Joint Health and Wellbeing Strategy (JHWS) priorities agreed by the Health and Wellbeing Board. Section 196 of the Health and Social Care Act 2012 (the Act) makes it a duty of the Health & Wellbeing Board to prepare and publish a Joint Health and Wellbeing Strategy. The terms of Reference for the HWB include monitoring the outcomes of the JHWS.

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4.2 Finance

The responsibility for funding and commissioning screening programmes lies with NHS England. Public Health raises public awareness of screening programmes and provides targeted support through the Public Health grant. The CCG supports GPs to encourage increased uptake.

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4.3 Equalities

There is evidence that there are inequalities in the uptake of NHS cancer screening programmes. Nationally, lower levels of uptake have been linked to deprivation, age, learning disability, race and sexual orientation. Local services commissioned to promote public awareness will continue to target these groups.

4.4 Sustainability

There are no specific implications arising from this report. These will continue to be considered by the relevant partnership.

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

Improving uptake is dependent upon all those involved (NHS England, Local Authority Public Health, the CCG, NHS Screening Programme Centres) working together in partnership. Adult social care will need to be aware of the lower levels of screening in some groups, such as people with learning difficulties, in order to help

improve awareness and uptake. There are no additional implications for children's services.

5 Supporting documents and information

Attached document: Cancer Screening in Brighton and Hove

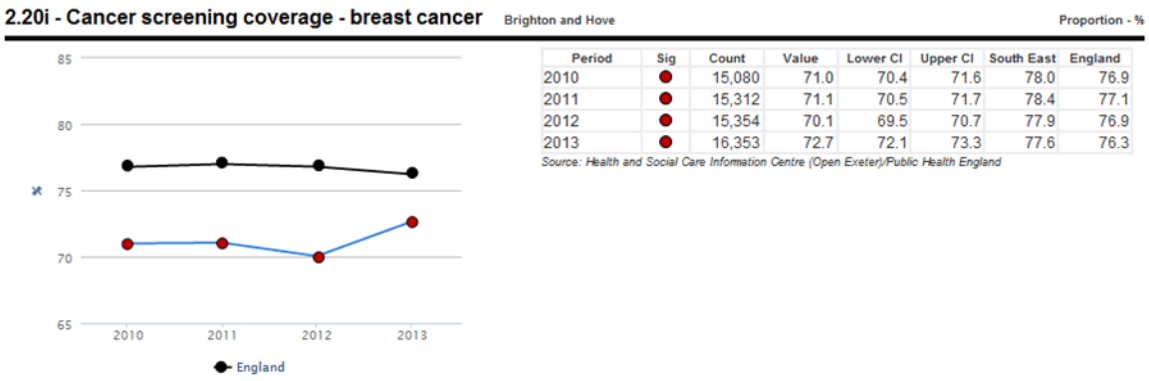
Cancer Screening in Brighton and Hove

1. Introduction

There are three NHS cancer screening programmes: bowel, breast and cervical. Bowel screening is conducted via a self-completion kit sent to the individual's home; for breast screening women are invited for a mammogram to a breast screening centre or for those in West Hove and Portslade to a mobile van; for cervical screening women are invited to their GP practice. Invitations for all screening programmes are sent out by the relevant programme office to those eligible and registered with a GP. Appendix 5 provides some notes on screening and an overview of the NHS cancer screening programmes.

The most recent available published data (end March 2013) shows that screening coverage for breast and cervical cancer in Brighton and Hove is significantly worse than for England, which has been the case for a number of years (see Figures 1 7 2).[1]

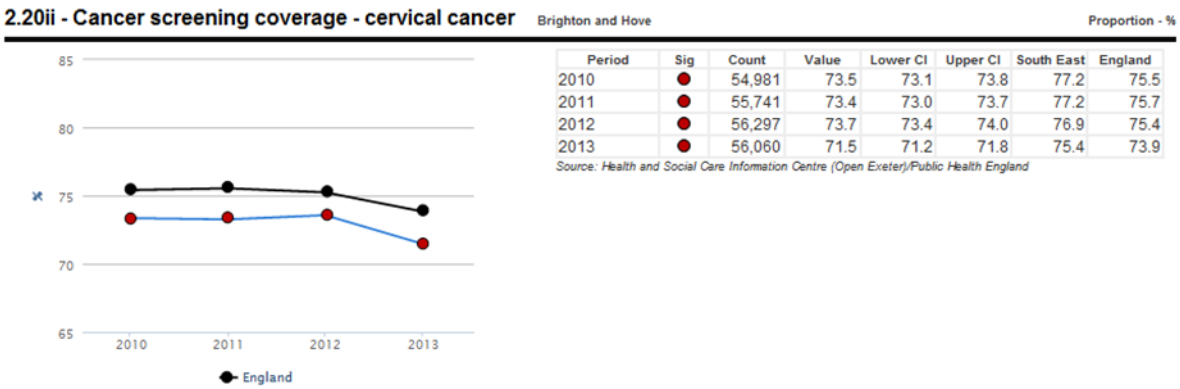
Figure 1:



Period	Sig	Count	Value	Lower CI	Upper CI	South East	England
2010		15,080	71.0	70.4	71.6	78.0	76.9
2011		15,312	71.1	70.5	71.7	78.4	77.1
2012		15,354	70.1	69.5	70.7	77.9	76.9
2013		16,353	72.7	72.1	73.3	77.6	76.3

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Figure 2:



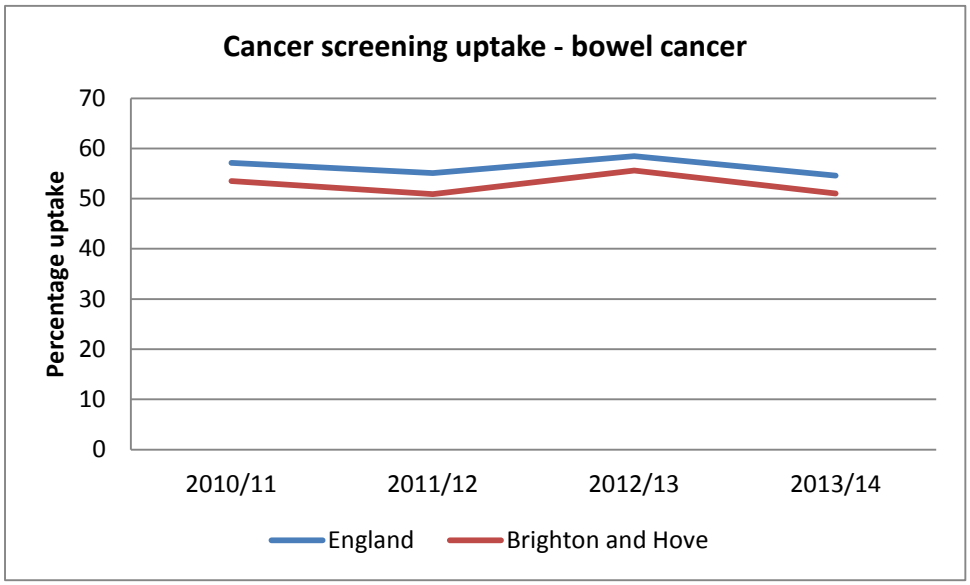
Period	Sig	Count	Value	Lower CI	Upper CI	South East	England
2010		54,981	73.5	73.1	73.8	77.2	75.5
2011		55,741	73.4	73.0	73.7	77.2	75.7
2012		56,297	73.7	73.4	74.0	76.9	75.4
2013		56,060	71.5	71.2	71.8	75.4	73.9

Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

[1] Health and Social Care Information Centre. Taken From Public Health England: Public Health Outcomes Framework Data Tool. Available at www.phoutcomes.info [Accessed 30/09/2014]

Whilst there is as yet no Public Health Outcomes Framework indicator for bowel cancer and no nationally published data, the data obtained from the Sussex Bowel Cancer Screening Programme Centre and the National Cancer Screening Programme indicates that up-take in Brighton and Hove is worse than England (see Figure 3).

Figure 3:



Data sources: Sussex Bowel Cancer Screening Programme Centre and National cancer screening programme

Brighton and Hove CCG also ranks poorly when compared to other CCG across Kent, Surrey and Sussex:

- 17/20 for bowel screening uptake
- 18/20 for breast screening uptake
- 20/20 for cervical screening coverage.[2]

This data was presented to the Health and Wellbeing Board in September where there was a request for further analysis by GP practice and geographical area. This is described below and tabulated in the Appendices.

2. Bowel screening uptake

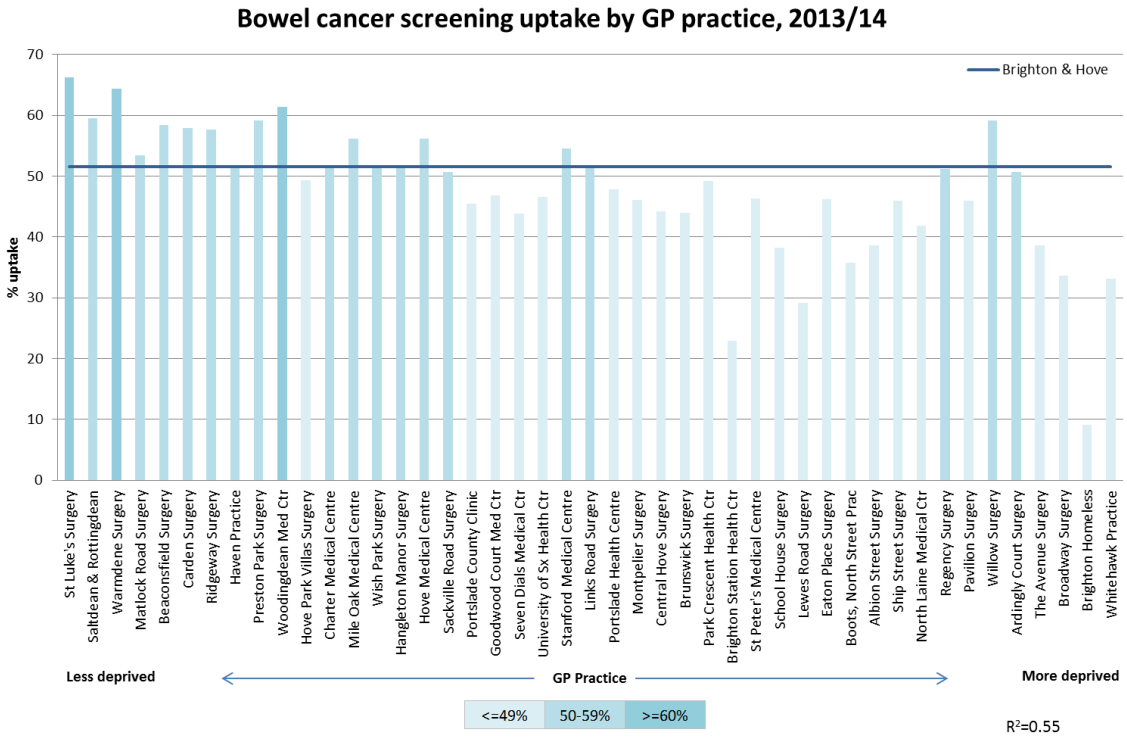
The national target for bowel cancer screening uptake is 52% (recently reduced from the original standard of 60%, as a result of a review of national outcomes). In Brighton and Hove, this was achieved, with an overall uptake in 2013/14 of 52%; this varied by CCG locality from 53% in Central locality, 51% in the West and 49% in the East. Appendix 1 shows the breakdown by CCG locality and GP practice between 2010/11 and 2013/14.[3]

[2] Cancer Commissioning Toolkit – Regional analysis.
[3] Data obtained directly from Sussex Screening Centre, BSUH.

It is important to note that GPs are not responsible for delivering bowel cancer screening although they do have a role in opportunistically reminding those eligible of the importance of taking up the screening offer. In 2013/14 uptake by practice ranged from 9% in Brighton homeless practice, with the most deprived population in the city, to 66% in St Luke's surgery, with the least deprived and there is a clear relationship between deprivation and screening uptake (see Figure 4).

In the years 2011/12 to 2013/14, there were only three out of the 46 practices in the Brighton and Hove CCG area where the uptake rate is consistently 60% or above, all three of which have relatively less deprived populations: Warmdene surgery, St Luke's surgery and Woodingdean Medical centre. In 17 practices uptake rates are consistently lower than 50%: three in the West, five in Central and seven in the East. The majority of these practices (15) are in the fifty percent most deprived practices in the city.

Figure 4



3. Breast screening uptake

The minimum standard for breast cancer screening uptake is 70%. In Brighton and Hove the uptake rate in July 2014 was 58.6% for women aged 50-70 years and 58.8% for all women[4]; the latter figure includes those women randomised into the

[4] East Sussex and Brighton and Hove Breast Screening Programme. Performance against national standards report, September 2014.

screening programme as part of the national age extension trial. Within the randomised group, uptake is higher in the 71-73 year olds (72.4%) than the 47-49 year olds (54.7%). However, these analyses are interim, and subject to significant variation, as a similar analysis in February showed higher rates.[5]

It must be noted that the overall population coverage is increasing, and this is a better measure of the overall success of the programme. Recent feedback from the Quality Assurance team for the South has confirmed the high quality of the local breast screening service in terms of its cancer detection rate.

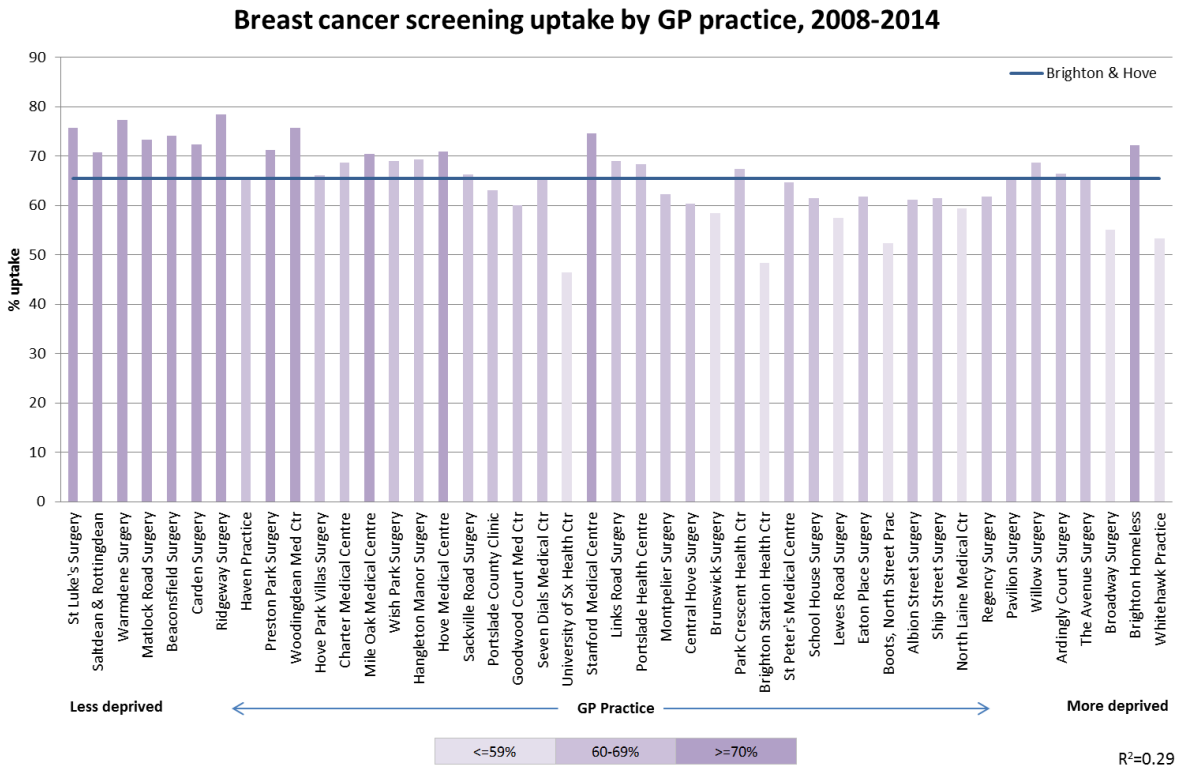
Breast screening is organised as a rolling programme which invites women from GP practices in turn. In order to compare practices, uptake rates have been used rather than coverage as the latter would not be comparing like with like until a screening round is completed. This is particularly impacted by the delay in screening rounds- a screening round should last 36 months, but in Brighton, this has extended to a longer period, due to staff problems, but is gradually coming back on track.

Appendix 2a shows uptake by practice for rounds 7 (January 2007-May 2009), 8 (January 2011-June 2012) and 9 (June 2012-May 2015) according to the screening areas. Round 9 has only recently finished in 'Brighton East (Marina)' hence uptake rates may improve when the data is finalised at six months post round completion. Round 9 has only just commenced in Hollingbury, hence there is no data available for practice populations in this screening area. However uptake for those areas that have been completed varies from 64% in Brighton Central.to 72% in Hove and Portslade West. Appendix 2b illustrates uptake within the CCG localities so that comparisons can be made with the other two screening programmes. Uptake rates vary by locality but the most recent data available is from round 8, completed in 2012, and hence rather old.

Appendices 2a and b illustrate uptake by GP practice. In round 9 (although not yet complete) this ranged from 19% in Brighton homeless practice to 73.5% in St Luke's practice. However, as with bowel screening it is important to remember that GPs are not responsible for delivering breast cancer screening although they do have a role in opportunistically reminding those eligible of the importance of taking up the screening offer. A number of practices have uptake rates which are consistently lower than 60%. Practices with consistently low rates tend to be those with more deprived populations and those with consistently high uptake rates (70% or over) tend to be those with the least deprived populations. However there is no clear association between deprivation and uptake at practice level (see Figure 5).

[5] Interim analyses of PCSS data in February 2014 showed an uptake of 65.7% for 50 to 70 year olds and 65.1% at all ages for Brighton and Hove.

Figure 5:



4. Cervical screening coverage

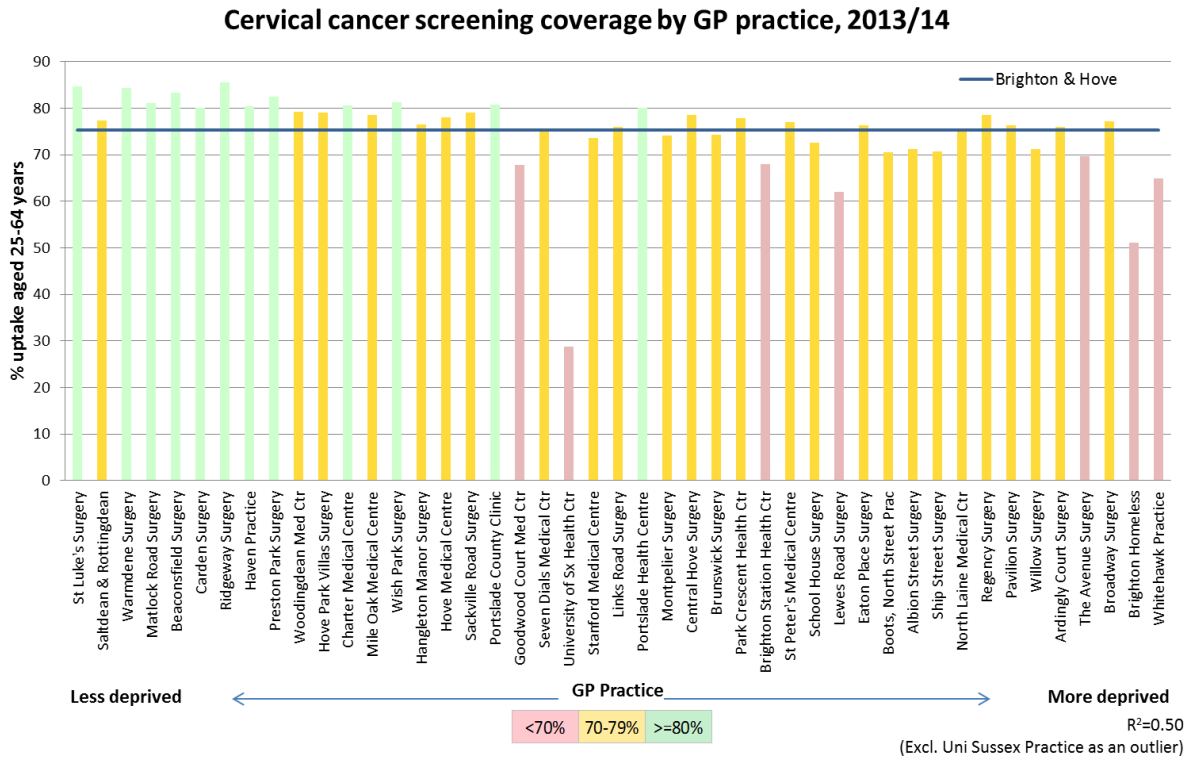
The national target for cervical screening is 80% coverage.[6] But even nationally, coverage is below this level. In 2013/14 the coverage rate in Brighton and Hove was 75%: this varied across the localities from 78% in the West; 75% in the East and 73% in Central locality.[7] Unlike the bowel and breast screening programmes, cervical screening is delivered by general practice. Appendix 3 shows the variation in uptake by GP practice from 2005/06 to 2013/14. In 2013/14 coverage ranged from 28.8% in Sussex University practice to 85.6% in Ridgeway surgery. There are only two practices in each locality which are consistently meeting the 80% target: Charter Medical Centre and Matlock Rd surgery in the West locality; Preston Park surgery and Warmdene surgery in Central; and Ridgeway surgery and St Luke's surgery in the East. These surgeries are almost all in the least deprived 25% of GP practices in the city.

In some cases, cervical screens which have been taken are not accepted by the laboratory for analysis, as they are of poor quality. The need to get a further sample from the woman can also be a barrier to a successful outcome.

[6] Coverage is defined as the percentage of eligible women (aged 25 to 64) who were recorded as screened adequately at least once in the previous five years.

[7] Data obtained directly from PCSS (Primary Care Support Services).

Figure 6:



Five practices have consistently low coverage rates: Brighton Station Health Centre and the University of Sussex Health Centre in Central locality; and Brighton homeless practice, Lewes Road practice and Whitehawk practice in the East locality. Whitehawk and Brighton homeless practice have the most deprived populations in the city; Lewes Road and Brighton Station Health Centre are also relatively deprived. There is a clear relationship between deprivation and screening uptake in Brighton and Hove (See Figure 6).

The University of Sussex Health Centre has the lowest screening coverage rate in the city; this has persisted since 2005/06 and is getting progressively worse.

5. Conclusion

There is evidence of poorer uptake of bowel and cervical cancer screening in GP practices with more deprived populations. This link with deprivation is not seen in breast screening. Screening uptake/coverage rates tend to be highest in the West locality which has fewer practices with more deprived populations. GPs can exert the most influence on improving cervical screening uptake in that it is delivered in general practice. Hence it would be helpful to know what those with high rates are doing to promote uptake, particularly those in relatively deprived areas, so as to share good practice. GPs also have a role in reminding their eligible population of the importance of screening and assisting the screening centres in encouraging

those who DNA to take up the screening offer. It would be useful to explore this role further.

6. Recommendations

NHS England, together with the embedded Public Health England staff to:

- commission screening programmes and ensure that all partners work collaboratively across the system;
- work with programmes and local partners to ensure that the service is offered in ways which increase the likelihood of uptake;
- support the breast screening service in the recruitment of key staff to reduce round length to 36 months and to maintain service quality for screened and symptomatic patients;
- provide Local Authority public health and CCGs with timely data;
- ensure improvements in the quality of cervical smear taking.

LA Public health to:

- continue to raise public awareness of screening programmes targeting those living in the more disadvantaged areas and those groups that evidence suggests are less likely to take up screening (such as people from BME groups, people with learning difficulties, lesbian women and, for bowel cancer screening, men);
- improve understanding of screening by signposting to existing literature in minority languages and for patients with learning disabilities;
- ensure there is a particular focus on bowel cancer screening - the newest of the three cancer screening programmes - where uptake rates are lowest working closely with the Sussex programme manager;
- ensure sexual health clinics continue to be commissioned to provide opportunistic cervical screening.

The CCG to:

- ensure GPs are aware of screening rates in their practice populations, particularly for cervical screening which is mostly delivered in general practice, and encourage practices to increase uptake through sharing best practice;
- identify issues at practice level where uptake of cervical screening is poor;
- consider strategies for targeting those who DNA the breast and bowel cancer screening programmes in conjunction with NHS England;
- maximise the efficient use of existing primary care and laboratory staff resource by avoiding duplication of cervical screening tests because of inadequate sampling.

Appendix 1: Bowel cancer screening uptake by GP practice, 2010/11 – 2013/14

		Practice	2010/11	2011/12	2012/13	2013/14	Trend	% Change 2012/13 to 13/14
West	G81638	Brunswick Surgery	42.1	42.4	43.1	44.0		2.2%
	G81070	Central Hove Surgery	44.9	42.5	48.3	44.3		-8.4%
	G81034	Charter Medical Centre	54.0	51.6	61.4	51.6		-15.9%
	G81687	Goodwood Court Med Ctr	49.3	44.5	49.3	46.8		-5.1%
	Y00079	Hangleton Manor Surgery	49.0	51.2	53.3	51.8		-2.7%
	G81001	Hove Medical Centre	57.3	57.4	59.7	56.1		-6.0%
	G81094	Hove Park Villas Surgery	56.8	55.0	60.8	49.3		-19.0%
	G81663	Links Road Surgery	61.4	53.7	60.0	51.3		-14.5%
	G81684	Matlock Road Surgery	56.8	65.3	60.9	53.4		-12.3%
	G81073	Mile Oak Medical Centre	59.6	54.9	59.9	56.2		-6.3%
	G81680	Portslade County Clinic	52.1	44.9	52.6	45.4		-13.7%
	G81046	Portslade Health Centre	55.9	51.2	55.9	47.9		-14.4%
	G81009	Sackville Road Surgery	52.3	53.0	53.1	50.6		-4.7%
	G81083	Wish Park Surgery	56.3	54.3	63.4	51.6		-18.6%
Central	G81042	Beaconsfield Surgery	55.7	57.2	58.5	58.4		-0.1%
	G81020	Boots, North Street Prac	40.3	31.3	36.1	35.7		-1.1%
	Y02676	Brighton Station Health Ctr			34.6	22.9		-33.8%
	G81014	Carden Surgery	55.0	57.9	63.7	57.9		-9.0%
	G81646	Haven Practice	50.4	49.6	52.4	51.4		-2.0%
	G81044	Montpelier Surgery	49.2	45.1	46.7	46.0		-1.4%
	G81103	North Laine Medical Ctr	45.4	32.8	48.4	41.8		-13.7%
	G81018	Preston Park Surgery	58.0	54.3	62.1	59.2		-4.8%
	G81047	Seven Dials Medical Ctr	45.0	40.7	48.1	43.8		-9.1%
	G81694	Ship Street Surgery	41.0	45.8	44.4	46.0		3.4%
	G81011	St Peter's Medical Centre	48.8	43.2	50.4	46.3		-8.0%
	G81038	Stanford Medical Centre	55.9	53.0	60.3	54.5		-9.7%
	G81071	University of Sx Health Ctr	64.3	40.0	53.6	46.5		-13.2%
	G81036	Warmdene Surgery	63.5	63.3	61.3	64.3		4.9%
East	G81090	Albion Street Surgery	40.6	40.4	47.5	38.6		-18.7%
	G81006	Ardingly Court Surgery	54.7	53.7	52.3	50.6		-3.2%
	G81689	Brighton Homeless	25.0	11.5	16.0	9.1		-43.2%
	G81669	Broadway Surgery	46.4	29.7	41.7	33.6		-19.5%
	G81005	Eaton Place Surgery	47.6	47.0	53.8	46.2		-14.1%
	G81063	Lewes Road Surgery	38.5	28.8	47.1	29.2		-38.0%
	Y02404	New Larchwood Surgery	54.6	46.7	48.5	51.0		5.2%
	G81028	Park Crescent Health Ctr	53.5	48.5	49.4	49.1		-0.5%
	G81054	Pavilion Surgery	47.4	43.4	52.3	46.0		-12.1%
	G81656	Regency Surgery	46.9	49.7	47.2	51.2		8.5%
	G81642	Ridgeway Surgery	62.9	61.7	64.5	57.7		-10.7%
	G81076	Saltdean & Rottingdean	63.4	58.1	65.4	59.6		-8.9%
	G81613	School House Surgery	48.3	44.2	46.8	38.3		-18.3%
	G81667	St Luke's Surgery	58.8	65.1	65.8	66.3		0.7%
	G81075	The Avenue Surgery	41.4	43.0	47.3	38.6		-18.5%
	G81676	Whitehawk Practice	39.1	32.3	42.3	33.1		-21.6%
	G81661	Willow Surgery	50.5	53.2	55.2	59.1		7.1%
	G81065	Woodingdean Med Ctr	63.7	61.1	63.5	61.3		-3.3%
West			54.3	51.9	56.4	50.5		-10.5%
Central			54.0	51.3	56.1	53.3		-5.0%
East			52.2	49.4	54.4	49.4		-9.2%
Brighton & Hove			53.5	50.9	55.6	51.0		-8.4%

Notes: 1) The annual uptake is the percentage of those invited who were screened

2) Cell shading: <=49% | 50-59% | >=60%

Appendix 2a: Breast Screening Uptake in Brighton and Hove by GP practice 2008 – 2014

		Practice	Round 7 16.01.07 to 14.05.09	Round 8 16.01.07 to 14.05.09	Round 9 16.01.07 to 14.05.09	Trend	% Change Round 8 to Round 9
Brighton Central	G81689	Brighton Homeless	28.6	72.2	19.0		-73.6%
	Y02676	Brighton Station Health Ctr		48.3	42.8		-11.5%
	G81063	Lewes Road Surgery	56.1	57.4	56.1		-2.3%
	G81028	Park Crescent Health Ctr	68.8	67.3	67.6		0.5%
	G81047	Seven Dials Medical Ctr	64.7	65.5	63.8		-2.7%
	G81694	Ship Street Surgery	47.1	61.5	53.0		-13.7%
	G81011	St Peter's Medical Centre	69.6	64.6	66.3		2.6%
Brighton East (Marina)	G81090	Albion Street Surgery	64.0	61.2	50.8		-16.9%
	G81006	Ardingly Court Surgery	69.0	66.4	65.9		-0.8%
	G81669	Broadway Surgery	51.8	55.1	54.8		-0.5%
	G81005	Eaton Place Surgery	60.6	61.8	60.0		-2.8%
	G81054	Pavilion Surgery	63.8	65.7	60.2		-8.4%
	G81656	Regency Surgery	59.5	61.8	59.4		-3.9%
	G81642	Ridgeway Surgery	76.0	78.4	68.0		-13.2%
	G81076	Saltdean & Rottingdean	76.4	70.8	72.6		2.5%
	G81667	St Luke's Surgery	73.4	75.8	73.5		-3.0%
	G81676	Whitehawk Practice	52.5	53.3	46.2		-13.3%
	G81065	Woodingdean Med Ctr	76.1	75.6	70.9		-6.2%
Hollingbury	G81042	Beaconsfield Surgery	74.7	74.2			
	G81014	Carden Surgery	75.1	72.3			
	G81646	Haven Practice	62.3	65.4			
	G81684	Matlock Road Surgery	71.3	73.4			
	Y02404	New Larchwood Surgery		68.3			
	G81103	North Laine Medical Ctr	52.3	59.4			
	G81018	Preston Park Surgery	75.1	71.2			
	G81613	School House Surgery	22.3	61.4			
	G81038	Stanford Medical Centre	74.5	74.5			
	G81075	The Avenue Surgery	60.9	65.6			
	G81071	University of Sx Health Ctr	50.0	46.4			
	G81036	Warmdene Surgery	77.7	77.2			
	G81661	Willow Surgery	69.9	68.6			
Hove & Portslade East	G81020	Boots, North Street Prac	65.7	52.4	44.2		-15.8%
	G81638	Brunswick Surgery	59.3	58.4	50.3		-13.9%
	G81070	Central Hove Surgery	65.7	60.4	59.4		-1.6%
	G81034	Charter Medical Centre	69.5	68.6	69.5		1.3%
	G81687	Goodwood Court Med Ctr	63.3	60.0	63.2		5.4%
	G81001	Hove Medical Centre	78.0	70.9	71.4		0.8%
	G81094	Hove Park Villas Surgery	69.9	66.1	68.9		4.2%
	G81044	Montpelier Surgery	68.1	62.3	61.3		-1.6%
	G81009	Sackville Road Surgery	70.7	66.3	62.2		-6.2%
	G81083	Wish Park Surgery	78.1	68.9	70.7		2.6%
Hove & Portslade West	Y00079	Hangleton Manor Surgery	77.8	69.3	72.2		4.1%
	G81663	Links Road Surgery	78.1	69.0	69.7		1.0%
	G81073	Mile Oak Medical Centre	78.4	70.5	69.3		-1.7%
	G81680	Portslade County Clinic	66.7	63.1	65.3		3.5%
	G81046	Portslade Health Centre	75.6	68.4	71.6		4.7%
		Brighton Central	66.6	64.7	64.3		-0.6%
		Brighton East (Marina)	68.8	67.6	64.7		-4.2%
		Hollingbury	71.5	71.5			
		Hove & Portslade East	70.8	65.7	65.1		-0.9%
		Hove & Portslade West	76.7	69.1	70.2		1.6%
		Brighton & Hove	70.8	68.1			-3.6%

Notes: 1) Uptake is the percentage of women invited for screening who were screened adequately within 6 months of

2) Cell shading: <=59% | 60-69% | >=70%

Appendix 2b: Breast Screening Uptake in Brighton and Hove by GP practice 2008 – 2014

	Practice	Round 7 16.01.07 to 14.05.09	Round 8 16.01.07 to 14.05.09	Round 9 16.01.07 to 14.05.09	Trend	% Change Round 8 to Round 9
West	Brunswick Surgery	59.3	58.4	50.3		-13.9%
	Central Hove Surgery	65.7	60.4	59.4		-1.6%
	Charter Medical Centre	69.5	68.6	69.5		1.3%
	Goodwood Court Med Ctr	63.3	60.0	63.2		5.4%
	Hangleton Manor Surgery	77.8	69.3	72.2		4.1%
	Hove Medical Centre	78.0	70.9	71.4		0.8%
	Hove Park Villas Surgery	69.9	66.1	68.9		4.2%
	Links Road Surgery	78.1	69.0	69.7		1.0%
	Matlock Road Surgery	71.3	73.4			
	Mile Oak Medical Centre	78.4	70.5	69.3		-1.7%
	Portslade County Clinic	66.7	63.1	65.3		3.5%
	Portslade Health Centre	75.6	68.4	71.6		4.7%
	Sackville Road Surgery	70.7	66.3	62.2		-6.2%
	Wish Park Surgery	78.1	68.9	70.7		2.6%
Central	Beaconsfield Surgery	74.7	74.2			
	Boots, North Street Prac	65.7	52.4	44.2		-15.8%
	Brighton Station Health Ctr		48.3	42.8		-11.5%
	Carden Surgery	75.1	72.3			
	Haven Practice	62.3	65.4			
	Montpelier Surgery	68.1	62.3	61.3		-1.6%
	North Laine Medical Ctr	52.3	59.4			
	Preston Park Surgery	75.1	71.2			
	Seven Dials Medical Ctr	64.7	65.5	63.8		-2.7%
	Ship Street Surgery	47.1	61.5	53.0		-13.7%
	St Peter's Medical Centre	69.6	64.6	66.3		2.6%
	Stanford Medical Centre	74.5	74.5			
	University of Sx Health Ctr	50.0	46.4			
	Warmdene Surgery	77.7	77.2			
East	Albion Street Surgery	64.0	61.2	50.8		-16.9%
	Ardingly Court Surgery	69.0	66.4	65.9		-0.8%
	Brighton Homeless	28.6	72.2	19.0		-73.6%
	Broadway Surgery	51.8	55.1	54.8		-0.5%
	Eaton Place Surgery	60.6	61.8	60.0		-2.8%
	Lewes Road Surgery	56.1	57.4	56.1		-2.3%
	New Larchwood Surgery		68.3			
	Park Crescent Health Ctr	68.8	67.3	67.6		0.5%
	Pavilion Surgery	63.8	65.7	60.2		-8.4%
	Regency Surgery	59.5	61.8	59.4		-3.9%
	Ridgeway Surgery	76.0	78.4	68.0		-13.2%
	Saltdean & Rottingdean	76.4	70.8	72.6		2.5%
	School House Surgery	22.3	61.4			
	St Luke's Surgery	73.4	75.8	73.5		-3.0%
	The Avenue Surgery	60.9	65.6			
	Whitehawk Practice	52.5	53.3	46.2		-13.3%
	Willow Surgery	69.9	68.6			
	Woodingdean Med Ctr	76.1	75.6	70.9		-6.2%
West		73.1	67.6			-0.3%
Central		71.8	70.0			-11.0%
East		66.9	66.9			-3.1%
Brighton & Hove		70.8	68.1			-3.6%

Notes: 1) Uptake is the percentage of women invited for screening who were screened adequately within 6 months of invitation. Hence for round 9 uptake rates in some GP practices may increase when reviewed at 6 months post invite.

2) Cell shading: <=59% | 60-69% | >=70%

Appendix 3: Cervical Screening coverage in Brighton and Hove by GP practice 2005/06 – 2013/14

	Practice	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Trend	% Change 2012/13 to 13/14
West	Brunswick Surgery	76.8	76.5	74.6	75.6	74.1	74.0	77.5	76.4	74.4		-2.7%
	Central Hove Surgery	83.0	82.3	78.5	78.7	77.6	77.8	80.4	80.3	78.6		-2.2%
	Charter Medical Centre	81.6	80.9	80.2	80.7	80.9	82.2	81.6	80.8	80.7		-0.2%
	Goodwood Court Med Ctr	65.9	68.7	73.1	69.8	71.1	70.7	70.3	66.9	67.8		1.3%
	Hangleton Manor Surgery	79.1	74.7	74.2	76.9	77.0	76.3	78.2	77.0	76.4		-0.8%
	Hove Medical Centre	80.6	79.7	79.1	78.5	78.7	77.8	78.3	78.7	78.1		-0.8%
	Hove Park Villas Surgery	77.9	76.7	76.5	78.1	80.0	80.3	81.2	81.1	79.0		-2.6%
	Links Road Surgery	80.0	79.5	78.3	79.0	79.4	79.3	78.9	78.3	75.9		-3.0%
	Matlock Road Surgery	81.9	80.9	80.2	81.3	81.0	80.2	80.4	80.8	81.0		0.3%
	Mile Oak Medical Centre	81.1	79.9	80.8	82.1	80.7	80.7	81.0	81.6	78.6		-3.7%
	Portslade County Clinic	76.4	76.6	76.9	76.8	76.4	78.1	79.2	81.2	80.7		-0.6%
	Portslade Health Centre	80.9	79.9	79.4	80.4	81.2	81.4	81.3	82.3	80.0		-2.7%
	Sackville Road Surgery	81.5	79.6	78.2	78.6	77.9	78.6	80.0	80.1	79.1		-1.2%
	Wish Park Surgery	80.9	81.8	80.4	80.2	79.9	79.5	82.3	82.4	81.3		-1.3%
Central	Beaconsfield Surgery	79.7	80.3	79.9	79.5	80.1	81.6	82.6	82.9	83.4		0.6%
	Boots, North Street Prac	71.1	72.7	69.3	64.0	62.1	68.9	71.1	73.1	70.6		-3.4%
	Brighton Station Health Ctr					66.7	69.2	67.8	66.3	68.0		2.6%
	Carden Surgery	81.1	78.9	78.1	79.0	80.4	79.7	82.1	81.1	80.1		-1.2%
	Haven Practice	70.7	70.5	71.6	71.7	73.0	75.2	79.6	82.4	80.5		-2.3%
	Montpelier Surgery	74.5	72.5	72.4	74.7	77.3	78.3	77.5	76.0	74.1		-2.5%
	North Laine Medical Ctr	73.8	74.3	73.8	77.7	78.9	78.3	77.8	78.1	75.1		-3.8%
	Preston Park Surgery	80.8	80.8	81.1	80.8	81.8	82.0	82.2	81.9	82.4		0.6%
	Seven Dials Medical Ctr	75.5	73.4	72.1	71.4	73.7	75.8	77.8	76.3	75.4		-1.2%
	Ship Street Surgery	63.4	66.7	69.5	73.4	83.0	81.9	78.4	76.7	70.7		-7.8%
	St Peter's Medical Centre	76.3	75.7	76.3	78.4	77.8	78.5	80.2	78.1	77.0		-1.4%
	Stanford Medical Centre	76.7	76.1	74.5	75.1	74.7	74.0	76.1	74.5	73.6		-1.2%
	University of Sx Health Ctr	45.8	43.5	41.8	39.7	40.8	38.8	38.1	32.3	28.8		-10.8%
	Warmdene Surgery	82.3	82.3	80.8	81.7	82.2	82.9	83.6	84.8	84.3		-0.6%
East	Albion Street Surgery	70.7	71.5	69.8	68.6	72.0	72.5	75.8	73.1	71.2		-2.5%
	Ardingly Court Surgery	76.0	74.4	73.8	75.2	74.7	76.1	77.8	78.7	76.0		-3.4%
	Brighton Homeless	55.8	60.9	62.8	60.8	47.8	54.4	52.9	48.7	51.2		5.0%
	Broadway Surgery	76.5	73.6	73.6	73.9	73.8	74.3	79.5	78.2	77.2		-1.3%
	Eaton Place Surgery	74.4	74.8	74.4	74.9	75.3	75.0	76.4	76.7	76.4		-0.4%
	Lewes Road Surgery	53.6	51.7	53.1	51.1	53.3	52.8	57.2	59.8	62.0		3.6%
	New Larchwood Surgery				65.6	66.7	67.2	71.7	69.2	70.6		2.1%
	Park Crescent Health Ctr	77.2	76.8	75.7	76.1	76.1	77.4	77.9	78.2	77.9		-0.4%
	Pavilion Surgery	75.0	72.3	70.2	69.3	73.5	75.7	78.2	77.6	76.3		-1.6%
	Regency Surgery	82.1	82.0	82.9	81.2	80.7	77.9	80.7	82.1	78.5		-4.4%
	Ridgeway Surgery	84.0	84.3	83.9	82.9	83.7	83.0	83.4	83.6	85.6		2.5%
	Saltdean & Rottingdean	79.8	77.8	76.5	77.3	77.3	78.0	78.1	78.2	77.4		-1.0%
	School House Surgery	71.3	71.0	72.0	71.2	70.9	69.0	70.5	70.6	72.7		2.9%
	St Luke's Surgery	86.5	85.9	83.2	84.5	84.6	85.3	88.2	86.8	84.6		-2.5%
	The Avenue Surgery	75.0	73.3	69.0	70.4	71.5	70.9	71.1	70.3	69.8		-0.7%
	Whitehawk Practice	67.1	67.9	63.6	64.4	64.6	66.1	66.3	66.6	64.9		-2.5%
	Willow Surgery	81.7	80.9	77.7	78.5	80.5	76.5	75.5	73.6	71.1		-3.3%
	Woodingdean Med Ctr				80.1	80.2	81.3	80.6	81.3	79.3		-2.5%
West		79.2	78.7	78.2	78.4	78.2	78.4	79.2	78.9	77.9		-1.2%
Central		74.7	74.0	73.5	73.8	74.6	75.1	75.7	74.2	72.8		-1.9%
East		75.8	74.8	73.5	73.6	74.5	75.0	76.4	76.3	75.3		-1.2%
Brighton & Hove		76.6	75.9	75.2	75.4	75.9	76.3	77.2	76.5	75.4		-1.5%

1) Coverage is the percentage of eligible women 25-64 years recorded as screened adequately at least once in the previous 5 years

2) Cell shading: <70% | 70-79% | >=80%

Appendix 4: Numbers invited for screening in Brighton and Hove by GP practice and Locality

		Practice	Practice Population (Aug 2013)	Practice IMD Score 2012	Numbers Eligible/Invited By Gp Practice		
					Bowel screening (60-75 yrs) 2013/14	Breast screening (47-73 yrs) Includes those randomised into age extension	Cervical screening (25-64 yrs) 2013/14
West	G81638	Brunswick Surgery	7,094	27.3	250	485	2,641
	G81070	Central Hove Surgery	4,996	26.5	296	604	1,637
	G81034	Charter Medical Centre	17,025	22.5	806	1,667	5,309
	G81687	Goodwood Court Med Ctr	11,069	24.9	385	826	2,670
	Y00079	Hangleton Manor Surgery	2,046	23.2	137	291	526
	G81001	Hove Medical Centre	8,950	24.0	633	1,391	2,078
	G81094	Hove Park Villas Surgery	4,067	21.0	215	546	1,182
	G81663	Links Road Surgery	5,226	25.2	386	772	1,470
	G81684	Matlock Road Surgery	2,944	14.1	204	413	817
	G81073	Mile Oak Medical Centre	7,041	23.0	479	948	1,950
	G81680	Portslade County Clinic	3,328	24.8	238	49	937
	G81046	Portslade Health Centre	9,994	26.2	796	1,341	3,190
	G81009	Sackville Road Surgery	11,260	24.3	638	1,220	3,361
	G81083	Wish Park Surgery	5,865	23.1	335	716	1,618
Central	G81042	Beaconsfield Surgery	9,932	17.0	599	1,235	2,831
	G81020	Boots, North Street Prac	2,021	33.2	84	154	656
	Y02676	Brighton Station Health Ctr	5,466	30.7	48	152	1,965
	G81014	Carden Surgery	5,677	18.0	397	718	1,377
	G81646	Haven Practice	2,937	19.8	144	361	912
	G81044	Montpelier Surgery	6,343	26.2	341	800	2,206
	G81103	North Laine Medical Ctr	3,914	34.5	146	310	1,108
	G81018	Preston Park Surgery	11,160	20.1	519	1,183	3,129
	G81047	Seven Dials Medical Ctr	7,794	24.9	361	624	2,295
	G81694	Ship Street Surgery	2,036	34.3	87	115	639
	G81011	St Peter's Medical Centre	10,953	31.5	637	1,638	3,127
	G81038	Stanford Medical Centre	15,429	25.0	719	1,441	3,439
	G81071	University of Sx Health Ctr	14,383	25.0	43	69	2,671
	G81036	Warmdene Surgery	9,135	14.0	664	1,283	2,221
East	G81090	Albion Street Surgery	6,456	33.5	321	368	1,686
	G81006	Ardingly Court Surgery	6,056	38.1	385	824	1,690
	G81689	Brighton Homeless	959	48.5	33	21	127
	G81669	Broadway Surgery	2,225	48.4	119	239	549
	G81005	Eaton Place Surgery	5,695	33.0	461	678	1,505
	G81063	Lewes Road Surgery	2,637	32.8	144	223	573
	Y02404	New Larchwood Surgery	659	-	49	41	143
	G81028	Park Crescent Health Ctr	12,975	28.7	466	1,375	3,809
	G81054	Pavilion Surgery	9,143	35.7	457	1,002	2,523
	G81656	Regency Surgery	3,868	35.0	209	483	1,168
	G81642	Ridgeway Surgery	2,398	19.1	196	344	570
	G81076	Saltdean & Rottingdean	9,455	13.4	873	1,563	2,248
	G81613	School House Surgery	4,681	32.6	230	407	988
	G81667	St Luke's Surgery	2,134	12.6	175	306	500
	G81075	The Avenue Surgery	6,734	41.4	298	616	1,597
	G81676	Whitehawk Practice	3,410	52.2	166	292	912
	G81661	Willow Surgery	1,993	36.8	93	226	447
	G81065	Woodingdean Med Ctr	6,210	20.4	489	998	1,605
West Total			100,905		5,798	11,269	29,386
Central Total			107,180		4,789	10,083	28,576
East Total			87,688		5,164	10,006	22,640
Brighton & Hove Total			295,773		15,751	31,358	80,602

Appendix 5: Notes on Screening Programmes

Screening is defined as:
"A process of identifying apparently healthy people who may be at increased risk of a disease or condition. Once identified they can then be offered information, further tests and appropriate treatment to reduce their risk, and/or any complications arising from the disease or condition."

Limitations of screening
No screening programme is 100% accurate in that there will always be a proportion of both false positive results (people without the target condition identified as having it) and false negative results (people with the target condition identified as not having it); for this reason, the UK National Screening Committee (NSC) is increasingly presenting screening as risk reduction.

Gaining approval for a screening programmes
In order for screening to be offered for a particular condition, it will have been subject to a thorough evidence based policy review (lasting up to 24 months) and appraised against 22 set criteria before approval is given by the National Screening Committee. The UK NSC has over one hundred screening policies.

The screening process
Bowel cancer screening programme
Men and women eligible for screening receive an invitation letter explaining the programme, and an information leaflet. About a week later, a faecal occult blood (FOB) test kit is sent out along with step-by-step instructions for completing the test at home and sending the samples to the hub laboratory. The test is then processed and the results sent within two weeks. GPs are not directly involved in the delivery of the NHS Bowel Cancer Screening Programme but they receive a copy of the results letters sent to their patients.[8]

Breast screening programme
The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and over. The programme is a rolling one which invites women from GP practices in turn, so all women will have received their first invitation before their 53rd birthday. Once women reach the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointment. The programme is now phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73; this started in 2010 and is expected to be complete by 2016.[9]

[8] NHS Bowel Cancer Screening Programme. About bowel screening. http://www.cancerscreening.nhs.uk/bowel/
[9] NHS Breast Screening Programme. About Breast Screening. http://www.cancerscreening.nhs.uk/breastscreen/index.html

In September 2000, research was published which demonstrated that the NHS Breast Screening Programme had lowered mortality rates from breast cancer in the 55-69 age group. In 2010, research undertaken by Stephen Duffy and others demonstrated that the benefit of mammographic screening in terms of lives saved is greater than the harm in terms of over-diagnosis. Between 2 and 2.5 lives are saved for every over-diagnosed case.

Cervical screening programme

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years. Based on evidence published in 2003 the NHS Cervical Screening Programme offers screening at different intervals depending on age. This means that women are provided with a more targeted and effective screening programme.

The NHS call and recall system invites women who are registered with a GP. It also keeps track of any follow-up investigation, and, if all is well, recalls the woman for screening in three or five years time. It is therefore important that all women ensure their GP has their correct name and address details and inform them if these change. Women who have not had a recent test may be offered one when they attend their GP or family planning clinic on another matter. Women should receive their first invitation for routine screening at 25.

The NHS Cervical Screening Programme is currently running a test (known as a 'pilot') to see if HPV primary screening should be used throughout the whole of the cervical screening programme in England.[10]

Programme overview

	Bowel	**Breast**	**Cervical**
Age	60-75 years	50-70 years Age extension trial 47-73 years	25-64 years
Frequency	Every 2 years	Every three years	Age 25-49 every 3yrs Age 50-64 every 5yrs
Benefits of programme	Reduces death from bowel cancer by 16%	Between 2 and 2.5 lives are saved for every over-diagnosed case	Prevents around 75% cancers developing If overall coverage of 80%, evidence suggests a reduction in death rates of around 95% possible in the long term.

[10] NHS Cervical Screening Programme. About cervical screening. http://www.cancerscreening.nhs.uk/cervical/index.html

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

1. Formal details of the paper

1.1. Title of the paper
Summary Report of Healthwatch B&H Performance: Year 1 - 2013/14

1.2 Who can see this paper?
Everyone

1.3 Date of Health & Wellbeing Board meeting
14 October 2014

1.4 Author of the Paper and contact details
Michelle Pooley, tel: 01273 295053
Michelle.pooley@brighton-hove.gov.uk

2. Decisions, recommendations and any options

This is a report for information – no decision is required.

3. Relevant information

3.1 The Health & Social Care Act (2012) introduced Healthwatch as the new vehicle for patient and public involvement in health and social care.

3.2 All upper-tier councils are required to contract for the provision of local Healthwatch services (Healthwatch is funded via a central government grant to local authorities).

3.3 Following a tender process, the Brighton & Hove Healthwatch contract was awarded to Community Works. The contract is managed by the council's Communities, Equalities and 3rd Sector Commissioning team.

3.4 In response to a Public Question at the June 2013 HWB meeting, members agreed that the Board should consider performance information for the first year of the Healthwatch contract (13-14) at a future meeting. This information is included as **Appendix 1** to this report.

3. Important considerations and implications

4.1 Legal
There are no legal implications arising from this report.

Elizabeth Culbert 26/09/14

4.2 Finance
'The total expenditure for Healthwatch in 2013/14 was £206,757 of which £199,000 was from Brighton & Hove City Council (BHCC). In addition to this expenditure, there were costs of £8,352.94 met by BHCC to cover the monitoring of the Healthwatch contract. The costs incurred by BHCC were met in full by Department of Health grant funding.'

Anne Silley 30/09/14

4.3 Equalities
Equalities issues are addressed in the Healthwatch contract and performance management arrangements (see **Appendix 1**)

4.4 Sustainability
No implications identified.

4.5 Health, social care, children's services and public health
No implications identified.

5 Supporting documents and information

Appendix 1: performance information provided by BHCC Communities team.

Appendix 1: Brighton & Hove City Council Summary Report of Healthwatch B&H Performance: Year 1 - 2013/14

Report of: Michelle Pooley
Healthwatch Commissioner
E: michelle.pooley@brighton-hove.gov.uk
31 July 2014

1. Summary

Healthwatch Brighton and Hove was set up on 1 April 2013 to become an independent organisation with statutory responsibilities to influence the design, delivery and improvement of local health and social care services through public and patient participation.

The Health and Social Care Act replaced Local Involvement Networks (LINks) with a local Healthwatch. The statutory duty on Local Authorities to support Healthwatch remains. While LINK and Healthwatch both encouraged local involvement in planning and delivering health and social care services there are important differences:

- Local Healthwatch must be an independent incorporated body, in this case a social enterprise;
- Local Healthwatch includes the NHS Independent Complaints Advocacy function and a signposting/information function;
- A national body (Healthwatch England) provides guidance and promotes best practice.

2. Statutory Requirements

The Health and Social Care Act requires Healthwatch to be a 'Social Enterprise' meaning a not for profit company. The Local Authority cannot provide Healthwatch directly. The service was tendered in November 2012 and a contract was awarded to Community Works in February 2014, to commence on April 1st 2013. The procurement process was carried out in line with the Council's approved practice where a range of criteria including service quality was measured. The tender from Community Works included the commitment, in line with the legislation, to establish a new, not for profit company to manage the contract once it was well established. The new company would take over responsibility for strategic operation of the contract and employ the staff once Directors were appointed.

A performance monitoring framework was established at the start of the contract. It was agreed that formal reviews of Healthwatch B&H would take place on a quarterly basis starting at the end of the second quarter. The Healthwatch B&H Manager has met with the BHCC Commissioner on a regular basis since the contract commenced.

3. Commissioners Key Findings

Healthwatch B&H has stabilized this year. The organsiation has redeveloped its advice and signposting process and this has ensured that the organisation is far

more effective in reacting to the general public. Crucial in the next year is for the organisation to gain it CIC status. The organisation will need to build a more stable approach to its research and public engagement and this is a challenge for the next year of development.

3.1 Headline Monitoring

Total expenditure for 2013/14 £206,757

- £199,000 from Brighton & Hove City Council.
- £7,757 from other sources

Breakdown of cases opened:

- Individual - 73;
- Group - 887.
- **Total - 960**

Total cases closed - 962
Average case length – 26 days

3.2 Main successes:

1) Open recruitment of a Shadow governing board and a staff team that are working hard to ensure that they are fulfilling the seven statutory requirements
2) The team set up the new organisation and have listened and integrated recommendations left from the LINK legacy document as well as risen to the challenge of some of the public engagement findings when we commissioned Healthwatch and NHS ICAS.
3) Healthwatch has also taken seriously their signposting and information work that they inherited from PALS that was based in the PCT and worked hard to embed effective information and signposting to the general public and patients and this is working very well.
4) The next year should see more engagement with the general public and further developments in relation to research work.

3.3 Main challenges:

5) Discussion and guidance on how Healthwatch is more explicit in explaining the outcomes as a result of the work Healthwatch is required
6) Ensuring effective analysis of finances on a quarterly basis. This work is already well underway with the new governing body.
7) There needs to be discussion re role of Health and Wellbeing Board and the HOSC with regards to how well Healthwatch recommendations are being addressed.
8) Ongoing dialogue in terms of how best to triangulate research and findings when working with statutory providers
9) Implement the LGA Healthwatch Audit tool over the next year.

4. Commissioners Review

The lead commissioner has reviewed Healthwatch's progress in a number of key areas to ensure that the organisation is meeting is statutory requirements, is working effectively with the Council, Clinical Commissioners Group and Third Sector, and is effectively engaging patients to improve the quality of the city's health and care services.

This review has focused on the following areas:

4.1 Governance & Management

In October 2013 a new Chair was agreed following a competitive recruitment process. The Chair recruited six Shadow Governing Body Members via an open process. The Shadow Governing Body ensures that Healthwatch is accountable to the public and its stakeholders. Its members are Frances McCabe (Chair), Bob Deschene (Finance), Clare Tikly (Engagement and Communications), Doris Ndebele (Governing body member), John Davies (Research and Intelligence), Mick Lister (Governing body member) and Rachel Travers (Governing Body member). This was in line with findings from the engagement process that helped define what governance processes should support the local Healthwatch.

4.2 Management & Support Structure

Total number of FTE staff employed at 1/4/13: was 3 and at 30/04/13 is 4.5.
In May 2013 a new Healthwatch Manager was appointed. Maternity cover was recruited for the appointee until Feb 2014. The HW Manager post is a job share between two- 'Strategic & Stakeholder' and 'Operations and Governance'.
The staff include a Volunteer Co-ordinator; Engagement and Communications Co-ordinator (recruited to develop an Engagement and Communications strategy to reach 'hard to reach' groups / individuals.), Intelligence and Projects Co-ordinator, Helpline and Information Co-ordinator.
There are 34 volunteers (at 30/4/14) recruited to the following roles: Engagement and Communications Assistant; Magazine Assistant, Enter and View Representatives, Helpline Volunteers, Healthwatch Representatives; Media Monitors, Papermates and Research and Intelligence Group members. Ongoing recruitment for Healthwatch Reps and Project Prioritization group members continues.
Staff and volunteers been provided with a number of training and development opportunities, and support to enable them to make the transition from LINK to Healthwatch

4.3 Public awareness and impact of Healthwatch activities

Effective Helpline _ operates Mon-Fri, 10am-12noon each day. 300 people have contacted the Helpline since March 2013. Feedback shows that this service is "reassuring", "helpful" and "absolutely tremendous".

Awareness raising and promotion 650 members of the public have been reached via awareness raising events. Key client groups reached include Carers Forum. Adult Social Care City Summit, Peoples Day, Sussex Interpreting Services AGM, Older Peoples Council; over 50's, community, learning disability and substance misuse events.

Eleven editions of Healthwatch Magazine published since March 2013 with 1325 subscribers (1060 via email, 365 via post) Distribution is approximately 5000. Magazine received 14 positive comments about the high quality and informative content e.g. "wonderful", "useful" and "user friendly" and 14 negative comments, two of which pertained to accessibility which were addressed by producing an easy read format, and amending layout.

Six press releases issued since March 2013 including launch and how to contact Healthwatch; Healthwatch Shadow Governing Body appointed; HW's work on Urgent Care services; Brighton public meeting; Good feedback on Physiotherapy services in B&H; What local people think about urgent health care services in Brighton & Hove and Your voice counts (to recruit volunteers).

Social Media and Website presence -
www.healthwatchbrightonandhove.co.uk

Between Nov 2013 to Mar 2014: 9023 page views, 1828 users, 38 of them (3%) were returning users. Social Media: Facebook: 171 friends; Twitter: 457 Followers. Feedback Mechanisms are being developed to obtain feedback in a more structured way.

4.4 Influencing change and improving access

Increasing engagement of patients and care service users in decision-making

- HW Insight and Intelligence data is being used to ensure that patient and public experience is used in key decision-making structures. Over 44 members* of the public and some delegates from local health services attended HW Open meeting in March to comment on City's Well-being Strategy. *(*some attendees arrived late and did not register their attendance).*

Increasing people's opportunities to take part in decision-making

- Members of the public have been able to input into the development of key strategies i.e. Council and NHS joint strategy - Happiness: Brighton & Hove Mental Wellbeing Strategy.
- Influencing the CCG to make its board meetings more involving for the public.
- Discussions are ongoing with City Needs Assessment Steering Group about how Healthwatch can feed into needs assessments and JSNA. Healthwatch reported to the Health and Wellbeing Scrutiny panel highlighting the importance of the relationship between Overview and Scrutiny and Healthwatch.
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Building Citizen & Individual resilience by improving people's understanding of Health and Social care services

- The Healthwatch Helpline works in partnership with Impetus NHS ICAS service to ensure members of the public have access to an advocate to support them in making a complaint. Healthwatch magazine raised awareness of organisations that support people to have a say and understand their rights via recent article advertising CCG's 'Patient Rights and Responsibilities' workshop and the NHS Constitution.
- HW Governing Body are developing innovative partnerships with Community Spokes in further developing work around rights and responsibilities. Healthwatch will invite Community Spokes to lead on developing programmes to work with people who find it difficult to access Health and Social Care services. This project will be modelled on the NHS Constitution and Healthwatch England Rights and Responsibilities framework. It is anticipated that programmes could cover: How to access health and social care services, the quality of care received, confidentiality, information on who to speak to if things are not going well and rights to complain if things go wrong.
- ICAS and HW continue to work together to augment and update their databases to ensure their relevance and effectiveness in sharing intelligence, also shared through attending HW team meetings and regular liaison between HW Manager and ICAS Service Manager. If trends appear or specific concerns come to light, NHS ICAS feed this into Healthwatch. An example is the long delays in responding to complaints at the Hospitals Trust, now being investigated by HW.

4. 5. Provide evidence-based feedback to commissioners and providers to influence, inform and if necessary, challenge decisions and plans to enable change

- **NHS 111 service survey** - 57 individual calls, emails, and other pieces of intelligence were received about the NHS 111 service. The key issues of concern were being able to access the service, the quality of the service, and the timeliness of responses. Survey results were fed back to Healthwatch England, to influence change to services at a national level.

- **Enter and view survey** – 3 key physiotherapy sites visited by Transition Group volunteers to ask those waiting for appointments to fill in survey. 86 people completed survey, including 27 at Royal Sussex County, 7 at Brighton General Hospital and 14 from Hove Poly clinic.
- **Urgent care services** - 179 responses to survey on urgent care services, results being analysed with recommendations due. The HW Urgent Care report published with 52 recommendations across 8 services. Responses have been received from commissioners at NHS England and CCG.
- **Out of hours GP information** – a Mystery shopper project to review local GP out of hour's practices – feedback was given to each practice and best practice shared. Patients at one surgery were better informed and had easier access to services.
- **Royal Sussex A&E** – public were concerned about safety in A&E evenings and weekends and concerns about cleanliness of waiting rooms/toilets. Cleaning rotas have been increased; security guards presence in the area including CCTV and further consideration about improvements to be made.
- **Management and Occupational Therapy**. Discussions taking place with the Councils Adult's Care Standards and Performance leads re: HW carrying out Nursing Home Enter and View visits.
- **Pain Management Clinic**: Quarterly data showed waiting times were a problem at the Pain clinic- reported to CCG to put Action Plan in place. However, we noted a rise in concerns in quarter three which will be fed-back to the CCG Chief Operating Officer
- **Dentistry mini project** – We gathered information about 60 individual cases from ICAS and the Healthwatch Helpline. These cases were commonly from local people who were confused about charges, and when it was appropriate to be referred to a private dentist. Info was made available through HW magazine and social media.
- **Pharmacies** – feedback to Local area team about how pharmacies share info with public led to following outcomes: Late night pharmacy info is now more readily available, information in community pharmacy newsletter asking Pharmacists to keep patients informed about waiting times.

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