



## Who are we?

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

## Where and when is the Board meeting?

This next meeting will be held in the Council Chamber, Hove Town Hall on Tuesday 30 January, starting at 4.00pm. It will last about two and a half hours.

There is limited public seating available for those who wish to observe the meeting. Board meetings are also available to view on the council's website:

[brighton-hove.public-i.tv/core/portal/home](http://brighton-hove.public-i.tv/core/portal/home)

## What is being discussed?

There are **5** main items on the agenda

- Adult Social Care Providers Fees
- Annual Review of Adult Social Care Charging Policy
- Annual Report of the Local Safeguarding Children Board
- Annual Report of the Safeguarding Adults Board
- Adult Social Care Local Account and Direction of Travel Update

**Geoff Raw**  
BHCC  
Chief Executive

**Daniel Yates**  
Councillor  
Chair

**Elizabeth  
Culbert**  
Legal Adviser

Secretary  
to the Board

**Adam Doyle**  
CCG  
(Voting member)

**Nick Taylor**  
Councillor  
(Voting member)

**Dawn Barnett**  
Councillor  
(Voting member)

**Alistair Hill**  
(Non-voting Statutory  
member)

**Lola BanJoko**  
CCG  
(Voting member)

**Dr Manas Sikdar**  
CCG  
(Voting member)

**Graham Bartlett**  
(Safeguarding Boards  
Adults)  
(Non-voting co-optee)

**Chris Robson**  
(LSCB)  
(Non-voting co-optee)

**Pinaki Ghoshal**  
(Non-voting Statutory  
member)

**Caroline Penn**  
Councillor  
(Non-voting invitee)

**Karen Barford**  
Councillor  
(Voting member)

**Malcolm Dennett**  
CCG – Lay member  
(Voting member)

**Dick Page**  
Councillor  
(Voting member)

**Rob Persey**  
(Non-voting Statutory  
member)

**Dr David Supple**  
CCG  
(Voting member)

**David Liley**  
Healthwatch  
(Non-voting Statutory  
member)

**Pennie Ford**  
NHS England  
(Non-voting co-optee)

**Public  
Speaker**

**Public  
Speaker**

**Public Seating**  
For those with public items on the agenda

**Press table**



**Health & Wellbeing Board**  
**MeetingDate**  
**4.00pm**  
**Hove Town Hall, Council ChamberCouncil**  
**Chamber, Hove Town Hall**

Who is invited:

**Voting Members:** Cllrs; Daniel Yates (Chair), Karen Barford, Dawn Barnett, Dick Page and Nick Taylor; Dr David Supple, Adam Doyle, Lola Banjoko, Malcolm Dennett, and Dr Manas Sikdar (Brighton & Hove Clinical Commissioning Group).

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

Contact: **Tom McColgan**  
Secretary to the Board  
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*This Agenda and all accompanying reports are printed on recycled paper*

Date of Publication - Monday, 22 January 2018

# AGENDA

Formal matters of procedure

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

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## 43 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.

## 44 MINUTES

1 - 12

The Board will review the minutes of the last meeting held on the 14 November 2017

## 45 CHAIR'S COMMUNICATIONS

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

## 46 FORMAL PUBLIC INVOLVEMENT

This is the part of the meeting when members of the public can formally ask questions of the board. You will need to notify the Board of your question by 12 noon on 24 January. Contact: [tom.mccolgan@brighton-hove.gov.uk](mailto:tom.mccolgan@brighton-hove.gov.uk)

## 47 Formal Member Involvement

The main agenda

Papers for Decision at the Health & Wellbeing Board

## 48 PROPOSED FEE INCREASE FOR ADULT SOCIAL CARE PROVIDERS 2018/19

13 - 20

Contact: Andy Witham  
Ward Affected: All Wards

Tel: 01273 291498



**49 ANNUAL REVIEW OF ADULT SOCIAL CARE CHARGING POLICY 2018 21 - 44**

*Contact: Angie Emerson Tel: 01273 295666*  
*Ward Affected: All Wards*

**Papers to Note at the Health & Wellbeing Board**

**50 Local Safeguarding Children Board 45 - 114**

*Contact: Mia Brown Tel: 01273 290728*  
*Ward Affected: All Wards*

**51 Local Safeguarding Adults Board 115 - 174**

*Contact: Mia Brown Tel: 01273 290728*  
*Ward Affected: All Wards*

**52 Direction of Travel update and Local Account Final report 175 - 194**

*Contact: Cat Harwood-Smith Tel: 01273 296417*  
*Ward Affected: All Wards*

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For further details and general enquiries about this meeting contact Democratic Services, 01273 2910066 or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)



## Public Involvement

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

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



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An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter and infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

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

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

## 1. Procedural Business

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

**(b) Declarations of Interest:**

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

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

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

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

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

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





**BRIGHTON & HOVE CITY COUNCIL**

**HEALTH & WELLBEING BOARD**

**4.00pm 14 NOVEMBER 2017**

**COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD, HOVE, BN3 4AH**

**MINUTES**

Present: Councillors Yates (Chair), Barford, Barnett, Page (Group Spokesperson) and Taylor (Opposition Spokesperson); Dr David Supple, Chris Clark, Malcolm Dennett and Dr Manas Sikdar, Clinical Commissioning Group

Other Members present: Graham Bartlett, Chris Robson, Pinaki Ghoshal, Statutory Director of Children's Services, Rob Persey, Statutory Director for Adult Care, Alistair Hill, Acting Director of Public Health, Bob Deschene, Healthwatch

Also in attendance: Councillor Penn

Apologies: David Liley and Lola Banjoko

**PART ONE**

**32 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

**32 (a) Declaration of substitutes**

32.1 Bob Deschene declared that he was in attendance as a substitute for David Liley.

**32 (b) Declaration of interests**

32.2 The Chair declared that he had a Disclosable Pecuniary Interest in Item 39 as he was employed by Western Sussex Hospitals Trust. He confirmed that he had have applied for and been granted dispensation by the Council's Monitoring Officer to permit him to chair the Health and Wellbeing Board in its consideration of items relating to the NHS Sustainability and Transformation Partnership and, to speak and vote on those items, on the basis that the project to review health and social care services did not currently raise a direct or material conflict with his employment.

**32 (c) Exclusion of press and public**

32.3 There were no Part Two items on the agenda.

**33 MINUTES**

**33.1 Resolved** – That the Board agreed the minutes of the previous meeting on 12 September 2017 were agreed as a correct record.

**34 CHAIR'S COMMUNICATIONS****“Pharmaceutical Needs Assessments**

- 34.1 Members of the Board may remember we were asked to comment on the East Sussex PNA at the last Board. This time we have a couple of items around PNA.
- 34.2 The first is that West Sussex County Council are also engaged in their consultation for their PNA. As a ‘bordering’ county they have to consult with us.
- 34.3 The timelines for the consultation submission did not coincide with our Board dates and our Acting Director of Public Health has, in line with his duties, reviewed it, made appropriate comments and sent in the response. The full submission is available online here: [https://present.brighton-hove.gov.uk/Published/C00000826/M00006664/\\$\\$Supp28044dDocPackPublic.pdf](https://present.brighton-hove.gov.uk/Published/C00000826/M00006664/$$Supp28044dDocPackPublic.pdf)

**Brighton & Hove Pharmaceutical Needs Assessment**

- 34.4 Since April 1 2013, every Health & Wellbeing Board (HWB) in England has had the statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA looks at the current provision of pharmaceutical services across Brighton & Hove and whether this meets the current and future needs of the population. It is used by NHS England in making decisions on applications to open new pharmacies, dispensing doctors or appliance contractors, as well as changes to existing services.
- 34.5 The last PNA for Brighton & Hove was published in 2015 and is now being updated. This has involved engagement with key stakeholders (Brighton & Hove CCG, NHS England, Local Pharmaceutical Committee and Healthwatch) as well as with the public, community pharmacists, GPs, non-medical prescribers, care and nursing homes and the third sector, through a range of surveys. A draft version of the PNA is now available for consultation on the Council’s consultation portal at: [http://consult.brighton-hove.gov.uk/public/nhs/health/pna/brighton\\_hove\\_pharmaceutical\\_needs\\_assessment\\_consultation](http://consult.brighton-hove.gov.uk/public/nhs/health/pna/brighton_hove_pharmaceutical_needs_assessment_consultation)
- 34.6 The consultation is open from Wednesday 18 October 2017 until Sunday 17 December 2017. As part of the NHS Pharmaceutical services regulation 2013, the draft PNA must be available for at least 60 days for all key stakeholders to comment on the contents of the assessment before it is finalised and published. As well as consulting with the public, neighbouring HWBs will also be contacted to ask for feedback and comments prior to the publication of the final PNA. The outcomes of the consultation will be reported to Chairs’ Communications in January 2018.

**Fast Track City update**

- 34.7 Brighton & Hove City Council officially joined the international Fast Track Cities initiative to end HIV/AIDS as a public health threat in August 2017 when the Mayor of Brighton & Hove and the Leader of the Council signed the Paris Declaration at a reception in the Mayor's Parlour.
- 34.8 I have now chaired the first meeting of the Brighton & Hove fast track city task force which brought together a group of core stakeholders to consult, plan and direct the city's approach to achieving the 90-90-90 targets and will be the group through which we will communicate with our international partners within the Fast Track Cities movement.
- 34.9 A report on our work will be coming to the Board in June 2018.

**Food and Hydration issues**

- 34.10 A number of food and hydration related issues have come to the Board and the Board requested further updates. The officers went through this and there will be reports coming as well as information updates through Chairs Communications.

**Safeguarding**

- 34.11 At the last Board we mentioned the changes in the chairing arrangements of our Safeguarding Boards. I am happy to formally welcome Chris Robson as our Chair for the Local Safeguarding Children Board to his first official Health & Wellbeing Board. I would also like to confirm that Graham Bartlett will remain as our Chair for the Local Safeguarding Adults Board.

**New STP lead**

- 34.12 Mr Bob Alexander will lead the Sussex and East Surrey STP. He will start in November although still supporting NHSI until January 2018. Mr Alexander comes for NHS Improvement. We welcome Mr Alexander to his new role and look forward to meeting with him soon.

**Acting Director of Public Health**

- 34.13 Finally on staff changes, many people will know Peter Wilkinson has been our Acting Director of Public Health for nearly two years. Peter has been attending the Health & Wellbeing Board in this role. Peter has been wishing to semi retire for some time and as from December will be reducing his hours. In line with this a new Acting Director of Public Health has been appointed. We welcome Alistair Hill in this new role and look forward to his continued contribution at the Board."

**35 FORMAL PUBLIC INVOLVEMENT**

- 35.1 There were no items of public involvement.

**36 FORMAL MEMBER INVOLVEMENT**

- 36.1 The Chair invited Graham Bartlett to ask his question:

“Universal Credit is set to be rolled out across the city shortly. As Chair of the Safeguarding Adults Board I am particularly concerned about those adults with care and support needs who may need additional help to deal with these changes. The Safeguarding Board were briefed and whilst there is some assurance that adults with care and support needs will be helped during this time, there remain concerns about the changes and potential safeguarding risks arising from this. We are committed to sharing our concerns with the Health and Wellbeing Board and ask if the Board feel that the city is ready to deal with these changes, especially for the most vulnerable.”

- 36.2 The Chair thanked Mr Bartlett for his question and responded: “Universal Credit is already being rolled out across the city. A comprehensive report went to the Neighbourhoods, Inclusion, Communities and Equalities Committee on 9 October. The link to the report can be found here. [https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/\\$20170927170556\\_014014\\_0051991\\_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/$20170927170556_014014_0051991_CommitteeReportTemplate210617newsavedformat.docxA.ps.pdf)
- 36.3 “For those who are unaware UC is a national policy change in the way benefits for working age people are claimed, administered and paid. UC combines six existing benefits, Housing Benefit (which is currently administered by The Council), Working and Child Tax Credits, Jobseeker’s Allowance, Employment Support Allowance and Income Support. This will be administered centrally by the Department for Work and Pensions and once fully rolled out more than an estimated 7 million households will be receiving UC across the country. This includes around 20,000 households in Brighton & Hove.
- 36.4 “A detailed booklet aimed at professions helping claimants was part of the report and can be found here: [https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/\\$20170927170557\\_014343\\_0051993\\_6245UniversalCreditguideforprofessionalsV21draft.pdfA.ps.pdf](https://present.brighton-hove.gov.uk/Published/C00000968/M00006936/AI00060743/$20170927170557_014343_0051993_6245UniversalCreditguideforprofessionalsV21draft.pdfA.ps.pdf)
- 36.5 “The report highlighted the cross service working and service readiness action that had been put in place to try and help people affected by the changes and there were details about the additional actions adult social care and childrens services were undertaking.

#### **Support for vulnerable cohorts.**

- 36.6 A risk analysis identified a number of cohorts of people who may be at particular risk in trying to maintain UC claims. They include rough sleepers, people affected by domestic violence, people with mental health issues, and people with substance misuse issues. An issue has also been identified with people who struggle to attend Work Capability Assessments in Lewes which is leading in some cases to benefits being stopped. Work is in place to provide support to these cohorts, including working with the local Jobcentre Plus so with appropriate permissions from the claimant information can be shared between organisations to make sure appropriate support is in place.
- 36.7 In answer to the question is the city ready – the city, and by this we include all bodies especially our community and voluntary sector agencies, are working together, have prepared but does not underestimate the challenges that all organisations will face in

trying to deal with introduction of Universal Credit. However the biggest challenge will be borne by the most vulnerable claimants.

- 36.8 One area of concern is people will be unable to get free prescriptions during the claiming and waiting period and the impact on their health and wellbeing during the assessment to decision process? Following extensive research we can confirm that once a person has made a claim for Universal Credit and it is confirmed they are entitled they are able to access free prescriptions, they don't have to wait for the actual payment to come through.
- 36.9 If a person has a lot of difficulty establishing their Universal Credit claim and hence whether they are entitled to free prescriptions they can apply to the NHS low income scheme <https://www.nhsbsa.nhs.uk/nhs-low-income-scheme>. In a situation where a person with no other means is waiting to establish their Universal Credit claim they can apply for this which should give them access to free prescriptions. We have been working with welfare advice bodies to make sure this is understood.
- 36.10 The Neighbourhoods, Inclusion, Communities & Equalities committee will continue to monitor the roll out and the impact.”
- 36.11 Mr Bartlett thanked the Chair for his response and stated that the roll out of universal credit was a concern across the Local Safeguarding Adults Board and he would continue to relay these concerns to the Health & Wellbeing board.
- 36.12 The Chair read David Liley's question out as Mr Liley was not in attendance:

“Doctors of the World have recently produced a briefing which in summary states:

*‘The Government has made new regulations extending NHS charges to community healthcare services and placing a legal requirement for all hospital departments and all community health services to check every patient's paperwork, and charge upfront for healthcare, refusing non-urgent care where a patient cannot pay. Healthcare charges may be introduced for services provided by all community health organisations in England except GP surgeries. Organisations receiving NHS funding will also be legally required to make similar checks and possibly charge for services. A wide range of health services could be affected.’*

Can the HWB give some clarity on which services locally will now be under these regulations and how these issues will impact on local residents?”

- 36.13 The Chair thanked Mr Liley for submitting his question and responded: “The Doctors of the World statement is reporting on the recent amendments made to the National Health Service (Charges to Overseas Visitors) which provide for the making and recovery of charges for relevant services provided under the National Health Service Act 2006. In line with the guidance the Health and Well-being can confirm exempt services include accident and emergency services, family planning services; diagnosis and treatment of specified infectious diseases and sexually transmitted infections; palliative care services; treatment required for a physical or mental condition caused by: torture; female genital mutilation; domestic violence; or sexual violence.

- 36.14 Exempt categories of person include vulnerable patients and those detained this includes refugees and their dependents; asylum seekers and their dependents; victims, and suspected victims, of modern slavery.
- 36.15 The Public Health and Community Safety team are also in the process of finishing the International Migrant Needs Assessment, which was supported by the HWB. The steering group includes the Council, NHS, community and voluntary sector and academic representatives.
- 36.16 Although the needs assessment will not be published until early 2018 it is clear there will be recommendations coming from the assessment. These recommendations will come to the Board in January or March.”

### **37 CARING TOGETHER UPDATE**

- 37.1 Dr David Supple and the Executive Director, Health and Social Care presented an update on Caring Together. They highlighted that a shadow integration year would be beginning in April 2018. While life expectancy was increasing healthy life expectancy was falling and Brighton & Hove was experiencing population growth especially in the number of older residents. The CCG was continuing to run Big Health and Social Care Conversation engagement events, a formal evaluation of the Big Conversation would be produced in March 2018. Four local CCGs including Brighton & Hove CCG were forming a commissioning alliance.
- 37.2 Members of the Board requested that future updates cover services providing support children and young people in greater detail as the Council had a statutory duty to represent the voices of children.
- 37.3 Dr Supple responded that he would provide details of how children and young people were being included in the Big Conversation at the Board’s January meeting.
- 37.4 Malcom Dennett stated that external auditors had reviewed the Big Conversation within wider patient/CCG interactions and had come back with a substantial reassurance.
- 37.5 Councillor Page expressed concern about a national funding gap for health and social care but welcomed the urgency with which issues with primary care in the city were being address.
- 37.6 Mr Deschene was concerned that the Big Conversation did not seem to include providers from the private or third sectors.
- 37.7 Dr Supple provided assurance that every effort was being made to include all stakeholders in the Big Conversation but agreed that more could be done to reach the private sector. The Chair also stated that he felt private and third sector providers were

missing from not just the Big Conversation but from the Health & Wellbeing Board's membership.

- 37.8 The Chief Executive, Brighton & Hove City Council reported that through the Greater Brighton Economic Board and the Brighton & Hove Economic Partnership the Council was discussing wellbeing strategies with private sector organisations.
- 37.9 Councillor Barford asked what work was taking place to ensure that minority and disadvantaged groups were able to participate in the Big Conversation.
- 37.10 Dr Supple stated that he would be able to provide a detailed response in writing.
- 37.11 Councillor Barford expressed concerns that palliative care was not mentioned in the update.
- 37.12 Dr Supple responded that the CCG had a clinical lead for palliative care and that hospices had been added to the list of providers to include in the Big Conversation.
- 37.13 Councillor Penn asked why mental health had been included as part of a grouping in the list of priorities and stated that it should be brought to the fore.
- 37.14 Dr Supple stated that the grouping was based on commissioning teams and did not represent the importance or lack thereof the CCG placed on any one subject or area. Mental health was one of the three key strategic areas for the local Sustainability and Transformation Partnership.
- 37.15 Councillor Taylor stated that he was concerned that the Health & Wellbeing Board appeared to be marginalised in the proposed integrated governance structures and that its centrality should be maintained.
- 37.16 **Resolved** - That the Health & Wellbeing Board noted the update

### **38 BETTER CARE PLAN**

- 38.1 Officers introduced the report. The Better Care Plan was approved in September by the Board and submitted to NHS England for moderation. The Plan would be delivered through a section 75 agreement. The Better Care Steering Group was tasked with making key performance indicators (KPIs) into measurable targets.
- 38.2 Councillor Page stated that he felt the percentage of service users in residential care should be reported as a KPI.
- 38.3 The Executive Director, Health & Adult Social Care responded that there would be indicators around residential care.
- 38.4 Mr Deschene asked if there was any intention to pool budgets from mainstream monies.
- 38.5 The Executive Director, Health & Adult Social Care responded that the end goal of integration in health and social care would be a wider pooling of budgets. The Chair also

stated that the integration report which was taken to the Policy, Resources and Growth Committee did seek to identify how to integrate budgets.

- 38.6 Councillor Taylor asked that when reports are brought back to the Board targets are included with KPI figures.
- 38.7 Chris Clark stated that the intention was for all reporting to include a target which would be set by the steering group.
- 38.8 **Resolved –**
- 1) That the Board notes the moderation feedback of the BHCC Better Care Fund Plan as set out in paragraphs 4.2 to 4.4 of the report;
  - 2) That the Board agrees the proposed Better Care Fund governance and monitoring arrangements set out at paragraphs 4.6 to 4.8 and Appendices One and Two of the report;
  - 3) That the Board authorises the Executive Director Health and Adult Social Care and the CCG Chief Operating Officer to finalise and enter into a new Section 75 Partnership Agreement for the commissioning of health and social care services from the Brighton & Hove Better Care Fund for the period 2017-2019.

### **39 CHILDREN AND YOUNG PEOPLE MENTAL HEALTH TRANSFORMATION PLAN**

- 39.1 Officers introduced the transformation plan which was originally approved in 2015 and refreshed in 2016. The 2017 refresh placed emphasis on providing proactive support for young people how and where they chose to access it. 75% of mental health issues started before the age of 18 and 1 in 10 children would have mental health problems. 17% of expected need in the city was currently reached and the plan aimed to increase this to 30%.
- 39.2 Officers responded to Councillor Penn's concerns around support available to children in care that looked after children were a priority. There was an imbedded mental health support worker but this single post was not enough to meet demand and more funding would be allocated in the next annual budget. The Executive Director, Children Families and Learning stated that there was an opportunity for the CCG and Council to work closer together to provide more funding and support.
- 39.3 Councillor Penn asked what progress had been made on changes to tier three CAMHS especially around outreach, how many children still faced the old system with an 18 week wait and how long was the backlog of referrals inherited by the community service.
- 39.4 Officers responded that the new specification for the tier 3 service was partially implanted from 1 June 2017 and a second phase which would include outreach was being implemented from 1 January 2018. The community provider YMCA expected the waiting list to be cleared by December 2017. Officers stated that they would provide written clarification around how many individuals were still being treated under the previous tier three specification.



- 39.5 Officers stated that they would provide a written response to Councillor Penn's query about the gap between referrals and acceptance rates.
- 39.6 The Chief Executive of Brighton & Hove City Council asked officers to summarise the expected outcomes of the plan in 3-5 years' time and how the Board will be able to measure these.
- 39.7 Officers responded that the outcome would be a city more open about mental health and seeking support for mental health issues. The new specification was based on evidence based treatments which will provide measures to show effectiveness.
- 39.8 Councillor Barford asked what caused the unmet mental health needs.
- 39.9 Officers responded that there was a mixture of individuals not seeking support and a historic threshold for CAMHS services which meant that individuals were often referred to other community and voluntary providers rather than admitted.
- 39.10 Councillor Barford asked why the CCG was not fully compliant on joint commissioning, why there was no published workforce plan and why allocated funding had not been spent.
- 39.11 Officers responded that the interface between the CCG and NHS around crisis response was not of a satisfactory standard and this was reflected in the lack of compliance in joint commissioning. There was no workforce plan for Brighton & Hove but a workforce plan covering the whole CCG area would be published by March 2018. All allocated funding had been spent the surplus was the result of a reporting error.
- 39.12 Councillor Taylor asked how much preventative work was being done in schools.
- 39.13 Officers responded that preventative work was key part of the role of CAMHS workers in schools. The CCG aimed to be more proactive in talking to children about mental health. The Executive Director, Children, Families and Learning supported the introduction of workers into school but stated that there was a lack of performance data.
- 39.14 Mr Deschene stated that it would have been useful to provide absolute numbers to allow the Board to see the magnitude of the issue.
- 39.15 Officers clarified that 1 in 10 children in Brighton & Hove was equal to 4,500 individuals and that only 17% around 765 children accessed support.
- 39.16 The Acting Director of Public Health and The Chair stated that they wanted future updates to put more focus on patient outcomes and move away from a description of process.
- 39.17 Councillor Penn suggested that it would be beneficial to adopt the Thrive model to jointly agree outcomes and targets with all stakeholders.
- 39.18 **Resolved** – That the Board approves the draft Children and Young People's Mental Health Local Transformation Plan 2017 – annual refresh.

**40 INTEGRATED COMMUNITY EQUIPMENT SERVICE UPDATE**

- 40.1 Officers introduced the report. The new providers for the integrated community equipment store had received improved feedback and reduced costs. There was still an issue around failed deliveries and but retrieval rates had increased. Feedback was based on a patient survey conducted through Healthwatch which received 580 responses.
- 40.2 Councillor Page asked why all equipment users were not contacted about returning equipment and only high value equipment was targeted. Councillor Page also asked what the target for recovery was.
- 40.3 Officers responded that there was a post within the service provider focused on retrieving equipment but there were cost associated with collection such as assessments to find out if the equipment was not still needed which reduced the value of collecting low cost items. The target for the value of collected items was 80% of expenditure on equipment.
- 40.4 Councillor Barnett suggested setting up local drop off points for unneeded equipment as a way to improve collection rates.
- 40.5 **Resolved** – That the Board note the content of the report

**41 UPDATE ON MENTAL HEALTH CRISIS SUPPORT**

- 41.1 Officers introduced the report. There was a high level of need for crisis support in the city. Crisis support was a system wide process with separate pathways for adults and children. There was a 24 hour helpline and 24 hour mental health team at the county hospital and there had been a reduction in the number of individuals taken into custody. However there was still an overreliance on A&E. A crisis care hub with a single point of access and community response for adults was anticipated by summer 2018. A region wide service for children was planned.
- 41.2 Dr Sikdar asked that the crisis support line number is kept the same for the new service to avoid undoing the outreach work which had already been done. Dr Sikdar stated that the service map in the report was incomplete as it did not reflect the role GPs played in the crisis management.
- 41.3 Officers responded to Councillor Penn that there was no clinical definition of crisis; it is dependent upon if an individual perceives themselves as being in crisis.
- 41.4 Councillor Penn expressed concerns about the rise in the number of individuals being sectioned and asked if the individuals being sectioned were generally already known to services.
- 41.5 Officers responded that most individuals who were sectioned were known to services but the system was very fragmented and it could be difficult to identify people.
- 41.6 Councillor Penn asked if there was any specific capacity to prevent children in crisis ever being taken into custody and what support was available to children after 10pm.

- 41.7 Officers responded that there were five section 136 suites and a sixth focused on children was planned at Chalkhill Hospital. A child who is known to services and is in crisis can be referred to an on call community team otherwise they will go to A&E.
- 41.8 Councillor Taylor asked if there was a plan to prevent people in crisis having to be admitted through A&E.
- 41.9 Officers responded that efforts were made to prevent people who only needed mental health support attending A&E but many people in crisis need physical treatment as well. The children's model was underdeveloped and there was no a finalised model but the need was much smaller than for adults so an STP wide approach was being developed.
- 41.10 Mr Bartlett asked if there had been any move to introduce a permanent street triage function after a successful pilot had been run.
- 41.12 Officers agreed that the street triage had been successful in terms of admitting people into appropriate care and avoiding custody. However the large amount of downtime for on call staff meant in it was not an efficient use of resources.
- 41.13 Councillor Barford asked what follow up there was to calls which were terminated due to a person in crisis being verbally abusive.
- 41.14 Officers responded that clinical staff had to make judgement calls about risk. The expectation would be that the case would be referred to emergency services. The officers stated that they would investigate any specific case where Councillor Barford feels there was not an appropriate follow up.
- 41.15 **Resolved** - That the Health & Wellbeing Board notes the report

## **42 LOCAL ACCOUNT AND DIRECTION OF TRAVEL FOR ADULT SOCIAL CARE**

- 42.1 Officers introduced the report. In 2015 the Board agreed the roadmap for 2016-2020. The final report will be presented to the Board in January 2018 and will be published both online and as a printed document. The report will use the 'making it real' headings and will present information in terms of 'we have' and 'we will'. Publishing a local account and direction of travel was no longer a statutory duty but was still considered a worthwhile exercise.
- 42.2 The Chair asked that any infographics including a written description to enable those using a reading device to get the information.
- 42.3 Members of the Board supported the engagement work that this report represented.
- 42.4 **Resolved –**
- 1) That the Board agree the proposed approach to the Local Account report as set out in the presentation

- 2) That the Board supports use of the 'Making it Real' markers in the presentation of the Direction of Travel review
- 3) That the Board confirm that the proposed content aligns with the priorities of the Board.
- 4) That the Board agree the final Local Account publication will be presented at the Health & Wellbeing Board in January 2018.

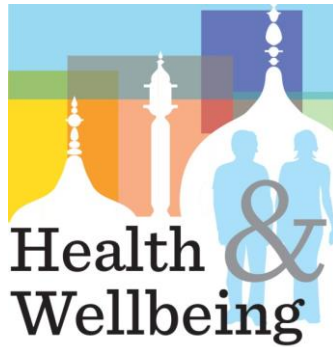
The meeting concluded at 7:07pm

Signed

Chair

Dated this

day of



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

Title: Proposed Fee Increase for Adult Social Care Providers 2018/19

Date of Meeting: 30 January 2018

Report of: Rob Persey (Executive Director Health and Adult Social Care)

Contact: Andy Witham (Head of Adult Social Care Commissioning)

Tel: 01273 291498

Email: [andy.witham@brighton-hove.gov.uk](mailto:andy.witham@brighton-hove.gov.uk)

Wards Affected: All

### **FOR GENERAL RELEASE**

#### **Executive Summary**

This paper sets out the recommended increase in fees to be paid to Adult Social Care providers from April 2018. The services that are considered in this report are integral to the proper functioning of the wider health and care system, which includes managing patient flow in and out of hospital. It is recognised that public finances are under increasing pressure but this needs to be balanced with the need to manage and sustain the provider market to support the increasing complexity and demand and to comply with the duties placed on the Council by the Care Act 2014 to meet the needs of those requiring care and support and to ensure provider sustainability and viability.

#### **Glossary of Terms**

FNC – Full Nursing Care



## **1. Recommendations**

- 1.1 That the Health & Wellbeing Board approved the fee increases as set out in table 1 in section 3.
- 1.2 Note: If the below recommendations are not agreed, or if the Board wishes to amend the recommendations, then the item will need to be referred to the Policy, Resources and Growth Committee meeting on 8th February 2018 to be considered as part of the overall budget. This is because the budget is being developed on the assumption that the fees and charges are agreed as recommended and any failure to agree, or a proposal to agree different fees and charges, will have an impact on the overall budget, which means it needs to be dealt with by Policy, Resources and Growth Committee as per the requirements of the constitution. This will not stop the committee from making recommendations to Policy, Resources and Growth Committee.

## **2. Relevant information**

### **2.1 Care homes and care homes with nursing in the city on set fees**

The current weekly set fee for a care home placement is £556. The Health supplied Funded Nursing Care (FNC) cost of £155.05 is added to the weekly care home fee to make a total of £711.05. This is the weekly set fee for a care home with nursing bed. Based upon modelling of Living Wage increases over previous years it is recommended that uplifts of 2.68% are applied to the set rates which ensure that the pay element of the set rate financial model is increased in line with the Living Wage.

### **2.2 Care homes and Care Homes with Nursing in the city on individual negotiated rates**

Some placements made in some care homes and care homes with nursing are individually negotiated. These tend to be for people with learning disabilities, physical and or sensory disabilities, acquired brain injury or functional mental health needs. Fees and can vary significantly according to provider and individual user's needs and any increase to these rated will be based upon reviews of individual placements.

### **2.3 Out of city care homes and Care Homes with Nursing**

It has long been recognised that each Local Authority area best understands their local market. It is recommended that Brighton and Hove City Council match the applicable host authority set fees for new and existing registered care home placements out of the city where these fees apply. It is also recommended that unless there are exceptional circumstances any waiver or third party agreement will not be increased until the local set fee has been reached.

It is recommended that care homes and care homes with nursing that have block contract arrangements individually negotiate arrangements.

## **2.4 Learning Disability Providers**

2.4.1 Learning Disability services in Brighton & Hove have received limited increase in fees for the past six years with 1% being applied to supported living services in 2017. Historically many fees are individually negotiated, making it difficult to apply a standard uplift.

### **2.4.2 Supported living for people with learning disabilities**

The Council has engaged with local providers of supported living services, to develop an understanding of the fees paid. There are now clear hourly set rates for supported living services that apply to both core costs and additional hourly rates. These rates are generally considered to be value for money. The recommendation is for supported living services for adults with a learning disability to increase fees by 2%.

### **2.4.3 Community support for people with learning disabilities**

Community support services for adults with learning disabilities provide CQC registered care services that can support individuals with personal care needs. They also provide support for service users to access the community and develop independent living skills. The recommendation for community support services for adults with a learning disability to increase by 2%

2.4.4 The Council has recently undertaken a review of all packages that include sleep in shifts to ensure that providers are able to meet the requirement to pay these staff the living wage. This is following a requirement from Her Majesty's Revenue and Customs (HMRC) for providers to pay the National Living Wage to those staff undertaking sleep in shifts. There has been no additional funding provided by central government to address this increased financial pressure. We are continuing to monitor the situation and ensure that any government guidance and related funding to support local authorities and providers is responded to and dealt with accordingly.

## **2.5 Services for people with Physical and/or Sensory Disabilities and Acquired Brain Injury**

2.5.1 Similarly to learning disability services, fees for services for people with physical, sensory and brain injuries generally have not been increased in recent years.

### **2.5.2 Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury**

Supported living is a developing area for these client groups and fees are currently individually negotiated. The recommendation is for supported living

service fees for adults with a Physical and/or Sensory Disability and Acquired Brain Injury to increase by 2%.

### **2.5.3 Community support for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury**

Community support rates have been individually negotiated with each provider. The work needed to support people with sensory needs and acquired brain injuries is specialist in nature and the fees reflect this. Workers provide support for service users to access the community and develop independent living skills. Where services are registered with CQC personal care may also be provided.

The recommendation is for community support services for adults with physical sensory disabilities and brain injuries to increase by 2%.

## **2.6 Shared Lives**

2.6.1 Shared lives services support adults who are unable to live independently and they are therefore supported in the community within a family home setting. Shared lives carers provide accommodation, care and support in their own home. Currently the services are being developed to support parents with learning disabilities, young people in transition to adult services and adults with physical disabilities and acquired brain injuries.

2.6.2 In order to facilitate the expansion of shared lives to further client groups and attract more carers an uplift of 2% is recommended to be added to the 2016/17 care component banding levels, and carers aligned to these bandings.

## **2.7 Home care**

### **2.7.1 Home Care main area and back up providers**

Much work was undertaken on the home care fee for implementation in September 2016 as part of the new home care contract. There are two rates. The core rate of £17.53 is for adult social care and the enhanced rate is for packages of care that have a Health element e.g. Continuing Health Care. These rates were based on the UKHCA's annual report 'A Fair Cost for Home Care', with some local variations to take into account the particularities of Brighton and Hove.



2.7.2 Unison Ethical Charter for Home Care advocated for the UK Foundation Living Wage of £8.45 per hour to be paid to care workers. The current fee incorporates this. The Living Wage Foundation rate announced on 6th November 2017 increases the UK rate from £8.45 to £8.75. It is recommended that fees paid to home care providers are uplifted to reflect this. Contracted home care providers are then obliged to pass on the uplift to care workers i.e. to pay a minimum of £8.75 per hour for all care workers from date of fee uplift.

## **2.8 Self-Directed Support**

2.8.1 Self-directed support also called 'personalisation' gives people control of the support they need to live the life they choose. A key part of the service is the provision of direct payments - funding from the council made to people with assessed needs to buy services or employ people to support them. There are currently over 561 adults in receipt of direct payments and increasing this figure is a key target for Adult Social Care and we are looking at way to promote this as a viable option for people.

2.8.2 Where someone chooses to have direct payments to employ personal assistants the initial care plan is assessed at specific direct payment rates (which do not include profit margins and other agency costs). All people employing personal assistants are required to pay their employees The National Living Wage rate. It is recommended that all direct payment rates including those existing personal budgets are uplifted by 2%. The funding in the personal budget can be used flexibly with agency care and/or personal assistants wages.

## **2.9 Further considerations**

### **2.9.1 Additional benefits**

Following representation from providers, it is recommended that the current systems of additional benefits offered to providers remain in place. This includes Brighton & Hove City Council continuing to fund and provide a range of training and targeted advice sessions e.g. courses on a range of care topics and fire evaluations that are free to access. The Council also provides advice and support relating to health and safety. Forums for care home, home care and learning disability providers are held regularly and recruitment and retention of staff has featured as a main topic. There is also funding for flu vaccines for front line care workers.

The Council is also funding through the Improved Better Care Fund a programme of work to support Care Home and Care homes with Nursing to look to see how through the adaptation to buildings and through investment in equipment homes are able to diversify and support greater complexity of client to meet the increasing demand for these services.

### 3 Detailed Recommendations

<b>Table 1: Recommended Fees 2018/19</b>			
<b>Service</b>	<b>Current fee</b>	<b>New fee</b>	<b>% uplift</b>
<b>Care Homes and Care Homes with Nursing</b>			
In city care homes – set fees	£556	£571	2.68%
In city care homes with nursing – set fees	£711.05 Includes FNC at £155.05 note this may change	£726.05 Includes FNC at £155.05 note this may change	2.68%
In city care homes not on set rates (individually negotiated)	Variable	Variable	Variable
In city care homes with nursing not on set rates (Individually negotiated)	Variable	Variable	Variable
Block Contract Arrangements	Variable	Variable	Variable
<b>Out of City Care Home and Care Home with Nursing Placements</b>			
Out of city care homes	Host Authority Rates	Host Authority Rates	Variable
Out of city care homes with nursing	Host Authority Rates	Host Authority Rates	Variable
Out of city care homes individually negotiated	Variable	Variable	Variable
Out of city care homes with nursing individually negotiated	Variable	Variable	Variable
<b>Learning and Physical Disabilities</b>			
Supported Living for people with learning disabilities	Variable	Variable	2%
Community support for people with learning disabilities and or physical disabilities	Variable	Variable	2%
Supported Living for adults with Physical and/or Sensory Disabilities and Acquired Brain Injury	Variable	Variable	2%
Community support for adults with Sensory Disabilities and/or Acquired Brain Injury	Variable	Variable	2%
<b>Home Care</b>			
Home care main area/back up provider – core fee	£17.53	£17.83	1.7%
Home care main area/back up provider – enhanced fee	£19.53	£19.83	1.5%
Dynamic Purchasing Approved Provider Packages	Variable	Variable	1.7%
<b>Direct Payments</b>			
Direct Payments Monday to Friday hourly rate for those employing personal assistants	£10.60	£10.81	2%
Direct Payments Weekend hourly rate for those employing personal assistants	£11.60	£11.83	2%
Existing Direct Payment contract uplifts hourly rate*	Variable	Variable	2%
<b>Shared Lives</b>			
Shared Lives Management Fee	Variable	Variable	2%
Shared Lives fee to carers	Variable	Variable	2% to care element

## **4. Important considerations and implications**

### **4.1 Legal:**

It is a function of the Health and Well Being Board to oversee and make decisions concerning Adult Social Care in the City. The Local Authority has statutory duties under the Care Act 2014 to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs and to ensure that there is a varied, viable and sustainable market of social care providers able to deliver the required services both now and in to the future.

Lawyer consulted: Judith Fisher

Date: 15 November 2017

### **4.2 Finance:**

4.2.1 The Council provides in the region of 3,500 packages of care with external providers for different types of care at a gross cost of £84m across all primary support groups i.e. Physical Support, Sensory Support, Memory & Cognition Support, Mental Health Support and Learning Disabilities.

4.2.2 The proposed increase in rates is set out in the main body of the report and summarised in paragraph 3.1. These changes will result in an increase Community Care spend by £1.1m. The current 2017/18 budget assumes a fee uplift of 2% which will fund a large proportion of the increase.

4.2.3 If the ASC Precept is agreed for 2017/18 it will be allocated to fund the fee uplift.

4.2.4 Out of area placements, not on set rates, will continue to be individually commissioned and the financial impact of any changes will be monitored.

Finance Officer consulted: Sophie Warburton Date: 14/11/2017

### **4.3 Equalities:**

4.3.1 Fees paid by the council take into account national guidelines, including the Living Wage rates for hourly pay to care workers. The Living Wage is of benefit to many of the sector's lowest paid staff, many of whom share legally protected characteristics.

Equalities Officer - Sarah Tighe-Ford

Date: 17/01/2018





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

**Title: Annual Review of Adult Social Care Charging Policy 2018**

Date of Meeting: 30 January 2018

Report of Rob Percy (Executive Director, Health and Adult Social Care)

Contact: Angie Emerson (Head of Financial Assessment & Welfare Rights)

Tel: 01273 295666

Email: [angie.emerson@brighton-hove.gcsx.gov.uk](mailto:angie.emerson@brighton-hove.gcsx.gov.uk)

Wards Affected: All

**FOR GENERAL RELEASE**



## Executive Summary

People eligible for social care services are means tested to establish whether they must contribute towards the cost. There are around 2300 service users with non-residential care and around 1300 in residential care homes. This includes older people, working age adults with physical disabilities, learning disabilities and mental health difficulties.

Under the Care Act 2014 charging policies are discretionary but subject to certain regulations and limitations. This report seeks approval of the Council's charging policy which is compliant with the Care Act.

Most care services, funded by the council, are provided by private organisations and the maximum charge depends upon the fees charged by them. However, where the council provides in-house services there are set maximum charges which are reviewed in April of each year. Most charges are subject to a financial assessment to determine affordability but the charging policy also includes several, low cost, fixed rate charges. This report recommends updating these charges.

### 1. Recommendations

That the Health & Wellbeing Board agrees:

- 1.1 That the council continues with the current charging policies for non-residential care services and residential care homes which comply with the requirements of Section 17 of the Care Act 2014. The full charging policy is attached at Appendix 1.
- 1.2 To the table of charges below with effect from 9th April 2018. These charges have been uplifted by just over 3.5% and rounded up to the nearest whole number

<b>Maximum Charges</b>	<b>2017/18</b>	<b>2018/19</b>
<b>Means Tested Charges</b>		
In-house home care/support	£23 per hour	£24 per hour
In –house day care	£36 per hour	£38 per hour
Residential Care	£115.67 per night	£120 per night
<b>Fixed Rate Charges</b>		
Fixed Rate Transport	£3.70 per return	£3.90 per return
Fixed Meal Charge / Day Care	£4.50 per meal	£4.70 per meal

- 1.3 To an increase in Carelink fees only for those with exclusive mobile phone access but otherwise to retain the existing fees. (see para 4.10)

Standard Carelink Plus Service £18.50 per month (no change)  
Enhanced Carelink Service £22.17 per month (no change)  
Exclusive Mobile Phone Service £22.17 increase to £24.50 per month.

- 1.4 To continue with the existing policy not to charge carers for any direct provision of support to them.

- 1.5 To increase the one-off fee charged for setting up Deferred Payment Agreements for property owners in residential care by 3.5% from £495 to **£512**

- 1.6 To increase the charge for arranging and contracting non-residential care for self-funders by just over 3.5% (only for people with savings over £23,250).

From £260 to **£270** for the initial one-off set-up fee

From £80 to **£83** per year for annual review, administration and amendments

Note: If the above recommendations are not agreed, or if the board wishes to amend the recommendations, then the item will need to be referred to the Policy, Resources & Growth Committee to be dealt with as part of the overall budget. This is because the budget is being developed on the assumption that the fees and charges are agreed as recommended and any failure to agree, or a proposal to agree different fees and charges, will have an impact on the overall budget, which means it needs to be dealt with by the Policy, Resources and Growth Committee as per the requirements of the constitution. This will not stop the board from making recommendations to PR&G.

## **2. Relevant information**

- 2.1 Where a person is assessed as eligible for care and support under sections 18 to 20 of the Care Act, the Council may charge the service user subject to the financial assessment set out in Section 17 of that Act.

- 2.2 Financial assessments determine a fair contribution towards care costs and are subject to appeal in exceptional circumstances.

### **Charging for care services for people living at home in the community**

- 2.3 Services include personal care at home, community support, day activities, direct payments, adaptations, money management and other support.



- 2.4 There are around 2300 service users in their own homes with eligible needs and around 40% of them, who have minimal savings and limited income from state benefits, will continue to receive **free** means tested care services. They will only be affected by the fixed rate charges shown in paragraph 3.2.
- 2.5 The council provides intermediate care and reablement services (either at home or in residential care) free of charge for up to 6 weeks. If, in exceptional circumstances, a service continues beyond 6 weeks the person is means tested and may be charged up to £24 per hour for home care.
- 2.6 Most people have care provided by an external agency where lower fee rates are set and agreed under the council's contracted terms and conditions. The contract fee for standard home care with an approved agency is proposed to be £17.83 per hour from April 2018 but rates can vary. People who have over £23,250 in savings will be required to pay the full fees charged by private agencies but most people will pay less in line with their financial assessment.
- 2.7 Around 47% of service users are assessed to contribute an average of around £50-£60 per week, usually based on their entitlement to disability benefits. The proposed new maximum charges shown in 3.2 will not affect charges for these people but they may be affected by the increase in the fixed rate charges.
- 2.8 Around 13% of service users pay the maximum charge for in-house home care and day care. This affects people with savings over the threshold of £23,250 and also affects a small minority of people with very high income, or a low cost care package.
- 2.9 The maximum charge for in-house Day Care is recommended to increase to £38 per day. This increase will only affect people who are assessed as able to pay this amount.

#### **Fixed Rate Charges – (not means tested)**

- 2.10 Flat rate charges for transport to day centres or other activities have fallen behind inflationary increases in travel costs. It is, therefore, recommended that the return journey charge is increased by 5.5% to £3.90 per return journey from April 2018.
- 2.11 There is only one in-house day centre that provides a nutritious two course meal on the premises and it is recommended that the fixed charge for this





service should be increased from £4.50 per meal to £4.70. This charge includes beverages and small snacks during the day.

### **CareLink Plus Services:**

- 2.12 The 2018/19 proposal is for the charges to remain the same for the main CareLink Plus services. That is:

£18.50 per month standard CareLink package (no change)

£22.17 per month enhanced\* CareLink package (no change)

(\*level of package depends on the range of telecare required”

- 2.13 Since 2011 the standard package has increased from £14 per month to £18.50 but having no further increase next year will enable CareLink Plus to support the continued growth of the service. There are currently 3617 household carelink users in addition to alarm monitoring provided in sheltered accommodation. The service plans to increase this number by a further 200 users during 2018/19 through public awareness campaigns and by working with Health & Social Care professionals to encourage appropriate referrals. A report to the Health & Wellbeing board in June 2016, showed the significant preventative value of the service.
- 2.14 CareLink Plus also provides an alarm service to customers who have no landline telephone. This works over the mobile phone network (GSM) and due to higher equipment and operational costs an additional charge for this service is recommended at £24.50 per month.
- 2.15 A free service may be available to carelink users through a needs and financial assessment process.

### **Charging for Carer’s services**

- 2.16 The Care Act empowers councils to charge for the direct provision of care and support to carers. The recommendation is not to charge carers in recognition of the significant value of the care they provide to vulnerable people.

### **Residential Care**

- 2.17 There are specific government regulations for the residential care means test. People with over £23,250 in savings pay the full cost and all others contribute towards the costs from their income. The council has very limited provision of in-house residential care and it is mainly used as a respite service or an emergency service. The cost for this kind of service is typically much higher than for long term care and it is proposed to increase the maximum charge to £120 per night.



## **Deferred Payment Agreements: (DPA)**

- 2.18 The Care Act requires council's, in specified circumstances, to "loan fund" care home fees, where the resident is assessed to pay the full fees because they own a property but they are not immediately able or willing to sell it. Council's may charge for this service and it is proposed to increase the set up fee for DPAs by 3.5% from £495 to £512. This is based on the estimated average administrative cost for a DPA during the lifetime of the agreement including a legal charge on property, ongoing invoicing costs and termination costs.

## **Home Care Brokerage Charge for self-funding service users**

- 2.19 Where people have savings over £23,250 and ask the council to contract with a non-residential service provider on their behalf, the council has a fee for this service. This covers the additional work to procure and set up the contract with the care provider, set up financial arrangements and provide contract monitoring. It is recommended that brokerage fees are increased as follows:

- a) From £260 to £270 for the initial one-off set-up fee for new service users
- b) From £80 to £83 per annum for review, amendments, variations and general administration during the year.

## **2.20 Comparison with East Sussex and West Sussex Charges.**

See Chart overleaf:



2017/2018 - in-house service maximum charges

Local Authority	Home Care Charges, Hourly Rate	Alarm Call Charges, Monthly	Day Centre	Day Centre Meal charges	Transport Return Journey	Residential Care Home	Deferred Payment Annual Fee	home care brokerage initial fee / annual fee	proposed Changes to Charging Policy for 2018/19
			attendance						
<b>Brighton - Hove</b>	£23.00	standard £18.50	£36.00	£4.50	£3.70	£115.67	£495	£260 / £80	average increase at 3.5% rounded up
<b>East Sussex</b>	no service in house	£12.35	£30.00	£3.40	£2	£88.00	£1,067	nil but soon to introduce	not known yet
<b>West Sussex</b>	no service in-house	no service in-house	£41.00	£4.65	£5.50	no service in-house	£873	£420 / £420	not known yet

### 3. Important considerations and implications

Legal:

- 3.1 It is a function of the Health and Wellbeing Board to oversee and make decisions concerning Adult Social Care. The proposals in the report are consistent with the Council's responsibilities under the Care Act 2014 and the associated Regulations in relation to charging for care services, in particular The Care and Support (Charging and Assessment of Resources) Regulations 2014.

Lawyer consulted: Elizabeth Culbert

Date: 4.1.18

Finance:

- 3.2 Charges for Adult Social Care services are reviewed annually in line with the Corporate Fees and Charges policy. The annual income from charging for in-house non residential services is approximately £1 million, out of the estimated total for non-residential services fees across Adult Social Care of £4.8 million. It is anticipated that the proposed charges will deliver the level of income assumed in the 2018/19 budget strategy including an inflationary increase.
- 3.3 Client income for the Carelink Plus service totals £0.511m per year. By not increasing the charge from 2017/18, additional income of £0.010m will need to be achieved to meet the inflationary increase.
- 3.4 The costs of providing in house services are higher than the proposed charges. The 2016/17 unit costs are:
- Home Care £74 per hour compared to the proposed charge of £24 per hour
  - Residential Care (Older People) £210 per day compared to the proposed charge of £120 per day

Finance Officer consulted: Sophie Warburton

Date: 02/01/2018



Equalities:

- 3.5 All service users are subject to the same means test (nationally set) and will only be affected by this revised policy if they are able to pay. People will not be treated in any way less favourably on the grounds of personal characteristics.

Equalities Coordinator: Sarah Tighe-Ford

Date: 18/01/2018

Sustainability:

There are no sustainability issues.

### **Supporting documents and information**

Appendix1: Current Brighton & Hove City Council Charging Policy





# **BRIGHTON AND HOVE CITY COUNCIL**

## **CHARGING POLICY For Care Services – APRIL 2017 - 2018**

Effective from **10th April 2017**

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- 3.1 The Financial Assessment Process

#### **4. The Financial Assessment Calculation**

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#### **5. Calculations for non-residential services**

- 5.1 Standard allowances
- 5.2 The Disability Related Expenditure assessment (DRE)
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- 5.4 Method of calculation for non-residential services
- 5.5 Assessing Couples.

#### **6 Charging for permanent Residential Care and Nursing Homes**

#### **7 Charging for Residential Care on Temporary Basis**

#### **8 Reassessments and Reviews**

#### **9 Backdating Charges**

#### **10 Notification of Charges**

#### **11 Paying the Contributions**

- 11.1 Care Agencies
- 11.2 Council Services
- 11.3 Direct Payments

#### **12. Recovery of Debt**

#### **13. Appeals and Complaints**

#### **Appendix A Disability Related Expenditure Assessment**

## **1. Introduction and Legal basis for charging for Care and Support**

1.1 This policy is approved by Brighton and Hove City Council and is compliant with The Care Act 2014, Care Act Regulations and Guidance. The aim is to provide a consistent and fair framework for assessing and charging all service users following an assessment of individual needs, and individual financial circumstances. It applies to all service users equitably.

Section 14 of The Care Act 2014 provides councils with a power to charge for meeting a person's eligible needs in a single legal framework. Section 17 of The Care Act requires local authorities to undertake an assessment of financial resources. This will determine the amount a person should pay towards the cost of providing for their needs for care and support whether provided in their own home or in a care home. Some of the rules for residential care differ from non-residential but many are the same.

The policy for non-residential services was originally formulated in December 2002 under consultation with service users and their carers. This has been revised to take account of the requirements of the Care Act 2014. For the purposes of this policy, an adult is a service user aged 18 and over.

### **1.2 The services included for this financial assessment policy are:**

Residential Care including Nursing Homes  
Supported Accommodation\*  
Shared Lives Schemes\*  
Home Care  
Day Care, Day Activities  
Community Support / outreach services  
Money Advice and money management services  
Direct Payments / Personal Budgets for any services  
Tenancy Support (Supporting People) including Carelink alarm systems  
Adaptations over £1,000

\*People in Shared Lives and Supported Accommodation schemes, in addition to any assessed care and support charge, will also be responsible for paying rent, food and utilities from their own income, usually including Housing Benefit or universal credit.

### **1.3 Services excluded from charges are:**

All Daily Living Equipment  
Adaptations under £1000  
Services provided under Section 117 of the Mental Health Act, "after care" services.  
Intermediate Care and Reablement Services for the first 6 weeks  
Any Care funded under Continuing Health Care by the Health Authority  
Care and support provided to people with Creutzfeldt-Jacob Disease;  
Assessment of needs and care planning

### **1.4 Care and Support for Carers**

There is no charge to carers for any services provided directly to them during 2017/2018. This policy will be kept under review. Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.



## **2. From April 2017 the maximum charges for non-residential services are:**

### **2.1 Home Care provided by the council, including all forms of support at home £23.00 per hour**

(Please note that the charge is double where two carers are provided)

The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £23 per hour.

### **2.2 Day Care / Day Activity provided by the council (for any time period) £36.00 per day**

The maximum charge for care provided by an independent agency will depend upon the fees set by them. This can vary between providers but is usually less than £20 per hour.

### **2.3 Additional Fixed Rate charges**

Any meals provided at a Day Centre and any transport costs will not form part of the assessed charge as they substitute for ordinary daily living costs.

**These charges are payable in addition to assessed contributions.**

Meals at a day centre      **£4.50 per meal**

Transport to day centres    **£3.70 per return journey**

## **3 The Financial Assessment Process**

3.1 The financial assessment follows the care needs assessment. When care needs have been assessed, details are passed to the Financial Assessment team who will usually make arrangements for a personal visit to the service user or their representative. In some cases it may be possible to complete an assessment over the telephone or by post or email but information will be subject to full verification. Where a person lacks mental capacity to complete a financial assessment we will consult someone with Power of Attorney for Property and Affairs or a Deputy under the Court of Protection. If there is no person with a formal authority we can discuss with someone who has been given Appointeeship by the Department of Work and Pensions (DWP) or any other person who is dealing with that person's affairs.

We will:

- (a) Gather financial information from the service user or their representative and have sight of relevant documentation for verification purposes e.g. Bank statements, property valuations, completion statements etc.
- (b) Assist with the completion of the Financial Assessment Form which is signed as a correct statement by the service user or their representative
- (c) Arrange for "Forms of Authority" to be signed if any information needs further written verification from the asset holders, building societies etc.
- (d) Complete postal assessments and any further financial enquiries and verification
- (e) Undertake a Welfare benefits check, either directly with the person or remotely from council and DWP records and we will help with benefit claims if applicable.
- (f) Provide written notifications to service users of the chargeable amount
- (g) Notify the care provider of the charge for their collection (in some cases).
- (h) Arrange for invoices to be sent to the service user by the council's Central

Collections Team (in some cases)

#### 4. The Financial Assessment Calculation for all services

First we take account of Capital and Savings (see “tariff income” at 4.1)

Then we take account of income

Then we make allowances for various types of expenditure

The difference between the income calculation and the expenditure allowances is the amount charged for care services.

The amount charged will depend upon whether the service user needs a Residential Care Home service or other services while remaining in their own home (known as “non-residential services”).

##### 4.1 Treatment of Capital and Savings

**People with over £23,250 in capital and savings pay the full cost of any service from the start date of the service.**

People who do not want to disclose full financial information may opt to pay the full cost without going through a financial assessment.

People who are unable to show that they do not have savings above £23,250 will pay the full cost from the start of the service.

Where a person needs permanent care in a residential care home or nursing home, the net value of their former home, if owned by them, will be taken into account when calculating their level of savings and capital.

Where care needs are met in a person’s own home, the main residence occupied by the service user will not be taken into account but the value of all other forms of capital and savings will be taken into account, including any other property, eg second homes, holiday homes, whether or not they are rented out and whether they are located in this country or abroad. Where a property is not occupied as a main home, for example where the person has moved out to live with other family members or to live in rented accommodation, the property value will be taken into account for charging purposes. The only exception to this rule is where the person is taking steps to occupy that home. In this case the value will be disregarded for a maximum of 26 weeks.

We take into account any form of savings irrespective of where and how they are invested (with the exception of special complex rules regarding capital held in a trust and capital held in investment bonds with Life Assurance). (Note that, where funds are held in trust, or in a disregarded savings bond, the financial assessment will seek to determine whether any income received should be included or disregarded. Copies of trust documents (e.g. Trust Deeds, Will Settlements etc.) must be provided for verification.

The capital limits are currently £23,250 upper limit and £14,250 lower limit with effect from 10/04/2017. Any capital above £14,250 is calculated as “tariff income” which is calculated as £1.00 per week for every complete £250 or part).

People with more than £23,250 held in their own name, or held in their share of joint accounts, or in accounts held by another person on their behalf, will pay the full cost of the care service. **This charge applies from the start date of the service.**

Where a person is liable for the full cost of care provided at home and chooses to use the Council to contract a care service on their behalf the council will make a charge of £260 for the initial contract set-up fee and then £80 per year administration charge thereafter.

#### **4.2 Notional assets, savings or income included in the financial assessment:**

If a person has gifted any savings, investments, income or property to another person, prior to, or whilst receiving any care services, any such amounts will usually be included in the financial assessment as though they remain in their own possession. This is called “notional capital” or “notional income”. This may also apply where a person has spent down their capital more significantly than would usually be the case. Consideration will be given to exceptional circumstances.

This is sometimes referred to as deprivation of assets and can include transfer of ownership or conversion from one kind of asset to one that would otherwise be disregarded. In all cases, it is up to the person to prove to the council that they no longer possess the income or asset and the council will determine whether to conduct an assessment as to whether deprivation has occurred. Where notional assets are included in the assessment and the person is unable to pay the charges, the council may charge the person who received the monies to pay for the costs of care services.

Notional capital or income will also be taken into account if a person is not claiming monies to which they are entitled.

#### **4.2 Income to be taken fully into account**

Income includes **most state benefits** means tested and non-means tested, including State Retirement Pension, Pension Credit, Employment and Support Allowance, Income Support (including all premiums for age, family and disability), Job Seekers Allowance, Attendance Allowance, DLA and Personal Independence Payments (PIP) care component, Universal credit etc.

And all other Income: **(subject to exceptions below in 4.3)**

Occupational Pensions

Private Pensions

Income from annuities

Trust Income

Income from charitable or voluntary sources (subject to £20 per week disregard)

Rental Income / lodging payments (including other persons in the household)

Where another person, who is not a spouse or partner or civil partner or a dependent child, lives in the household of the service user (e.g. relatives, friends, lodgers etc.) the payments they make towards the household expenses will be taken into account as income.

Where no actual payments are made by the person living in the household there will be an assumed income of one third of the basic Income Support allowance as a contribution towards general household living costs.

#### 4.3 Income to be disregarded

Earnings are disregarded.

(Earnings consist of any remuneration or profit derived from employment or self-employment, including bonus or commission and holiday pay but excluding reimbursement of expenses and any occupational pension)

DLA (Mobility Allowance)

PIP – Personal Independence Payments – Mobility Element only

War pensions payable to those in service

War Pensioners Mobility Supplement

War Widow(er) Special Payments

Tax credit income (related to earnings)

Child Tax Credits

Child Benefit

Child Support Maintenance payments

Pension Credit “**Savings Credit**” Payments are disregarded for non-residential services but there are other special rules for residential care with a partial disregard

### 5. Assessment for non-residential services

#### 5.1 General Living Allowance – known as MIG (Minimum Income Guarantee)

Local authorities must ensure that a person’s income is not reduced below a specified level, after charges have been deducted. The allowance rates are set out in the Care and Support (Charging and Assessment of Resources) Regulations and are reviewed by the Department of Health every April. This allowance is for people who live in their own home and is intended to cover general living expenses including food, utilities, fuel, transport, leisure, insurances, pets and other miscellaneous living costs and includes any debts relating to these expenses.

In this policy single people or people in a couple will be given the following weekly allowance irrespective of the age of the service user.

£189 per week for single people

£145 per week for one person in a couple

5.2 Where there are dependent children living in a household, the weekly allowance rates for adults differ according to age and other circumstances and the general allowance is calculated in accordance with Government Guidance as follows:

Where the adult is a single person the basic weekly allowances are:

a) aged 18 or older but less than 25, the amount of £72.40;

b) is aged 25 or older but less than pension credit age or is a lone parent aged 18 or over, the amount of £91.40.

c) has attained pension credit age, the amount of £189.00.

Where the adult is a member of a couple the basic weekly allowances are:

a) one or both are aged 18 or over, the amount of £71.80;

b) one or both have attained pension credit age, the amount of £144.30.

**Additional weekly allowances apply as follows:**

1. For each dependent child living in the household an additional allowance of £83.65

2. For a single person with:

a) Disability premium, the amount of the additional allowance is £40.35;

b) Enhanced disability premium, the amount of the additional allowance is £19.70.

For one member of a couple in receipt of:

a) Disability premium, the amount of the additional allowance is £28.75;

b) Enhanced disability premium, the amount of the additional allowance is £14.15.

3. When in receipt of carer premium, the amount of the additional allowance is £43.25.

## 5.2 The Disability Related Expenditure assessment (DRE)

Service Users will be asked to list any additional expenses, extra to the standard allowances explained in 5.1 that arise specifically as a consequence of disability. Examples of such expenditure and verification methods are set out in **Appendix A**.

## 5.3 Housing Costs

Allowances are given for the following housing costs:

- Rent (net of Housing Benefit - or Universal Credit)
- Council Tax (net of Council Tax Reduction and discounts)
- Minimum mortgage repayments (as a substitute for rent) excluding enhanced mortgage payments.  
Ground Rent and Maintenance (except costs already allowed in the standard living allowance eg. Lighting, heating, Hot water, etc.)
- Water Rates / Metered Water Costs

No Allowance for rent will be made where the service user lives in another person's household and there is no legal liability for rent payments. This is because any charge made for living in the other person's household will be deemed to be covered by the general living allowance of at least £189 per week. Where the person is not liable for these costs, but contributes towards them through a private board agreement or similar, then the service user will be expected to meet this expenditure from their general living allowance.

## 5.4 Method of Calculation for non-residential services

a) Income less expenditure and allowances equals "assessable income"

b) Assessable income is rounded down to the nearest whole pound.

c) There is no charge if this is below £3.00 per week

d) Note that where the actual service costs are less than the assessed charge, the lower amount will be charged.

e) Note that for adaptations over £1000, the weekly charge will be calculated in the same way but the charge will be payable for a maximum of 7 years. No charge will be made once the cost of the adaptation has been repaid. For example, if the cost of the adaptation is £3000 and the person is assessed to pay £50 per week, charging will cease after 60 weeks as the full £3000 will have been repaid.

## 5.5 Assessing Couples

When assessing one member of a couple, that person will be assessed on their own resources: Where the total savings and assets of the service user are over £23,250, including any beneficial interest in savings held by their partner or any other person, the full cost of care services will be charged

- 100% of solely owned and 50% of all jointly owned capital will usually be taken into account unless there is evidence of an unequal share, in which case a different percentage will be used.
- All assessable income appropriate to the service user will be taken into account.

Where benefits are paid at the couple rate, the benefit income will be apportioned. In these cases we will usually presume the service user has an equal share of the income unless it is clear that this is not the case and consideration will be given to both partners' circumstances.

\*Note: Savings and capital are normally defined as belonging to the person in whose name they are held. However in some cases there may be a beneficial ownership for a partner, eg., where they have the benefits of ownership, even though the title of the asset is held by someone else or where they are able to make or influence transactions. The origin of the income and capital will be considered and the intentions for future use and may be considered as notional income or capital. For this reason, financial assessments will be completed by reference to all income, savings and expenditure of the household.

- 50% of a couple's eligible household expenditure will usually be allowed for
- Eligible Disability Related Expenditure relating to the individual service user will be allowed for

A further general living allowance will be given in line with statutory regulations but rounded up to the nearest pound (£145 per week) and applicable to all age groups.

Regulations: MIG Allowance (minimum income guarantee)

- 7(4) Where the adult concerned is a member of a couple and— a...  
b) one or both have attained pension credit age, the amount of £144.30.

## **6. Residential Care: Charging for care homes for permanent residents**

6.1 Only where a person has been assessed as having an eligible care and support need will a financial assessment be necessary to determine whether or not they must pay the full fees.

6.2. Charges for residential care are payable from the date care commences.

6.3 Property will usually be taken into account for charging purposes unless the resident is taking steps to occupy that home. In this case the value will be disregarded for a maximum of 26 weeks. Property is disregarded where it is occupied by a spouse or partner or another relative aged over 60 or disabled.

6.4 The Financial Assessment will take into account income, capital and the value of any assets. The charging calculation will take into consideration any mandatory disregards of income, capital and property as defined in the Charging for Care and Support Statutory Guidance.

6.5 The Assessment will allow the prescribed minimum personal allowance known as the 'Personal Expenditure Allowance' (PEA). This is £24.90 per week from April 2017. Some people may also qualify for an additional Savings Credit Disregard depending upon the level of their income and state benefits.

6.6 Where someone chooses to live in a care home with fees above the council's set fee rates they must identify a person, known as a third party, to meet the additional cost. This additional cost is often called a 'top-up'. The local authority has the right to refuse this option if the extra costs cannot be met over a sustained length of time.

6.7 The third party must confirm they are able to meet the costs of the top-up for as long as the resident remains in the care home and they will be asked to enter into a formal agreement.

6.8 People who own a property may be eligible to defer the cost of part of their care home fees costs. They will need to agreed to a legal charge against the value of their property and this is known as a Deferred Payment Agreement. Details of this scheme can be found in the council's separate Deferred Payment Agreement information sheet.

## **7. Charging for Residential and Nursing Home care on a TEMPORARY basis**

7.1 The council will financially assess and charge people having a temporary stay in a care home from the start date of the service.

7.2 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

7.3 Where a person's stay is intended to be permanent, but circumstances change and the stay is temporary, the council will charge on the basis of a temporary stay.

7.4 The financial assessment for temporary stays will disregard the person's main or only home where the resident intends to return to that home.

7.5 The financial assessment for a temporary stay will treat income and capital in the same way as for permanent residential care with the following exceptions:

- Disability Living Allowance or Attendance Allowance or Personal Independence Payments will be disregarded
- Where Severe Disability Premium or Enhanced Disability Premium are in payment, these will be included in the assessment.

7.6 Liabilities for rent, mortgage interest and water rates are taken into account.

## **8. Financial re-assessment reviews for all Services**

a) Where someone receives a new or backdated state benefit, such as Attendance Allowance, Severe Disability Premium etc. Note that charges will be backdated to the date of the DWP award for the additional benefit. (Actual payments from DWP may be later).

b) At any time where the council discover an amendment to the financial information previously provided: e.g. Inheritance, previously undisclosed property, savings or income, including benefits (this can lead to additional charges being backdated).

c) Where a person notifies the council that their circumstances have changed

- d) Where there is a significant change to Government regulations, state benefit entitlements or charging policy revisions
- e) Benefit Uprates for residential care in April of each year.
- f) Otherwise, financial reviews will take place over a period of time

## 9. **Backdating charges**

Charges will usually date from the start of the service.

Backdated charges apply where additional benefits have been successfully claimed. People will be advised of this policy in writing and will be required to pay the additional charge from the date they are found to be eligible for the benefit. This may include a period of backdated payment from the DWP.

Where people have not provided correct financial information, backdated assessments and charges will usually apply from the start of the service or from the date any additional assets were acquired.

Sometimes, for residential care, we are unable to establish the extent of a person's income in a timely manner but as the resident is receiving full care and board, the charge will be backdated once the information is available to calculate the charge.

Where it is found, at any time, that a person still has or had, over £23,250 the full cost will be backdated to the start date of the service.

## 10. **Notification of Charges**

The outcome of the financial assessment and charge information will be confirmed in writing. This might provide a provisional charge pending the production of evidence of income, capital, costs of disability, or awaiting the outcome of additional benefit claims. If all information is complete the notification will provide details of the final assessment.

## 11. **Paying the contributions**

### 11.1 **Care Agencies:**

Where the person has capital over £23,250 and is therefore assessed to pay the full cost of all care services, **they will pay the agency direct**, upon receipt of an invoice from them or by standing order. If the service user fails to pay the provider, further action will be taken.

Where the service is provided by an independent care agency and the person does not have to pay the full cost but does have to pay a contribution towards the home care fees, **the council** will invoice the service user, monthly in arrears.

### 11.2 **Council Services:**

Where the service is provided directly by the Council the service user will receive an invoice, monthly in arrears, from the Council's Central Collections Team.

### 11.3 **Direct Payments for care services**

Where the service user receives Direct Payments in order to purchase their own care services, they will be required to pay their contribution into their Direct Payments account. The preferred method is for the service user to set up a standing



order from their personal bank account into the Direct Payments account. Where a charge applies, the service user must pay this into the account first, to cover the first part of the care costs, and the council will pay the remainder of the agreed eligible care costs into the account on a 4 weekly basis.

## **12. Recovery of Debt**

- a. Where a person fails to pay the amount they have been assessed to pay for arranging care and support, the Care Act 2014 provides the council with powers to recover money owed
- b. Action for recovery of debt extends to the service user and their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment.
- c. The council will only proceed with Court action where alternatives have been exhausted. Any proceedings will go through the County Court.
- d. The council will deal with each case of debt on an individual basis and all circumstances will be carefully considered.

## **13. Appeals and Complaints**

Service users have the right to ask the Council for a review of the assessed charge if they consider it to be unreasonable.

The appeal will involve the following checks:-

- That income included in the assessment is correct
- That the standard disregards/allowances are correct
- That all eligible additional disability costs have been included
- That any further exceptional circumstance has been considered which may warrant special discretion.

The Appeal Decision is initially made by the Head of Financial Assessments to ensure consistency and equity with other service users and provides an information base of exceptional decisions. The appeal should be completed within 4 weeks of referral including written notification of the outcome. If the service user is still dissatisfied they can use the complaints procedure.

### **Diversity and equality**

The council is committed to the broad principles of social justice and is opposed to any form of discrimination. It embraces best practice in order to secure equality of both treatment and outcome. The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or personal beliefs.

### **Summary of Publications**

The following publications have been referred to in the compilation of this policy

- The Care Act 2014
- The Care Act 2014 Regulations Part 1
- The Care Act 2014 Care and Support Statutory Guidance
- Mental Health Act 1983

## APPENDIX A - Assessing the costs of disability for non-residential care

“Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority”

Evidence of actual expenditure may be requested at the Council’s discretion.

Where receipts have not been kept, a council may request that this be done for future expenditure. It is legitimate for Councils to verify that items claimed have actually been purchased, particularly for unusual items or heavy expenditure.

Generally the items allowed for should be based on actual past expenditure; though in some cases estimates of annual spending based on available evidence will need to be made. Spending not yet incurred should not be allowed. It is not practicable for assessments to take account of expenditure users would incur if they had more income.

If, despite a request to keep future receipts, users fail to do so, it may be reasonable for Councils not to include this in the assessment.

The following allowances may be agreed but is not an exhaustive list of disability-related costs. It is reasonable to expect that most people would not qualify for the full range of allowances. These allowances should align with information gathered during the care assessment and should be identified in the Care Plan.

The council would not expect to allow costs that should otherwise be met by other agencies, such as the NHS. This includes therapies, such as physiotherapy, and to chiropody and continence pads

### DISABILITY EXPENDITURE ALLOWANCES 2017-2018

Additional fuel allowances where costs exceed the average as set out below:

Figures for 2016/17	Standard Inc. South		
Single person - Flat/Terrace	£1129.28		
Couple – Flat/Terrace	£1489.90		
Single person – Semi Detached	£1199.43		
Couples – Semi Detached	£1580.80		
Single – Detached	£1459.28		
Couples – Detached	£1923.64		

Notes - consideration will be made for additional householders contributing to household costs.

- if bills not retained, copies to be provided within 28 days. If not provided within this timescale the allowance will apply from the date that the evidence is provided.
- Winter Fuel and Cold Weather Payments are disregarded.

<b>ITEM</b>	<b>AMOUNT</b>	<b>EVIDENCE</b>
Community Alarm System	Actual cost to service user	Bills from provider
Private care and domestic help	Where part of Care Plan and Council funded care reduced accordingly.(does not usually allow payment to close family members)	Signed receipts for at least 4 weeks Maximum £12 per week if no receipts
Laundry/Washing Powder	£3.65 per week	Care Plan identifies continence problem. Allowance applies where more than 4 loads per week
Dietary	Discretionary as special dietary needs may not be more expensive than normal	Details of special purchases – Maximum £6 per week
Gardening	Discretionary based on individual costs of garden maintenance	Signed receipts for at least 4 weeks using a proper receipt book Maximum £12 per week
Wheelchair	£3.80 per week manual £9.23 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered bed	Actual cost divided by 500 (10 yr life) up to a maximum of £4.20 per week	Evidence of purchase if available
Turning bed	Actual cost divided by 500 up to a maximum of £7.36 per week	Evidence of purchase if available
Powered reclining chair	Actual cost divided by 500 up to a maximum of £3.34 per week	Evidence of purchase if available
Stair-lift	Actual cost divided by 500 up to a maximum of £5.95 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £2.91 per week	Evidence of purchase without DFG input
Prescription Charges.	Cost of an annual season ticket divided by 52 or actual cost of prescriptions whichever is less.	Where ineligible for free prescriptions
Transport.	Discretionary based on costs that are greater than those incurred by the general public.	Evidence in Care Plan for transport needs where person cannot use public transport–max £12 per week

Note: - Mobility Allowance cannot be included in the normal financial assessment as an income but the statutory guidance states that transport costs should be allowed where necessitated by illness or disability, over and above the mobility component of DLA if in payment. Therefore no further transport costs are allowed if Mobility Allowance covers them.





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

Title:	Brighton & Hove Safeguarding Children Board Annual Report 2016/17	
Date of Meeting:	30 January 2018	
Report of:	Chris Robson (LSCB Chairperson)	
Contact:	Mia Brown (LSCB Business Manager)	Tel: 01273 280728
Email:	<a href="mailto:Mia.brown@brighton-hove.gcsx.gov.uk">Mia.brown@brighton-hove.gcsx.gov.uk</a>	
Wards Affected:	All	
<b>FOR GENERAL RELEASE</b>		
<b>Executive Summary</b>		
<p>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.</p> <p>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.</p> <p>This paper is presented for information.</p>		
<b>Glossary of Terms</b>		
<p>LSCB – Local Safeguarding Children Board          CDOP – Child Death Overview Panel</p>		

## 1. Decisions, recommendations and any options

That the Health & Wellbeing Board:

- 1.1 Notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.
- 1.2 Note LSCB achievements and challenges on page 8.

## 2. Relevant information

- 2.1 The LSCB is required to produce an annual report that outlines the progress it has made over the last year in respect to safeguarding and promoting the welfare of children and young people.
- 2.2 The report covers the period 1 April 2016 to 31 March 2017 and briefly summarises all the activity undertaken by, and on behalf of the Board over the past year.

### In summary:

- 2.3 This year we undertook two multi-agency audits, looking at the safeguarding partnership's recognition of and response to child sexual exploitation and neglect – you can read the outputs of this work on page 20.
- 2.4 One Serious Case Review was published in 2016-17 and one Learning Review concluded within the year. Two Serious Case Reviews were initiated and findings were pending as at 31 March 2017 see pages 21 and 22 –both have since been published.
- 2.5 Between April 2016 and March 2017 the CDOP was notified of 11 deaths of children who were resident in Brighton & Hove which is a decrease in numbers of deaths since last year – see page 29 and 30 for more information.
- 2.6 LSCB multi-agency training was attended by 1,042 practitioners – an increase of 139% from the year before –see pages 23 and 24. 458 professionals attended events during the Learning Together to Safeguard the City week in 2016. The week was once again run in a collaboration between the LSCB, the Safeguarding Adults Board and the Safe in the City Partnership Board, as well as Brighton & Hove City Council and other statutory partners and a range of charities and community groups.
- 2.7 This year we have included a section in the annual report detailing partner's internal and external reviews- see pages 17 and 18.
- 2.8 Throughout the year a number of agencies that comprise the Board have faced challenges including the organisational churn and change of structural reform. You can read about their activity to improve outcomes for vulnerable children from page 30.

2.9 Each year the LCSB faces a number of challenges and while ours are listed out fully in page 8 of the report we would like to highlight some of our achievements:

- We are more informed than ever on the numbers of children who are victims of child sexual exploitation and the effectiveness of arrangements to respond to this crime.
- We have successfully embedded learning from serious case reviews and quality assurance work into our multi-agency learning offers.
- We have re-focused our commitment to ensuring that strategic and operational responses to abuse and neglect are informed by the views and experiences of children and young people.
- Following quality assurance activity a Multi-Agency Child Neglect Consultation Group has been developed to offer a safe reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue.
- As a consequence of a Learning Review arrangements for initiating and progressing legal interventions to remove children from their parent's care have been improved – ensuring a truly multi-agency approach and mitigating the risk of relevant information not being presented to the court which could delay or prevent the child being safeguarded.

2.10 In 2017/18 we know that the LCSB will continue to face challenges and an uncertain future. Ours are fully listed in page 8. However we would like to highlight:

- We still need to influence the implementation of Operation Encompass and be assured that Early Help and support is offered to children following an incident of domestic violence.
- A Multi-Agency Child Sexual Abuse Strategy & Action Plan needs to be developed.
- A delayed start to the Neglect Strategy has meant this has not been completed within year 1 of the business planning cycle.

### 3. Important considerations and implications

Legal:

- 3.1 The Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB). There is a requirement under the Children Act 2004 (as amended by the Apprenticeship, Skills, Children and Learning Act 2009) that at least once in every 12 month period, a LSCB must prepare and publish a report about safeguarding and promoting the welfare of children in its local area. The report is to be submitted to the Children and Young People's Committee, the Brighton & Hove Health and Wellbeing Board, and all member agencies.
- 3.2 Section 14(1) of the Act defines the objective of an LSCB as (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established, and (b) to ensure the effectiveness of what is done by each such person or body for those purposes. Whilst the LSCB has a role in coordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains its own existing lines of accountability for safeguarding and promoting the welfare of children by their services.

Lawyer consulted: Natasha Watson

Date: 19/01/2018

Finance:

- 3.3 The full financial breakdown, plus the budget forecast for 2017 -18, can be read on page 60 of the annual report. It is important to note that the LSCB budget does not represent the true costs of the Board's business and development work and some 'hidden' costs are subsumed within the City Council and other partners' budgets.
- 3.4 There are no financial implications directly resulting from the recommendations of this report. The financial information presented in the LSCB Annual report is accurate and a true reflection of the LSCB financial position within Brighton & Hove City Council's accounts.

Finance Officer consulted: Brian McGonigle

Date: 04/01/2018



Equalities:

- 3.5 The LSCB through the City Council and other partner agencies will continue to work to ensure all children and families have access to safeguarding services – particularly those who are less able to communicate due to age, disability, language or for other reasons. The work of the Board contributes to improved community cohesion. Throughout the year there has been much public engagement work and the Board has developed a new website and other communication methods to increase community engagement with the work of the Board.

:

Equalities Coordinator: Sarah Tighe-Ford      Date: 18/01/2018

Sustainability:

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

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

Covered within the paper and annual report.

## **Supporting documents and information**

Appendix1: Annual Report 2016 – 17



# Brighton & Hove Local Safeguarding Children Board Annual Report 2016-17

Safeguarding doesn't  
have a season



**We all have a role to play in protecting children & young people from abuse  
and neglect all the time**

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## Foreword by Independent Chairperson

This will be my final report as Independent Chair of Brighton & Hove Local Safeguarding Children Board. I have had the great privilege of chairing Brighton & Hove LSCB for four and a half years. I have greatly valued my involvement with the Local Safeguarding Children Board and I am enormously grateful to the dedicated staff across the partnership I have met, the children, young people and communities who have contributed to the work of the Board, the dedicated safeguarding professionals in the city, the Board and the committed staff in the LSCB Business Support Team. There is no more meaningful venture than working together to keep children safe.

I write this foreword days after the appalling Manchester bomb attack in which 22 people, some of whom were children, tragically lost their lives whilst simply enjoying a concert, and the BBC screening of a three-part drama based on the true stories of the child victims of grooming and sexual abuse in Rochdale. These incidents, amongst many, many others, highlight that the current environment within which children and young people's interests are safeguarded is possibly at its most challenging.

As discussed in [last year's annual report](#) the Board met for its development day in June 2015 and agreed the next three years strategic priorities. This report covers the first year of the [Board's Strategic Plan 2016 -19](#) and as you will read this year has been mainly concerned with making sure the plan is appropriately focused on the outcomes for children and young people, with milestones informed by the changes we want to see made. You will see that we have made steady progress. At points in the year it felt like we had made real achievements (see page 8) and then something else demonstrated that despite this progress we needed to do more (see page 21-22) to be assured that all the children and young people in the city were safe, happy and achieving their very best. It remains the Board's ambition to ensure the children of Brighton & Hove get the service they deserve.

This year we continue to see high numbers of children who need the support of a child protection plan, increased levels of stress in families and high demand for mental health services.

On 27 April 2017, the Children and Social Work Bill was enacted, formally abolishing the current arrangements for LSCBs and replacing them with new requirements on the Council, the Police Service and the NHS to take the lead in child protection issues. I am confident that partners in Brighton & Hove will ensure that there is effective continuity from the present arrangements.



A handwritten signature in black ink, appearing to read 'G. Bartlett'.

Graham Bartlett  
Independent Chair Person,  
Brighton & Hove LSCB

## Introduction

Each Local Safeguarding Children Board is required to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.

This Annual Report provides a transparent assessment of the performance and effectiveness of the partnership arrangements to safeguard and promote the wellbeing of children and young people in Brighton & Hove during 2016-17.

The report examines how the Brighton & Hove Local Safeguarding Children Board discharged its statutory role and functions as defined in national guidance Working Together to Safeguard Children (2015).

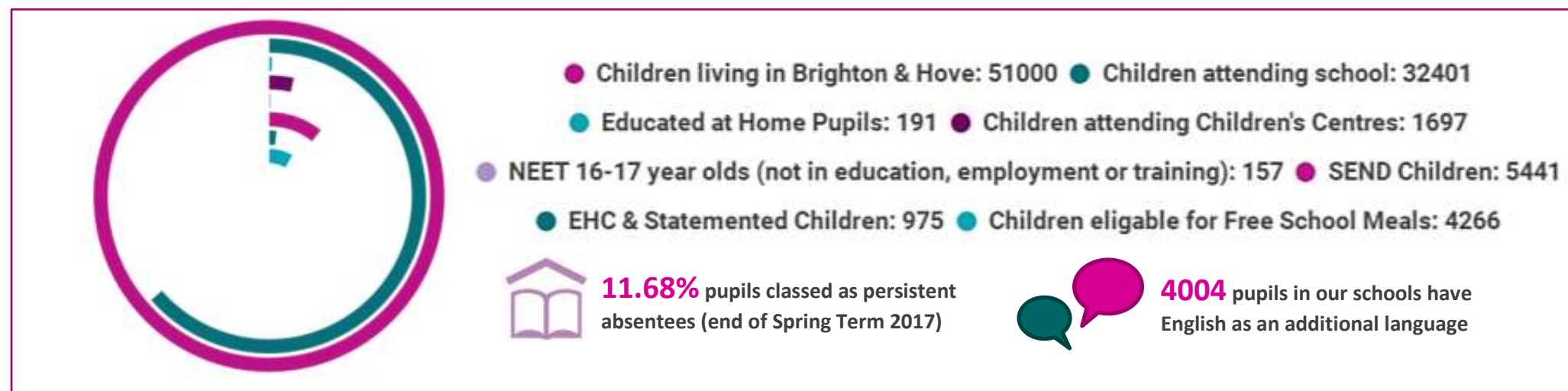
## Our Values

The following shared values underpin and guide the work of the LSCB and are promoted by all Board Members.

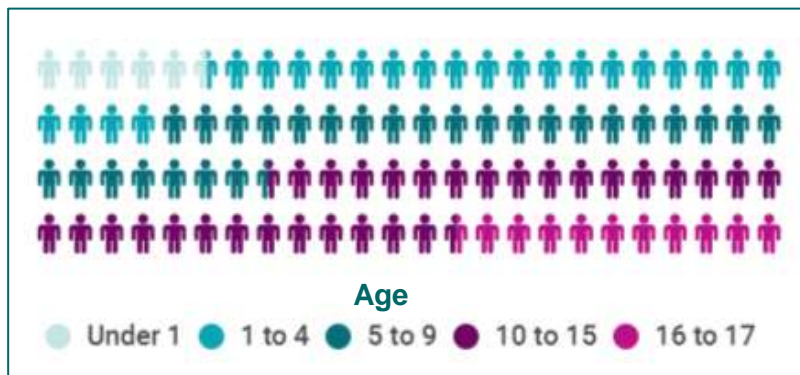
- All children should be safe from abuse and neglect
- We prioritise the safety of children over everything else we do
- We are committed to the changing needs of all children in Brighton & Hove, particularly those who are vulnerable to risk
- We collaborate with agencies and challenge them in a shared responsibility to safeguard children
- We are dedicated to early help
- We listen to children, young people, families, our practitioners and their managers – their involvement shapes what we do

## Brighton & Hove and Our Children 2016-17

Children aged 17 and under, make up nearly **a fifth** of the population of Brighton & Hove (18%), with **51,000 children** living in the city in 2016-17.







There were **151 children** allocated to the Children's Disability Team at 31 March 2017

**21%** of children in the city are Black, Asian or Minority Ethnic (BAME). At 31 March 2016 24.1% of children subject to a Child Protection Plan were recorded as not white British.

**18.1%** of our children are living in poverty. Brighton & Hove was ranked in the third most deprived authorities in England according to the 2015 Index of Deprivation. 10% of the city's neighbourhoods were within the tenth most deprived in England, with the most deprived being in the East of the city.

### Child Protection

There were **11,929 initial contacts** to the Multi Agency Safeguarding Hub (MASH) in the year ending 31 March 2017, (concerning 7120 children). This is lower than the 11,944 contacts during the previous 12 months.

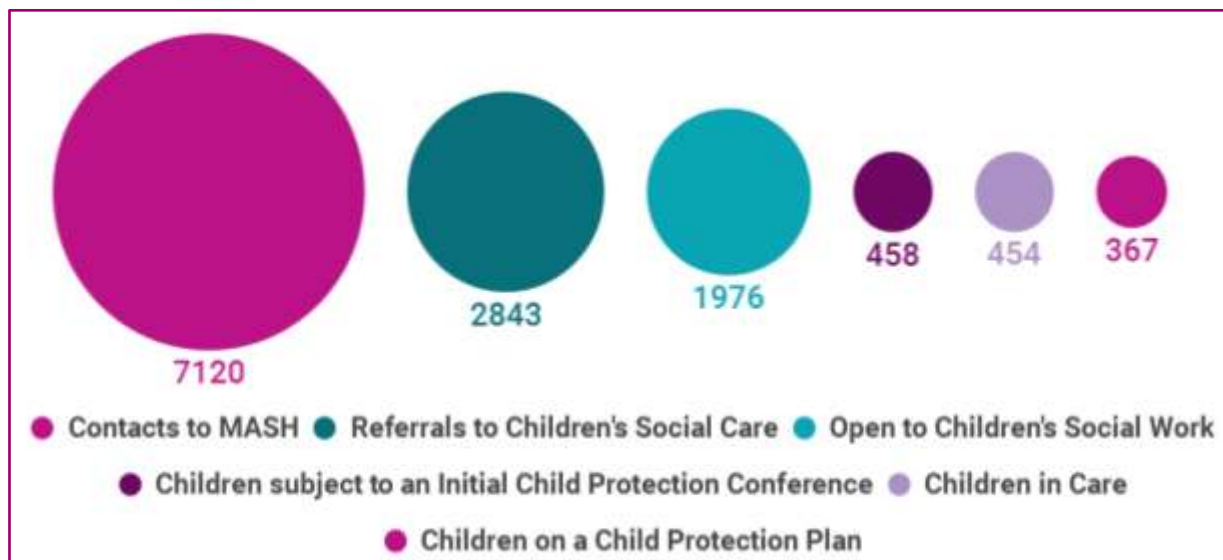
**27% of initial contacts to MASH became referrals to social care** (3198 referrals down from 3249 in 2015-16)

**23% of referrals were re-referrals** (referral within 12 months of a previous referral) above the 2015-16 England average of 22.3%. This is a slight increase from 21% the previous year.

There are **367 children subject of a child protection plan** as at 31 March 2017, down from 389 in 2016. The rate of children subject of a child protection plan per 10,000 children is 71.7, above the 2015-16 England average of 43.1

22% (90) of the **410 children who became subject of a child protection plan** during 2016-17, were on a plan for a second or subsequent time. This is down from 25% for the previous 12 month period but remains above the 2015-16 national average of 17.9%.

**433 children who ceased to be the subject of a child protection plan** during the year. 3.2% of these had been the subject of a child protection plan for two years or more when the plan ended. This percentage is down from a peak of 7.6% during 2015-16 and is now below the national average of 3.8%.



### Timescales

Of the **473 children subject of an Initial Child Protection Conference** during the year ending 31 March 2017, **65.3% took place within 15 days** of the strategy discussion. This is an improvement from 63.6% during the year ending March 16 but remains below the 2015-16 national average of 76.7%.

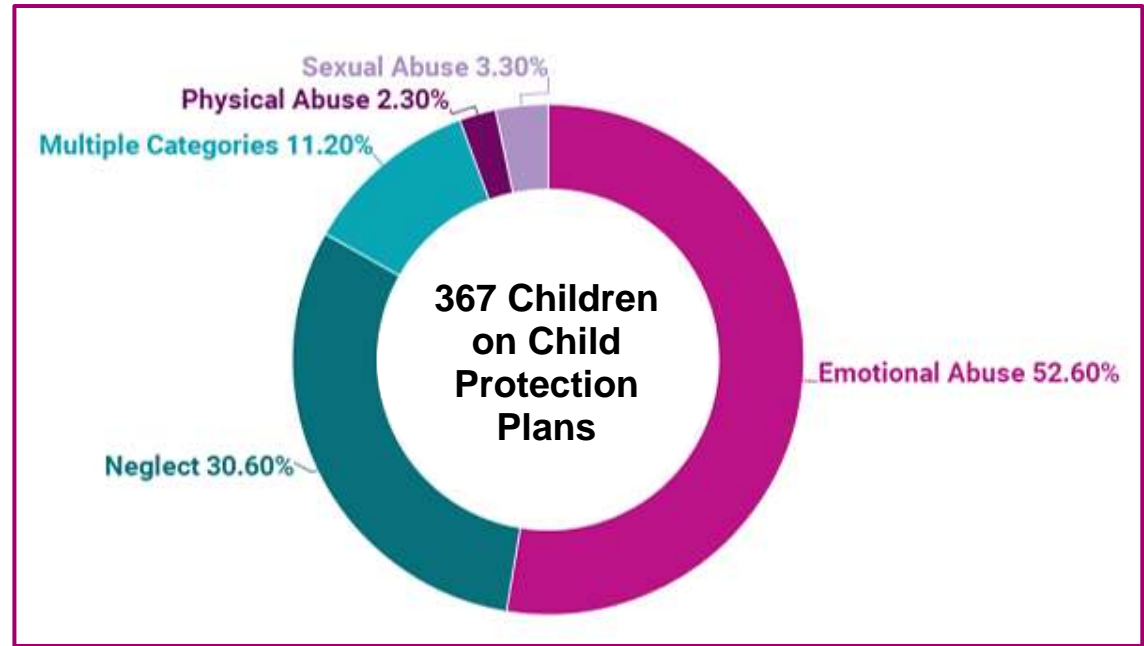
Of the **2912 single assessments** completed in the year ending 31 March 2017, **70% were completed within 45 working days**, an improvement from 49% for the year ending March 2016. However, performance remains below 2015-16 national average of 83.4%.

There were **454 children in care** at 31 March 2017, up from 438 in 2015-16. This includes 38 Unaccompanied Asylum Seeking Children, up from 34 at March 2016.



**37 First time entrants** to the Youth Justice System in the year ending 31 March 2017, down from 54 during 2015-16

**8 young people sentenced to custody** year ending March 2017, down from 9 during 2015-16



**448 admissions for unintentional & deliberate injuries in children** under 15 in 2015-16 (latest available data)

**11 Child Death Overview Panel Reviews** in 2016-17

**200 A&E attendance for Self-Harm** for children under 18 in 2016-17

2331 referrals were made to Child & Adolescent Mental Health Services (Tier 2/3)



There were **30 children** in quarter 4 2016-17 identified as at risk of **Child Sexual Exploitation** (MACSE Nominals). Multi-agency meetings are held regularly to review the level of risk that the child is currently exposed to (Red-Amber-Green), and a multi-agency plan is created to protect the child



**118 young people were in substance misuse treatment** in 2016-17



## Who we are and what we do

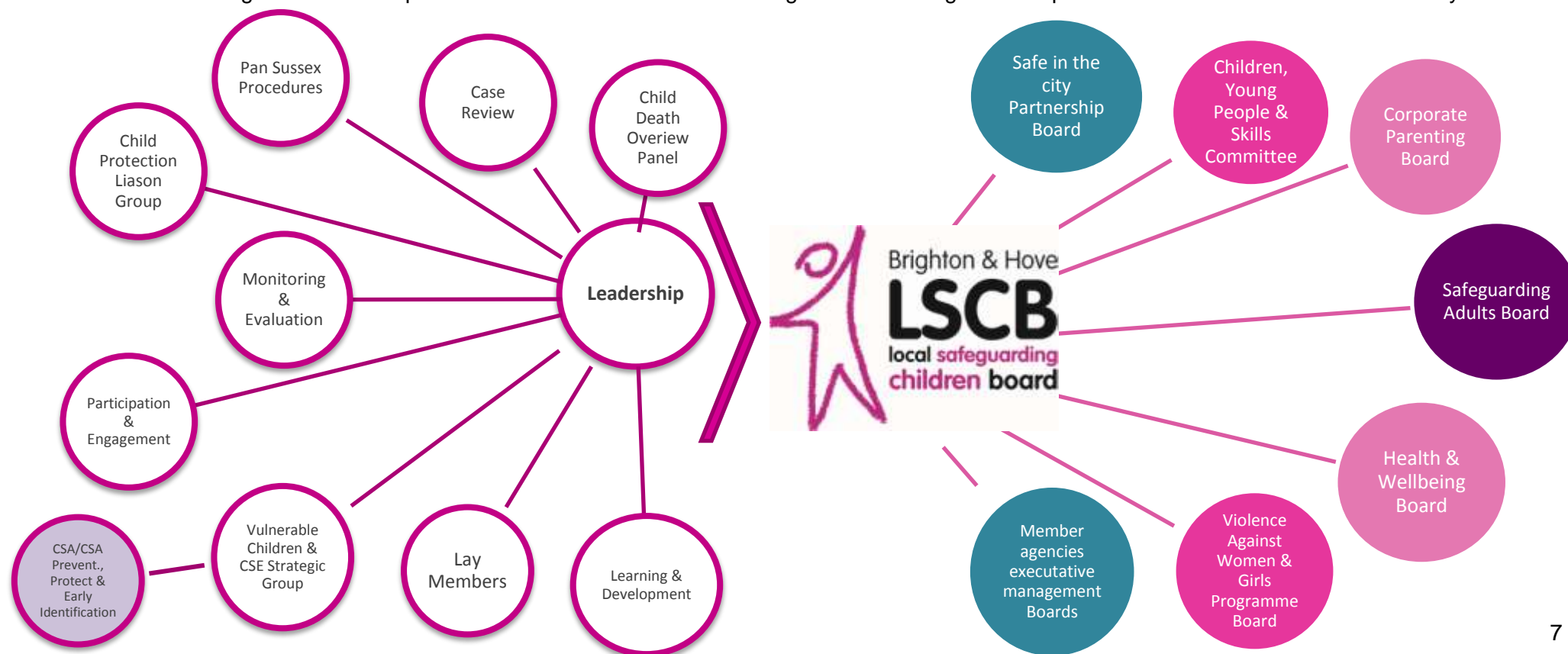
Brighton & Hove LSCB is made up of senior representatives from statutory and non-statutory agencies and organisations in Brighton & Hove with a responsibility for keeping children safe. We are a multi-agency partnership. We have a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for children living in our city.

We coordinate local work by:

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

We ensure the effectiveness of local work by:

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



## Summary of achievements

- Through the work of the LSCB, the city better understands the prevalence of children in receipt of services for sexual abuse
- We are more informed than ever on the numbers of children who are victims of child sexual exploitation and the effectiveness of arrangements to respond to this crime.
- We have successfully embedded learning from serious case reviews and quality assurance work into our multi-agency learning offers.
- We have seen an 139% increase in professionals attending multi-agency training from this time last year.
- We have re-focused our commitment to ensuring that strategic and operational responses to abuse and neglect are informed by the views and experiences of children and young people.
- We have supported the Safeguarding and Review Service (SARs) proposal to incrementally embed a new model of Child Protection Conferences in the city (read more on page 22).
- Information about parent's substance misuse is now included on the child's record and parent and baby records (within Midwifery services) are now linked, as a result of our quality assurance activity.
- Our quality assurance activity has continued to go from strength to strength, with all actions from our previous audits on domestic violence and abuse, parents who misuse substances, network and core group meetings, and child sexual exploitation, being fully implemented.
- Following quality assurance activity a Multi-Agency Child Neglect Consultation Group has been developed to offer a safe reflective space to practitioners and their managers to bring complex and stuck cases where neglect of children is considered to be a primary issue
- As a consequence of a Learning Review arrangements for initiating and progressing legal interventions to remove children from their parent's care have been improved – ensuring a truly multi-agency approach and mitigating the risk of relevant information not being presented to the court which could delay or prevent the child being safeguarded.
- We have continued to work well with other boards in the city, such as the Health & Wellbeing Board and the Safeguarding Adults Board, to encourage wider organisations to recognise their responsibilities to safeguard children and ensure safeguarding is 'everybody's business'.

## Summary of challenges

- We still need to influence the implementation of Operation Encompass<sup>1</sup> and be assured that Early Help and support is offered to children following an incident of domestic violence.
- A Multi-Agency Child Sexual Abuse Strategy & Action Plan needs to be developed.
- A delayed start to the Neglect Strategy has meant this has not been completed within year 1 of the business planning cycle.
- It has not proved possible to track all the actions arising from the early help audit (see our 2014-15 Annual report) due to the recent changes in early help services.
- The ever changing landscape of public agencies makes mapping the early help offer very difficult.

<sup>1</sup>Operation Encompass aims to safeguard & support children who are involved in or affected by incidents involving domestic abuse. Witnessing domestic abuse is really distressing for a child, who can often see the abuse, hear it from another room, see a parent's injuries or distress afterwards, or be physically hurt trying to stop the abuse.

Following such an incident, children will often arrive at school upset and unprepared. Operation Encompass aims to ensure that appropriate school staff are made aware early enough to support children in the best way possible.

## Review of Finances

Board partners continue to contribute to the LSCB budget in addition to providing a variety of resources in kind. No uplifts in funds were requested by the Board this year.

In 2016-17 the National Probation Service implemented a national model for the apportionment of LSCB funding contributions. From 1 April 2016 the total national NPS budget for LSCB contributions was set at 40% of the contributions previously made by the former probation trusts. Historically the LSCB received £5,572 from probation services. The new funding formula left a deficit of £1703.12.

An underspend, arising from receiving a financial contribution from the NSPCC of £19,080 to facilitate the LSCB participating in the Department for Education Innovation Programme, 'Learning into Practice Project'<sup>1</sup> was carried forward to this financial year to support the ongoing Serious Case Reviews.

### Expenditure

<b>£26,899</b>	SCRs and Learning Reviews
<b>£132,191</b>	Salaries and on-costs
<b>£6,464</b>	Multi-agency child protection training
<b>£5,347</b>	LSCB communications.

In 2016-17 the LSCB accrued an additional £5,000. £3,500 of this came from charges for non-attendance at LSCB training. The remaining £1,500 came from training delivered by the Learning & Development Officer in another Local Authority. This additional funding supplemented the SCR and Learning Review budget line.

The full financial breakdown, plus the budget forecast for 2017-18, can be read in Appendix 1

### Core Funding Contributions

Brighton & Hove City Council	£ 143,100
Brighton & Hove Clinical Commissioning Group	£43,780
Sussex Police	£12,338
CAFCASS	£550
National Probation Service	£1082
Kent Surrey & Sussex Community Rehabilitation	£2786
<b>Total</b>	<b>£60,536</b>

<sup>1</sup> This project developed and tested a number of ways to improve the quality of Serious Case Reviews (SCRs) and their impact on local and national child protection practice.

## Priority Area 1: Neglect & Emotional Harm

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

Child neglect is the most common and pervasive type of abuse in the UK today and requires a coordinated and rigorous professional response at all levels. To this end, Neglect and Emotional Harm is one of our key priorities for 2016-19. We believe that all children in our city should have trusted committed and able professionals who are able to swiftly identify and respond effectively to child neglect. To read more about the signs and symptoms of neglect visit our [website](#)

**Neglect**  
(Emotional Harm,  
Domestic Violence &  
Abuse, Parental  
Mental Health &  
Substance Misuse)

### Our Progress

- Undertaken an in-depth multi-agency audit of the effectiveness of arrangements to safeguard children who experience neglect (read more on page 20)
- Professionals from across the partnership have been trained to recognise and respond to child neglect.
- Commissioned a Learning Review to see how effectively our partner agencies are working with neglectful families (read more on page 22). 104 professionals attended a briefing session following this review.
- Professionals have been trained to understand the impact of domestic violence & abuse on children and young people.
- Professionals have been trained to understand the impact of parental substance misuse on children and young people.
- Refreshed the Sussex Pre-Birth Child Protection Procedures following LSCB audit activity, to clarify that pre-birth conferences should be held at least 3 months before the estimated delivery date to allow planning and support for the pregnancy and the birth of the baby to be put in place.
- Over the year the LSCB has been developing a multi-agency Neglect Strategy setting out Brighton & Hove's approach to tackling neglect.
- Improved our understanding of the numbers of children for whom neglect is a feature, the prevalence of parental factors and the effectiveness of the safeguarding system in reducing neglect.
- A new system of undertaking Child Protection Conferences was introduced in January 2017 (read more on page 22)
- Read more about what our agencies having been doing to tackle neglect from page 31.

### Still to do

- Review and promote the use of the Quality of Care tool to practitioners working with children and families. This tool helps professionals measure the quality of care being given to a child. It's an assessment tool that helps them to spot anything that's putting that child at risk of harm.
- Ensure actions from the Neglect Strategy Action Plan are progressed, including:
  - Reporting the impact of the Neglect Strategy in the 2017/18 annual report of the LSCB to the Health and Well-Being Board.
  - A review and refresh of LSCB web content and communication to promote professional and public awareness, understanding and recognition of neglect.
  - The Safe and Wellbeing School survey to investigate children and young people's understanding of neglect.
  - Children's Service to deliver a workshop with children and young people around neglect to gather the thoughts and feelings from those who might have experienced neglect.
- Ensure actions from quality assurance activity are fulfilled, including;
  - Embedding the use of genograms and multi-agency chronologies/significant events to analyse the impact of neglect on children,
  - Making use of Strengthening Family Plans to ensure that child focussed outcomes are clear with time scales, regularly updated and revised.

## Priority Area 2: Sexual Harm and Violence towards children

### (Child Sexual Abuse & Child Sexual Exploitation)

This year, like previous years, we have been working together to identify the extent of sexual harm and violence towards children. Conscious of the risks to children who are alone, we have this year paid particular attention to work across the partnership with those children who go missing from care, home and education.

Sexual harm and violence towards children has a devastating impact on children, young people and their families and the LSCB remains committed to making sure that we get it right and provide our children with the protection and support they may need. To read more about the signs and symptoms of sexual harm and violence towards children visit our [webpages](#)



### Our progress

- Undertaken a multi-agency audit of CSE to test the effectiveness of multi-agency working with children who are being sexually exploited, or at risk of being sexual exploited (page 20)
- Commissioned a Learning Seminar to improve cross border working between Children's Social Work and Sussex Police
- Our dataset now includes information on the numbers of children who have experienced sexual harm and violence (including historic abuse)
- Learning and development opportunities have been maximised to support staff awareness and understanding of the signs and symptoms of sexual abuse, how to respond to allegations of sexual abuse, and clarity on the sexual abuse medical pathway.
- Professionals have been trained to recognise and respond to child sexual abuse.
- Professionals from across the partnership have attended training to better respond to children and young people who display harmful sexual behaviours
- In January 2017 the Sussex Children's Sexual Assault Referral Centre (CSARC) undertook an audit and review of it's referrals, looking specifically at those where a child was not seen for a health assessment. This provided reassurance that CSARC is involved in decision making and highlighted the need for more support for families to uptake health assessments.
- Throughout 2016-17 the CSARC team have run regular training sessions (including through the LSCB). This includes open days to highlight CSA and show how their team can work with professionals to give the best service to children and families.
- Continued to challenge the commissioning of appropriate Return and Support Services to provide children who go missing with necessary and effective support and interventions.
- Multi-agency representation at the LSCB Vulnerable Children & Sexual Exploitation Strategic Group and CSE/CSA: Prevent, Protect and Early Identification subcommittee has increased, with attendance including CAMHS, Mankind, WiSE, Survivors Network, Sussex Police, Children's Services and others.
- YMCA, Mankind & Survivors Network joined forces to raise awareness of CSE in our schools.
- Supported efforts to address the under-identification of boys and young men as victims of CSE.
- Sussex Police and the Business Crime Reduction Partnership have worked together to deliver CSE training to hotel reception and door staff.
- Read more about what our agencies have been doing to tackle sexual harm and violence towards children from page 31.
- Worked with Sussex Police on a public awareness raising campaign which ran from 18 January – 3 May 2016. As a result of this campaign there was a 53% increase in contacts about CSE compared to the same period last year. An independent evaluation of the campaign found that 76% of those surveyed were able to recall the campaign unprompted, 90% thought the campaign was relevant.



## Progress against LSCB Business Plan 2016-17

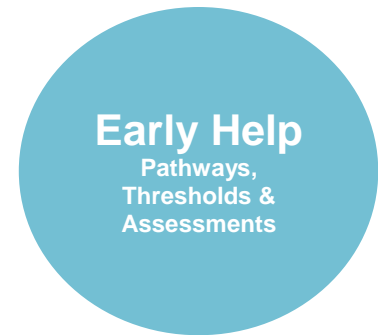
A dedicated CSE analyst post funded by the Sussex Police & Crime Commissioner has supported the opportunity for Pan-Sussex analysis. As a result we have established that:

- trends in CSE identified in the South East Region involve the internet & social media; drugs and alcohol; and peer on peer abuse.
- the biggest practice threats to tackling CSE in the region are information sharing; partnership working; and professionals not seeing children as children.
- Individuals are recognised as the biggest threat in the South East region, which tallies with what we already know about the local offender profile

### Still to do

- Develop and implement a Multi-Agency CSA Strategy & Action Plan
- Ensure actions from quality assurance activity are fulfilled, read more on this on page 20.
- Finalising our 'CSE Promise' which outlines a set of standards young people can expect from us when disclosing CSE concerns.





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

Early Help is crucial. It means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need.

It is vital that the LSCB has a clear understanding of our Early Help arrangements and that we focus significant effort on the prevention of abuse. Much of this year has been dedicated to applying our efforts, building on Ofsted's recommendation (2015), to have a better understanding of the effectiveness of early help assessments and interventions

### Our progress

- We have assumed the governance of early help arrangements, previously held by the Early Help Partnership Board.
- In recognition that the local authority has predominantly taken the leadership role in coordinating early help strategies, information and access points, the LSCB has established a new Early Help Subgroup to provide strategic direction around the multi-agency delivery of Early Help and to promote an integrated and effective multi-agency Early Help approach across the city.
- Continued to test whether professionals understand the threshold for social work intervention.
- Continued to assess whether the child's emerging needs are appropriately met elsewhere when the threshold for Social Work intervention is not met.
- Continued to assess what impact Early Help has had on outcomes for the child and family.
- Gained an improved understanding of the capacity at early help access points.
- Delivered training on Early Help systems and processes, with professionals guided through Early Help documents and paperwork, exploring the MASH processes, interpreting the Threshold document and examining the function and role of the Weekly Allocation Meeting.
- Throughout the year our agencies have taken positive steps to improve the delivery of early help (read from page 30)

### Still to do

- Ensure families and children's views and experiences of early help intervention and support influences service delivery.
- More clearly understand how agencies work together to better support the whole family (to ensure interventions are targeted to each member of the family) e.g. closer working with Brighton & Hove Safeguarding Adults Board.
- Explore opportunities for co-production and co-commissioning, pooling resources and efforts to do things differently. The commissioning of services (which support early help) needs to be evidenced based and must avoid duplication of resources, offers and efforts.

## Priority Area 4: Governance, Quality Assurance & LSCB Scrutiny



We want to remain a highly performing LSCB. To achieve this we embrace challenge and scrutiny and have this year continued to employ a variety of methods to do this including, peer review, lay members and collaboration with other LSCBs.

Over the year we, and our partners, have continued to challenge each other and to seek evidence of the effectiveness of all that we do to keep children and young people safe in Brighton & Hove.

### Our progress

- Our Management Information has been revamped and better directs our business planning cycle.
- Our multi-agency audit programme to assess safeguarding performance across the city continues to thrive. Read about the audits completed in 2016-17 on page 20
- Auditing and Management Information are now more closely aligned, supporting the delivery of LSCB priorities and highlighting deficit areas or weaknesses in existing systems and processes.
- We continue to have oversight and scrutiny of our partner's child protection and safeguarding quality assurance activity.
- We are confident that learning and improvement activity is robustly embedded within services, single and multi-agency, across the partnership.
- Via our established Section 11 scrutiny<sup>1</sup> we continue to have a clear understanding of the quality and timeliness of our partners contributions to safeguarding arrangements.
- We are assured that our safeguarding and child protection policies, procedures and expectations for working practices are up to date, visible and accessible for frontline professionals and managers.
- Our multi-agency training programme has continued to go from strength to strength, incorporating learning from reviews and audits into our training offers. Read more about our training on page 23
- We have tightened up protocols with the Corporate Parenting Board, Prevent Board, Safeguarding Adults Board and Health & Wellbeing Board to be better sighted on matters of mutual interest.
- The LSCB has been updated on outcomes from internal and external reviews and inspections that our partners have undergone and remain to be sited on the actions. Read more about this on page 17

<sup>1</sup>Section 11 – Working Together to Safeguard Children (2015) requires all LSCBs to gather this information to assess whether partners are meeting their statutory obligations as outlined in Section 11 of the Children's Act (2004). Every two years the LSCBs across Sussex ask each partner agency to look at their processes and to assess how good they are by completing a self-evaluation tool kit about their systems around their responsibilities towards children. This asks questions including; is the agency clear about how to keep children safe and promote their wellbeing, do staff have access to good training, are staff recruited safely, do agencies work well with other sharing information properly and quickly and are they able to recognise and respond to particularly risky situations. Agencies can rate themselves red, amber or green. They have to provide 'Evidence' for their rating, either by describing what they do or by attaching documents which support their judgement by showing what they do. For areas where they have said they are red or amber they are required to complete an 'Improvement Plan' to describe what they will do to improve, who will do it and when it will be done by. The LSCB's hold "Challenge Events" to bring together local partners and look at the S11 audits, sharing good practice and working together on areas that require improvement.



## Priority Area 5: Participation & Engagement

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 provides that LSCBs are responsible for “communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so”.

The LSCB believes it is important that the work of the Board is effectively communicated across our target audiences so that they feel informed about work we do to improve safeguarding in Brighton & Hove.

The LSCB is very aware of the need to engage with children and young people in a meaningful way to understand and act on their views and concerns.

### Our progress

- The LSCB have, through the Section 11 process, sought assurance that senior leaders are playing a prominent role in making the voice of the child central to their services.
- We spoke to some year six children from primary schools in the city, to ask them to rate how important they think the LSCB priority areas of business are on a scale of 1-5. We wanted to do more meaningful consultation work with children and young people when setting the 2016-19 areas of focus, but due to a number of factors this was not fully realised. You can read their comments to the side.
- The LSCB has cascaded learning from reviews, child deaths and quality assurance activity to professionals to support their understanding of what is required to improve safeguarding and child protection systems.
- In January 2017 the LSCB joined forces with the Safeguarding Adult Board and successfully recruited an additional four new lay members. This allows greater capacity for Board arrangements to be further opened up to increased public scrutiny and the new lay members are continuing to support stronger public engagement in, and understanding of, children’s safeguarding issues
- The [LSCB Board Briefing](#) continues to be hosted on the LSCB website following our quarterly Board meetings to support parents, carers and members of the public to have an improved understanding of the values and statutory function of the LSCB partnership
- The LSCB have continued to share news and links about good safeguarding practice on twitter. As at 31 March 2017 we have 1566 followers. On average we gain 1 new follower per day. Throughout the year our tweets earned 280,000 impressions, with 969 re-tweets and 871 likes.

How else do you get better at things? You need to listen to know what the problems are and what help they need

Children should be involved as they have just as important views as adults, especially as it is concerning them.

It would change some's life for the better if they got help

It must be really hard not to have parents that love and care for you and so you would need help from somewhere else

This is really important because kids need protecting. They need to be talked to about this so they know how to keep safe and make the right choices and decisions

## Progress against LSCB Business Plan 2016-17

### LSCB Communications



Throughout 2016-17 the LSCB has continued its work with Safety Net to produce the parent newsletter [Safety Rocks](#). Themes covered this year have included The Kindness Edition: focusing on the importance of kindness in preventing bullying, helping manage stressful times, and looking after ourselves and others; Child Safety Week and online safety; helping children deal with anxiety; the government campaign “Together we can Tackle Child Abuse” which encourages the public to recognise and report concerns; and how to talk to your children about serious incidents including the refugee crisis

From 6-12 June 2016 the LSCB promoted [Child Safety Week](#) to raise awareness across the city of the risks of child accidents and how they can be prevented.

During August 2016 the LSCB promoted the [Pride Buddy](#) initiative led by ru-ok? and the Youth Service. This offered a crew of helpers in the Pride park, outside the main event to reduce the risk of underage drinking and substance misuse amongst those young people attending the event.

On World Mental Health Day 2016 the LSCB promoted the [IAMWHOLE](#) campaign. This was a new anti-stigma youth mental health campaign developed by NHS Brighton & Hove CCG in partnership with Brighton & Hove City Council and YMCA Right Here, a local mental health project.

Also in January 2017 the Participation & Engagement Subcommittee developed a [Professional Curiosity Briefing](#) for staff working with children and families in the City. The briefing, spanning all four LSCB priority areas of business, supported raising an awareness of the need for respectful uncertainty. You can read the bulletin [here](#).

In February 2017 the LSCB joined the 'Be the change: Unite for a better internet' campaign as part of [Safer Internet Day](#).



**#IAMWHOLE**

#### Still to do

- Map agencies engagement with children and young people to have a comprehensive overview of the impact that children and young people’s views are having on the improvement and development of services.
- Realise our ambition to directly engage children and young people in designing the annual report.
- Take further opportunities to promote the profile of the LSCB in its role promoting safeguarding and supporting and challenging agencies to work together to improve outcomes for children.
- In 2017-18 the LSCB will be asking partners how the voice of the child is heard within their services. Specifically, the LSCB will be mapping mechanisms in place to receive feedback from children, young people and carers – in respect of safeguarding services/ interventions, hearing what that feedback is and understanding (and challenging where necessary) how changes to safeguarding services/ inventions have been made in response to feedback.



## External & Internal Inspections and Reviews

Whenever partners receive external safeguarding inspections, or carry out internal inspections or reviews, the Board receive an update on findings and remedial action. These reviews provide additional opportunities for the LSCB to understand practice across the whole system and support the identification of common themes and challenges.

### Care Quality Commission Inspections (CQC)

The CQC undertake inspections of health providers and Clinical Commissioning Groups (CCGs), during 2016-2017 they carried out the following inspections in Brighton & Hove:

#### Brighton & Sussex University Hospitals Trust (BSUH)

In April 2016 BSUH were inspected by the CQC who judged the overall quality of care to be Inadequate. The Trust's CQC Improvement Programme has been reported to both the Trust Board and the Trust's Quality Board who both monitor the progress

In terms of safeguarding, inspectors found a comprehensive safeguarding policy and named professionals for safeguarding in place. The inspection identified that staff across the trust had a good awareness of safeguarding issues, processes of escalation and how to access safeguarding leads. In maternity and gynaecology this included risks associated with domestic violence and genital mutilation.

Safeguarding training for all staff groups was lower than the Trusts target.



#### South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

In May 2016 SECAMB received an inspection from the CQC who rated them as Inadequate. Safeguarding arrangements within the trust were noted to be exceptionally weak. A lack of accountability, understanding and appropriate investigation was prevalent throughout the trust.

LSCBs and SABs in the South East Region are working together to oversee progress on SECAMBs improvement plan. They are working to strengthen their safeguarding & child protection arrangements, embed a culture of safeguarding across the trust, and ensure that all staff working with children, young people and/or their parents/carers receive an appropriate level of safeguarding training



#### Sussex Partnership NHS Foundation Trust (SPFT)

In September 2016 an inspection of child and adolescent mental health wards was carried out and the Trust was rated as Good.

In terms of safeguarding, inspectors noted that staff knew who the safeguarding lead was and demonstrated to inspectors their clear knowledge of safeguarding procedures. These procedures were easily accessible.

In September and again in December 2016 the CQC undertook inspections of specialist community mental health services for children and young people. The Trust was rated as Requires Improvement.

Inspectors found the safeguarding lead had links with the local safeguarding children board and was able to provide training and advice to staff. There was robust training around safeguarding, and processes were in place for staff to raise safeguarding alerts and to gain support in safeguarding young people from abuse



## Core LSCB Functions: Governance

### Internal Reviews

#### **Brighton & Sussex University Hospitals Trust (BSUH)**

In 2015 BSUH commissioned an independent review into the Trust's safeguarding arrangements for children and young people. The review saw evidence of good and outstanding practice as well as areas for improvement. Throughout the year the LSCB have been sighted on progress made against the 63 recommendations and used the Section 11 process to provide further support and challenge to the agency about its safeguarding arrangements. Scrutiny on progress is scheduled later in 2017.

#### **Sussex Partnership NHS Foundation Trust (SPFT)**

In 2016 the agency undertook a concise review into safeguarding arrangements at the Trust resulting in 30 recommendations. The Deputy Chief Nurse, SPFT and the Interim Chief Nurse, BUSH, have undertaken to explore recommendations from both internal reviews to consider any connected themes between the two providers.

### **LGA peer review: Brighton & Hove City Council's Families, Children & Learning Directorate**

In 2016 the Brighton & Hove City Council's Families, Children & Learning Directorate approached the Local Government Association to coordinate a safeguarding Peer Review. This took place in September 2016. The review explored vision, strategy and leadership within the Families, Children & Learning Directorate. In addition they were asked to give a view on whether outcomes, especially from the new social work model of practice, could be demonstrated, if the practice was purposeful and if the voice of the child was clear and having an impact. The LSCB asked the peer review to look for evidence for the voice of the child within our work.

#### **Key findings - Families Children & Learning Directorate**

- New Model of Practice found favour amongst staff and partners.
- POD structure valued by staff and partners - focused on long term engagement with children and families and on effective relationship building to promote sustainable outcomes.
- Some drift especially in Child In Need cases, caseloads/case closure, timeliness of minutes, recording of supervision/oversight, chronologies
- Review of case records provided some early/emerging evidence for improved outcomes for children and families
- Good partnership and joint working. The Health and Wellbeing Board in particular provides an effective forum for strategic planning
- Good operational partnership working in the MASH and with schools.
- Evidence of ongoing work to improve joint working with adult services
- Strong directorate strategic intent to improve outcomes for children and corporate and service plans are aligned.
- Need to simplify and communicate the strategic vision

#### **Key findings – LSCB**

- LSCB clearly understands the importance of listening to the voices of children and young people.
- LSCB clearly wishes to see the voice of the child as a golden thread throughout its work and across all subcommittees.
- The Chair, Business Manager and selected board members are clearly committed to making the voice of the child central to the work of the Board.
- Lay members of the Board clearly provided consistent challenge on this.
- LSCB actively makes use of existing opportunities for feedback.
- Evidence that participation and engagement is happening in some respects and there are plans to improve this further.

## Partner Compliance with Safeguarding

Every two years our partners undertake a self-assessment to determine how well they are safeguarding children and young people and promoting their welfare. This is part of their responsibilities under Section 11 of the Children Act 2004.

The Section 11 audit provides a benchmark of current performance to enable agencies to monitor progress and quantify improvement in safeguarding practice over time. Agencies self-assessments were subject to additional scrutiny and challenge at Pan Sussex Peer Event in June 2016, and a Local Peer Event in October 2016.

This year saw a positive uptake of the audit from a number of Community & Voluntary organisations with Safety Net, Survivors Network, Amaze, Rise and YMCS Downlink Group completing the full Section 11 audit, and several others completing an online survey circulated by Community Works.

For the most part self-assessments were well substantiated. Where challengers felt grades were not accurately awarded due to the position of the work these were challenged.

The audit found good evidence of:

- senior management commitment to safeguarding
- clear on responsibilities towards children
- clear lines of accountability
- improvements to service development being informed by the views of children and families
- effective inter-agency working
- responses to the challenges of recognition and response to child sexual exploitation

Key areas identified as a challenge included:

- Sussex Police, Probation Providers and IC24 were not able to demonstrate compliance with Private Fostering criteria.
- No gaps or significant issues regarding engagement in multi-agency work were identified but how resilient and capable agencies who span large geographical areas are when needing to engage multi-agency forums was raised.
- Recognising and responding to radicalisation is a developing area for agencies.

The Board requires each statutory partner to submit an annual report. All agencies have provided an annual report. The reports, which can be read from pages 31, demonstrate their own commitments to advancing safeguarding improvements as well as their progress and commitment to taking forward the LSCB's priority areas of business.



## Our Activity: **Monitoring & Evaluation**

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

### **Child Sexual Exploitation Audit**

#### **The audit tested:**

- identification and initial responses to CSE
- assessment, planning and intervention;
- the impact of the work undertaken by agencies in protecting and meeting the needs of children who are or have experienced CSE;
- involvement of children in decision making.

#### **What we learnt:**

- CSE was identified appropriately in all cases, and as early as possible in most cases
- in most cases, the response to CSE was effective and there was good evidence that agencies were working well together to reduce risk
- in most cases there was a focus on the child, including their involvement in decisions made in respect of them with evidence that their voice was being heard
- in the majority of cases, the risks for the young person had reduced, and their physical, emotional and educational needs were being met more consistently

#### **What we've done:**

- ensured there are effective communication channels in place when young people are placed outside the city
- Red Op Kite (MACSE) co-ordination, oversight and effectiveness are now recorded on Carefirst/child's file in Children's Social Work

#### **Still to do**

- LSCB to challenge our partners to improve responses to young people who do not engage with services.

### **Neglect Audit**

#### **The audit tested:**

- identification and initial responses to neglect;
- assessment, planning and intervention;
- the impact of the work undertaken by agencies in protecting and meeting the needs of children who are or have experienced neglect.

#### **What we learnt:**

- overall, there was clear evidence in the MASH decision making that the previous history and the child's ongoing & current experiences had been considered.
- in all cases, the assessment (social work) took sufficient account of the family history and addressed the cumulative impact of neglect on the child and the parents' capacity and motivation to change. The assessments completed by the Family Nurse Partnership were judged to be very good.
- the majority of plans explicitly identified how neglect would be addressed with a focus on both the parents' and child's needs. A range of evidence based interventions were being used to reduce the risk of/prevent neglect.
- there was evidence of effective joint working in most (67%) cases, which had led to positive outcomes for the child/ren.

#### **What we've done:**

- Professionals have been reminded to use genograms & chronologies to inform assessments and plans as a routine part of safeguarding practice for all agencies

#### **Still to do**

- review and promote the use of the Quality of Care tool to practitioners via the internal intranet (all relevant agencies) and LSCB website and evaluate the use of the tool.
- early help plans and strengthening families plans need to be clearer in relation to the outcomes sought for the children and timescales.
- LSCB to be assured there is robust management oversight of neglect cases so that drift and delay are identified and appropriate remedial action is taken.

## Our Activity: **Serious Case Reviews**

One Serious Case Review was published in 2016-17 and one Learning Review concluded within the year. Two Serious Case Reviews have been initiated and findings are pending as at 31 March 2017.

### **Child E**

E was a 17 year old boy, approaching his 18<sup>th</sup> birthday, when he died. The coroner returned an open verdict.

As a result of this review, delegated authority arrangements are now reviewed at every Looked After Child and Pathway Plan Review by Independent Reviewing Officers. The Family & Friends Carers policy and procedures have also been reviewed to ensure they incorporate learning from this review.

The LSCB have been assured as to the training offer to Friends and Family Carers, take up of the offer and scrutiny of non-engagement.

The LSCB has also been assured as to how Life Story work has been better maintained for children in care and how parenting capacity in relation to the changing needs of the child has been more robustly assessed.

In 2016-17 the LSCB requested Children's Social Work assure themselves that activity as a result of this review had led to improved practice. A subsequent single-agency audit on quality of Pathway Plan Reviews was undertaken and the findings are pending at the time of publication.

This review has influenced activity across the city in supporting the emotional health and wellbeing of children and young people. This includes:

- Having Primary Mental Health Workers within schools and colleges
- Improving the mental health pathway for looked after children
- The promotion of training for front line staff working with children and young people to improve knowledge and understanding of mental health
- The enhancement of a more consistent outreach model for delivering tier 3 Child and Adolescent Mental Health Services
- The development of a Sussex-wide response to children and young people in crisis.

**You can read the full report, the Board response and a short summary of the findings [here](#).**

## Core LSCB Functions: Serious Case Reviews

### Our Activity: Learning 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.

#### Themed Learning Review on Neglect

This review concerned a family with five children where there were child welfare concerns over a period of over ten years.

The review highlighted that recording of Child Protection Conferences needed to be clearer to ensure effective case planning. The LSCB heard at its September 2016 meeting about the new Relationship-Based model of child protection conferences. This is a model that uses the principles from the Strengthening Families<sup>3</sup> approach to encourage greater parental involvement and create better quality multi-agency plans with strengthened safety for children. The new child protection conference model is now in place with new streamlined paperwork introduced which is much more succinct with a focus on action planning and risk assessment.

Since this review the allocation of complex cases is now more flexible to support cases being worked more effectively. The LSCB have also been assured that interpreters are suitably trained in the complexities of safeguarding and legal procedures. Practice Guidance for children left unsupervised is currently being refreshed.

Learning Review reports are not published, but you can read more about the recommendations [here](#).



<sup>3</sup>Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children



## Core LSCB Functions: Learning & Development

### Our Activity: Learning & Development

It has been another incredibly busy twelve months with the Learning & Development subcommittee continuing to monitor and evaluate the training delivery in line with the [LSCB Training & Development Strategy](#). The Learning & Development Officer has enhanced the comprehensive training programme, making additions to the courses available in line with local need and requirements. Learning from recent case reviews has been considered and learning points incorporated into the training material. There has also been a large amount of work around liaison with other area Boards and training streams to avoid unnecessary duplication of offers.

#### The Training Programme

The training programme continues to offer both the core Working Together to Safeguard Children three days, for professionals new to role in any of the partner agencies. It also provides a wide range of specialised safeguarding training, and this year has seen new additions, such as Safeguarding in a Digital World, presented by colleagues from Safety Net as well as a session, Safeguarding Adolescents. Imkaan, a UK-based, black feminist organisation dedicated to addressing violence against women and girls, were commissioned earlier this year to provide presentations in relation to Harmful Practices, including Female Genital Mutilation, Honour Based Violence and Forced Marriage.

#### The Child's Voice

Following the Local Government Association Peer Review (see page 17), the LSCB have revisited the training offers to better incorporate the importance of listening to the voice of the child and their experiences in multi-agency training.

#### Multi-Agency Training Attendance

Between 1 April 2016 and 31 March 2017 the LSCB multi-agency training was attended by 1,042 practitioners – an 139% increase from the year before.

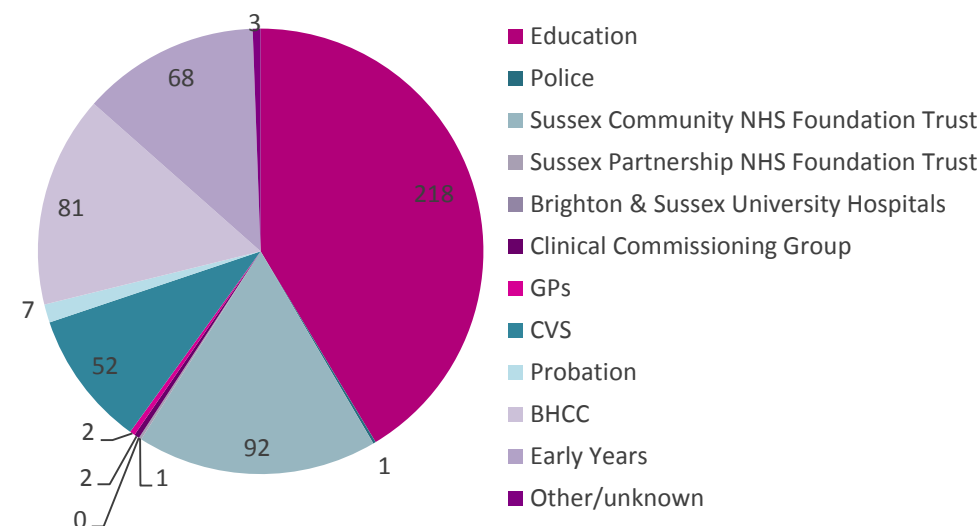
Core Working Together Sessions	Number of sessions	Attendance
Developing a Core Understanding	6	139
Assessment, Referral & Investigation	6	135
Child Protection Conferences & Core Groups	4 full day sessions plus 3 briefing sessions	277

Sussex Police have been challenged by the Board for not attending the core multi-agency training, and it has been proposed that we will trial a training programme for officers moving into the Safeguarding Investigation Unit from other departments.

The LSCB Learning & Development Officer is also involved with rejuvenating the Joint Investigations training that has historically been held with Police & Social Care staff to improve partnership working. There is also an ongoing piece of work, looking at "best practice" to equip practitioners with the skills to carry out Achieving Best Evidence (ABE) interviews

Brighton & Sussex University Hospitals find it difficult to release staff for full day external training, but the Board has been given assurance that relevant staff are given appropriate safeguarding training internally, and we have held additional Briefing sessions at the Royal Sussex to share learning from Case Reviews with hospital staff

Attendance by agency at core training 2016/17



## Core LSCB Functions: Learning & Development

Specialist Child Protection Courses	Sessions	Attendance
Domestic Abuse & Violence: The Impact on Children & Young People	4	46
Child Sexual Exploitation - day 1: Prevention and Disruption	2	25
Child Sexual Exploitation - day 2: Working with Young People at Risk	2	23
MAPPAs – Multi Agency Public Protection Arrangements	1	17
Safeguarding Children with Disabilities	1	18
Impact of Parental Substance Misuse	2	39
Child Neglect Training	3	28
Hidden Children – Working with Invisible Families (Private fostering, Home education, Travellers and Migrants)	2	24
Children & Young People Who Display Harmful Sexual Behaviours	2	28
Dealing with Child Sexual Abuse	1	17
Working with Parents who have a Learning Disability	2	28
Mental Health & Children’s Services: Working Together with Families	1	19
Harmful Practices Workshop: FGM	1	41
Enabling & Supporting Compliance: Working with Disguised Compliance & Forceful Counter Argument	2	34
Learning from Serious Case Reviews – Briefing Sessions	3	104
<b>Total Specialist Child Protection Sessions &amp; Briefings</b>	<b>29</b>	<b>491</b>

### Practice Points

Practice Point briefing sheets are a new addition to the LSCB training offer. These are short written briefings for managers and team leaders to use within their team meetings, group supervision sessions or team building days. They contain a theme, a brief scenario around that theme, some questions and suggested links to access further advice and guidance. Having completed these basic briefings, it naturally leads the way into attending a full training presentation from the selection held in the training programme. There are currently 24 Practice Points, including topics such as Fabricated Illness, Parental Mental Health, Neglect and Child Sexual Abuse. You can read these [here](#).

### Looking ahead

In 2017-18 the LSCB will commission a course specifically on listening to children and young people. Advertised as “The Child’s World” this training will concentrate on how the voice of the child and young person is heard within the safeguarding process.

Next year the LSCB will re-commission the delivery of an external “Train the Trainers” course. This will add an additional 11 staff, from various agencies, to the existing training pool. This enables the LSCB to maintain a recognised level of training qualification for those providing multi-agency training.

Also in 2017-18 the Learning & Development Officer, in conjunction with trainers from the training pool, will be instigating peer observations of multi-agency training sessions. This is to support newer trainers to develop their skills both by observing and being observed by an experienced colleague. Observations will also form part of new learning & development quality assurance processes.

## Core LSCB Functions: Learning & Development

### Learning Together to Safeguard the City 2016

Following on from the success of last year's Learning Together to Safeguard the City, this year, once again the LSCB, in partnership with the Safeguarding Adults Board and the Safe in the City Partnership Board, as well as Brighton & Hove City Council and other statutory partners and a range of charities and community groups came together to offer a week long series of awareness raising events for professionals working with individuals, their families and the wider community.

458 professionals attended events during the week, and sessions on offer included:

- Working with Young Survivors of Sexual Violence and Abuse
- Learning together to safeguard victims of sexual violence & rape
- How do we support people who self-neglect?
- Understanding How Child Sexual Exploitation Affects Boys and Young Men in Sussex
- Child Sexual Abuse – Basic Awareness
- Supporting Adult Survivors of Childhood Sexual Abuse
- Safeguarding Adults Conference
- Children & Young People Who Display Harmful Sexual Behaviours
- Coercive Control Conference
- Workshop to Raise Awareness of Prevent (WRAP)



**Safe in the city**  
Brighton & Hove Community Safety Partnership



#### Comments from attendees:

*This session really reinforced the commitment that Sussex Police (along with other criminal justice agencies) have made to developing best practice around supporting victims through investigations, as well as doing the best they can to pursue a report of a crime. It also helped back up my confidence in pushing for things, like certain special measures for clients when originally met with some kind of resistance around this. (Historical Allegations – how do we investigate?)*

*The session was really engaging. And great to be delivered by three members of staff who identify as Trans; it gave far more insight into the safeguarding issues involving Trans people. (Safeguarding the Trans Community)*

*Recognising the amount of issues and thought processes that goes on outside of the interview room (Introduction to the Safeguarding Investigation Unit)*

## Additional Functions of the LSCB: Private Fostering

### Private Fostering

#### Arrangements to raise awareness about Private Fostering

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

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

In 2016-17 a number of initiatives were undertaken to highlight the notification arrangements to existing and potential private foster carers, voluntary and statutory agencies, and members of the public as follows:

- The Annual Safeguarding Audit Tool completed by Brighton & Hove schools was updated in 2016 to include questions about Private Fostering Arrangements.
- The network for school based Designated Safeguarding Leads has continued to meet once every term.
- Private fostering training, as part of the LSCB Session on "Hidden Children", was delivered in June 2016 and February 2017.
- Information about Private Fostering has been shared by the LSCB with professionals and members of the public via social media as part of Private Fostering Awareness Week (4-11 July 2016). Information about private fostering has been included in the primary and secondary school admissions booklets 2016-17. Posters and leaflets were sent to Sussex Fire Service who also attended the Private Fostering training in February 2017.
- Brighton & Hove City Council continue to raise awareness about private fostering with Language Schools and Guardianship Agencies.
- A dedicated Private Fostering Social Worker post was created in 2016 and an appointment was made in Dec 2016.

#### Monitoring Compliance with Duties and Functions

Private Fostering activity has decreased from 43 in 2015-16 to 33 in 2016-17<sup>4</sup>

At the start of the year (1 April 2016) there were 16 children reported as living in private fostering arrangements. During the year, 17 new notifications were received and 17 were confirmed as being private fostering within the definition.

All new notifications received an initial visit, with 100% taking place within 7 working days.

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) is 63% which is slightly lower than the previous year. This has since been addressed following the appointment of a dedicated private fostering social worker in Dec 2016.

In 2016-17 of the seventeen new private fostering arrangements, sixteen of the children are aged 10-16 and one child is aged 5-9. All of the children were born overseas.

Twenty two arrangements ended during the year, leaving a total of eleven children living in Private Fostering arrangements at 31 March 2017.

<sup>4</sup>Note: Each year, the majority of the private fostering arrangements in Brighton & Hove are children from overseas who attend Bellerby's College. This year the college informed the Private Fostering Monitor that the number of students enrolling at the college was less than the previous year. In addition, more students opted to stay in the college residence in 2016. This will explain the reduction in the number of private fostering arrangements for 2016-17.

Reason why the Arrangement Ended: (Using data fields proposed by Ofsted, Jan 14)	Number
Overseas child returned voluntarily to country of origin	6
Overseas child returned to country of origin via Home Office intervention	0
UK born returned to parents	0
Became 'looked after child'	1
Educational/sporting/vocational opportunity ended	0
Child turned 16 (or 18 if disabled)	10
Moved to another private fosterer	1
Other	4
<b>Total</b>	<b>22</b>

## Additional Functions of the LSCB: Local Authority Designated Officer

### LADO

There were **311 referrals to the LADO** in 2016-17, which is 51 more than in the previous year. This increase is over twice as much as the previous year's increase of 21, and similar to referrals to LADO's across the South East Network.

**Schools** remain the highest employment sector to make referrals and the proportion of allegations remains relatively consistent at **46.4%**

The number of allegations regarding **Local Authority foster carers** has significantly decreased from 16 to 4. The LADO continues to be consulted about Standard of Care and complaints raised and there is no indication that this decrease raises any specific issues with reporting.

In the past year the LADO has started to raise the profile within the **voluntary sector**. The worrying trend in the steady decline of referrals regarding this sector over the past few years appears to have halted. The LADO considers the percentage still to be disproportionate given it is such a large employment sector, so this work is ongoing.

There has been a continued increase in cases regarding **transport and taxi drivers**, which is likely due to the closer working relationship between the LADO and the Hackney Carriage Service. The LADO has attended Court on two occasions in the past year to support the licensing team to successfully defend their decisions against appeals by taxi drivers who have either not had their licence renewed, or have had them revoked due to safeguarding concerns

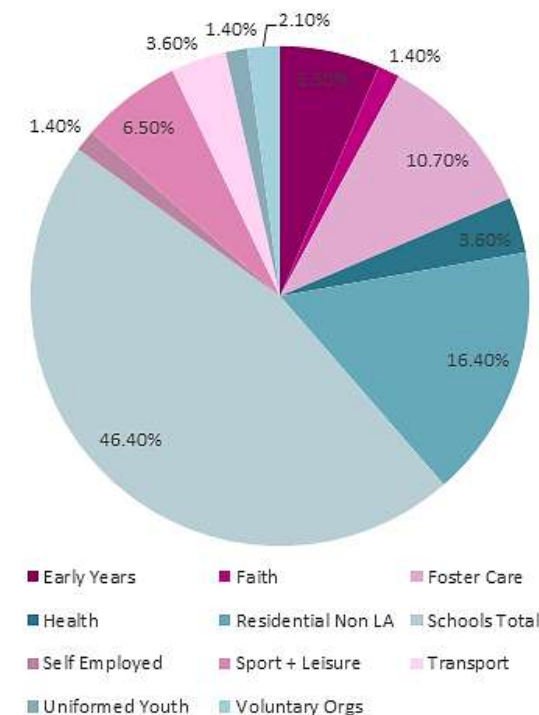
The significant increase in referrals regarding **Sport and Leisure** organisations in respect of sexual abuse, cover a number of different settings and activities. 4 of these are historic allegations and 2 involve Indecent Images of Children. The recent high profile cases of sexual abuse in sport, and police Operation Hydrant, will have had an impact upon reporting and there was an increase in referrals during Q4.

The most significant increase in referrals was in **non Local Authority children's homes** (Residential Non LA). This arose in July 2016 when a children's home was inspected by Ofsted and deemed Inadequate. The inspection raised concerns that the management of allegations was poor and not in accordance with procedures. A significant incident had not been referred to the LADO and concerns raised that 'physical restraint is not always the last resort'.

The number of referrals from this unit immediately increased following the Ofsted inspection. Referrals to the MASH also increased during this period, with the organisation probably acting over cautiously in response to the Ofsted inspection. Not all of these referrals were appropriate (e.g. disclosure by a young person about an historic incident in their home authority) and a meeting was held with the organisation to address these issues. In January 2017, another non Local Authority children's home was rated as Inadequate and this appears to correlate with the increase in referrals during Q4.

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

Allegations by Sector





## Additional Functions of the LSCB: Local Authority Designated Officer

### Use of Restraint

The number of allegations regarding use of restraint in maintained schools saw a slight decrease from the previous year, and allegations were spread across a number of schools, with no identifying pattern. However, allegations against staff and teachers in non-maintained schools saw a significant increase this year. This is directly associated to the increase in referrals regarding non Local Authority children's residential setting as highlighted above as there is a school directly linked to this organisation. Of the 20 referrals received, 11 were directly associated with this non-maintained school. 5 of the 20 referrals were deemed substantiated, 4 of which were associated with the non-maintained school, all which lead to disciplinary procedures. Of the 5 substantiated allegations, 4 resulted in individual learning and one a formal warning. The remainder were deemed to be 1 unsubstantiated, 1 false, 1 malicious and 12 unfounded.

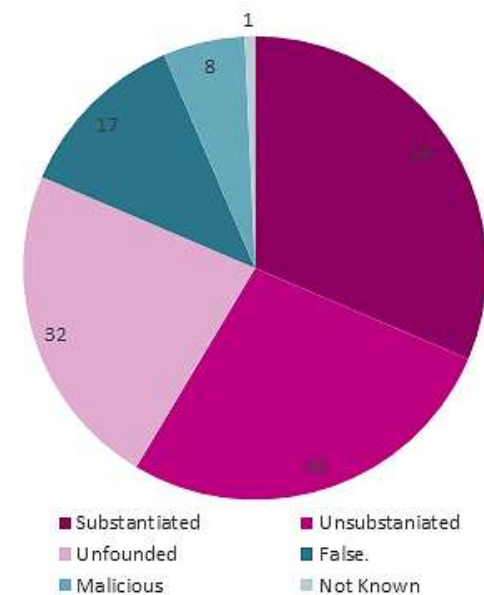
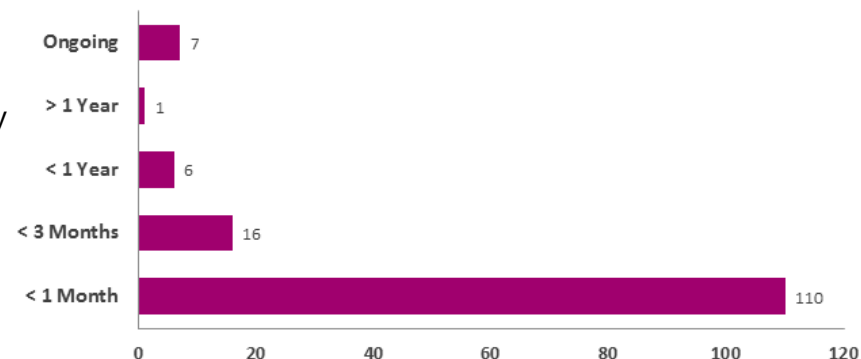
### Timescales & Outcomes

The 80% target of resolving cases within 1 month has nearly been met (78.6%) and the 90% target of resolving issues within 3 months has been achieved. The ongoing cases reflect lengthy police investigations, court cases and disciplinary procedures. These cases are likely to take over a year before they are resolved.

Of the 140 allegations in 2016-17, there were 87 internal investigations by the employer. There were 27 Strategy Discussions resulting in 12 child protection investigations (s.47) by Children's Social Work (10 jointly with Police). There were 40 Police investigations, 12 being historical. There is a higher ratio of police investigations than child protection investigations as there may be no named child(ren) warranting a Strategy Discussion, or the employee does not have children in their close family. Single agency, police led investigations, for example may involve internet sharing of Indecent Images of Children. In 2016-17 there were 6 charges resulting in 2 Cautions and 2 convictions, with one court case about to commence at the time of publication and another ongoing.

The LADO notes the significant increase in matters relating to Indecent Images of Children. Last year there were two cases, this year there have been 7, of which 2 led to convictions, the remaining 5 being outstanding cases. Timescales can be hampered by the vast amount of forensic examination being undertaken and the impact of this needs to be monitored.

Last year the LADO highlighted that those police cases taking more than 3 months to complete had risen from previous year, and raised concerns that this was potentially an impact following the implementation of the Safeguarding Investigations Unit. This year the evidence reassuringly shows that only 20% of police cases have taken a year or more to complete with 70% being completed in less than 3 months.



## Additional Functions of the LSCB: Child Death Overview Panel

### Child Death Overview Panel (CDOP)

The Child Death Overview Panel (CDOP) is the inter-agency forum that meets every two months to review the deaths of all children normally resident in Brighton & Hove.

The purpose of the review is to determine whether the death was deemed preventable, that is one in which there are identified modifiable factors which may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. If this is this case the Panel must decide what, if any, actions could be taken to prevent such deaths in future.

Between April 2016 and March 2017 the CDOP was notified of 11 deaths of children who were resident in Brighton & Hove which is a decrease in numbers of deaths since last year.

The CDOP met 5 times during the year to discuss child deaths in Brighton & Hove and a further 2 times for the neonatal panels. The CDOP has reviewed 11 cases from Brighton & Hove during this period, (there will always be a delay between the date of a child's death and the CDOP review being held). Of the reviews completed in 2016/17, 6 (56%) were completed within six months.

#### Age profile of deaths notified to CDOP

Over the 9-year period April 2008 – March 2017 CDOP were notified of 144 deaths.

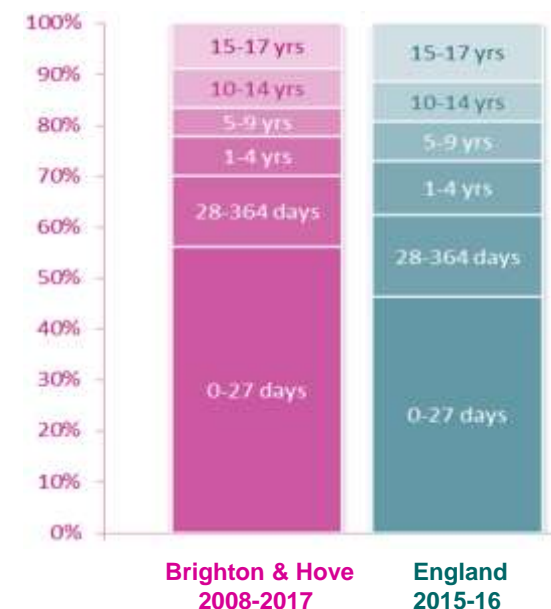
On average, 16 deaths per year are notified to CDOP for Brighton & Hove. Brighton & Hove had a significantly lower rate of deaths in babies aged 28-364 days, compared to the 2015/16 England rate however there is no statistical difference when the confidence interval is taken into account. There are no significant differences in the rates of deaths for the other age groups

#### Local Developments, Challenges and Achievements

An area of development work agreed in 2016 for the panel was suicide prevention as there had been a number of such deaths across both LSCBs, some of which have required serious case reviews. There has been co-ordination of findings across Brighton & Hove and East Sussex and it is hoped that this will extend to West Sussex in the near future.

Recent work regarding suicide prevention in Brighton & Hove has included:

- 'Talking about suicide' a young people's guide,
- suicide prevention training across a whole school system,
- protective behaviours work supporting transitions to Year 7 in secondary school,
- parent workshops aimed at parents whose children or young people have been involved in self-harm,
- art activities for young people. 1 April 2008 to 31 March 2016



## Additional Functions of the LSCB: Child Death Overview Panel

### CDOP Recommendations to Brighton & Hove LSCB 2016-17

There were no recommendations made to the LSCBs regarding the need for a serious case review and there were no other recommendations to the Brighton & Hove LSCB.

### Progress on Recommendations from 2015-16

Recommendation	Progress
The LSCB asks agencies to review the guidance that is given to parents and young people about ensuring personal safety if taking drugs or alcohol. In particular, whether the risks of physical harm are identified and whether advice is given about ensuring that a friend who has not taken drugs is present and can provide support. This review to include looking at the guidance on "talk to Frank".	Public Health have contacted local providers to alert them to this recommendation and requested a review of their own guidance. A number of local agencies have adapted their guidance, particularly around personal safety and "looking after your friends", but more work is needed on physical safety and this is currently being progressed b the relevant partners.
The LSCB should ask BSUHT and the CCG (NHS England) to consider how to share the learning from this case about how to improve communication between agencies around end of life care planning for children with life limiting conditions where there is a Do Not Attempt Resuscitation (DNAR) agreement in place	<p>NHS England have shared this learning about poor communication with Designated Professionals and Named GPs across the South East region.</p> <p>Instructions have been issued by Brighton &amp; Sussex University Hospitals to clinicians to discuss with the GP when discharging children with Do Not Attempt Resuscitation agreements in place</p>

## LSCB Partner Agency Safeguarding Reports

Over the next pages we present the reports from all agencies in the safeguarding partnership. They have provided updates on their work over 2016-17 on the priority areas of the Board as requested:

- How has the agency worked to promote the welfare of children who are neglected, including work to prevent emotional harm and support families where domestic violence & abuse, parental mental health, and substance misuse is a factor.
- What has the agency done to prevent sexual harm and violence to children, including child sexual exploitation, and how have they supported victims.
- What Early Help the agency provides, what pathways are in place, and how do they contribute to assessments.
- How the agency has ensured children, their families, the community (including different sections of the community) and staff at all levels have opportunities for their views and opinions to be heard in respect of their experiences of hearing about, receiving and providing safeguarding services and how these have contributed to learning and best practice

They have also commented more generally on their work to safeguard children in Brighton & Hove, reflecting on how well they have done this, and what difference it has made.



## Brighton & Hove City Council: Families, Children & Learning Directorate

### Neglect

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

- Continued robust social work response to reports that children are at risk of or subject to neglect – including escalation into child protection procedures as necessary.
- Participation in LSCB's multi-agency Learning Review into Neglect, and implementation of the action plan.
- Engagement with Neglect Complex Case forum
- Guidance issued to council nurseries and children's settings on responding to drug and alcohol related incidents.
- Neglect awareness raising and completion of safeguarding audits in early years settings.

### Sexual Harm

& Violence towards  
children (Child  
Sexual Abuse &  
Exploitation)

- Continued robust social work response to reports that children are at risk of or subject to sexual abuse – including escalation into child protection procedures as necessary.
- Co-chairing and participation in Multi-Agency CSE risk management meeting (Red Op Kite)
- Weekly Missing meeting with Sussex Police and Missing People, (who are commissioned to provide Return Home Interviews), to information share and devise safety plans on children regularly absent or missing.
- Secured funding from Police & Crime Commissioner to deliver Chelsea's Choice to all Year 8 students in Brighton & Hove schools
- Co-led on the LSCB's CSE multi-agency audit and implementation of action plan.
- Involvement in See Me Hear Me evaluation project commissioned by Office of Children's Commissioner.
- Family Coaches received training on Child Sexual Abuse and CSE.

### Early Help

Pathways,  
Thresholds &  
Assessments

- Family Coaching intervention provided to 358 families to reduce risks and avoid escalation into social work services.
- 37 Triple P groups; 11 of these specifically targeting Early Years parents and 27 Triple P workshops took place.
- Early Help Hub and Weekly Allocation Meeting providing triage of support needs of families.
- Children Centre's interventions reviewed to include clear guidance and outcomes – 20 interventions available in the home for time limited support, including low level neglect.
- Special schools providing outreach support and therapeutic counselling services available for children and young people with social, emotional and mental health issues.
- Development of interventions for families living with food poverty in partnership with Brighton & Hove Food Partnership and Public Health.
- High take up (85%) of funded child care places for 2 year olds.
- Provision of Social Work input into Housing Trailblazer project to develop innovative approaches to preventing homelessness

## LSCB Partners: Brighton & Hove City Council



### Participation & Engagement

- Young Ambassadors service supports young people to participate in recruitment and selection processes.
- Children in Care Council e.g. group work with Children In Care who wrote a letter about their experiences as part of the Corporate Parenting Strategy 2016-19
- Feedback from service users regarding Children in Care Reviews and Child Protection Conferences
- Partnership and Reform Officer working with schools and Brighton Met College to gather young people's views about the local offer for children and young people with SEND
- Evaluations from Children Centre's service users re-designed and collected termly. Data from this will be used to plan services for the next year.
- Families in receipt of a Family Coaching intervention provide anonymous feedback – this is collated and results in changes/improvements in practice.
- Interviews with care leavers regarding their experiences whilst looked after – feedback fed into corporate parenting response.

## Safeguarding Children: What have we done?

- Embedded the relationship based model of social work practice
- Established a social work teaching partnership with Universities of Sussex & Brighton and East Sussex County.
- Invited a Local Government Association (LGA) Peer Review (Sept 16) to assess our progress since the May 2015 Single Inspection Framework, in particular how the model of relationship based practice was being embedded.
- Formed the Brighton & Hove Inclusion Support Service to support families to understand and reduce the challenges they face living with issues of mental wellbeing and additional needs.
- Partnership of schools working with Brighton & Hove City Council has developed lessons and guidance related to teaching about FGM to Year 7 students – this has been disseminated to all schools.
- Workshop to Raise Awareness of Prevent training and Prevent/Channel e-learning promoted to all schools.
- Feeling Good, Feeling Safe protective behaviours resource developed in partnership with Safety Net, disseminated to all primary schools and supported by training in 77% of these schools.
- Development of daily Missing and Youth in Custody briefings distributed across children's social care services and weekly missing meeting.
- Establishment and chairing of multi-agency group on youth exploitation and knife and drug crime.
- Development of Missing Protocol with Sussex Police implemented on a pan Sussex basis with professionals, parents, foster carers and residential care providers.
- Parents' event held for those concerned about responses to substance misuse by young people in public spaces and places.
- Deployment of Pride Buddies to support young people attending Pride and affected by alcohol and/or substances.
- Schools are provided with an annual safeguarding audit to compete, which is updated to reflect best practice and local and national priorities.
- The school based Designated Safeguarding Lead Network remains dynamic, with three meetings a year.
- A network for school governors, with oversight of safeguarding, is being developed
- Individual schools have been provided with bespoke support around specific issues: this has included whole school safeguarding reviews and inspections of site security

## LSCB Partners: Brighton & Hove City Council

### How well did we do it?

- Evaluation of SW model of practice completed Summer 2017 - performance has improved against key indicators including number of children with a child protection plan or in care and families open to social work as well as the number of complaints
- LGA Peer Review 2016 concluded “social workers and support staff at every level are impressive” they have “confidence in the management team” and “the new model of social work practice is beginning to make a difference to children and families”.
- Evaluation of Chelsea’s Choice and FGM lesson to be completed September 2017
- Feeling Good, Feeling Safe evaluation planned for Autumn 2017
- Multi-agency youth exploitation meeting linked into police operation (Op Rattle) around youth exploitation into drug crime/criminality) – good multi-agency attendance at meetings and effective communication line established.
- Deployment of Pride Biddies very well received by young people
- Positive feedback about child centred approach and vision in Corporate Parenting Strategy
- Schools continue to engage well with the audit process, with a 100% return rate.
- Feedback from delegates at network meetings is positive: the agenda of meetings is seen to contribute towards Continuing Professional Development.
- There have been two initial meetings for safeguarding governors, which were relatively well attended and identified a definite interest for further meetings in the new school year, following a similar format to the meetings for teachers

### What difference did it make?

- Evaluation of SW Model of Practice completed Summer 2017 and feedback from LGA peer Review – families experience has generally improved, practitioners generally feel supported and proxy indicators suggest that we are supporting safe and stable family lives in Brighton & Hove
- Youth exploitation meeting supported police strategy of vulnerable victims and vulnerable suspects, thereby reducing the criminalisation of young people who have been exploited into criminality.
- Deployment of Pride Buddies provided a support and safety net for most vulnerable (in terms of intoxication) children attending Pride.
- The audit allows schools to be confident with their practice and to make robust action plans around any areas identified in need of development.
- The shared learning and collegiality fostered through the Designated Teachers network meetings contributes towards consistent approaches from schools.
- The network for governors will need to be evaluated next year, but the aim is to upskill governance of the school around safeguarding so that more robust oversight and challenge can be provided.



## Brighton & Hove City Council: Community Safety

### Neglect

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

- Casework interventions provide early assessment and support for families with substance misuse, domestic abuse and emotional harm being addressed.
  - Make referrals to MASH/Sussex Police where concerns arise on duty service or during casework
  - Utilise learning & development opportunities via BHCC/LCSB
  - Supported development of multi-agency pan-Sussex Interim Process to safely provide victim-initiated Restorative Justice to victims of Domestic Violence & Abuse
  - Encouraged the local community to see child protection as a community concern and explained reporting guidance to community members.
- 

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Attend Op Kite meetings
  - Attend the LSCB's CSA/CSE Protect, Pursue and Early Identification Subcommittee
  - Supported development of multi-agency pan-Sussex Interim Process to safely provide victim-initiated Restorative Justice to victims of Sexual Violence
  - Utilise learning & development opportunities via BHCC/LCSB
- 

### Early Help

Pathways, Thresholds & Assessments

- Casework interventions provide early assessment and support for families with substance misuse, domestic abuse and emotional harm being addressed.
  - Encouraged the local community to see child protection as a community concern and explained reporting guidance to community members.
  - Utilise learning & development opportunities via BHCC/LCSB
- 

### Participation & Engagement

- Used restorative practice to enable families to speak about how they have been harmed by prejudice based incidents.
- Enabled a family to understand & tell social workers about their communication needs when working through a child protection plan
- Increasing Trust & Confidence project has provided training opportunities to disabled people, their families & carers to identify & report anti-social behaviour and hate crime; whilst providing support to those affected to repair the harm caused by it
- Increasing Trust & Confidence project has led to consultation with Trans & Non-Binary people about how to access support if harmed by anti-social behaviour and hate incidents. This consultation has provided T&NB people information about how and where to access help when needed; and informed casework practice to be a more inclusive service for T&NB people
- Caseworkers regularly attend community meetings and provide a duty service to provide information, advice and guidance to anyone (including professionals) concerned about anti-social behaviour and hate incidents which can include safeguarding concerns
- Part of the duty service triage process involves a Hate & Anti-social behaviour Risk Assessment (HARA) and any identified safeguarding concerns would be referred to MASH/Sussex Police where concerns arise

## Health Providers: Brighton & Sussex University Hospitals Trust

### Neglect

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

- Neglect is part of the mandatory safeguarding children training for all staff reminding them that early recognition and referral of neglect and robust interventions is vitally important.
- Specific safeguarding training is given to departments who care directly for children, maternity, and A&E. This includes neglect but also other aspects which make families vulnerable and highlights the impact of parental issues on children.
- There have been numerous references to Neglect within the monthly newsletter to all staff.
- The Named Professionals were part of the LSCB Neglect Learning Review, and the LSCB held a feedback session at the hospital specifically to allow staff to share these findings
- There is an Independent Domestic Abuse Advisor working with A&E, maternity and sexual health department, who also gives advice and support to staff across BSUH.
- There are mental health liaison services who review all children with self-harming behaviour, improving support and communication.
- In the children's emergency department there is a safeguarding screening tool and also a neglect prompt tool which is being piloted to guide staff on presenting features and how to respond effectively.
- The safeguarding liaison is effective in promoting good communication between agencies.
- The hospital flags all children with a child protection plan in order to enhance care and communication and are ready to use the CP-IS (Child Protection Information Service) when local systems are in place.
- Links with local substance misuse services (RUOK?), mental health and domestic abuse services continue.

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Staff have had raising awareness sessions as part of the mandatory safeguarding training.
- The sexual health services have a screening tool which is very effective.
- The children's emergency department use a safeguarding screening tool for all aspects of safeguarding
- The safeguarding liaison is effective in promoting good communication between agencies.
- BSUH has linked with the Operation Kite meetings and have updated medical records accordingly.
- There is a close link between the hospital and the SARC
- The Named professional is linked with the Operation Kite meetings and shares information as required.

### Early Help

Pathways, Thresholds & Assessments

- The safeguarding liaison is effective in promoting good communication between agencies, so that professionals who are in contact with the families are aware of hospital attendances and issues recognised during their stay.
- Both Children and Adult hospital services are encouraged to alert the safeguarding children services when a parent presents with issues which may affect their ability to care for their children safely or who may need support.
- Staff are aware of the early help services which can be used for support.



## LSCB Partners: Health Providers

### Participation & Engagement

- BSUH have standards which demand all staff treat patients with dignity and respect.
- All children admitted to the hospital are asked how they would like to individualise their care to ensure their voice is heard.
- BSUH has been part of all the audits the local LSCB has undertaken which takes this into account.
- The paediatric team has governance and quality meeting which discuss all complaints, Patient Advice & Liaison Service and feedback.
- The Royal Alexandra Children's Hospital (RACH) have worked with the local Parent Carer Council and AMAZE responded to their feedback from parents.
- RACH have done scoping exercise with parents and young people about the facilities and services in the Alex and Trevor Mann Baby Unit to help from the clinical strategy work.

### Safeguarding Children: What have we done?

- The safeguarding team give support and advice to all hospital staff about all aspects of safeguarding issues including neglect.
- The hospital is responsible for undertaking all child protection medicals which have a physical aspect to them. (94 in 2016 & 62 up to June 2017)
- In 2016 258 children attended Children's emergency department who had a Child Protection Plan.
- Midwives were involved with recognition and referrals for vulnerable women and participated in 130 prebirth assessments in 2016 for women in Brighton & Hove, this is in addition to those for East and West Sussex.
- The hospital staff work closely with the mental health liaison team to improve services for young people who self harm.
- The Named Professionals have raised the issue of neglect at appropriate strategic levels within BSUH.
- The named professionals ensure learning from case reviews is disseminated across the Trust and changes made accordingly.
- Training opportunities within the Trust have included raising awareness sessions on a variety of different topics and the LSCB has given feedback on 2 of the local reviews.
- The 'top ten tips' information has been updated to ensure staff are easily aware of their responsibilities.
- The BSUH intranet has been updated to include more information and links about safeguarding children.
- A leaflet to help staff understand the nuances of parental responsibility has been introduced.
- Various short term information guidance & links about on line safety, pokemon go, and parental on line supervision was produced and will be repeated throughout the year.

### How well did we do it?

- Daily safeguarding ward visits continue at RACH enabling improved case discussion & safeguarding planning for nurses & doctors on approximately 400 children pa, which contributed to better oversight and communication for these vulnerable young people.
- Approximately 500-600 children were seen in the Children's emergency department per week.
- Midwives were involved with recognition and referrals for vulnerable women and participated in 130 prebirth B&H assessments in 2016, this is in addition to those for East and West Sussex.
- Single agency Audits of referral documentation and identification of risk show that it is of a good quality.

## LSCB Partners: Health Providers

### What difference did it make?

- The CQC have rated the children’s hospital in Brighton as ‘outstanding’ indicating that care and safety of children attending the Royal Alexandra Children’s Hospital is efficient and effective and responsive to children’s needs of all kinds.
- The Section 11 audit has provided reassurance that Brighton & Sussex University Hospitals Trust continues to be able to demonstrate a safe service.
- The information leaflet on parental responsibility was created to improve understanding of that aspect of safeguarding processes within the hospital.
- There have been changes to practice brought about by working with the multi-agency partners including flagging of children with a CP plan being changed to the CP-IS system; the risk assessment form in children’s emergency department being updated; the pathway for children who self harm; and improved information gathering related to fathers.

## Health Providers: Sussex Community NHS Foundation Trust

- Development of a bi-monthly Multi-agency Neglect Consultation group to support Practitioners with “stuck” cases
- Consultation on the Neglect Strategy
- Promotion of the Quality of Care Tool
- Co- facilitation of LSCB Neglect Training
- Named Nurse on review group for LSCB’s Neglect learning review and clinicians were part of the case group
- Learning from Neglect Case review assimilated into practice via training and Staff meetings
- SCFT fully participates in the MARAC (Multi-Agency Risk Assessment Conference) by researching and sharing relevant health information on cases.
- MASH Specialist Nurses disseminate SCARFs (Single Combined Assessment of Risk forms) from Police to Health Visitors and School Nurses via email in order to protect the welfare of the children and ensure safety for the family.
- Specialist Nurse is domestic abuse champion & attends VAGW forum
- Health Visitors routinely enquire about Domestic Violence with families as an integral part of their practice and interventions
- Health Visitors and School Nurses offer an enhanced service of care where neglect, domestic abuse or parental mental health or substance misuse is an issue where appropriate.

### Neglect

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

## LSCB Partners: Health Providers

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Named Doctor is Sussex Children's Sexual Assault referral Centre ( CSARC) operational clinical lead and the CSARC Specialist Nurse manages the Nurse rotas. Referrals have increased by 60% over the past year
- Open days have been set up to raise awareness of the service and CSA training has been undertaken to multi-agency audiences .
- SCFT Named professionals and Specialist Nurses give advice and support to practitioners working with child sexual abuse cases
- SCFT Named Professionals involved in the strategic multi-agency sexual exploitation groups.
- Clinical Staff from the Child in Care team and Contraceptive and Sexual health team attend the operational multiagency groups to share relevant information and co-ordinate care plans .
- All children and young people who are identified as being at risk of child sexual exploitation by Op Kite are flagged on SCFT health record system.
- Awareness of Child Sexual exploitation has been incorporated into all SCFT safeguarding children training programs.

### Early Help

Pathways, Thresholds & Assessments

- The Healthy Child Program 0-19 years is delivered by Health Visitors and school Nurses offering a Universal, Universal Plus, and Universal Partnership Plus service to children and their families. All families are offered 5 contacts: antenatal; new birth; 6-8 weeks; 12 months; and 27 months.
- Family Nurse Partnership service has now been decommissioned and teenage parents have been referred to health visitor teams
- School Nurses have open access referrals from children/young people and other professionals.
- Chat health, a confidential health and advice text service aimed at 11-19 years run by School Nurses.
- Drop In's in all secondary schools
- Lead Professional for early Help Plans



### Participation & Engagement

- All children/clients/patients are invited to complete a Friend and Family Test and feedback is collated and sent back to service .
- Meaningful feedback has been gathered from all the children who attended the Sussex CSARC and some of the professionals. The feedback has been positive and highlighted the importance of the holistic role of CSARC.
- Feedback is routinely requested from young people who access Chathealth .
- Children in Care team request feedback from children and young people via a questionnaire to improve their service
- The Looked after Children (LAC) team participates in the NHS Wide FFT feedback initiative and has accessible child friendly feedback forms. These are being reviewed during 2017-18 to ensure further accessibility



## LSCB Partners: Health Providers

### Safeguarding Children: What have we done?

- This year SCFT has continued to strive to improve systems such as training, supervision and governance arrangements in order to support practitioners to safeguard children whilst also developing initiatives such as Health practitioner in Multi-Agency Safeguarding Hub (MASH) and Children's Sexual Assault referral Centre (CSARC).
- The Annual Safeguarding Children Report, which provides assurance and evidence to the Board that the Trust is fulfilling its statutory responsibilities to safeguard children, summarising achievements & challenges has been approved by the Safeguarding Steering Group
- The SCFT Section 11 Audit Action plan was revised in February 2017 and all actions were reviewed as green.
- SCFT has been represented on the LSCB Board by the Head of Safeguarding. In addition the Named Nurse and Doctor have continued to play an active role in the LSCB by attending the Board meeting as professional advisors and being involved in a number of the subcommittees and short term working groups including Monitoring & Evaluation, Learning & Development, Child Sexual Exploitation and the Child Protection Liaison Group.
- Named Professionals were part of review groups for Serious Case Reviews / Learning Reviews and SCFT practitioners were part of the case groups. Relevant findings to SCFT have been actioned and the learning from the review has been shared across Trust by incorporating relevant findings in training and discussion at team meetings.

### What difference did it make?

- An increasing number of 11-19 year olds have accessed Chat health which has offered them a confidential text service to explore their health issues and receive advice.
- More staff have received good quality safeguarding children training and supervision enabling them to safeguard children confidently at an earlier stage
- Specialist Nurse in MASH has improved sharing of information between health & social care ensuring decisions are based on a fuller picture about children and their families

### How well have we done it?

- This year there has continued to be a strong focus on improving the training delivery, focusing both on compliance figures and also quality of the sessions. There has been an improvement in provision for staff to undertake safeguarding children training enabling compliance rates to increase to 97% for level 2 and 88% for level 3
- The delivery of regular safeguarding children supervision also continues to be a priority. As a consequence 98% Health Visitors & School Nurses, and 100% of Managers received supervision in the appropriate timeframe which demonstrates a sound commitment to supervision delivery and uptake by practitioners.
- An audit of school nurse supervision demonstrated that supervision was being undertaken on a regular basis, at the appropriate level and most importantly that there was clear evidence that appropriate analysis of harm was undertaken, ensuring robust standards of care. Areas of development were evidencing reflective practice and use of challenge.
- Funding from the four main health providers was successfully secured to support the health input into the MASH. SCFT continues to host, manage, and develop the MASH Specialist Nurse and Administrator posts. Health gathered information 40% of the referrals into the MASH in 2016-17, which will have improved the quality of information to make an assessment
- The sharing of SCARFs from Police to Health Practitioner has dramatically increased since the MASH Specialist Nurse has been in post, These are shared with health visitors and school nurses ensuring that practitioners can prioritise the welfare of the child and the safety of their families.
- The Sussex Children's SARC has increased its referral rate by a third.

LSCB Partners: Health Providers

## Health Providers: Sussex Children's Sexual Abuse Referral Centre



### Neglect

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

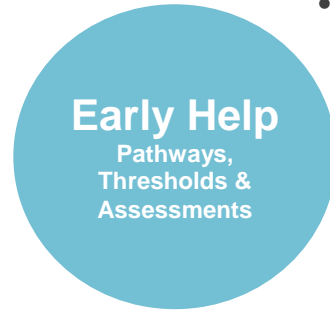
- Our team of doctors take part in every Strategy discussion the CSARC is invited to. Through these meetings we offer advice on all aspects of child safeguarding.



### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- The CSARC team runs regular training sessions (including through the LSCB). We have open days to highlight CSA and show how our team can work with professionals to give the best service to children and families.



### Early Help

Pathways, Thresholds & Assessments

- Our nursing team work closely with social workers. They liaise and support children and families through the CSARC health assessment process. Through these discussions we may highlight potential CSE and HSB (Harmful Sexual Behaviours) and advise about services available, including counselling.



### Participation & Engagement

The CSARC has recently completed feedback from the children, carers, social workers and police attending the service. It has been overwhelmingly positive.

**Child responses** included: *"They were really nice and kind"* *"It didn't hurt"*

**Parent / carer responses** included: *"Thank you for being so lovely"* *"Service was perfect for such a sad reason for being here"*

*"Staff explained in a way my 13-year-old daughter understood everything"*

*"The medical assessment was very gentle"*

**Social worker / police responses** included: *"Very child friendly and sensitive to child and parent"*

*"All professionals observed to be very calm, kind and reassuring"*

*"Given the circumstances, the situation was made better by professional way in which the doctors and the nurses spoke to everyone (particularly their discussions with the family)"*

*"Centre is amazing. It is great that it is so private. The young person is able to attend without judgement from other members of the public"*

### Safeguarding Children: What have we done?

- The Sussex Children's SARC has now been open for 2 years and received 52 referrals from Brighton & Hove this year.
- Where there is a concern of child sexual abuse in a child under the age of 14 (for those with significant learning disability under 19) the nurses and doctors are available daily to offer advice, join Strategy Discussions and see the children.
- There is a purpose built, discrete, child friendly unit to allow holistic child centred assessments. We have regular open days and run training for professionals.

### How well have we done it?

From our feedback we asked the following:

Would you recommend our service to family and friends?

100% professionals, 87% of parents/carers and 60% of the children answered this positively. It should be noted that it is not a service that people wish to be in a position to need.

Was your overall experience of the appointment positive?

100% professionals, 96% of parents/carers and 67% of the children answered this positively

### What difference has it made?

For every child we are informed about we ensure contribute to safeguarding discussions.

Our aim is to ensure the child is listened to and receives the holistic health assessment required, including consideration of sexual transmitted infections and pregnancy screening.

The feedback from the Clermont team and those counselling children who have experienced sexual abuse is that we provide an excellent and essential service to the children and families.

## Health Providers: Sussex Partnership NHS Foundation Trust

### Neglect

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

- Improvement of internal networks and increasing resources.
- Participation in a multi-agency JTAI themed around neglect.
- SCR learning has also been shared across the service via the digest and through level 3 training, as well as promoting a 'Think Family' approach which is now included in our electronic patient risk assessments for both Adults and Children
- Deputy named nurse currently attends FII meetings.
- Trialling and sampling eLearning by safeguarding leads to refresh our approach once new resources are operational is underway
- We have revised our Child visiting policy to reflect best practice

### Sexual Harm

& Violence towards children

- CSE and FGM policies are in draft format. We have added FGM to our reporting databases
- Joining our neighbouring LSCBs with participation in Safeguarding awareness week. Local Trust events are planned. Information packs are being prepared including publications about CSE from NHS England.

### Early Help

Pathways, Thresholds & Assessments

- Dissemination of information about Early Help services, and referral routes, sent to all teams.
- The Early Help offer is embedded in practice and referrals are screened by local leads. This requires further resource and recruitment has been completed to increase capacity

### Participation & Engagement

- Learning from practise, including local SCRs, featured in the safeguarding digest.
- There is a regular Trust Wide 'Report & Learn' event to bring learning together across the whole of Sussex as well as in the localities.
- All services within the Trust use the friends and family test to ascertain feedback with regard to the standard and quality of services.
- Feedback boxes in waiting room areas with paperwork available about the feedback arrangements are available for both those using services and their parents and carers.

### Safeguarding Children: What have we done?

SPFT conducted an internal review of safeguarding provision. This is scheduled to be shared with the Brighton LCSB in September 2017. We identified needs from the internal review, made changes to our model of practise and are currently implementing these. The internal review has meant the implementation of:

- Single assurance framework
- Audit schedule measuring effectiveness of safeguarding referrals
- Growth in staffing of safeguarding team.
- Increase in awareness of the safeguarding department and the resources it provides.



## Health Providers: South East Coast Ambulance Service NHS Foundation Trust

### Neglect (Emotional Harm, Domestic Abuse, Mental Health & Substance Misuse)

All areas of neglect outlined within

Trust-wide training materials

Recruitment of a specialist Mental Health Consultant Nurse to improve MH responses

### Sexual Harm & Violence towards children

Inclusion of CSE and sexual abuse within Trust-wide training materials

### Early Help

Due to the nature of service provision, the Trust is not in a position to offer ongoing support to children & families.

Trust staff are aware of their responsibilities to refer children and families in need of support, which may include those requiring early help interventions.

### Participation & Engagement

Due to the nature of service provision it is extremely challenging to gather the opinion of patients/carers.

Regular bulletin articles and feedback provided to staff (when received, following a referral) gives staff the opportunity to give their views and opinions with regard to safeguarding.

Safeguarding Sub-group has representation from different staff-groups and specialist areas across the Trust to gather information pertaining to service, with a particular focus on learning from review and how to share that across all groups.

## Safeguarding Children: What have we done?

- Review of policy and procedures pertaining to safeguarding to ensure that areas such as Child Sexual Exploitation, Female Genital Mutilation and Looked After Children were explicitly included.
- Development of pocket book inserts for all staff to use as a quick reference guide for safeguarding, including areas outlined above.
- Safeguarding children training (L2) for frontline staff completed by over 90% of staff.
- Development of a safeguarding children L3 training programme, piloted in Q4, for delivery to all frontline staff from April 2017.

## How well did we do it?

- Full review of all safeguarding policy and procedures (including consent, capacity, managing allegations against staff and child death) means that staff have more robust guidelines in place to ensure they are confident in identifying and reporting incidents of child safeguarding. The review also included stakeholder input, including designated professionals and patient representation.
- Feedback from training indicates a high level of satisfaction with the delivery and an increase in confidence and knowledge regarding safeguarding children.

## What difference did it make?

- Measurement of the changes made is difficult to quantify at present. Over the coming year, however, the changes should become increasingly apparent, with an increase in referral rates being a key measurable outcome indicating the changes have made a difference to practice.

## Health Commissioners: Brighton & Hove Clinical Commissioning Group

### Neglect

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

- The designated nurse led on the recent LSCB multi-agency neglect audit
- Designates have participated in the development of the multi-agency neglect strategy
- The CCG supported the dissemination of learning from the Neglect Learning Review via the Learning & Development subgroup
- Neglect training is included in Level 1 and 2 training within CCG and in bespoke training to safeguarding leads in primary care
- Designates attend and contribute to the sharing of information on behalf of primary care at MARAC. The CCG funds the HIDVA service based at the RACH

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- CSA/E training is Included in Level 1 and 2 CCG training and in bespoke training to safeguarding leads in primary care.
- Designates have participated in the multi-agency CSE audit and the dissemination of learning.
- The CCG sit on the Pan Sussex Strategic Board. The Designated Doctor is the board lead for CSA and sits on the Sussex SARC Board.
- The CSA therapeutic support service based at Clermont unit for under 14 year olds is commissioned by the CCG.

### Early Help

Pathways, Thresholds & Assessments

- CCG Executive and designated and named professionals support the work of the LSCB by chairing the Case Review, Learning & Development and Child Sexual Exploitation subcommittees and in addition sit on numerous sub committees providing clinical expertise, substantial training and advice to practitioners.
- The designated nurse attends the multi-agency Chanel Panel to discuss cases of children where there is possible risk of radicalisation.

### Participation & Engagement

- Brighton & Hove CCG has worked with children, young people, their families and key stakeholders to redesign the provision of the new all age Wellbeing Service launched June 2017. The CCG has used feedback to commission, with our partners in Public Health and Families, Children & Learning Services in the Local Authority, a new pathway that ensures people can find out information and seek help early, can refer in to one place and get the right response and level of support as soon as possible.



## LSCB Partners: Health Commissioners

### Safeguarding Children: What have we done?

- CCG staff work closely with local authority, public health and CCG commissioners to ensure learning from case reviews influences strategic commissioning plans and the monitoring of existing provider contracts.
- The Designated Nurse and Doctor provide supervision for all named professionals across the Brighton & Hove NHS providers, including independent providers, and chair the bi-monthly Health Advisor Group (HAG).
- All organisations including the CCG were required by the LSCB to undertake a Section 11 audit in 2016 to provide assurance that safeguarding arrangements are in place. This was followed up by a multiagency 'challenge' event.
- The CCG continues to contribute to funding of a health specialist and admin for the Multi-Agency Safeguarding Hub alongside SPFT/SCFT/BSUH.
- The CCG commissions mental health services to support staff with children and young people who attend BSUH with mental health issues.
- The designated Doctor supports Named Professionals and provider clinicians in perplexing and medically-unexplained cases and provides Children's Social Care with advice in cases of fabricated and induced illness.
- With the commencement of co-commissioning for primary care in April 2017 the designates have reviewed the safeguarding assurance tool with plans to roll out to primary care over the next year.

### How well did we do it?

- The designated nurse has contributed to the review of the NHS Pan Sussex assurance tool for monitoring provider compliance against safeguarding matrix. The designates have undertaken assurance visits to all the independent providers.

### What difference did it make?

- There is Strategic leadership in place for named professionals, and safeguarding leads of independent health providers.
- The Front Door for Families has the support of dedicated healthcare professional in early decision making.
- Learning from LSCB cases has influenced the CCG commissioning of services for children and young people in a review of the CAMHS services.



## Health Commissioners: Public Health

### Neglect

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

- Public Health delivered the Public Health Schools programme with all schools to improve health outcomes. This included Commissioning Educational Psychologists to provide group work attached to domestic violence work in primary schools.
- Work with the CCG, FC&L, Third Sector partners and the Charlie Waller Foundation Trust in primary and secondary schools to improve mental health and emotional wellbeing through the development of a whole school approach in secondary schools and a workforce development programme in primary schools.
- In addition to recovery programmes, Pavilions (the Public Health Commissioned Adult Substance Misuse Recovery Service) has revised their promotional materials which includes 'keeping children safe' when living with parental substance misuse and 'safer drinking tips' aimed at 18 – 25 years olds which includes personal safety

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- Public health has a critical role in commissioning services aimed at early identification and prevention through the public health schools programmes, the Public Health Community Nurses contract and commissioning of services for young people who misuse substances or are at risk of teenage pregnancy. These services aim to build children and young people's health and wellbeing, they provide direct support or refer to appropriate services, and as a result they support and encourage disclosure, which help those affected by exploitation at the earliest possible opportunity.

### Early Help

Pathways, Thresholds & Assessments

- The Acting Director of Public Health has helped to establish the LSCB's Early Help Group which aims to gain a multi-agency perspective on the key factors that put children and young people at the highest level of need and the early help offer around these factors. This will aid identification of gaps which will allow the LSCB to take a view of current offers and make commissioning recommendations

### Participation & Engagement

- The newly commissioned Public Health Community Nursing Service has been established to provide four levels of services for children and young people aged 0 – 19 across the city. Support is available to all families to give children and young people the foundations for good health and identify those who need extra support early.
- The voice of children, young people, parents / carers and staff are included across the Public Health portfolio in a number of ways. For example, consultation was completed with young people for the service redesign of Public Health Community Nursing service 0-19 years and young people, parents / carers and staff are in the process of completing a consultation exercise that will shape the future offer to young people who are involved with or at risk of substance misuse /teenage pregnancy.



## LSCB Partners: Health Commissioners

### Safeguarding Children: What have we done?

The Public Health commissioners:

- Ensured all new and existing commissioning arrangements complied with the Sussex Wide Children's and Adults Safeguarding procedures.
- Reviewed and made improvements to the way in which safeguarding is reported at each contract review meetings and joined up with the CCG clinical audit process.

As a member of the Child Death Overview Panel, Public Health contributes to the process to monitor and review all child deaths on behalf of the LSCB. Reviewing child deaths includes collecting information about the circumstances of the child's death and family background, with the overall purpose to understand how and why children die, make recommendations to protect other children, and prevent future deaths. Any key learning from these deaths that affect public health is then actioned.

### How well did the agency do it?

Quotes from some of the work in schools:

*"So helpful to be able to reflect on a difficult CP case and how best to support the student with different strategies" – Teacher*

*"You were an amazing comfort to my daughter and me....we both felt so comfortable with you....I hope CAMHS realise what a special lady you are" – Parent*

*"I can't remember feeling as happy as I do now..... you've changed my life around" – young person*

### What difference did it make?

- More schools are reporting they are able to respond differently and more effectively to young people who have mental health and emotional/wellbeing concerns.
- Public Health continued to invest in services that provide early help and prevention. These services have direct contact with children and young people who have increased risk of CSE or CSA, neglect or safeguarding.

## Health Commissioners: NHS England South East

In broad terms the NHSE South East Safeguarding deliver the following functions as their “model of safeguarding” mindful of responsibilities wider than direct CCG safeguarding oversight and internal NHSE safeguarding support; such as support to Health & Justice and Armed Forces Commissioning. The function of the NHSE in relation to safeguarding is to provide:

- Expert safeguarding advice and support to the internal area team and Directorates – e.g. Around Complaints management, safeguarding issues that arise in Primary Care, Medical Directorate, Health & Justice, Specialised Commissioning.
- Visible safeguarding leadership which is central to improving patient experience.
- Links to CCG designated nurses/safeguarding adult managers/named GPs. Providing direction, supervision mentoring & support with training.
- Responses to local and national safeguarding consultation processes on behalf of NHSE South Central Region.
- Support and action regarding primary care safeguarding issues such as production of reports, attendance at Domestic Homicide Reviews or Serious Case reviews, supporting Dental and Primary Care safeguarding forums.
- Effective processes to communicate and cascade national and regional NHSE safeguarding directives, requirements and alerts into the local area system.
- Attendance at LSCB/LSAB’s on an “as required & informed risk” basis.
- Safeguarding support and oversight to NHSE directly commissioned services (Health & Justice and Armed Forces). Monitoring effectiveness and gaining safeguarding assurance.
- A coordinated approach to drive the PREVENT agenda forward in the south Central region by setting up a quarterly reporting system with CCG’s and facilitating educational events for health staff.
- Representation at regional and national safeguarding meetings and liaison with regional and national leads.
- Monthly safeguarding report to directors.
- Monitoring of safeguarding issues on NHSE South Central risk register and develop action plans to militate against the risk. For example, setting up a local process to manage the dissemination of national alerts in the absence of a national protocol.
- Representation for NHSE at Serious Incident closure meetings as required and provide safeguarding expertise.

NHS England South East facilitates safeguarding network designated safeguarding professionals from CCGs across the region. The networks are well attended by health professionals. The forum’s focus is on:

- Sharing strategic safeguarding concerns.
- Identifying common themes, trends and early warnings.
- Identifying safeguarding concerns that may need to be escalated.
- Identifying areas of work that could benefit from regional or national input.
- Providing a forum where professionals can share good practice, developments and experiences.
- Sharing lessons learnt from Serious Incidents, Serious Case Reviews, DHR’s, Independent and Multi-Agency Investigations.
- Providing up to date information and guidance from a national and regional perspective.
- Promoting clearer partnership working and strengthen safeguarding networks across the Region.
- Supporting localities across the region to achieve the key standards and embed new NHS policies and government guidance.

## LSCB Partners: Health Commissioners

NHS England commissioned a leadership course for Designate Professionals to enhance their abilities in leadership and as a result safeguarding both within the health economy and with partners. This is an ongoing course but feedback has been very positive both in terms of individual leadership skills but also developing communities of Designated professionals across the SE, who are working together to share knowledge and experience.

- The safeguarding allocation money in 2016/17 has been used to appoint an Assistant Director for Safeguarding and Quality.
- Regional events and training opportunities for designated professionals supporting delivery of CSE, FGM and PREVENT.
- Establishing strong safeguarding networks across the South East for designated professionals.
- Procurement of bespoke training for performance team.
- Support CCGs with national funding to identify detailed safeguarding needs based on their specific populations and needs.
- Established a “task and finish group” of designated and named GP professionals to consider and develop solutions to meet the challenges of safeguarding in primary care.



## National Probation Service

### Neglect

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

- Our main concern in regard to Neglect is working with offenders who have substance misuse issues and or mental health difficulties.
  - Alongside our one to one work with offenders we commission other services from a range of providers to address service user needs with regard to substance misuse, mental health difficulties, housing and other areas that can impact negatively on the well being and safety of children
- 

### Sexual Harm

& Violence towards children

- Our staff have undertaken training in CSE and we continue to develop the knowledge and skills base of our front line practitioners in identifying and managing risk of sexual harm. We continue to update our knowledge and understanding of the exploitation of young people along “county lines”, working closely with our partner agencies and with our staff seconded into Youth Offending Services.
  - With our key partners we continue to strengthen Multi Agency Public Protection arrangements in the oversight of sexual and violent offenders who target children.
  - We have commenced a significant development programme regarding the quality of our risk management plans in relation to sexual and violent offenders.
  - We continue to enforce Licence conditions of convicted serious and violent offenders to protect the public and work with our co-located Police colleagues to oversee and monitor compliance with SOPO’s and SHOPO’s.
- 

### Early Help

Pathways, Thresholds & Assessments

- Over the business year we have made good progress in establishing our links with MASH and access to Children’s Services data systems to support good communication and appropriate referrals at the earliest stage.
- 

### Participation & Engagement

- The NPS does not work directly with children. We commission an independent service to provide feedback to NPS from offenders that use our service, many of whom are parents. We hold an annual independently organised survey of offenders under our supervision in the community as well as a similar independent survey of our staff, that includes feedback on the quality of training and supervision.
- In Sussex the senior managers hold regular staff engagement meetings with front line staff to hear their views directly on our organisation, working practices, training and development and how we can improve.

## LSCB Partners: Probation Services

### Safeguarding Children: What have we done?

During 2016 /17 all new employees undertake mandatory Safeguarding training. All staff have completed Civil Service Learning provided through our comprehensive E-learning safeguarding and domestic abuse courses during the last two years and our policy is for these to be updated at least every two years thereafter.

Training and Development is consolidated with the use supervision in management one to one meetings with staff as well as reviews of safeguarding performance in quarterly appraisals. An appraisal objective for every operational member of staff is to attend at least one safeguarding training event a year. The culture of our organisation is to create a working environment where staff feel confident in raising and discussing any safeguarding concerns with colleagues and managers.

As in previous years, we continue to prioritise NPS staff attendance at Child Protection Conferences and reviews and fully participate as required in Child Protection Plan core groups and professionals meetings.

As noted in last year's report, nationally NPS have reduced the involvement of our middle managers with regard to engagement in MARAC. NPS Sussex however have continued our commitments to arrangements in Brighton to assist in reducing the potential of harm to children as a result of domestic violence and abuse.

We continue to significantly invest resources in supporting the work of partner agencies in the Prevent strategy to safeguard children from harm and abuse from exposure to extremist views.

### How well did we do it?

Partnership arrangements become further embedded at all levels of our work in relation to Safeguarding.

Our Child Safeguarding policy has been refreshed and updated to reflect the changing environment of protecting children from harm.

All frontline staff have all been trained in Safeguarding.

We continue to work hard in creating an organisation that encourages learning and the development of first class practice.

### What difference did it make?

The NPS is only in its fourth year since its creation following the significant changes in delivery of probation services. Our progress in Safeguarding practice has helped to improve over 2016 / 17 continuity and consistency in our service delivery in relation to Safeguarding and improving communication and practice sharing with our key partner agencies.

## Kent Surrey & Sussex Community Rehabilitation Company

### Neglect

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

- KSS CRC have revised its safeguarding policies so that they now include definitions and the types of abuse and neglect.
- All front facing staff are required to complete substance misuse & domestic abuse training within the first 6 months of their employment
- This year KSS CRC have rolled out the online Educare mental health awareness to all staff. This is in addition to the mandatory mental health training events that all Responsible Officers are required to attend.

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- KSS CRC will escalate all cases within 24 hours where there is an identified imminent risk of sexual and/or violence towards children to the National Probation Service who work with offenders at high risk of serious harm.
- KSS CRC continues to have a CSE lead who attends relevant meetings and disseminates information across the organisation.
- All front facing staff are encouraged to attend specialist training events that target a variety of safeguarding concerns. All Responsible Officers must attend at least one safeguarding event every two years. As highlighted above definitions and types of abuse have been included within the safeguarding policies.

### Early Help

Pathways, Thresholds & Assessments

- Whilst KSS CRC work only with young people (18+) and adult service users, best practice requires holistic service user assessment being made which includes their relationships and wider family networks.
- Responsible Officers utilise a variety of voluntary and charity organisations in their work with service users and their families. This includes Prison and Family organisations, Youth Advice Centre to support young adults, and also working with the Wise Project where there may be concerns around child sexual exploitation.
- Responsible Officers work with the local charity RISE to support women and LGBT victims and their families who are experiencing domestic abuse. Officers also utilise the online Respect provision when working with perpetrators, male victims and young people. This includes making use of tool kits when working with perpetrators of abuse in same sex relationships and young perpetrators.
- Where local children's services' thresholds are met, Officers need to seek advice around presenting risks to children, they will contact the MASH as appropriate

### Participation & Engagement

- KSS CRC has an established Service User Council (SUC) which was developed in conjunction with the organisation User Voice. The council represents service users, provides a channel for obtaining direct feedback and are involved in the development of new policies and initiatives. A SUC representative holds a surgery in each office at least once a month. Service Users are able to raise any issues of concern and those that cannot be dealt with locally are escalated to the SUC which meets bi-monthly. A proposal made by the SUC has resulted in the recruitment of two ex-service users as case support workers to improve service user engagement.

- At a senior level safeguarding is discussed at Senior Management Operational Meetings by the Strategic Safeguarding Lead regarding Her Majesty's Probation Inspectorate, Joint targeted Area Inspections, and internal audit results. This is to ensure that strategic learning, and actions required, are identified and agreed across the whole of the organisation.
  - Safeguarding is discussed also at team level when new policies are introduced or revised and relevant legislation comes into force. It is also encouraged that guest speakers from associated safeguarding specialist agencies attend to broaden front line practitioners' knowledge in this area.
  - One to one supervision is provided to all front line staff by their line manager. Within this framework holistic assessments of the service user are discussed. It is the role of the manager to ensure their member of staff has the skills and knowledge to identify and manage safeguarding concerns effectively.
- 

### Safeguarding Children: What have we done?

- KSS CRC facilitated an internal safeguarding awareness week at the end of 2016 to increase staff awareness and knowledge of safeguarding issues. In addition we have included safeguarding articles in staff and partnership magazines and posted daily safeguarding 'top tips' on our internal intranet service, placed relevant posters around the offices highlighting specific areas connected to safeguarding practice.
- Focus over the last year has been on embedding the revised safeguarding policies and encouraging all staff to attend training relevant to this area by utilising Local Safeguarding Boards training events.
- The safeguarding section of our internal intranet has been fully revised to store all safeguarding documents and other relevant reports in a manner that facilitates easy staff access.
- KSS CRC has included its commitment to the Government Prevent Strategy within its Children Safeguarding Policy. KSS CRC sees no difference between safeguarding children, young people and adults from radicalisation than from other forms of harm. To continue to develop staff knowledge and competence within this complex area, we have facilitated a number of educational articles on Prevent which include highlighting some of the vulnerable factors that may lead to exploitation.

### How well did we do it?

- KSS CRC can confirm that 100% of the CRC workforce received safeguarding training in the last two years; the majority of front facing staff attended 3-4 events during this period. Over this period staff attended 73 different types of safeguarding training, including Child Sexual Exploitation; Domestic Violence & abuse; Female Genital Mutilation and WRAP 3 (Prevent)

### What difference did it make?

- The importance and awareness of the wide spectrum of safeguarding concerns has increased over the last year which is evidenced by the number of different types of training courses staff attended. However, it is recognised that embedding our safeguarding policies and procedures into practice, and developing staff confidence in the identification of the wide spectrum of safeguarding, needs to be continued over the coming year.





## LSCB Partners: Sussex Police

# Sussex Police

**Neglect**  
(Emotional Harm, Domestic Abuse, Mental Health & Substance Misuse)

- Police activity during the year has continued to focus on the development of the Safeguarding Investigation Units (SIU)
- Following the uplift of staff to the SIUs, a review of the capability of staff to attend multi-agency meetings has commenced. A capability assessment is provided to the Home Office. Professional development also forms part of an individual's performance development review.
- Training for new staff joining the SIUs has continued, and the nationally accredited Specialist Child Abuse Investigator's Development Programme has been prioritised.

**Sexual Harm**  
& Violence towards children

- The Safeguarding Investigation Unit continues to provide a specialist investigative response to all reports of child sexual abuse and child sexual exploitation involving contact offences.
- Operation Kite is now fully embedded, providing a multi-agency response to tackling CSE & CSA. This year, our approach has broadened and now caters for all forms of youth exploitation; Operation Rattle is our operational response to this drawing on resources from across the Division
- At a strategic level, Sussex Police have continued to support the work of the LSCB, including chairing the CSA/CSE Prevent, Protect and Early Identification subcommittee and the joint LSCB and SAB Participation & Engagement sub-group.

**Early Help**

- Sussex Police continue to have a team of officers embedded within the MASH, (nor the Front Door for Families), ensuring that all child to notice referrals generated by officers are routed through our specialist team for a multi-agency response as appropriate. The police team has been enhanced over the last year and now deals with referrals for vulnerable adults as well as children coming to notice – vulnerability often affects whole families, so this provides a more joined-up approach for the police referral process.
- Over the course of next year, the MASH/Front Door for Families will move to new accommodation in Brighton Police Station which will help foster even closer working between police officers and colleagues in other agencies.

**Participation & Engagement**

- This is an area of business that we are continuing to work on. Over the last year, the DCI from the Safeguarding Investigation Unit has taken on Chairing responsibility for the newly formed joint LSCB/SAB Participation & Engagement sub-group.
- The group draws together colleagues from a range of agencies to share good practice and seek opportunities to promote information about safeguarding, the LSCB, and the SAB as well as sharing feedback from agencies about their work with young people and service users.

## Safeguarding Children: What have we done?

Audit measures have now been agreed and are in the process of final refinement and testing by the Public Protection Strategy and Compliance Team. The measures will be in use during the last quarter of 2017, and will then form part of a routine annual audit process. This will also contribute to the internal Public Protection Departmental Performance monitoring process

## How Well Did we do it?

The implementation of these measures will enable a continuous assessment of the quality of the police contribution to safeguarding and protecting children from abuse and neglect



## East Sussex Fire & Rescue Service



### Neglect

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

- With regards to Domestic abuse, we receive actions from the Brighton & Hove MARAC to carry out enhanced Home Safety Visits for victims of domestic abuse in the city and we also receive referrals from RISE and the police.
- **Keywording** – working with social workers to support families to improve their living environment. Worked with a family where the sole parent had mental health difficulties that impaired her ability to care for her children. She was additionally diagnosed as a hoarder which led the home being cluttered and unsafe.
- We have run teambuilding and confidence-building sessions at our fire stations to improve intra-family communication and develop self-esteem in parents and children.
- Any concerns are reported using a Coming To Notice form

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

- CSE training is included within the Safeguarding training package that staff receive
- Although we have not had any cases recently in Brighton & Hove, there are sometimes occasions where firesetter behaviour was as result of abuse. In these cases we would report any concerns using a CTN form.

### Early Help

Pathways, Thresholds & Assessments

- **Firewise** - through the Firewise scheme we have supported a number of children and young people who have referred to us because of concerns around their fascination and/or behaviour around fire.



## CAFCASS

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

The demand on Cafcass services grew once again in 2016-17, by around 13% in public law (involving the local authority) and 9% in private law (involving arrangements for children following parental separation). Demand is now approximately 30% higher in public law, and 20% higher in private law, than it was three years ago, putting the family justice system under considerable pressure. Nonetheless, each of Cafcass' Key Performance Indicators has been met.

Cafcass' main priorities in 2016-17 were to continue to improve the quality of our work, and to support family justice reform. These are a few examples of how we have done this:

- Production of the **Domestic Abuse Practice Pathway** which provides a structured framework for assessing cases where domestic abuse is a feature, and ten new evidence-based assessment tools.
- A revised **Quality Assurance and Impact Framework**, together with mechanisms to establish, and raise, the quality of our work including thematic audits, Area Quality Reviews, and the work of the National Improvement Service.
- Provision of continuous **Learning and Development** opportunities for staff including: e-learning; Research in Practice resources, the Cafcass library and the dissemination of internal research.
- Contributions to **innovations** and **family justice reform**, designed to improve children's outcomes and make family justice more efficient. These are formed in private law by projects trialling pre-court or out-of-court ways of resolving disputes; and in public law projects aimed at helping local authorities and parents to 'find common ground', thus diverting cases from or expediting cases within, care proceedings.
- Support to our **child exploitation** and **diversity** ambassadors/champions who collate learning from inside and outside the organisation on these subjects and promote it to colleagues.
- The Cafcass **research programme** which supports the work of external researchers, such as the ground-breaking work of Professor Karen Broadhurst and her team into repeat removals from mothers in care proceedings; and undertakes four small-scale internal research projects each year. This year we have undertaken, for example, studies into: domestic abuse in spend-time-with (contact) applications (this has been in collaboration with Women's Aid); trafficking and radicalisation cases known to us; and high conflict (rule 16.4) cases.

## Community & Voluntary Sector

Brighton & Hove has a vibrant, active and diverse Community & Voluntary Sector (CVS). The last Taking Account Survey 2014 by Community Works 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. CVS organisations being based in communities are often well placed to offer early help to prevent the escalation of problems. The sector also provides specialist support in relation to families affected by domestic violence, bullying, emotional well-being and mental health, substance misuse, sexual abuse and exploitation.

Brighton & Hove has a well-established CVS infrastructure organisation – Community Works, which provides a mechanism for bringing together the voice and concerns of the Third sector, including the Children and Young People’s Network of organisations. Safety Net also provides a range of safeguarding training and support to the sector; 263 workers and volunteers from 29 different community and voluntary sector organisations attended introduction to Safeguarding and Child Protection course

**Neglect**  
(Emotional Harm,  
Domestic  
Violence &  
Abuse, Parental  
Mental Health &  
Substance

CVS organisations and groups report that they address neglect in a variety of ways from training and awareness raising for staff in the voluntary and statutory sectors, workshops and groups for parents/carers to individual support, developing personal safety plans and signposting for children and young people and referral on to statutory and specialist agencies.

**RISE** is a Brighton & Hove based charity founded to help those affected by domestic violence and abuse. They have developed a number of workshops and groups to help develop parent’s knowledge and understanding of how domestic violence and abuse has had an impact on their children and their relationship with them. This includes the Parent Child Game, Triple P, Nurture Group and the Women’s and Children’s Recovery Tool Kit. RISE also provides training for professionals. Children also have the opportunity to engage in one to one work with a children’s therapist or family worker to support their experience of neglect and domestic abuse.

*We have had several young people discuss domestic abuse (emotional) from parents, one has been referred onto RISE LGBT worker and also referred to adult social services (Allsorts Youth Project)*

Last year **YMCA Downslink** made 61 safeguarding alerts at the highest risk level in relation to issues of emotional abuse & suicidal ideation through their school counselling service

**YMCA Downslink Youth Advice Centre (YAC)** is a multi-agency centre and a single point of access for homeless young people which provides a one stop shop for young people seeking advice, information and support. The most frequent safeguarding risk identified in this service is suicidal ideation, domestic and emotional abuse. Young people using YAC frequently have repeated trauma histories as children which frequently continue into their adulthood.

**Brighton Oasis Project (BOP)** has provided a targeted programme for parents (men and women) whose children are open to social work as a result of parental substance misuse. 66 men and women have accessed this programme through 2016-17. BOP also provides childcare for children in their Ofsted registered crèche for children who have a parent with substance misuse issues – half of these children were cases open to children’s social work. BOP has also provided therapeutic 1-2-1 sessions to 85 children and young people aged 5-15 years affected by familial substance misuse and early disadvantage.

## LSCB Partners: Community & Voluntary Sector

### Sexual Harm

& Violence towards children (Child Sexual Abuse & Exploitation)

CVS organisations working with particularly vulnerable groups of young people, (including those with learning disabilities; difficult/abusive family relationships, those disengaged and missing from education; and homeless young people), report that risk of sexual exploitation is a key safeguarding concern. Organisations are tackling this through a variety of means: undertaking sexual exploitation awareness work with young people, supporting victims and families, and liaising with statutory and specialist agencies. **RISE** is lead and accountable body for the domestic violence and abuse, and sexual violence and abuse, contract for Brighton & Hove and East Sussex.

**YMCA DLG's WiSE Project** works closely with social work and the police to ensure that victims and families receive support to reduce harm, encourage victims to exit abusive relationships, and where appropriate prosecute perpetrators. The project stopped taking referrals in Jan 2017 due to loss of funding, however the service continues with a Schools and Community Education Programme and a Boys and Young Men's Caseworker.

**BOP's** Mellow Parenting program explores body boundaries as a subject & upskills parents to talk about these issues with their children to keep them safe.

**Safety Net** has worked in partnership with BHCC Partnership Advisor for Health and Wellbeing to support primary schools in delivering the 'Feeling Good, Feeling Safe' curriculum pack, and whole school approach, which delivers key learning and messages about naming body parts, children's rights to control their own body and who touches them, and telling a trusted adult about anything which feels unsafe for them.

**Survivors Network** has worked with secondary schools in the city, in partnership with WiSE and Mankind, to deliver a range of consent based workshops. They have also provided an Independent Sexual Violence Advisor (ISVA) service, offering practical information and support to children and their families aged who are engaged in the criminal justice system following experiences of sexual abuse or exploitation. Over 200 children were supported in this year.. They have also delivered training, through the LSCB, on the impact of CSA to staff from across statutory and voluntary agencies in Brighton & Hove.

### Case study: Young People's Centre (part of Impact Initiatives) Group work

During the weekly young women's group, a 17 year old disclosed that on a number of occasions she was chatting to men on social networking apps and often arranging to meet them in public spaces such as Brighton beach. The YPC youth workers made a number of interventions to inform her of the risks and give harm reduction strategies e.g. informing friends/youth workers of the time and location of meeting up.

On one occasion, the young woman disclosed that she had arranged to meet a man who picked her up in a car. She got into the car and drove around for a short time until a friend - who was aware of their meeting due to the harm reduction advice/intervention - threatened to call police if she didn't get out of the car. Fortunately, the driver stopped and she walked away unharmed.

At this point, feeling that the interventions provided were not working, we contacted the young person's social worker who met with her at the YPC and provided a further intervention around risk and danger – this was effective and the risky behaviours stopped.

Following from this incident, YPC provided a number of preventative workshops, educational and information sessions at the YPC and to other groups of young people across Brighton - including the young people at Self-managed Learning Collage and National Citizenship Service (NCS). The focus was on better awareness around internet safety, consent, healthy relationships and sexual health. We used resources such as the 'Kayleigh's Love Story' film (produced by Leicestershire Police), with the aim of empowering young people to make informed decisions with their lives and reducing risk.



Preventative and early help interventions are a particular strength of the CVS sector who are well placed at grassroots level to spot problems at an early stage to prevent escalation. These organisations provide a range of advice, information, signposting and support services to children, young people and families in school and community settings.

**Safety Net**, a local children’s charity runs the SNAP Project which offers 1:1 and small group support to children aged 7 – 14. These children may be referred for extra support due to a range of issues including bullying; low self-esteem and poor resilience; poor emotional regulation which can lead to them being at risk of school exclusion; isolation from their peers; and sexual exploitation. Last year 132 children accessed support with 70% showing improvement in their well-being scores after the intervention. Following the individual work children can also access a funded holiday activity programme to further build their confidence and networks.

**Allsorts** - Provide 'Talk It Out' one-to-one and group work support for LGBTU children and young people as first point of contact, reducing isolation and encouraging communication peer support, and exploring issues such as consent and healthy relationships. Families are supported through a parents peer support group for parents with trans and gender questioning young people.

**YPC** – Offer ‘early help’ support to young people not only through the Council’s Early Help pathways (directly referred into our service) but also as an accessible service for young people to either self-refer or be referred to by parents and carers. Examples of ‘issues’ have included providing life coaching and one to one support to young people around reducing anxiety and suicidal and self-harming thoughts and behaviour. All young people who showed an initial score for the question; ‘I’ve thought of hurting myself’ reported a reduced score on completion of the intervention.

**YMCA** schools counselling service is in approximately 35 schools/colleges in Brighton & Hove serving both Primary, Secondary and Sixth form in state and independent sectors.

Counsellors work very closely with the school Child Protection Officer, Pastoral and Leadership Teams to ensure that all safeguarding risk is appropriately shared.

**RISE** together with Safety Net, Oasis and YMCA worked with Stronger Families and Stronger Communities over a 1 year pilot to provide family coaching. RISE’s Children in Need funded worker has provide Rising Stars, a healthy relationship programme, to children of adults affected by Domestic violence and abuse.

*An indicator of poverty that is on the increase and one we feel comes under our early help / preventative work is that we are now signposting more and more families to the food bank in Turner Children’s centre.*  
**(Early Childhood Project)**

**BOP** provides the Mellow Parenting programme to women who have drug/alcohol problems. This is an intensive attachment-based programme which focuses on improving parent/child bonds, and improving parental wellbeing. The programme also explores directly the issues of neglect, domestic abuse and substance misuse with parents to increase their understanding and awareness of the terms and its impact on children.



## LSCB Partners: Community & Voluntary Sector

### Participation & Engagement

Organisations report a variety of methods for including and promoting the views and opinions of children, families, the community and staff. This includes awareness questionnaires which feed in to policy and practice, resident meetings, feedback after support planning meetings, review of safeguarding policies annually with user, staff and stakeholder views invited as part of the process.

**Right Here** is youth-led children & young people's mental health awareness and participation project, it isn't a support service as such but many of our young people do have lived experience of mental health difficulties, our safeguarding alerts relate to suicidal ideation and this is frequently an indication that our volunteers are becoming unwell. Our Right Here staff are very skilled at ensuring that the young volunteers are able to recognise this and re-connect back in to their mental health support.

**BOP** conducted focus groups with children and adults to evaluate the service. Young Oasis therapists regularly attend Family Group Conferences, core group meetings and submit reports advocating for the needs of children to social services. There is a service user questionnaire for all children and young people and parent/carers to attain regular feedback

Safety Rocks is a newsletter produced by Brighton & Hove LSCB and **Safety Net**, a local children's charity. The newsletter is distributed to local primary and secondary schools across the city with the aim of increasing awareness of child safety, well-being and protection issues and where to go for advice and help. The newsletter has a parent and lay member led editorial team and receives articles and questions from children, parents and carers via a dedicated newsletter email address.



*In the community our service users have the Voices Group, where ex or current service users keep the service user's voice at central to the work we do."*  
**(RISE)**

*The college operates as a democratic personalised community, students decide for themselves, what, how, when and why they learn. There is no imposed curriculum, no classrooms, students write their own timetables, with help from our team of learning advisors. The views of children are not just heard but acted on as a core value of the college*  
**(Self- Learning College)**



## Appendix 1: LSCB Budget 2016-17

### Expenditure:

Detail	Original Budget	Actual	Forecast 2017-18
Business Manager	£51,600	£52,944	£51,700
Learning & Development Officer	£31,300	£36,766	£31,300
Admin Officer	£24,600	£25,558	£24,400
Independent Chair	£20,000	£16,922	£20,000
Employee Costs to be allocated	£16,700	£0	£17,500
<b>Total Staffing</b>	<b>£144,200</b>	<b>£132,191</b>	<b>£144,200</b>
Serious Case & Learning Reviews	£42,600	£26,899	£43,500
Child Death Overview Panel	£10,000	£10,000	£10,000
Training Expenses	£900	£6,464	£15,400
Transport	£200	£986	£200
Venue Hire	£1000	£0	£1000
Insurance	£100	£100	£100
Monitoring & Evaluation Chair	£2,600	£3,825	£2,900
Printing & Stationary	£2,100	£2,766	£2100
Hospitality	£200	£277	£200
Conferences	£1000	£233	£1000
Communications	£2,000	£2,582	£2,000
Computer costs	£200	£1260	£200
Telephony	£200	£386	£200
Miscellaneous	£0	£279	£0
<b>Total other costs</b>	<b>£63,100</b>	<b>£56,057</b>	<b>£78,800</b>
Support Service Charges	£30,800	£28,000	£29,400

### Income:

Funded by:			
Brighton & Hove City Council		£143,100	
Brighton & Hove CCG		£43,780	
Sussex Police		£12,338	
Kent Surrey & Sussex Community Rehabilitation Company		£2,786	
National Probation Service		£1,083	
CAFCASS		£550	
<b>Total partner contributions</b>		<b>£203,637</b>	
NSPCC LIPP Project		£19,080	
CSA Conference (2015-16)		£2,195	
Training income		£1,500	
Training cancellations charges		£3,500	
<b>Total other income streams</b>		<b>£26,275</b>	
			<b>Total LSCB income</b> £229,912
			<b>Total LSCB expenditure</b> £216,248
			<b>Final Underspend</b> <b>£13,664</b>



## Appendix 2: LSCB Membership 2016-17

### Statutory Members:

Graham Bartlett, Independent Chair of Brighton & Hove LSCB

#### Brighton & Hove City Council (BHCC):

Pinaki Ghoshal, Director of Families, Children & Learning  
Helen Gulvin, Assistant Director: Children's Safeguarding & Care  
Jo Lyons (Dr), Assistant Director: Education & Skills  
Peter Castleton, Head of Community Safety

#### Sussex Police

Jason Tingley (Detective Superintendent)

#### National Probation Trust

Andrea Saunders, Director of Public Protection

#### Kent Surrey & Sussex Community Rehabilitation Company

Debbie Piggott, Resettlement Director

#### Youth Offending Service

Anna Gianfrancesco, Head of Service

#### CAFCASS

Nigel Nash, Service Manager

#### East Sussex Fire & Rescue Service

David Kemp, Head of Community Safety

#### Domestic Violence Forum

Gail Gray, Chair, Brighton & Hove Domestic Violence Forum

#### Community & Voluntary Sector

Terri Fletcher, Director, Safety Net

#### Schools

Richard Chamberlin, Roedean School  
Elizabeth Cody, Brighton College  
Tracy Bowers, Hertford Infant School  
Ruth King, Blatchington Mill School

#### NHS England South (South East)

Dominca Basini, Assistant Director for Safeguarding and Quality,

#### Brighton & Hove Clinical Commissioning Group (CCG):

Soline Jerram, Director of Clinical Quality and Primary Care  
Jamie Carter (Dr), Designated Doctor  
Jo Tomlinson, Designated Nurse  
Mary Flynn (Dr), Named Doctor (GP representative)

#### NHS Trusts

Helen O'Dell, Chief Nurse, Brighton & Sussex University Hospitals (BSUH)  
Susan Marshall, Chief Nurse, Sussex Community Foundation Trust (SCFT)  
Diane Hull, Chief Nurse, Sussex Partnership Foundation Trust (SPFT)  
Sara Songhurst, South East Coast Ambulance Service

#### Lay Members

Christine Lewis  
Ella Richardson  
Signe Gosman  
Stephen Terry (Rev).  
Vera Jakimovska

### Advisors:

Mia Brown, Brighton & Hove LSCB Business Manager  
Helen Davies, Chair LSCB Monitoring & Evaluation Subcommittee  
Ann White (Dr), Named Doctor, SCFT  
David Feakes, Head of Safeguarding, SCFT  
Yvette Queffurus, Named Nurse, SCFT  
Debi Fillery, Named Nurse BSUH  
Leonie Perera (Dr), Named Doctor, BSUH  
Mark Melling, Named Nurse, SPFT  
Jayne Bruce, Deputy Director of Nursing Standards and Safety, SPFT  
Rebecca Conroy, Principal, City College

Dan Chapman (Cllr), Lead Member, BHCC Children's Services  
Deb Austin, Head of Safeguarding, BHCC  
Natasha Watson, Managing Principal Lawyer, BHCC  
Tracy John, Head of Housing, BHCC  
Dr Peter Wilkinson, Acting Director of Public Health  
Kerry Clarke, Children, Young People and Public Health Schools Commissioner  
Eddie Hick, Child Protection and Safeguarding Manager, Sussex Police  
Jane Mitchell, South East Coast Ambulance Service

## Brighton & Hove LSCB

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@LSCB\_Brighton  
#yourLSCB





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

Title:	Safeguarding Adult Board Annual Report 2016/2017	
Date of Meeting:	30 January 2018	
Report of:	Graham Bartlett (SAB Chairperson)	
Contact:	Mia Brown (SAB Manager)	Tel: 01273 290728
Email:	<a href="mailto:mia.brown@brighton-hove.gscx.gov.uk">mia.brown@brighton-hove.gscx.gov.uk</a>	
Wards Affected:	All wards	
<b>FOR GENERAL RELEASE</b>		
<b>Executive Summary</b>		
<p>It is a statutory requirement for the SAB to publish an annual report evaluating the effectiveness of safeguarding arrangements for adults with care and support needs in the local area.</p> <p>The SAB continues to work in partnership with member agencies to protect adults with care and support needs 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 adults with care and support needs.</p> <p>The report is published on the Brighton &amp; Hove City Council website, and circulated to all member organisations of the Safeguarding Adults Board. It will also be hosted on the SAB Webpages.</p>		
<b>Glossary of Terms</b>		
<p>SAB - Safeguarding Adult Board  SAR – Safeguarding Adult Review</p>		

## 1. Decisions, recommendations and any options

It is recommended that the Board:

- 1.1 That the Health & Wellbeing Board notes the report and supports the City Council in their contribution to keep children safe from abuse and neglect.
- 1.2.1 That the Health & Wellbeing Board notes LSCB achievements and challenges on page 8.

## 2. Relevant information

- 2.1 This paper is presented for information.
- 2.2 The SAB is required to produce an annual report that outlines the progress it has made over the last year in respect to safeguarding and promoting the welfare of adult with care and support needs
- 2.3 The report covers the period 1 April 2016 to 31 March 2017 and briefly summarise all the activity undertaken by, and on behalf of the Board over the past year. It also provides data on the number, type, source and demography of safeguarding referrals, and the outcomes of subsequent investigations.
- 2.4 In summary:
  - This year we have been focusing on developing our structure and practice change (in line with developments within the Care Act 2014 and the Mental Capacity Act 2005) to ensure service users choice is at the centre of all services delivered.
  - This year we established a full multi-agency audit programme and our first audit of the year looked at services and interventions provided to four actively homeless people in the city.
  - All partners this year undertook a Pan Sussex Strategic Self-Assessment looking at their own safeguarding arrangements. This was opened up to wider scrutiny through a series of 'Challenge Events' where partners were asked to evidence and expand on their answers within the self-assessment.
  - Professionals Briefings have been developed in 2016/17 for the SAB. These short briefings are aimed at professionals who work with adults with care and support needs in Brighton & Hove. It presents the key findings and recommendations from quality assurance activity

- One Safeguarding Adult Review was published within the year following the death of a homeless individual in the city.
- Throughout the year a number of agencies that comprise the Board have faced challenges including the organisational churn and change of structural reform. You can read about their activity to improve outcomes for vulnerable children in the annual report.

2.5 Each year the SAB faces a number of challenges and while ours are listed out fully in the report we would like to highlight some of our achievements:

- Developed robust multi-agency quality assurance functions.
- Developed assurance mechanisms to test partner compliance with safeguarding duties, responsibilities and ethos.
- Established a Learning & Development Subgroup to support furthering expectations set out in the Care & Support Statutory Guidance.<sup>1</sup>
- Carried out assurance work to confirm that all partner agencies have briefing and awareness mechanisms that provide staff with emerging local and national developments regarding the protection and support of adults with care and support needs.

2.6 In 2017/18 we know that the SAB will continue to face challenges. Ours are fully listed in the report. However we would like to highlight:

- Financial constraints and lack of business support has limited progress.
- We need to better assure ourselves that safeguarding practice is person-centred and outcome-focused by embedding mechanisms to gain feedback on safeguarding outcomes from clients, carers and professionals – both singularly and collectively.
- We have not had capacity to progress our ambition to develop a multi-agency suite of management information.

### 3. Important considerations and implications

Legal:

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

Lawyer consulted: Sandra O'Brien

Date: 7 December 2017

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<sup>1</sup> Care & Support Statutory Guidance provides SABs must, 'promote multi-agency training and consider any specialist training that may be required [to safeguard vulnerable adults], consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.'

#### Finance:

The Brighton and Hove SAB receives the following contributions; the Local Authority (£11k), the Police and Crime Commissioner for Sussex (£10k) and Brighton and Hove Clinical Commissioning Group (£12k). These contributions cover the running costs of the board and one off funding has been allocated to the board for temporary additional resources in 2017/18.

Finance Officer consulted: Sophie Warburton Date: 14<sup>th</sup> December 2017

#### Equalities:

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

Equalities Officer consulted: Sarah Tighe-Ford Date: 17/01/2018

#### Sustainability:

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

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

Covered within the paper and annual report.

### **Supporting documents and information**

Appendix1: Safeguarding Adult Board Annual Report 2016-2017



# Brighton & Hove Safeguarding Adults Board



## Annual Report 2016/17

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## Foreword from Graham Bartlett, Independent Chair, Brighton & Hove Safeguarding Adults Board.



I am very pleased to introduce the Annual Report of the Brighton & Hove Safeguarding Adult Board. This report covers the second year of operation under the Care Act 2014 and highlights the work carried out by the Board and its subgroups in 2016/17.

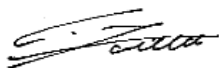
This annual report recognises the achievements and progress being made, as well as the identified challenges that still remain for partners in safeguarding adults with care and support needs in Brighton & Hove. It also comments on collaborative working with the Brighton & Hove Safeguarding Children Board as well as the East and West Safeguarding Adult Boards, where closer working between the Boards has provided further safeguarding opportunities. This is a new and exciting developing area of the Board's business.


During the year the SAB has completed a Safeguarding Adults Review (SAR). This concerned a homeless individual who died in December 2014. A Homelessness Deaths Task & Finish Group was established to run alongside the SAR, looking retrospectively at the characteristics of homeless people who died in the City in 2015 (You can read more about this work on page 23). Both these work streams recommended a multi-agency audit to take a closer look at service provision to actively homeless individuals currently in receipt of the city's services and page 20 talks more about this activity. These pieces of work are indicative of the journey the SAB has been on over the past year developing a range of approaches to quality assurance to monitor the effectiveness both of our own work together, and that of our partners.

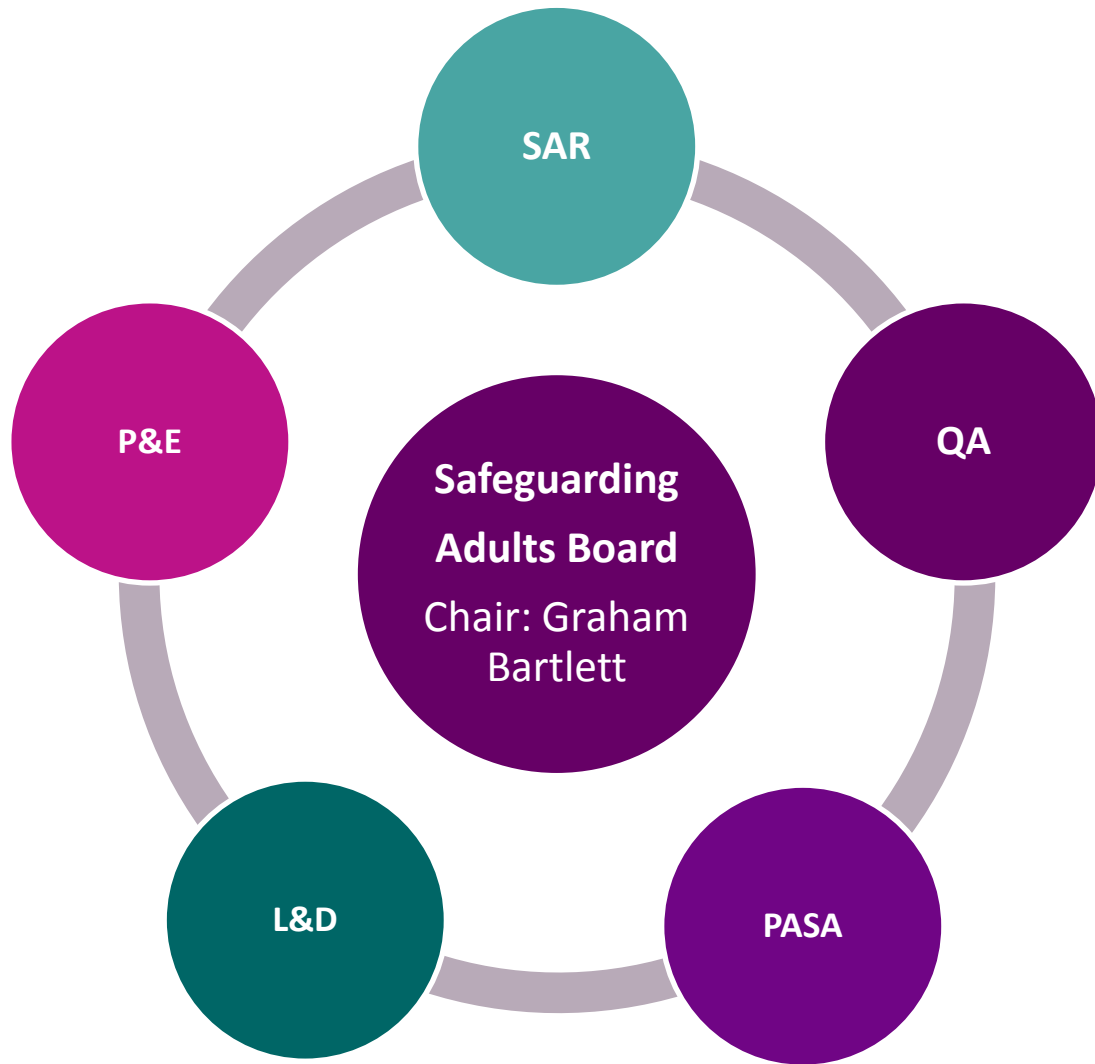
There is clearly a great deal of enthusiasm for the partnership work in the City to safeguard and protect adults with care and support needs, and the commitment of all Board members was demonstrated on 31 January 2017 when the SAB held its Development Day, read more on page 28.

Whilst, as reported in last year's annual report, we do not have a full time business manager and our financial resources are restricted, I believe we are headed in the right direction to have a highly functioning Board which is delivering in accordance with the statutory requirements set out by the Care Act 2014.

I am confident that this report reflects significant development in the area of adult safeguarding in Brighton & Hove over the reporting period and I would like to thank all those people who support the effectiveness of the Board, but importantly who make a difference to our residents, because of their passion for improving services for the adults who need them.

A handwritten signature in black ink, appearing to read 'G. Bartlett'.

<p><b>2</b></p> <p>2.1</p>	<p><b>Introduction</b></p>  <p>Each Safeguarding Adult Board is required to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area.</p> <p>This Annual Report provides a transparent assessment of the performance and effectiveness of the partnership arrangements to safeguard and promote the wellbeing of adults with care and support needs in Brighton &amp; Hove during 31 March 2016 to 1 April 17.</p> <p>The report examines how the Brighton &amp; Hove Local Safeguarding Adults Board has discharged its statutory role and functions as set out by the Care Act 2014.</p>
<p><b>3</b></p> <p>3.1</p>	<p><b>Our vision and mission</b></p> <p>The <b>vision</b> of the Board is that partners will: <b>work together to enable people in Brighton &amp; Hove to live a life free from fear, harm and abuse.</b></p> <p>The <b>mission</b> of the Board is to ensure there is <b>strong strategic leadership</b> to safeguard adults with care and support needs in Brighton &amp; Hove and that <b>preventing, detecting</b> and <b>reporting</b> neglect and abuse is <b>'everyone's business'</b>.</p> <p>This will be achieved by the continued development of Safeguarding policy and practice across all partner agencies and communities consistent with the Care Act 2014 and other National Policy and 'best practice' guidance.</p>
<p><b>4</b></p> <p>4.1</p>	<p><b>Who we are and what we do</b></p> <p>The Brighton &amp; Hove Safeguarding Adult Board (SAB) is a group of statutory, private, voluntary, and independent organisations across Brighton &amp; Hove who work together to empower and protect some of the most vulnerable members of our community.</p> <p>Our purpose is to raise awareness and promote the welfare of adults with care and support needs. We are a multi-agency partnership. We have a co-ordinating role and are responsible for ensuring that agencies work together to provide safe, effective, and efficient safeguarding arrangements for adults with care and support needs.</p> <p><b>We coordinate local work by:</b></p> <ul style="list-style-type: none"> <li>• Delivering a multi-agency Business Plan, which outlines how we intend to tackle priority safeguarding issues together</li> <li>• Developing robust policies and procedures</li> </ul> <p><b>We ensure the effectiveness of local work by:</b></p> <ul style="list-style-type: none"> <li>• Monitoring and scrutinising what is done by our partner agencies to safeguard and promote the welfare of adults with care and support needs</li> <li>• Undertaking safeguarding adult reviews and other multi-agency learning reviews, audits and qualitative reviews and sharing learning opportunities</li> <li>• Collecting and analysing safeguarding information</li> <li>• Drawing evidence from the testimony of clients, carers and families</li> <li>• Publishing this Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of adults with care and support in the city</li> </ul>



## Safeguarding Adults Board Sub Groups 2017

\*Further information

**Practitioners Alliance of Safeguarding Adults (PASA)**  
Chair: Jackie Grigg, Money Advice Plus

**Safeguarding Adult Review (SAR)**  
Chair: Roland Marden, Healthwatch

**Participation & Engagement (P&E)**  
Chair: Richard Bates, Sussex Police (joint with LSCB)

**Quality Assurance (QA)**  
Chair: Michelle Jenkins, Head of Safeguarding & Professional Standards, HASC BHCC

**Learning & Development (L&E)**  
Chair: David Kemp, East Sussex Fire & Rescue Service

### **Safeguarding Adult Review**

Responsible for commissioning and monitoring safeguarding adult reviews and other multi agency learning review activities in cases where there have been poor outcomes for service users to ensure that lessons are learned to improve partnership working

### **Brighton & Hove Practitioners Alliance for Safeguarding Adults**

Comprised of representatives from the independent, voluntary and statutory sector. Meets to increase skill, knowledge and awareness of safeguarding adults, and to raise concerns about guidelines, local practice and training.

### **Quality Assurance**

Monitors, reports and evaluates performance across organisations with regards to Adult Safeguarding.

### **Learning & Development**

Responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision.

### **Participation & Engagement**

To lead on communications for the SAB, ensuring that safeguarding messages are shared with professionals and improving how the Board and partners gather and respond to service user feedback



<b>5</b>	<b>Summary of achievements</b>											
5.1	<ul style="list-style-type: none"> <li>Developed robust multi-agency quality assurance functions.</li> <li>Developed assurance mechanisms to test partner compliance with safeguarding duties, responsibilities and ethos.</li> <li>Established a Learning &amp; Development Subgroup to support furthering expectations set out in the Care &amp; Support Statutory Guidance.<sup>1</sup></li> <li>Carried out assurance work to confirm that all partner agencies have briefing and awareness mechanisms that provide staff with emerging local and national developments regarding the protection and support of adults with care and support needs.</li> <li>Joined forces with the Brighton &amp; Hove Local Safeguarding Children Board (LSCB) to form a joint Participation &amp; Engagement Subcommittee to develop engagement mechanisms to enable service users, carers, communities and voluntary sector to inform the priorities and focus of the Safeguarding Adults Board ensuring that it improves outcomes for people.</li> <li>Developed communication and accountability mechanisms between the SAB Chair and Chief Officers / governance bodies of the SAB's constituent agencies.</li> <li>Began developing arrangements with neighbouring SABs and LSCBs to enhance cross border and cross phase collaboration engendering a culture that reduces the risk of the negative impacts of any variable approaches to safeguarding.</li> </ul>	•										
<b>6</b>	<b>Summary of challenges</b>											
6.1	<ul style="list-style-type: none"> <li>Financial constraints and lack of business support has limited progress.</li> <li>We need to better assure ourselves that safeguarding practice is person-centred and outcome-focused by embedding mechanisms to gain feedback on safeguarding outcomes from clients, carers and professionals – both singularly and collectively.</li> <li>We have not had capacity to progress our ambition to develop a multi-agency suite of management information.</li> <li>Over the year an Information Sharing Protocol, Constitution and Memorandum of Understanding have been developed to clarify roles and responsibilities but due to capacity issues within the Brighton &amp; Hove City Council's Data Protection Team these had not been formally accepted as at 31 March 2017.</li> <li>We have not been able to formally develop the external and internal communication strategies in this business planning year.</li> <li>Mechanisms to assure that the Safeguarding Competencies and DoLS Gold Standards are being met within and across all agencies are underdeveloped.</li> <li>We are not currently able to evidence we are enabling independent living.</li> </ul>	•										
<b>7</b>	<b>Review of Finances</b>											
7.1	<p>Board partners continue to contribute to the SAB budget in addition to providing a variety of resources in kind. Uplifts in funds were requested by the Board but partners advised there were unable to provide any additional resources to increase the capacity of the SAB this year.</p> <table data-bbox="231 1646 1021 1814"> <tr> <td colspan="2"><b>Income</b></td> </tr> <tr> <td>Brighton &amp; Hove City Council</td> <td>£22,000</td> </tr> <tr> <td>Sussex Police</td> <td>£25,000</td> </tr> <tr> <td>Brighton &amp; Hove Clinical Commissioning Group</td> <td>£12,000</td> </tr> <tr> <td><b>Total</b></td> <td><b>£59,000<sup>2</sup></b></td> </tr> </table>	<b>Income</b>		Brighton & Hove City Council	£22,000	Sussex Police	£25,000	Brighton & Hove Clinical Commissioning Group	£12,000	<b>Total</b>	<b>£59,000<sup>2</sup></b>	
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<sup>1</sup> Care & Support Statutory Guidance provides SABs must, 'promote multi-agency training and consider any specialist training that may be required [to safeguard vulnerable adults], consider any scope to jointly commission some training with other partnerships, such as the Community Safety Partnership.'

<sup>2</sup> The SAB carried forward some of the BHCC and third party income from the 2015/16 budget into 2016/17 and has been carried forward again into 2017/18.

**Expenditure**

Independent Chair	£7,125
Safeguarding Adult Review (X)	£4,800
Staffing: Business Manager & Admin	£4,040
Homelessness Review	£2,750
ESCC Policy & Procedures	£2,500
<b>Total</b>	<b>£21,215</b>

In 2017/18 Sussex Community NHS Foundation Trust will provide a one off payment of £5,750 for a shared part-time quality assurance post and Brighton & Hove City Council have agreed a one-off £30,000 allocation for Safeguarding Adult Reviews and £19,000 as an ongoing amount of a part time administrative post<sup>3</sup>. East Sussex Fire and Rescue Service also committed to a one off payment of £5,000 this year.

The forecast for the 2017/18 budget is currently showing that it will spend the full allocation for 2017/18 with no under/overspend being reported.

## 8 Safeguarding Statistics for 2016-2017

### 8.1 Summary of Main Points to Note

1) In 2016/17 **1,011** enquiries have been started during 2015/16, and **887** completed. All enquiries will be completed, rolling into the following year's data. These figures are very similar to last year, with 868 enquiries completed during 2015/16.

887 completed enquiries breaks down to 17 safeguarding enquiries undertaken per week during this year, co-ordinated by the Adult Social Care Assessment Service.

2) From April 2015 Sussex safeguarding procedures changed, to meet the requirements of the Care Act, and levels of investigation are no longer part of the safeguarding procedures. All concerns which meet the threshold for enquiry are logged as a safeguarding enquiry, and each enquiry must be tailored to the needs of the individual, rather than being set by procedures in following a particular level of investigation process. This ensures that safeguarding enquiries can be person centred, and can be flexible to the person's need. An enquiry could range from a conversation with the adult, to a more formal multi-agency plan or course of action. Therefore there are no set timescales for the completion of the enquiry, though local procedures are clear that there should be a 'principle of no delay' so as to ensure that statutory duties are met, with an expectation on a timely conclusion of the work with the individual.

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

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

The outcome of an enquiry is therefore recorded differently from previously when investigation were undertaken, where the purpose was to establish whether abuse or neglect was substantiated

<sup>3</sup> The funding for the admin post will increase to £25k for 2018/19 and 2019/20 to cover the full year cost of the post.

or not. The outcome recorded now is whether the individual's identified desired outcome was met.

4) The table below shows some additional information available from completed enquiries.

Additional Information-All enquiries	
	Total
Is Enquiry related to care delivered via a Direct Payment?	8
Is this Enquiry linked to domestic violence?	114
Is this Enquiry linked to hate crime?	2
Is this Enquiry linked to anti-social behaviour?	24
Is Enquiry related to care from the main informal carer?	64

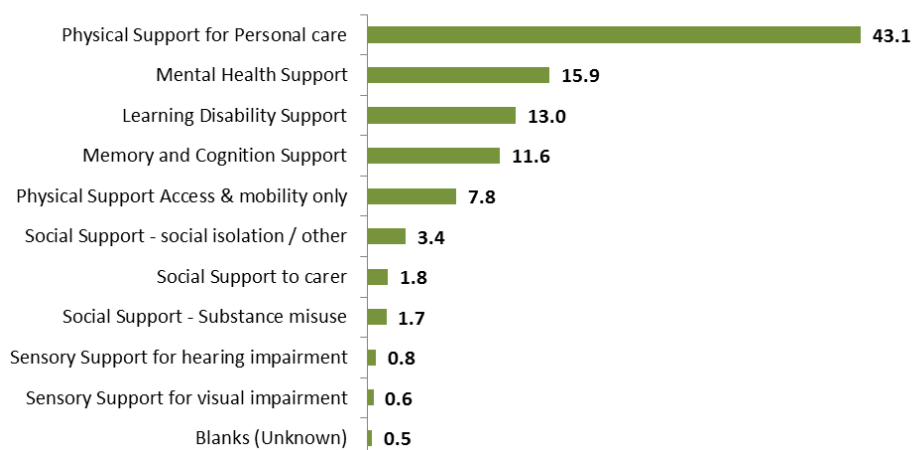
5) The following data below is taken from 887 completed enquiries during the period of 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 inclusive.

2016-17 End of Year DATA	
	Total
Number of Enquiries	1011
Completed Enquiries	887

2015-16 End of Year DATA	
	Total
Number of Enquiries	1064
Completed Enquiries	868

## 8.2 Performance Data 2016– 2017

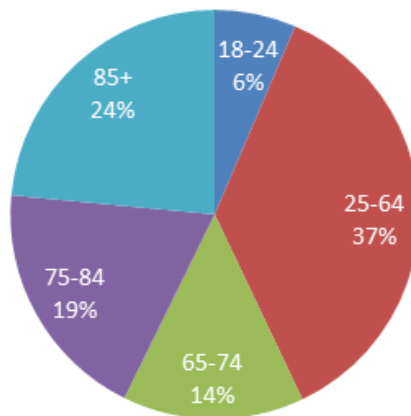
### Percentage of Completed Enquiries by Primary Support Reason



**Figure 1: Percentage of Completed Enquiries by Primary support Reasons of Adult at Risk**

Figure 1 shows the primary support need for the adult for whom the enquiry is undertaken. These are very similar figures recorded in 2015/16.

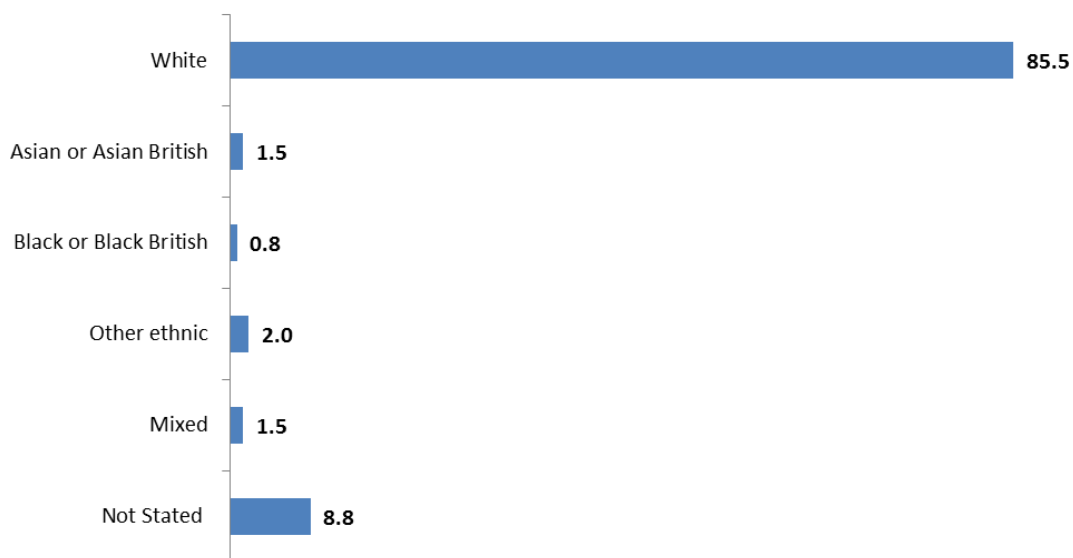
### Completed Investigation by age groups



**Figure 2: Percentage of Completed Investigations by age group of adult at risk**

In figure 2 we can see that risk of harm increases proportionately into older age, 65 years and over.

### Percentage of Completed Enquiries by Ethnicity



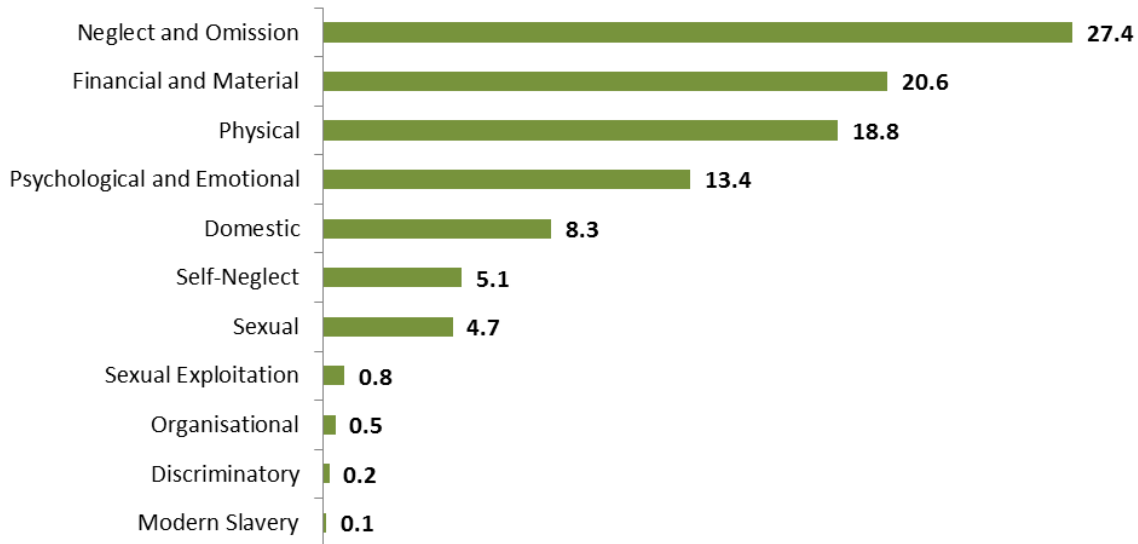
**Figure 3: Number of Enquiries by Ethnicity of the Adult at Risk**

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 3 enquiries for adults at risk White British ethnicity category from obtained data stand at 85.5%, all others 5.7%. Not Stated 8.8%.

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low 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 enquiries is regarding people of 65 years and over, and this age group locally includes fewer people from BME groups. Census data shows BME groups for 80-84 years is at 6.4%, and for over 85 years is at 5.3%.

## Percentage of Completed Enquiries by Nature of Alleged Abuse



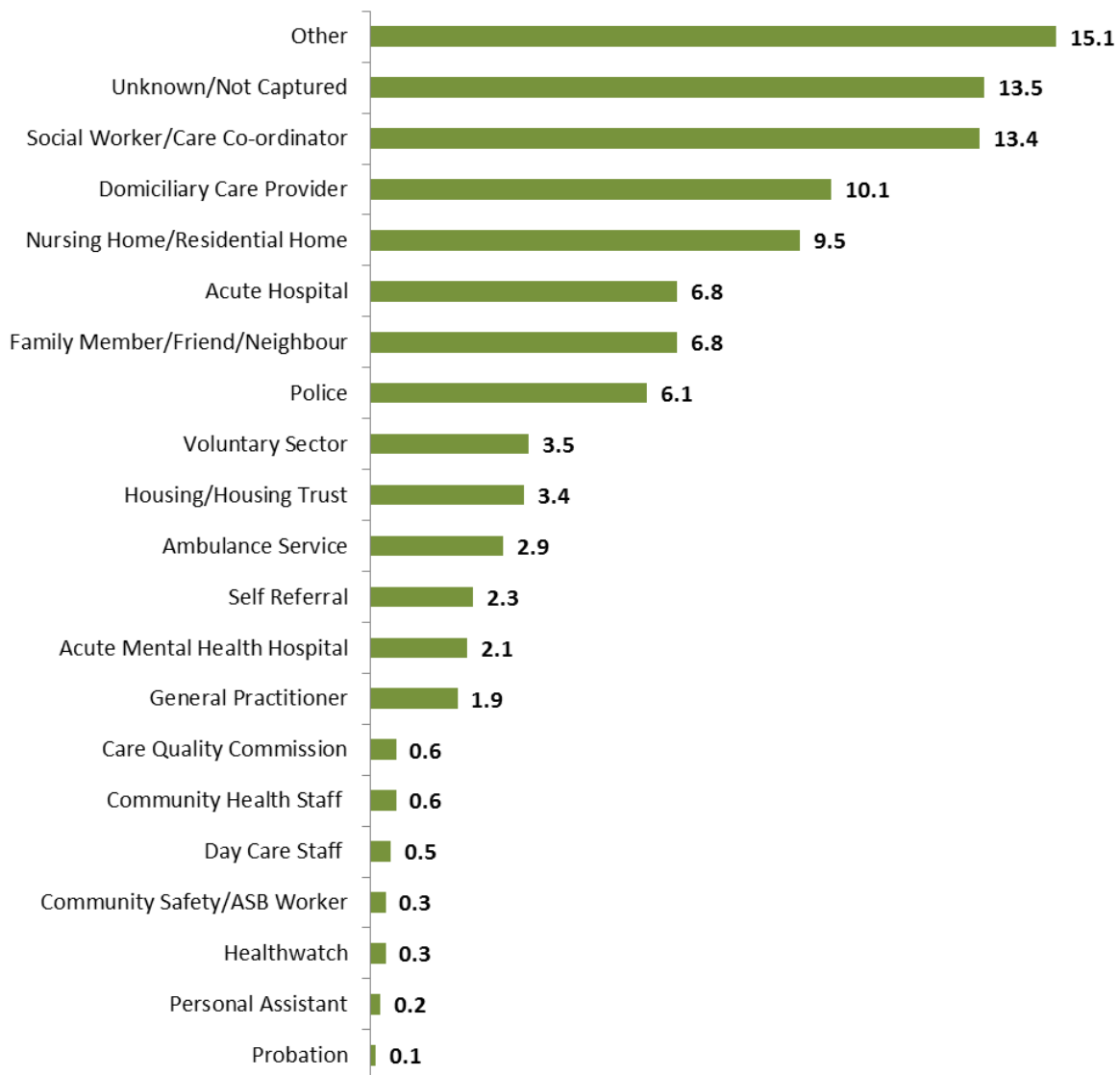
**Figure 4: Percentage of Enquiries by the nature of the alleged abuse**

Figure 4 shows enquiries by category of harm or abuse under the Care and Support Statutory guidance categories of abuse have increased from previous years. The guidance notes that Local Authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual cases should always be considered. For reporting purposes the additional categories of Domestic Abuse, Sexual Exploitation, Modern Slavery and Self Neglect have been added since the Care Act came into force.

Compared to last year neglect and omission remains the highest category of harm. Financial, Physical and Psychological abuse remain at similar proportions. There has been a slight increase in the proportion of enquiries regarding domestic abuse, 8.3% this year compared to 6% last year.

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

## Percentage of Completed Enquiries by Referral Source



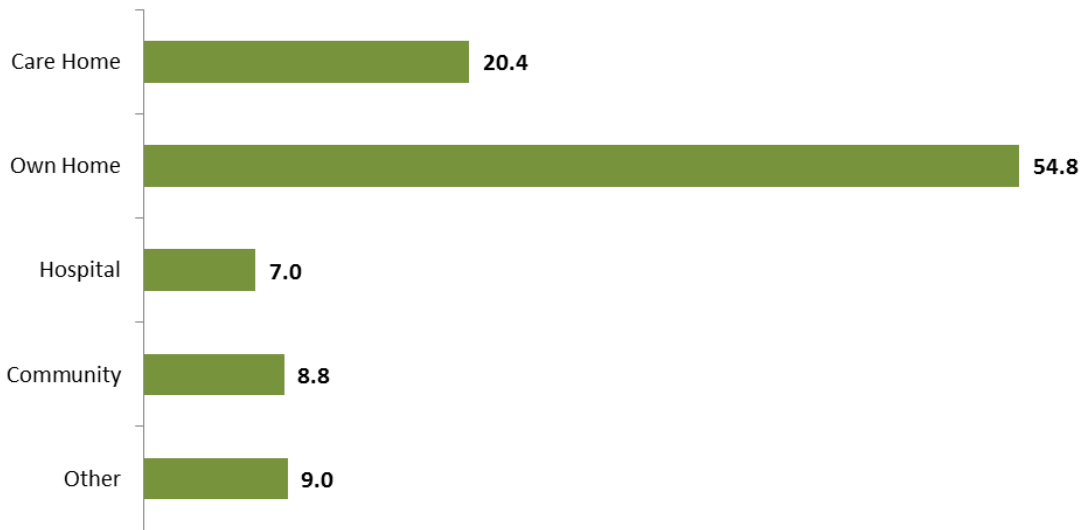
**Figure 5: Percentage of Enquiries by Referral Source.**

This graph shows us where concerns which come to the Local Authority are generated from. This data was not available in 2015/16.

Further work is required with this information, so as to understand the high percentage of referrals from a source noted as 'other', so as to clarify if we have the data categories set correctly. It also needs to be established how the source of 13.5% of concerns are not captured, and whether this data collection could be made mandatory to improve data collection.

It is to be noted that this is not a statutory data requirement, but has been requested locally so as to be able to analyse where concerns are being picked up and shared with the Local Authority.

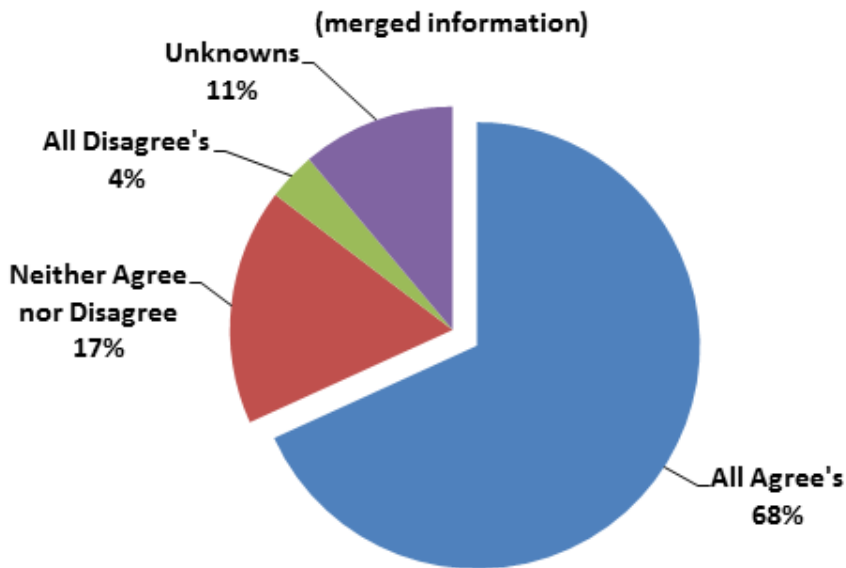
### Percentage of Completed Enquiries by Location of Alleged Abuse/Harm



**Figure 6: Number of Completed Enquiries by Location Alleged of Abuse/Harm**

In figure 6 we can see that the person’s own home is the most likely place for abuse to be alleged to have taken place, at 54.8% of all other logged locations. Last year this figure was 56%.

### Was the desired Outcome achieved?



**Figure 7: Was the desired outcome achieved for the individual**

Since the Care Act came into force in April 2015, the outcomes for safeguarding work is no longer being monitored as to whether harm or abuse were substantiated or not, but by individual outcomes for the person affected, and whether the person feels that their identified outcomes have been met.

This is a significant change in approach, and reflects the requirements of safeguarding under the Care Act, with its focus on Making Safeguarding Personal. This is therefore the 2nd year of this collection as to whether the person, or their representative, have identified that the outcome they



identified at the beginning of the safeguarding intervention has been met.

This data collection has now been made mandatory, so as to ensure this is collected in all cases, so future data will not show any 'unknowns' as is the case this year.

## 9 Progress against our business plan

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

This year we have been focusing on developing our structure and practice change (in line with developments within the Care Act 2014 and the Mental Capacity Act 2005) to ensure service users choice is at the centre of all services delivered.

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

#### Progress

- We have sought assurance that all partners have in place audit arrangements that focus on the six safeguarding principles of Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.
- A subgroup of the SAB looking at compliance with the Mental Capacity Act and Deprivation of Liberties Standards has been running throughout 2016/17. Plans to subsume the functions of this group within the core business of the Board began to be discussed in the latter part of 2016/17.
- A Learning & Development Subgroup was established in 2016/17, responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding training provision. This group, although newly formed, has supported the SAB to assure itself that partners have a competent and well-informed workforce.
- The Pan Sussex Procedures, through a group consisting of heads of safeguarding, other agencies and service user representatives, have been refreshed to take into account national and local developments over the year as well as client and professionals' feedback.

#### Still to do

- We need to formally test, via the Strategic Safeguarding Self-Assessment, that partners have structures and accountabilities which meet the requirements of the Care Act 2014.
- We also need to tighten up and formally test that those agencies which may be required to implement the MCA/ DOLs arrangements, have achieved or are working towards the MCA/ DoLs Gold Standards.
- We need to develop a Complex Abuse Protocol to make sure that in all safeguarding agencies work seamlessly together ensuring that, notwithstanding the level or gravity of the abuse, outcomes are delivered which reflect choice and expectations of service users

#### Looking ahead

In 2017/18 the Learning & Development Subgroup, alongside the Local Safeguarding Children Board, will plan & develop a multi-agency training needs analysis, to seek assurances that both single agency, including the Community & Voluntary Sector, and multi-agency training, meets local needs.

### 9.2 Priority Area 2: Develop and strengthen quality assurance

This year we have really concentrated on assuring the quality and focus of multi and single agency



practice. This is one of our major statutory responsibilities. Our unique position to take a holistic view of the quality of services across agencies enables us to find any gaps, overlaps or misalignment of services.

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

### Progress

- Our Quality Assurance Subcommittee is now well established and meeting quarterly. It is well attended by managers from key agencies with responsibility for quality assurance. The group is making steady progress against its workplan.
- The group has developed a Quality Assurance Framework to give assurance that the Board and its constituent partner agencies have effective systems, structures, processes and practice in place to improve outcomes and experience in the context of safeguarding adults at risk.
- The group has also developed a multi-agency audit programme. This is informed by the Business Plan as well as themes that are highlighted as being of high risk through client or professionals' feedback, Safeguarding Adult Reviews, Learning Reviews, national concerns and/or performance gaps. It ensures that needs arising from equality and diversity issues for adults are taken into account and includes a system of follow up and re-audit on audit findings and/ or recommendations.
- This year has seen a multi-agency audit looking at services provided to four actively homeless individuals. See page 20. This multi-agency audit focused on joint working to achieve the six safeguarding principles<sup>4</sup>.
- The SAB, via the Quality Assurance subgroup, now has an overview of the outcomes of single agency audits carried out within member agencies.
- Audit findings and/ or recommendations are now shared widely with staff across the safeguarding partnership.
- The Quality Assurance subgroup has devised a system for performance improvement actions to be incorporated into the annual work programme, allowing us to better monitor progress on recommendations from audit.
- Reports from Quality Governance Group (BHCC), Quality Review Meetings (CCG), Safeguarding Committee (CCG), MARAC, & internal safeguarding audit reports from Sussex Police are now also shared with the Quality Assurance Subgroup for improved quality surveillance.

For progress relating to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) see page 24.

### Still to do

- We continue our efforts to develop a truly multi-agency data set to inform safeguarding practice. Currently all boards in Sussex are looking at what multi-agency safeguarding data is collected. There is an appetite to ensure this is the same across the piste, with local information added for specific areas of business – as per local business plans.
- 
- We continue to concentrate efforts on better considering outcomes from the experiences of

clients and carers to ensure they influence service improvements.

### Looking ahead

During the early part of 2017/18, to follow on from the multi-agency audit focused on homelessness, the SAB will be undertaking a survey to ask those actively experiencing homelessness their views and opinions of services, to help us improve safeguarding in Brighton & Hove.

In 2017/18 the SAB, alongside our counterparts in East and West Sussex, will be undertaking a Strategic Safeguarding Self-Assessment. This is designed for use by partner agencies to check whether or not their internal safeguarding arrangements are robust and to identify any aspects of their safeguarding arrangements in need of further development. We will hold a series of challenge events to test our partner's self-assessments.

Also in 2017/18 the Quality Assurance subgroup will undertake a multi-agency audit focused on sexual violence, we will be looking at section 42s where 'Sexual Abuse' is noted as category of harm and assessing whether the needs of adults with care and support needs, who are known / alleged to be victims of sexual abuse are appropriately addressed.

## 9.3 Priority Area 3: Focus on Prevention and Early Intervention

This priority area focuses on ensuring that partner agencies and the whole community focus on preventing abuse happening in the first place and providing the right support at an early stage.

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

### Progress

- The Quality Assurance Framework, developed this year, is the key mechanism by which the SAB holds local agencies to account for their safeguarding work, including prevention and risk management.
- Training and awareness raising activities have taken place throughout the year.
- The Strategic Self-Assessment and subsequent Challenge Event activities have supported a focus on prevention
- Safeguarding training offered across the partnership has also assisted prevention and early intervention.

### Still to do

We need to fine tune mechanisms and relationships which enable people to live independently by being supported to manage risk to themselves. We will do this by engaging with all agencies, commissioners and bodies to ensure that resourcing and priorities are focused towards enabling independent living, where possible.

### Looking forward

In 2017/18 the SAB, through a range of communications and engagement activities will raise the profile of the nature of abuse and neglect with clients and carers, as well as within the financial sector, businesses, third sector organisations and statutory bodies, to develop community resilience and awareness to promote effective early support and intervention and reporting / referral where necessary.

## 9.4 Priority Area 4: Community Awareness and Capacity Building



Raising the profile and resilience against safeguarding is an important area of business for the Board. The more people, especially clients and carers, know about the nature of neglect and abuse and what they can do about it the better vulnerable people can be protected.

“The Safeguarding Adult Board can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms”

“SABs must understand the many and potentially different concerns of the various groups that make up its local community.”<sup>5</sup>

Care Act 2014

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

### Progress

- In January 2017 the SAB joined forces with the LSCB to recruit lay members. Two lay members were recruited to join the SAB. This allows greater capacity for Board arrangements to be further opened up to increased public scrutiny and the new lay members are continuing to support stronger public engagement in, and understanding of, adult safeguarding issues.
- In February 2017 the SAB launched new content on a shared Safeguarding website with the LSCB. The website is designed to supply easily accessible information for professionals on a variety of safeguarding issues and links directly through to both the Safeguarding Adults Policy and Procedures and the Pan Sussex Child Protection and Safeguarding Procedures Manual so all safeguarding guidance is accessible in one place.  
<http://www.brightonandhovelscb.org.uk/safeguarding-adults-board/>
- In March 2017 the SAB joined forces with the LSCB to set up a joint Participation & Engagement Subcommittee. In 2016/17 the group have been developing a communication strategy on behalf of both Boards.
- The Participation & Engagement Subcommittee have agreed a series of child and vulnerable adult protection & safeguarding messages that throughout 2016/17 have been used by the Boards and partner agencies.
  - To help parents, carers, members of the public, staff and managers to have an improved understanding of the function of the SAB we developed Board Briefings, as already established within the LSCB. These summarise the discussions held at each main SAB meeting, are distributed by partner agencies and hosted on the SAB website. These are aimed at both professionals and general members of the public and can be read [here](#)

<sup>5</sup> These might include such things as scams targeted at older householders, bullying and harassment of disabled people, hate crime directed at those with mental health problems, cyber bullying and the sexual exploitation of people who may lack the capacity to understand that they have the right to say no.

- Professionals Briefings have been developed in 2016/17 for the SAB. These short briefings are aimed at professionals who work with adults with care and support needs in Brighton & Hove. It presents the key findings and recommendations from quality assurance activity. They can be read [here](#)
- SAR Briefings have also been developed this year. Following the X SAR a short briefing summarising learning was produced and disseminated across the safeguarding partnership. This can be read [here](#).

#### Still to do

- Deliver fully on the communication strategy
- Develop and deliver an engagement strategy that seeks the view/opinion of clients and carers and practitioners in respect of Board business priorities.
- Identify and coordinate a programme of adult safeguarding campaigns based on the Boards business priorities and other opportunities.

#### Looking forward

The Participation & Engagement Subcommittee will be supporting and promoting the Boards multi-agency learning and development programme, forums, conferences and other planned learning events in 2017/18.

It will also prioritise scoping out and working with existing engagement and consultation arrangements to identify high risk geographic and demographic communities to enable greater agency awareness of the nature of safeguarding and support and remedies available.

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

It is crucial that decision makers and commissioners understand the role of the Board, the nature of abuse and neglect, to support them to reflect their role in combatting it in their business or commissioning plans.

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

#### Progress

- The SAB continues to have a clear and influential role on the Health and Wellbeing Board, evidenced by constructive challenge, an independent voice, the reflection of safeguarding throughout the Board's business and escalation of SAB matters where required
- The SAB has expanded its networks with neighbouring SABs and LSCBs to scope collaboration of functions and harmonisation of business, including joint meetings, training events and sharing of resources.
- The Lead Member for Adult Services and the Director of Adult Services has provided political and operational direction to the SAB throughout the year.

#### Still to do

- We need to better firm up Sussex or bi-lateral arrangements around areas that promote effective common approaches, e.g., Honour Based Violence, to ensure adults are safeguarded to the same standard across Sussex.

#### Looking forward

In 2017/18 a 'Partnership Protocol' will be developed. This will set out expectations of the



relationship and working arrangements between the relevant partnerships concerned with the safety and wellbeing of the community, including: Brighton & Hove Safeguarding Children Board, Brighton & Hove Health and Wellbeing Board, Brighton & Hove Safe in the City Partnership and Children, Young People & Skills Committee. It will cover their respective roles and functions, membership of the partnerships, arrangements for challenge and oversight scrutiny.

**10 Our Activity: Quality Assurance**

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

**10.1 Multi-agency Auditing**

**Domestic violence and abuse**

As reported in last year’s annual report a multi-agency audit regarding safeguarding enquiries for individuals subject to domestic violence and/or abuse was undertaken. This year we have been monitoring the progress of actions arising from this work:

- Amendments have been made in edition three of the Sussex Safeguarding Policy and Procedures to ensure they are in line with Care Act guidance, and refreshed in relation to the needs of older people experiencing abuse.
- In 2016 the Strategic Assessment of Crime and Community Safety and the Joint Strategic Needs Assessment were refreshed. These establish the prevalence of domestic violence and abuse among older people and have provided a baseline for the profile of domestic and sexual violence in the City
- Training for all staff working with adults at risk of domestic violence and abuse has been reviewed to better equip professionals to respond effectively
- The Multi-Agency Risk Assessment Conference (MARAC) has been reviewed and a new model implemented to better enable links to safeguarding arrangements

**Looking forward**

- The Community Safety team will be leading a review of the Violence against Women and Girls Strategy and will be using the NICE public health guidance to assess service responses to people experiencing domestic violence and abuse.
- In 2017/18 there will be targeted communications for older people, who are less likely to report or disclose domestic abuse.

**Multi-Agency Homeless Audit**

**Cases audited:** Four actively homeless clients<sup>6</sup> were selected. The sample included both women and men of various ages and ethnicities. Clients were known or suspected to be at risk due to a combination of the following; self-neglect, poor mental health, substance misuse, chronic ill health, coming to the attention of police, recent health crisis and / or a victim of hate crime.

<sup>6</sup> <b>Accommodation Status</b>
emergency accommodation
No Fixed Abode
Resident in Hostel
Sheltered scheme and rough sleeping



### What we tested

- Evidence of multi-agency partnership working
- Quality of information sharing
- Evidence of client involvement in decision making and care planning
- Evidence of appropriate safeguarding actions taken - referrals, escalation and consistency
- Adherence to self-neglect procedures
- Information sharing

### What we learnt

- Services are using person-centred approaches

- Flexible outreach and persistence was evident, with Creative (and tenacious) approaches to motivate and engage clients
- Pockets of good joint working
- Agencies are not consistently utilising 'safeguarding' as a mechanism to hold multi-agency/ strategy/ professionals meetings to draw professionals across agencies together to improve outcomes for homeless adults with complex needs (as is the case in children's safeguarding).
- There are missed opportunities for joint agency decision making in care planning.
- Multi-agency working would benefit from improved coordination of care. Support/ safety plans and risk assessments are drawn up in silos and not shared across the partnership
- There is normalisation of behaviours through repetition. Do Brighton & Hove tolerate a higher level of risk than neighbouring local authority due to the demographic of high risk vulnerable people rough sleeping being higher?
- It appears that when the client is at crisis point that agencies support well. However, when the crisis abates services fall away resulting in the client requiring support again.
- Agencies could improve on reviewing their approaches and service offer when there is no change/ client deteriorating.

### Still to do

- The report put forward a number of recommendations to be considered by the Quality Assurance subgroup in July 2017. The group will develop and oversee an action plan against these recommendations and an update on progress will be reported in next year's annual report.
- 
- As mentioned earlier, the SAB Quality Assurance subgroup will commission an exercise to gather service user feedback on their experiences of safeguarding services.

## 10.2 Single Agency Auditing

The SAB must also ensure that partner organisations have arrangements for the quality assurance of the effectiveness of their safeguarding work.

Throughout 2016/17 partners told us what safeguarding quality assurance they had undertaken in the previous financial year and what was planned for the year ahead. This provided assurance that quality assurance activity was being carried out, and also afforded an opportunity to challenge if and how partners include client and carers feedback in such exercises.

### Looking forward

In 2017/18 our multi-agency quality assurance activity will better assess how well personalisation and effective joint working are embedded in all safeguarding enquiries across all agencies.

## 11 Our Activity: Safeguarding Adult Reviews & Associated Activity

The Care Act 2014 (Section 44) requires SABs to carry out Safeguarding Adults Reviews (SARs)



when there is reasonable cause for concern about partner organisations worked together to safeguard the adult and a) the adult died, and the SAB knows or suspects, that the death resulted from abuse or neglect, or if b) the adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The overall purpose of a Safeguarding Adults Review is to promote learning and improve practice, not to re-investigate or to apportion blame. These reviews provide an opportunity to improve inter-agency working.

## 11.1 Safeguarding Adult Review

### SAR: X

In December 2014 X was found dead and the Coroner recorded a verdict of 'misadventure to which self-neglect contributed'.

At the time of their death X was in contact with and / or known to a number of local services in Brighton & Hove. The review was commissioned to establish whether there were lessons that needed to be learnt in order to better support people experiencing homelessness in the City.

X had mental health problems, a learning difficulty, presented as transgender on occasion, and history of violent offending. X was a very difficult and potentially dangerous person for staff to engage with. X had been living in another part of the country before arriving in Brighton.

### Learning

1. **Safeguarding Alerts when a client arrives from another authority.**
2. **Homelessness & Housing eligibility**
3. **Community Care Assessment**
4. **'Engagement'**
5. **Care Pathways for people with a Personality Disorder**
6. **Self-neglect**

### Action

- Learning from this review has been formally shared with the Adult Social Care Modernisation Board so as lessons are incorporated in upcoming social work re-design. The Rough Sleepers Strategy Board will also be formally presented with its findings in 2017/18
- The SAB continues to seek clarification from commissioners about the efficacy of the current commissioned personality disorder evidenced pathway for homeless people
- A reminder has been circulated, via the Association of Directors of Adult Social Service, to all SABs in the country about the need under the Care Act 2014, for LA's (where possible) to notify receiving LA when an adult receiving care and support moves (Section 37)
- The Pan Sussex Safeguarding Adults Policy and Procedures are in the process of being updated to reflect learning highlighted by this case
- The SAB Learning & Development Subgroup are reviewing training offers which support a basic awareness and understanding of working effectively with service users with a diagnosis of personality disorder.
- The SAB Participation & Engagement Subgroup are developing a short awareness raising resource for staff to improve knowledge and understanding of personality disorders.

### Looking ahead

- In 2017/18 partners will be reviewing and quality assuring their own approaches, protocols and strategies for working with clients who are hard to engage/ persistently dis-engage with services / treatment. Within the context of this case, this will include strategies for engaging clients who self-neglect, as well as clients who are diagnosed with or suspected of having a

personality disorder.

- The SAB Quality Assurance Subgroup will be undertaking an audit in 2017/18 exploring recognition and response to self-neglect.

## Associated Activity

### Desktop Review Homelessness Deaths

In June 2016 the SAB heard results from a desktop review which explored whether there were any commonalities in the deaths of homeless individuals<sup>7</sup> during the period of February 2015 to April 2016. Undertaking this work surfaced issues around multi-agency activity and relationships across services. Crucially, it found a lack of co-ordinated care for those experiencing homelessness.

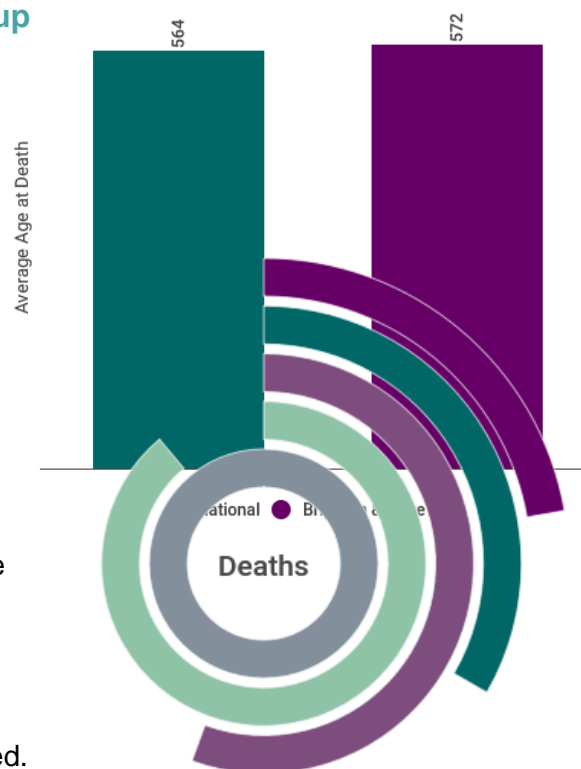
This work also found that the current safeguarding system does not hold data/ commission case management in such a way that enables the multi-agency safeguarding network to understand 'their story'. This work highlighted that there was a wealth of strategic activity committed to improving outcomes for this vulnerable cohort but leadership of the agenda was not clear.

The ambition to look at any cross cutting characteristics between the deaths was not able to be realised within the scope of this work. This led to the establishment of a Homelessness Deaths: Task and Finish Group.

### Homelessness Deaths: Task and Finish Group

In December 2016 the SAB heard the results of the work undertaken by the Homelessness Deaths Task & Finish Group which looked at Characteristics of homeless people who died in Brighton & Hove 2015. The findings informed the development of the multi-agency audit into homelessness, see page 20. Key learning included:

- The average age at death was **47 years, 8 months**. This figure is comparable with National statistical data on deaths of people who are homeless which is estimated at **47 years**.
- **4** deaths were recorded as suicides and **5** deaths were recorded as being drugs related.

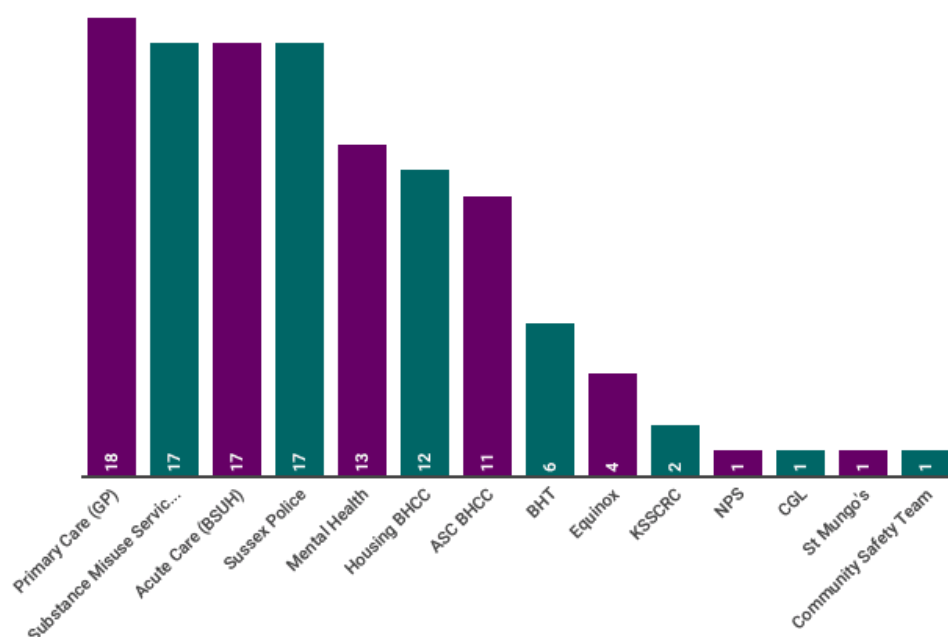


<sup>7</sup> Statutory Definition of Homelessness - An individual and any members of their household should be considered homeless if they have no home in the UK or anywhere else in the world available and which is reasonable to occupy. A person doesn't have to be sleeping on the streets to be considered homeless. In this instance the review considered clients with a housing status suspected to be either 'No Fixed Abode', resident in a Hostel or supported accommodation.

- **Ten** of the 16 cases where there was a cause of death included details of other health problems.



- Substance misuse service (SMS), Acute care (Brighton and Sussex University Hospital, BSUH) and Sussex Police reported they knew all but one of the deceased.
- Mental health, Housing and Adult Social Care, reported they knew 13, 12 and 11 individuals respectively. Fewer of the deceased were known to Equinox, Kent, Surrey, Sussex Community Rehabilitation Community (KSSCRC), CGL and St Mungo's. One individual was known to the Community Safety Team.
- Individuals who lived in a hostel or emergency accommodation were more likely to have been known to services who took part in this review.



- Sixteen services took part in this review. **All of the deceased were known to three services or more.** Seventeen of the 18 individuals who died were known to six or more services.
- We know from the earlier analysis that the services that clients were most likely to be known to were primary care, BSUH, SMS and Sussex Police. This might imply that in most cases clients were known to **four 'core services'**, plus an additional 2 to 7 other services.

### Looking ahead

The initiation of the SAR and the results of the desktop review and task and finish group all pointed to the fact that multi-agency work in this area is not as robust as it can and should be, with a lack of clarity on a multi-agency level regarding strategic ownership of the problem. 2017/18 will see continued efforts by the SAB to challenge multi-agency co-ordination of the delivery of the homelessness strategy.

## 12 Our Activity: Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)



The Mental Capacity Act 2005 (the Act) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions for acting for that person, when the person lacks the capacity to make a particular decision for themselves.

'Everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.

### Article 5 of the Human Rights Act

The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

### Progress

- The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) subgroup of the SAB set up in 2014/15, pre Care Act has developed the Gold Standards and monitored multi-agency compliance with these. The subgroup has run throughout the year and agencies have bought queries and cases to the group for discussion.
- Information and guidance about the responsibilities and implications of the Mental Capacity Act and the Deprivation of Liberties Safeguards has been disseminated across the safeguarding partnership and hosted on the SAB website.

### Still to do

- We need to put in place effective mechanisms to assure ourselves that the Deprivation of Liberty safeguards are embedded and effective within and across relevant agencies.
- We need assurance that communication regarding adults under a deprivation of liberty is effective as they move from setting to setting.

### Looking ahead

In 2017/18 the MCA DOLs subgroup will be disbanded and the Quality Assurance Subgroup will pick up monitoring compliance with the Gold standards, with Task and Finish Groups established if specific concerns are identified for agencies. The Learning & Development subgroup will incorporate MCA DOLs within the work plan and monitor consistency, quality and compliance of training across the agencies. The Safeguarding Adult Review subgroup will identify any MCA Dols learning/recommendations from reviews.

## 13 Our Activity: Development Half Day

On 31 January 2017 the SAB held a development half day to revisit membership, reflect on achievements and challenges and review its performance and effectiveness. Person centred

practice and community awareness provided the focus for the second half of the session.

### 13.1 Membership

Over-representation and gaps were identified in membership. Attendance for Adult Health and Social Care was clarified and agreement reached that Public Health would retain separate membership. Representation from adult learning disability services, which now sits within the Families, Children & Learning Directorate, was agreed. An invite was extended to Cranstoun / Pavilions and the Divisional Lead, within Sussex Police. The Board acknowledge the challenge of representation from the broad range of home care and care home providers; a standing safeguarding item has since been added to the Home Care Forum and the Care Homes Forums. The importance of representation from Healthwatch and the Practitioner Alliance for Safeguarding Adults was noted.

### 13.2 Achievements & Challenges

See page 26.

### 13.3 Performance & Effectiveness

A Performance and Effectiveness Survey was undertaken to gauge how Board members rate the efficacy of the Board. 18 Board members completed the survey. 12 from a statutory agency, 1 was an advisor to the Board and 4 were in a designated role. 1 skipped the answer.

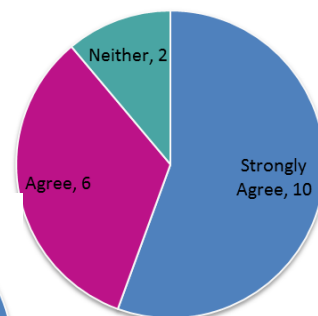
They were from the following agencies:

BHCC Health & Adult Social Care	Practitioner Alliance for Safeguarding Adults
BHCC Housing	Public Health
B&H Clinical Commissioning Group	NHS England
National Probation Service	Domestic Violence Forum
East Sussex Fire & Rescue Service	Community Safety
Sussex Police	Sussex Partnership NHS Foundation Trust
Kent Surrey & Sussex Community Rehabilitation Company	Healthwatch
Brighton & Sussex University Hospital Trust	Lead Member
South East Coast Ambulance Service	Sussex Community NHS Foundation Trust

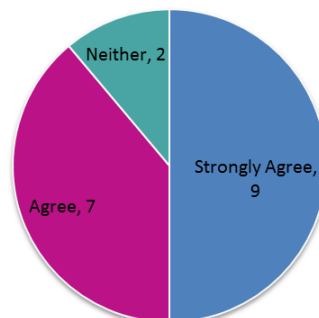
### 13.4 Chairing Arrangements & Board Structure

**89%** of members either strongly agreed or agreed and **11%** neither agreed or disagreed with the following statements

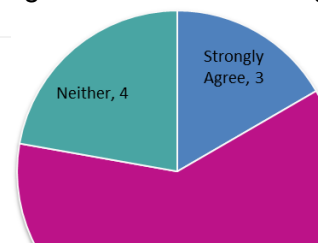
- Independent Chair provides decisive leadership & keeps partnership focused on key tasks



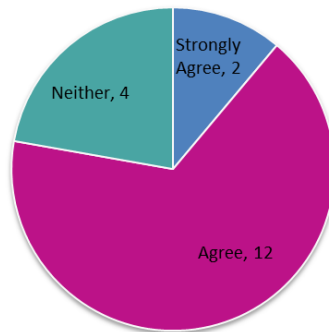
- Independent Chair provides challenge to the multi-agency arrangements in relation to safeguarding



**77%** strongly agreed or agreed and **23%** neither agreed or disagreed with the following statements

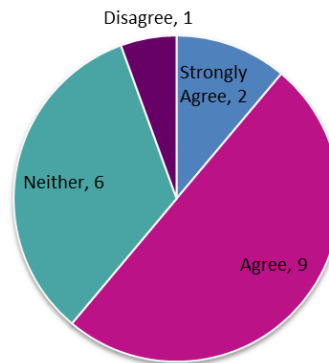


- The SAB has a clear set of strategic aims & objectives in relation to safeguarding.



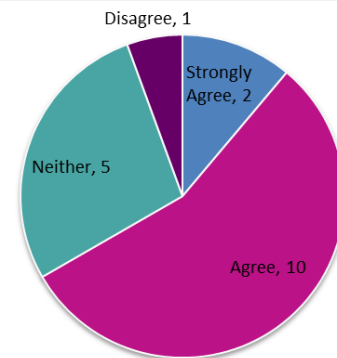
- Communication between & within Agencies is open and constructive

- Members have a clear vision about the purpose of the SAB.
  - 62% strongly agreed or agreed
  - 6% (1 person) disagreed
  - And the rest neither agreed nor disagreed

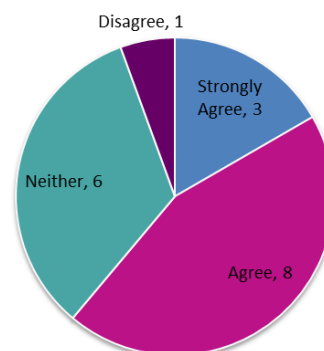


### 13.5 Roles & Responsibilities

- Frontline professionals have a clear understanding of roles and responsibilities in terms of safeguarding:
  - **67%** strongly agreed or agreed
  - **6%** (1 person) disagreed
  - and the rest neither agreed nor disagreed

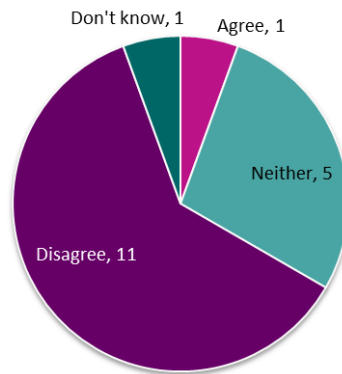


- Board decisions are clearly understood in terms of what will be done, by whom and by when
  - **61%** strongly agreed or agreed
  - **6%** (1 person) disagreed
  - and the rest neither agreed nor disagreed

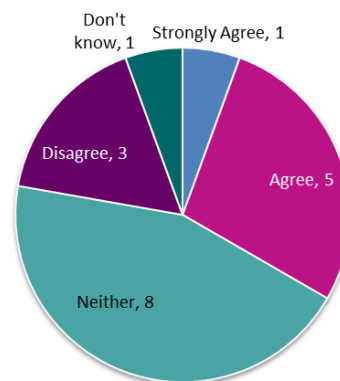


### 13.6 Infrastructure to support the operation of the Board

- The SAB is adequately financially resourced to fulfil its statutory function
  - **61%** disagreed with this statement
  - **6%** (1 person) didn't know
  - **6%** (1 person) agreed with the statement
  - the rest neither agreed nor disagreed



- The SAB has sufficient business support to function effectively
  - **44%** neither agreed nor disagreed
  - **33%** strongly agreed or agreed
  - **17%** disagreed
  - **6%** (1 person) didn't know



Some members were unsure if the role of the SAB, and its current work, was being circulated widely enough. A few members discussed increasing our efforts to gain feedback from adults at risk where enquiries and interventions have been made on their behalf. It is clear as a Board we need to know more about people's experiences of the safeguarding process, if it's made a difference, if people feel safer, what has worked well and what could improve.

Whilst to date the SAB has been able to fulfil its statutory function, there is concern that not fully resourcing quality assurance and business support may impact negatively on the operation of the Board.

### 13.7 Actions arising from the development day

- Board now receives feedback from all subgroup chairs, comprising a brief update on their work plans and key issues/ achievements/ challenges
- There is now a quarterly in-depth look at subgroup activity (on a rolling basis), consisting of issues addressed by the group, key learning that quarter and any wider Board agreements needed
- There has been a review the purpose and function of the MCA / DoLS Sub group to avoid duplication and in readiness for the update from the Law Commission
- There was a commitment to ensuring that all quality assurance activity undertaken by the SAB and partners seeks evidence of client experience and on Making Safeguarding Personal.
- There was re-commitment to developing a meaningful multi-agency dataset - to include user/carer experience, to support identification of risk.



## Looking ahead

The following will be actioned in 2017/18:

- Recruitment to a part-time administrative post to support the part time SAB Business Manger.
- Recruitment to a part-time Quality Assurance & Learning Development Officer (shared with East Sussex Country Council) – to lead on Quality Assurance activity and supporting training and workforce development.
- Applying a risk based approach to determining priorities, costing out Business Plan priority areas over next 3 years to support focus and realise ambition and RAG rating progress

## 14 Our Activity: Challenge and scrutiny

A culture of challenge and scrutiny exists not only between the SAB and partners, but between the Health and Wellbeing and LSCB as well. Board and subgroup meetings provide the opportunities for partners and Board Members to challenge as well as support one another's safeguarding arrangements and performance. This reciprocal scrutiny and challenge enables partners and Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

### 14.1 Examples of challenge made in 2016/17 include:

- To **pharmacists**, by the SAB, regarding the safe disposal of information on medication packs/ labels, including names, addresses and key safe numbers. Pharmacists have been urged to reconsider how drivers are provided with the information they need to access patient's homes so that they can do so in a way that does not compromise people's security.
- To **patient transport services**, by Healthwatch, about issues in relation to transport failures and the impact on adults with care and support needs.
- To **Clinical Commissioning Group**, by Healthwatch, regarding the numbers of patients who have been required to re-register due to GP closures in the City and how primary care quality assure and maintain their safeguarding practice. NHS England confirmed that vulnerable patients are placed higher on dispersal lists for registering with new surgeries. The CCG will update the SAB via the Quality Assurance Subgroup if GP surgeries have had a Care Quality Commission inspection which has highlighted any deficit areas touching on safeguarding.
- To **GPs, community health and probation providers**, by the Independent Chairperson, about the low numbers of safeguarding referrals.
- To **Adult Social Care**, by the Clinical Commissioning Group, about the process and scrutiny of how carer's abilities to take on the role of carer are assessed and followed up.
- To the **SAB**, by the Clinical Commissioning Group, regarding duplication and cost-effectiveness of training offers. A multi-agency and cross Board training needs analysis was proposed for 2017/18.
- To the **SAB**, by Brighton Housing Trust, about how partners obtain the views of clients/ carers in their safeguarding work.

### 14.2 Examples of scrutiny in 2016/17 include:

**South East Coast Ambulance Service (SECAmb)** have been under special measures since May 2016 with observations about 'weak' safeguarding arrangements. Due to the large geographical spread of the agency a Sussex /Surrey approach has been adopted with Surrey SAB responsible for consistent oversight and scrutiny of improvement action.

In April 2016 **Brighton & Sussex University Hospitals NHS Trust** were inspected by the CQC who judged the overall quality of care to be inadequate with concerns about both child and adult safeguarding arrangements. The agency has also commissioned an internal review looking at their safeguarding systems. The LSCB have been overseeing progress against the Trusts CQC Improvement Programme.

## **15 Our Activity: Learning & Development Offers**

### **15.1 Safeguarding Training**

#### **Safeguarding Adults Multi-Agency Learning & Development Subgroup**

The Learning & Development Subgroup was established this year. This group is responsible for the strategy, development, quality assurance and co-ordination of multi-agency safeguarding adults training provision.

This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and ensuring the regular review and evaluation of the training provision in line with the Brighton & Hove SAB Business Plan.

### **15.2 Learning Together to Safeguard the City**

Following on from the success of last years Learning Together to Safeguard the City, this year, once again the SAB, in partnership with the LSCB and the Safe in the City Partnership Board, as well as Brighton & Hove City Council and other statutory partners and a range of charities and community groups came together to offer a week long series of awareness raising events for professionals working with individuals, their families and the wider community.

Once again it brought together work around Safeguarding Adults, Safeguarding Children, and the wider campaign around the 16 Days of Action against Domestic and Sexual Violence alongside other forms of Violence against Women and Girls, with 274 professionals recorded as attending.

Sessions on offer during the week included:

- Safeguarding Allegations regarding People in a Position of trust
- How do we support People who self-neglect?
- Supporting Adult Survivors of Childhood Sexual Abuse
- Better Safe than Sorry? Exploring Person Centred and Less Restrictive Approaches to Providing Care and Support
- Safeguarding Adults Conference – focussing on the SAB review into X.
- Workshop to Raise Awareness of Prevent

The following sessions were run under the auspices of the Violence Against Women and Girls Programme Board:

- Learning together to Safeguard Victims of Sexual Violence and Rape
- Safeguarding the Trans Community
- Understanding how Child Sexual Exploitation affects Boys and Young Men in Sussex

#### **Looking forward**

In 2017/18 the Safeguarding Adult Board conference will be held on 1 December with two keynote speeches and a series of workshops, which will cover the Disclosure & Barring Service, Making Safeguarding Personal, Personality Disorder, and more.

## **17 Safeguarding Adults Board Member Organisation Reports**

### **17.1 Brighton & Hove City Council Health & Adult Social Care**

#### **Empowerment and Prevention**

We are developing our approach to making safeguarding personal such as initiating a small scale pilot of introducing Family Group Conferences to test the viability to extend this model across the service. This will support individuals, with their extended family and friends, to make decisions and plan to resolve issues that have been identified by the person as a problem or a risk.

Funding has been agreed to commission a Restorative Practices Development Officer to work with HASC to develop this work, which draws on people strengths and enables people to seek resolution through restorative approaches following a safeguarding concern.

A pilot regarding Asset Based Social Work is being developed to enable Social Workers to work with people's strengths as opposed to a deficit model, in finding solutions to care and support needs which are not solely based in commissioned services. The pilot will road test this approach to broader Care Act duties such as assessment, support planning and prevention.

These all marks a significant change in direction from traditional models of care and support and safeguarding and will be in development over the next 18 months.

#### **Protection and Proportionality**

Audits of Safeguarding enquiries continue to be undertaken every quarter, and scrutinised by Senior Management within HASC so as to ensure quality of work is maintained and Practice Standards are met.

In Brighton & Hove Deprivation of Liberty Safeguards (DoLs) requirements are being met, and are scrutinised and assured through a DoLs Governance Group ensuring the most vulnerable are protected by the safeguards.

A framework and process is now in place to collate information regarding concerns about people in a position of trust in line with the requirements in the Care and Support Statutory Guidance, and data regarding this is now shared with the Safeguarding Adults Board.

#### **Partnership and Accountability**

HASC continue to lead and develop the Service Improvement Panel for quality monitoring of care services in the City. This is a partnership panel, which shares information regarding care quality, and agreed actions across organisations to support improved quality.

HASC have been key members this year in joint work across Sussex in reviewing and revising the Sussex Multi Agency Safeguarding Adults Policy and Procedures, which are due to be launched in Spring 2018.

We participated in the SAR X review, and HASC was represented on the review panel, and was involved in all action planning meetings to support improvements. Staff briefings were disseminated, and practice improvements tested via safeguarding audits.

#### **Thematic areas of inter-agency safeguarding work in 2016/17**

##### **Plans for continued inter-agency work in 2017/18**

HASC Chair the Quality Assurance sub Group of the SAB, so are fully involved in the multi agency audit programme and other quality assurance processes in place.

HASC participated in the Homeless Multi Agency Audit undertaken in May 2017.

HASC plan to be fully engaged in the future audit programme, as agreed in the Quality Assurance sub group.

Other joint working currently being undertaken

- Joint work with CQC and CCG regarding provider quality monitoring, including leading Service Improvement Panel for information sharing, joint quality audit visits with CCG, and quarterly meetings with CQC/CCG/BHCC to ensure optimum joint working.
- Working with Sussex Police to improve information sharing e.g. review of use of Single Combined Assessment of Risk Forms.
- Safeguarding Conference development for December 2017.
- Attendance on all SAB Sub Groups
- Support of Practitioners Alliance for Safeguarding Adults Group e.g. provide Practice Manager led workshops
- Support of Provider Forums e.g. MCA/DoLs session at Care Home Forum
- Ongoing links with CCG regarding Health Enquiry process development

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

See Training plan attached



Strategic Objectives  
2017-18.docx

### **Name & type of training package used or commissioned**

See Training Plan attached above

### **Areas of good practice**

See Audit Summary 2016/17 attached



S42 audit Annual  
report 1617.docx

### **Progress against 2015-2016 priorities for 2016-17:**

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

#### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

A statutory annual survey is undertaken, taking a large sample of ASC clients from across all client groups. Within this there are questions regarding the person's perception of feeling safe, having support which enables them to feel safe, and questions regarding their understanding of how to raise concerns or complaints regarding the services they are receiving.

This information is collated and used to identify risk, and to identify areas of awareness raising. This year this information will be shared with the QA sub Group of the SAB, as part of a wider multi agency data set, which will influence priority setting for the SAB.

There is a statutory bi-annual survey for carers, which similarly looks at safety and prevention issues.

A review of the Engagement Strategy is currently underway, and is being competed jointly with the CCG as part of Caring Together, so as to develop a joint engagement plan. There is engagement linked to every commission, which would be used as part of prevention of harm when services are being commissioned.

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

1. To pilot Assessment Service audit which includes direct feedback from those individuals who were subject to a safeguarding enquiry.
2. Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All relevant staff to have attended training by April 2019. Aim 50% coverage by April 2018, full completion by April 2019.
3. Promote the take up of prevent e-learning for all commissioning staff and contracted providers, through provider forums and contract management discussions
4. Develop guidance and training for recording and monitoring allegations against individuals in a position of trust, as per the functions and requirements in the Care and Support Statutory Guidance.
5. Support co-ordination of the multi agency launch of the revised Sussex Safeguarding Adults Policy and procedures, including a review of the Self Neglect guidance.
6. Support the completion of the review of the MARAC and completion of MARAC Action Plan
7. Maintain MCA Gold Standards for adult social care
8. Review Best Interest Assessor training and post qualifying regulatory requirements
9. Continuous review of processes and capacity required to ensure compliance with statutory duties of Deprivation of Liberty Safeguards
10. Establish consistent contract and performance processes to ensure all safeguarding and quality aspects of contract management are applied consistently
11. Establish a single set of Health and Social Care contractual Terms and Conditions which contains all relevant safeguarding and associated clauses to ensure these are consistently applied and monitored through all contracted services
12. Development of a joint (BHCC & CCG) formal engagement plan to ensure individuals have their say about services.
13. Support the development of a provider portal with the aim of producing a single system that collates relevant quality and contractual performance data at provider level.

#### **Michelle Jenkins**

Head of Professional Standards, Safeguarding & Quality Monitoring  
Health and Adult Social Care  
Brighton & Hove City Council

## 17.2 Sussex Police

### Empowerment and Prevention

#### **Vulnerability Awareness Campaign:**

Sussex Police are currently working on an awareness campaign to help recognise vulnerability. This campaign will run internally over the summer, supporting officers and staff to recognise vulnerability before becoming an external campaign towards the end of the year.

### Protection and Proportionality

**Operation Signature:** Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continues as the force's operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. We continue to raise awareness internally and externally to ensure the public are aware of the support available to these victims.

**Safeguarding Toolkit:** Sussex Police has created a new safeguarding plan template to supplement the Initial Investigation template. The Safeguarding Plan has been developed to support how officers understand vulnerability and risk and ensure consistency across the force in recording safeguarding plans.

The Safeguarding Plan has been designed to be simple to use and is based around the principles of Remove, Avoid, Reduce and Accept (RARA).

### Partnership and Accountability

#### **Mobile Terminals for Frontline Staff.**

Steps are being taken to issue front line officers with mobile devices with the capability of completing the Single Combined Assessment of Risk Form (SCARF) at the scene. This will improve safeguarding and speed of referrals as forms will be completed instantly, opposed to when Officers return to the office.

#### **Multi Agency Safeguarding Hubs (MASH)**

Some of the force's MASH teams are now looking to support vulnerable adults as well as children.

#### **DA Matters Training (Safe Lives); Stalking Training – Partnership agencies (Paladin and Veritas).**

Training to be hosted by Safe Lives to all front line officers, to support them with dealing with incidents of Domestic Abuse. Stalking training has already been delivered by partner agencies Paladin and Veritas in order to further the knowledge of Officers and Staff.

### Thematic areas of inter-agency safeguarding work in 2016/17

A representative from the force Public Protection Branch has attended the Safeguarding Adults Board and relevant sub groups throughout the year.

Sussex Police have worked closely with the Local Safeguarding Adults Boards for West Sussex, Brighton & Hove and East Sussex. In addition, they have worked with local and national NGOs and other South East regional Police forces on various areas of safeguarding including domestic abuse and modern slavery.

### Plans for continued inter-agency work in 2017/18

Sussex Police intend to continue working with partner agencies such as Paladin, Veritas and Safe Lives to improve the specialist knowledge of staff and Officers.

### Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).

All new Police Officers and staff undertake comprehensive training during their induction period. This training covers Public Protection and in particular adult safeguarding.

All Police Staff receive an induction and are subject to a 6 month probationary period.

Refresher training is identified by the Learning and Development Team. Staff can also request further training through their Personal Development Record (PDR). Requirements for training are also identified as a part of the learning from reviews and audits.

Sussex Police do not follow the safeguarding competencies as agreed by ESCC as all training is led by Police descriptors.

#### **Name & type of training package used or commissioned**

Not Applicable.

#### **Areas of good practice**

Sussex Police have specifically focused on training staff and officers in relation to domestic abuse and stalking. This specialist training will continue throughout 2017/2018.

#### **Progress against 2015-2016 priorities for 2016-17:**

Domestic Abuse: Sussex Police have reviewed and streamlined their internal processes in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN). These changes aim to increase the number of DVPN'S and DVPO's, helping to safeguard victims of domestic abuse.

Modern slavery: Internal communications have increased within the force surrounding modern slavery which has helped to promote awareness. Additional training in modern slavery has been provided and has been completed by just over 80% of the force. Processes relating to modern slavery have been streamlined, which in turn has positively impacted on the accuracy of recording.

Care Act Awareness: The Care Act is thoroughly detailed within the Safeguarding Adults Policy and is a part of the Safeguarding Investigations Unit routine working.

Harmful Practices: An internal assessment was carried out by Sussex Police in order to understand the scope of harmful practices in Sussex. This assessment was sent to the Harmful Practice Management Board. Sussex Police are currently awaiting a response from the executive board.

#### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

Domestic Abuse remains a focus for Sussex Police, with an increased focus on Stalking in line with new legislation.

Vulnerable Elderly Missing Persons: Sussex Police are looking into creating a process which informs Local Authorities if a Vulnerable Adult is missing. This process aims to improve information sharing and partnership working across multi-agencies.

Raising awareness in relation to Dementia (Dementia Friends champions): Sussex Police are currently offering the opportunity for 5 staff and Officers per division to become Dementia Friends champions, a scheme run by the Alzheimer's Society. This will help to gain an understanding of Dementia and become a named point of contact for the division.

#### **Richard Bates**

Detective Chief Inspector - Head of Safeguarding  
Sussex Police



## 17.3 Brighton & Hove Clinical Commissioning Group

### Empowerment and Prevention

Designated nurse is a member of SAR sub group and has been involved in developing the action plan from the recommendations across agencies for X SAR. Work in the sub group has also including reviewing other SAR referrals and seeking further information for these. The CCG has represented primary care for the SAR including presenting the IMR findings. The Designated Nurse was involved in the homeless deaths task and finish group and recently facilitated a multi-agency table top audit of current cases.

Actions from the SAR X have been discussed with the mental health commissioners and clinical leads.

Joint refresher training sessions with Named GP for safeguarding children planned for Safeguarding Leads in Primary Care specifically around learning from SCR's SAR's and DHR's.

### Protection and Proportionality

The Designated Nurse supports the commissioning process and recommendations and findings from SAR's will be fed into the process. Actions from SAR's are monitored with providers and reported on to the CCG via the exception reporting process.

### Partnership and Accountability

CCG works in closed partnership with the board and fellow members. The CCG is accountable to NHS England for safeguarding and has robust assurance processes in place with providers.

CCG are currently carrying out an audit in partnership with GP's to monitor how MARAC information is being stored and flagged on systems.

### Thematic areas of inter-agency safeguarding work in 2016/17

The CCG has worked with all partners on the SAB throughout 2016/17 on safeguarding projects through the sub group work. The CCG will continue to work with the sub groups through 2017/18. This will include multi agency work. We have recently planned the World Elder Abuse Awareness Day which has been organised through the Designated Nurse and the Named Nurse from BSUH, this has involved working with many Third sector and voluntary organisations.

### Plans for continued inter-agency work in 2017/18

During 2017/18 the CCG's will be working in partnership with the local authorities in taking forward MCA and DOLS work to remain compliant.

### Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).

Current statistics:

- Level 1 Adult Safeguarding Training CCG Staff completed 85%
- Level 3 Safeguarding Adult Training CCG staff completed 83%
- Level 3 Safeguarding Adults Primary Care Safeguarding Leads completed 70% (further session booked May 25th 2017).

### Name & type of training package used or commissioned

Training Package developed in line with NHSE Draft intercollegiate document.

### Areas of good practice

Workshop to raise awareness of Prevent (WRAP) delivered to Primary Care Leads as part of Level 3 training.

Training delivered within surgeries to enable more staff to attend. Bespoke sessions given at surgeries for example session delivered to surgery regarding Domestic Violence due to high level of patients being referred to MARAC.

#### **Progress against 2015-2016 priorities for 2016-17:**

##### [B&H SAB Safeguarding Annual Report 2015-16](#)

*Having received the analysed the completed Safeguarding, Accountability & Assurance tools from providers, the next step will be to plan assurance visits to follow up on areas needing development and to meet with staff. These will be carried out jointly with the safeguarding & quality team*

- Work with primary care to develop compliance with Safeguarding Adults training and practices.
- To develop the role of the health BIA, to support the Local Authority in DoLS assessments.
- Further improve data capture of NHS commissioned services application of DoLS
- To continue to work with partners on implementing the Care Act into practice and integrating the updates.
- To continue to implement the Prevent Duty and work with providers on compliance with training and referral. To further develops health involvement with the channel panel.
- Continue to deliver in partnership with providers focused multi-agency training in MCA & DoLS across the city.
- The safeguarding lead practitioner's role will be developed to take on the responsibilities of a designated nurse for safeguarding adults in line with NHS England's Safeguarding Assurance Framework.

#### **Progress to date Assurance**

- Visits have taken place with all providers who completed the assurance tool in 2015. These were carried out with the quality team. We also completed a visit with Pavilions drug service on behalf of Public Health and fed back to the commissioner.
- Over the year x3 Safeguarding Adults Level 3 training sessions have been delivered. A further 3 refresher Level 3 adult training sessions have been delivered jointly with the children's Named GP.
- Quarterly exception reporting incorporates data re MCA & Dols. BSUH is able to provide this information but other providers do not currently capture the data requested. We will continue to work with providers over 2017/18 to improve this.
- The Safeguarding Assurance Tool, Safeguarding Adult training and exception reporting assures the CCG on providers' compliance with the Care Act.
- WRAP train the trainer was delivered by the designated nurse to the SCFT lead and independent provider leads. This has increased the capacity for training to be rolled out. WRAP training has been delivered to Primary Care Leads and CCG staff as needed. The CCG continue to attend Channel.
- The multi-agency 'Are you confident' training continued throughout 2016/17 (Numbers attended in Annual report). This training has now discontinued as planned.
- The safeguarding adult leads role has been developed and has taken on the responsibilities of Designated Nurse.

#### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

Not Applicable as a CCG

Continued Health Care team has mechanisms in place to receive feedback from patients and carers through the CCG complaints system. If the complaint was specific to safeguarding the CCG would liaise with Local Authority.

#### **What has that feedback been in 2015-16 and what changes to safeguarding services / inventions have been made in response to this feedback?**

Not Applicable

## Safeguarding Priorities identified for your agency/organisation for 2017-18

Priorities identified in B&H CCG Safeguarding Adults Annual Report



Safeguarding Adults  
& Mental Capacity Act

### **Soline Jerram**

Lead Nurse, Executive Director of Clinical Quality  
and Primary Care  
Brighton & Hove Clinical Commissioning Group

### **Candy Gallinagh**

Designated Nurse for Safeguarding Adults  
Brighton & Hove Clinical Commissioning Group

## **17.4 Brighton and Sussex University Hospital NHS Trust (BSUH)**

### **Empowerment and Prevention**

SAR: 'X' - SAB professionals briefing circulated via Comms to all staff

Multi-agency homeless audit - completion of individual client audit tool to share information and participation in case mapping session / identification of good practice and lessons learned. Action plan to be confirmed

### **Protection and Proportionality**

Learning disseminated to staff.

Themes to be used as focus for clinical mandatory training / raising awareness at Senior Nurse Practice Improvement meeting / Nursing and Midwifery Management Board  
e.g. Self-neglect

### **Partnership and Accountability**

Updates provided to Safeguarding Committee

Annual Board report  
Safeguarding Adults presentation to Executive Board to include case study

### **Thematic areas of inter-agency safeguarding work in 2016/17**

### **Plans for continued inter-agency work in 2017/18**

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Level 2 – 3754 / 78%

### **Name & type of training package used or commissioned**

Face to face / e-learning for health

### **Areas of good practice**

Training audit

Implementation of Safeguarding Day to include MCA & DoLS, HIDVA  
Supporting People with a Learning Disability

#### **Progress against 2015-2016 priorities for 2016-17:**

[B&H SAB Safeguarding Annual Report 2015-16](#)

##### **Training:**

L&D Strategy approved  
Nursing and Midwifery Induction Safeguarding Day implemented  
Level 2 Clinical Safeguarding Day implemented

##### **Mouthcare Matters:**

Trust Lead appointed – action plan developed, ongoing implementation – over 900 nursing staff trained in the past 6 months

#### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

Enquiry officer will involve during enquiry if appropriate.

#### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

Training reviewed as appropriate – use of anonymised case study and images with consent  
Experiences shared at PIM

#### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

- Implementation of Datix / identifying themes and development of Directorate action plans
- MCA /DoLS audit
- Development and implementation of training to improve awareness of mental health – ‘Treat as One’ NCEPOD 2017
- LeDeR mortality review
- Implementation of Safeguarding L&D Strategy to improve training – ongoing

#### **Joanna Henderson**

Lead Nurse Safeguarding Adults  
Brighton and Sussex University Hospitals NHS Trust

### **17.5 Brighton & Hove City Council Housing**

#### **Empowerment and Prevention**

We aim to work more closely with Tenants and Residents Associations to make them more aware of safeguarding issues.

We have recently written an enhanced child protection procedure.

#### **Protection and Proportionality**

We have re-structured the management of frontline Housing staff to allow for more time spent in supervision – allowing full weight to be given to proportionality in any actions taken.

#### **Partnership and Accountability**

Housing attends all the safeguarding committees – and the Practitioners Alliance for Safeguarding Adults - PASA. Through PASA we have been involving in asking for a review of safeguarding alerts not accepted under Section 42 of the Care Act.

#### **Thematic areas of inter-agency safeguarding work in 2016/17**

Housing caseworkers engage in multi-agency meetings on a frequent basis – this includes MAPPA, MARAC, case conferences, professionals’ meetings, contacting MASH and Access Point, and working with the police. We also sit on the SAB and all its sub committees – and share best practice with all the agencies involved with them.

#### **Plans for continued inter-agency work in 2017/18**

We aim to continue meeting with the above agencies in 2017/18.

#### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Aim is 100% - in reality it is closer to 95%.

#### **Name & type of training package used or commissioned**

BHCC Workforce Development.

#### **Areas of good practice**

Self-neglect and Hoarding. Housing has done extensive work in this area.

#### **Progress against 2015-2016 priorities for 2016-17:**

##### [B&H SAB Safeguarding Annual Report 2015-16](#)

We aimed to be a leading role in PASA – which we have done (see below).

We aim to improve communication to staff through the use of interdepartmental meetings for sharing of best practice and lessons learnt.

#### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We have customer feedback from a variety of sources including - the STAR survey (Survey of Tenants and Residents); Housing Customer Service – monthly customer surveys; service feedback – e.g. – case closure.

#### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

We continue to work with clients who alerts are not accepted under Section 42 of the Care Act – but who we feel are still at risk.

#### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

Housing has asked for a comprehensive review of those cases put forward as alerts but not accepted under Section 42 of the Care Act.

More briefings for Tenants and residents to increase awareness of safeguarding.

#### **Tracy John**

Head of Housing  
Brighton & Hove City Council

## 17.6 South East Coast Ambulance Service (SECamb)

Due to recent concerning Care Quality Commission inspection feedback of the agency, a meeting with the Interim Director of Nursing and Quality at SECAMB and Graham Bartlett (Independent Chair East Sussex, and Brighton and Hove SABs) and David Cooper (Independent chair West Sussex SAB) took place on 11 August 2017 to provide assurance to the Kent, Surrey and Sussex Safeguarding Adult Boards that SECamb's improvement journey is headed in the right direction.

Recruitment for a permanent Director of Nursing and Quality had not been successful in 2017. The majority of the Executive team at SECamb are new, and this had provided an opportunity of making an independent review of the organisation, which had identified a number of challenges in the safeguarding culture of the organisation.

An interim Nurse Consultant was appointed to develop a safeguarding strategy for the organisation, with a Safeguarding Group established to hold oversight of the plan, and whose membership includes the Interim Director of Nursing and Quality and the new Chief Executive.

The agency have commissioned consultants to support the CQC Recovery Plan, and they also have in-put to the safeguarding strategic plan.

During the meeting the agency were taken through their responses to the Safeguarding Strategic Self-Assessment and the Interim Director of Nursing and Quality outlined the following progress in safeguarding governance and practice;

- Board level oversight had been strengthened , with lead Non- Executive Director
- Consulting staff on various policy and practice changes
- Review and plan to develop agency website,, with clear links to Pan Sussex Safeguarding Boards, policies and procedures
- MCA training of workforce is currently at 50%, with aim to reach 95% of staff by the end of the year.

The Surrey Safeguarding Adult Board has acted as the primary monitor of the agency's CQC Recovery plan (as relating to Safeguarding) on behalf of the four local SAB's. However, it is understood that there are proposed changes with CCG commissioning oversight (of SECAMB safeguarding) being transferred from Surrey to one of the West Sussex Clinical Commissioning Groups.

## 17.7 Sussex Community NHS Foundation Trust (SCFT)

### Empowerment and Prevention

Ongoing support to Pan Sussex staff involved in safeguarding process via the SCFT Adult Safeguarding Advice Line which gives frontline staff live supervision to facilitate safeguarding support to adults with SCFT care:

- Staff contacts to Adult Safeguarding Advice Line: 332

In addition, consideration is made to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (2007) within all care delivery settings and legislative process is followed regarding applications that consider a deprivation of liberty. This supports staff with evidencing Principle 5 of the MCA (2005): that the patient's best interests are at the centre of the decision making process and that the least restrictive options have been considered:

- Detailed MCA advice: 71
- Detailed DoLS support: 52

Access to live supervision via the Advice Line also supports staff with the emotional aspect of adult safeguarding and will continue in 2017-2018

### **Protection and Proportionality**

Number of safeguarding concerns raised 2016/17

- Pan Sussex: 210

Numbers that became s42 enquiries

- Pan Sussex: 32

### **Partnership and Accountability**

2016-2017 SOI Returns from the SCFT Adult Safeguarding Team:

- BHSAB- 29

Working together in effective partnerships using a multi-disciplinary approach ensures that keeping people safe is effectively delivered: To support multi-agency working SCFT are represented by the Adult Safeguarding Team at all pan-Sussex Safeguarding Adult Board Meetings and actively participate in sub-groups when invited to attend. Timely and appropriate response to pan-Sussex Safeguarding Adult Board requests within the information gathering process of Safeguarding Adults Reviews further supports multi-agency working.

In addition, partnership working with Pan Sussex Local Authorities supports the timely completion of proportionate and robust enquiry reports in line with the Care Act (2014), and this partnership work will continue in 2017-2018.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

In November 2016, as a follow up to the recommendations within the Surrey Safeguarding Adults Board “Mr J and Mr Y” Serious Case Review (January 2016) Serious Case Review, an audit was commissioned by the SAB Safeguarding Adults Case Review Sub Group to audit of a sample of patients who on discharge were transferred to a residential/nursing care home as a new admission. SCFT fully participated in this audit and findings, when delivered to SCFT, will support actions and recommendations that may be required for consideration by SCFT to enhance discharge planning. Any required work will be taken forward into 2017-2018.

West Sussex Safeguarding Adults Board commissioned a Safeguarding Adult Review for “Alan”, a vulnerable adult who had been in receipt of community services. Within the Serious Case Review SCFT were not identified as having involvement with Alan but the SCFT Adult Safeguarding Team have reviewed the fifteen recommendations made to a Community Mental Health provider to consider those which are pertinent to SCFT as a provider of general community health services to adults.

The Orchid View Serious Case Review recommendations and actions were grouped under six outcomes and SCFT Adult Safeguarding Team have reviewed each outcome to ensure best practice can be aligned to the six outcomes.

Partnership working with pan-Sussex Safeguarding Adults Boards to maintain safe services ensures that Serious Case Review lessons are learned and safeguarding processes are developed in line with the recommendations and this will continue within 2017-2018.

### **Plans for continued inter-agency work in 2017/18**



Refer to final paragraph in section above.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

L2: 97.1%

L3: 88.2%

### **Name & type of training package used or commissioned**

WSCC Enquiry Officer Training for Named Nurse and Specialist Nurses in the adult safeguarding team.

SCFT designed L2 and L3 adult safeguarding training packages which have been

### **Areas of good practice**

Adult Safeguarding Advice Line for all staff to have access to support, advice, live supervision and signposting.

Robust data collection of adult safeguarding concerns raised by staff and S42 requests from ASC to determine trends and themes.

Designing and embedding Mental Capacity Assessment Tool and Best Interest Decision Tool into a ratified document accessible to all Nursing and Allied Health Professional staff via SCFT intranet.

Partnership working with the Quality and Improvement Patient Safety Leads within the NHS Serious Incident process to support an Enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.

### **Progress against 2015-2016 priorities for 2016-17:**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

SCFT Item 3: Amber

Develop Health Enquiry Officers (HEO) training and documentation: The SAB has requested that all Enquiry Officers access Local Authority Enquiry Officer training, and whilst this training has been accessed by the adult safeguarding team work roll-out within the Trust requires more work to support.

Update: Green.

The SCFT Adult Safeguarding Specialist Nurses maintain an overview of all information gathering by local teams thereby providing assurance that information gathering within the report completion is in line with the expectations of the Care Act (2014) Enquiry process.

SCFT Item 4: Amber

Develop a supervision model for HEO and all SCT involved in serious safeguarding cases: Linking the Supervision Policy and the Adult Safeguarding Policy will support full achievement and this will be taken forward.

Update: Amber

The SCFT Adult Safeguarding Policy has a planned review in 2017-2018 and linking bespoke adult safeguarding supervision with reference to mandatory supervision as highlighted within the Supervision Policy will complete Item 4.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

The aim of Making Safeguarding Personal is to gather the views, wants and wishes of the individual and/or

families to enable the safeguarding process to be as person-led and as person-centred as possible. To support evidence that *Making Safeguarding Personal* (Care Act 2014) has been considered, and that the wishes and outcomes of patients and family/carers has been met, the Adult Safeguarding team have completed an audit of all requests to enquire received from Local Authority within 2015-2016 and 2016-2017 to establish whether the Making Safeguarding Personal (MSP) element had been met.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / inventions have been made in response to this feedback?**

2015-2016 findings indicated MSP was appropriately captured within 44% of enquiries which could be as an impact of the new Care Act adult safeguarding process.

- 2016-2017 findings evidenced a positive increase with MSP being appropriately captured within 68% of enquiries.
- MSP will now be included as part of the Quality Account 2017-2018 and will be reported on quarterly utilising the 2016-2017 data as our measurement baseline of success to evidence:
- The quality and effectiveness of communication, and appropriately capturing MSP within safeguarding adults' process to demonstrate a further positive increase in data.
- 2017-2018 data will reflect S42 Duty to Enquire and will not include data on deceased adults.

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

- MSP ongoing audit in line with the Quality Account
- Continue to monitor and develop Advice Line processes
- Develop further assurance and governance processes of S42 and IMR

#### **David Feakes**

Head of Safeguarding & Looked After Children  
Sussex Community Foundation NHS Trust

## **17.8 Sussex Partnership NHS Foundation Trust (SPFT)**

### **Empowerment and Prevention**

Policies, procedures and training emphasise the importance of Making Safeguarding Personal and of the person centred approach in the Care Act. The new Domestic Abuse policy was developed in 2016.

We are active participants in the MAPPA, MARAC and Channel Panels.

### **Protection and Proportionality**

We work closely with the local authority and other SAB partners including involvement in Safeguarding Adult Reviews, and audits. We have played an active role in the SAR re: X and in the Homeless audits that were undertaken to follow this up.

Audits continue to be undertaken on a quarterly basis and are completed by the Service and Practice Managers. The General Manager sits on the moderation panel to discuss the outcome of the audits and identify any areas of learning and development.

In 17/18 we will also start to monitor the cases that are brought to our attention under safeguarding but are not considered to meet the criteria. This will be undertaken by the General Manager on a quarterly basis as part of the audit process and will provide an opportunity to reflect upon how the procedures and thresholds are being applied.

We hold a quarterly Quality & Assurance meeting that provides an opportunity to feedback the outcome of the audits and focus on safeguarding activity within the City.

A local action plan has been developed that encompasses areas of the X SAR action plan, to review our thresholds in terms of self-neglect. The purpose of this will be to provide operational guidance to staff and a briefing that focusses on lessons learnt (from X).

### **Partnership and Accountability**

We are an active member of the SAB and key sub-groups.

Adult mental health services are integrated with the local authority through a Section 75 agreement and the local authority responsibility for safeguarding in mental health is undertaken within our multi-disciplinary teams with the seconded social workers undertaking the lead role.

In 2016/17 we were successful in recruiting a dedicated Practice Manager for s75 services. This post provides clinical supervision to the Senior Social Workers who are carrying out the Enquiry Supervisor function. Additionally the Practice Manager holds regular practice forums across Assessment and Treatment Service (ATS) and Specialist Older Adult Mental Health Services (SOAMHS) for the purpose of S42 cases. The purpose of this is to review current cases, retain an overview of activity and a forum for case discussion and practice development.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

Active involvement in the SAR in relation to X, and subsequent focus on vulnerable homeless population. This has led to a focus on self-neglect within safeguarding. We are undertaking work with operational teams to take forward learning from the SAR with a particular emphasis on clarifying expectations with regards to Self-neglect under safeguarding.

In addition to the X case we have also taken part in a review of a Serious Incident with primary care services and leads within the CCG (a post death clinicians meeting). We continue to develop our working relationship with the CCG in relation to current safeguarding enquiries. We have an established pathway with the CCG and health providers where clinical expertise is required for s42 enquiries. This provides operational staff with access to CCG colleagues and also SCFT staff where clinical support and advice is needed.

We are actively involved in the Service Improvement Panel which is held by the BHCC Quality Monitoring Team. This has always been attended by ASC staff however s75 services have only recently been represented. This has provided a helpful link between operational staff and our provider services.

### **Plans for continued inter-agency work in 2017/18**

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Safeguarding adults level one: 78%compliant ( 818 out of 1049 staff)

Safeguarding adults level two: 80% compliant( 484 out of 604 staff)

### **Name & type of training package used or commissioned**

Health Education England e learning modules

### **Areas of good practice**

The Practice Manager is now in post and is able to provide clinical supervision to the staff leading on safeguarding.

This post also provides regular s42 operational forums with the staff.

The Practice Manager enables us to increase awareness and raise the profile of safeguarding across the Care Delivery Service. This includes teams that sit outside of the s75 teams such as Early Intervention in Psychosis (EIP) and also promotional work on our inpatient units.

Practice Development groups are attended by Lead Enquiry Officers (LEO) and Enquiry Supervisors (ES) that are run by BHCC and s75 staff are encouraged and supported to attend.

In 17/18 the General and Practice Manager will be completing a s75 Training Strategy to set out the requirements of the integrated workforce. This will include BHCC staff and also SPFT staff within the integrated teams and will consider training provided by both organisations.

#### **Progress against 2015-2016 priorities for 2016-17:**

##### **Trust wide:**

- We will review our safeguarding governance and training to take into account the National Competency Framework and new guidance from NHS England in the Inter-Collegiate document.
- We will continue to develop a 'train the trainer' approach to Prevent training and ensure access to training across all of our services
- We will publish a Prevent strategy in line with the 2015 Counter Terrorism Act
- We will continue to play an active role as a member of the Safeguarding Boards in the promotion of safeguarding across Sussex

In relation to these:

- 1) A review of Adult and Children's Safeguarding taking into account the NHS England guidance was undertaken and it was recognised that both functions were under-resourced. Funding for new posts has been identified and it is anticipated that the new team will be in place during 2017/18. With regards to training it is recognised that consistent face to face training to meet Level 3 competency requirements needs to be developed.
- 2) Approx. a third of all clinical staff have undertaken the Prevent WRAP training, and basic awareness of Prevent forms part of the induction for all staff. There is a need to review the approach to Prevent training to ensure higher compliance.
- 3) Prevent forms a part of both the Adult and Children's Safeguarding policies and we are following NHS England guidelines but a specific Prevent strategy has not been developed. This will be undertaken in 2017.

As above we are an active member of the three SABs across Sussex

##### **Brighton and Hove**

- To improve data collection surrounding the S42 enquiries that are undertaken within S75 services. We are currently exploring the option of embedding the S42 form into Care Notes. This will not only provide the data reports but will also be more efficient for staff to complete.
- A robust clinical supervision structure will be in place for all BHCC social workers within S75 services.
- A review of MCA compliance for S75 service with training & development needs to be identified.
- Clearer monitoring of mandatory training.

In relation to these:

- 1) We are continuing to develop the s42 form within Care Notes and this is already partially built. This will continue to be developed in 17/18.
- 2) The Practice Manager holds regular forums with the operational teams; part of this meeting is to focus on the data collection. These meetings are well established and will continue into 17/18.
- 3) Clinical supervision structure is fully embedded within the s75 teams and is led by the Practice Manager.

4) A training strategy for s75 teams is being developed that will give consideration to MCA and training needs across the operational teams the Training Strategy.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We do not collect data from clients and carers in relation to s42 enquiries, however BHCC are keen to develop this as part of the quarterly audit process and this is being discussed further.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

A pilot in Family Group Conferencing will provide us with an opportunity to gather feedback from people and their families / networks in relation to the safeguarding intervention and process.

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

- Planned improvements to the clinical record system (Carenotes) with regard to the recording of safeguarding activity including the development of a specific safeguarding Flag.
- Improvements to data collection and reporting to ensure data is both more accessible and more accurate
- Development of new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff
- Ensuring learning from SARS and other reviews is prioritised and undertaken
- Review of Safeguarding Adults Policy and development of specific Prevent Strategy
- Development of identified safeguarding leads in all care groups and areas
- Training needs identified above to be addressed

Brighton specific actions:

- BHCC staff to attend LEO training in 17/18
- Monitor and improve attendance at Practice Development Groups
- BHCC to undertake awareness training of 'causing others' for SPFT staff
- Improve use of Protection Plans across the s75 teams

#### **Andy Porter**

Deputy Director of Social Work and Principal Social Worker  
Sussex Partnership NHS Foundation Trust

## **17.9 East Sussex Fire and Rescue Service (ESFRS)**

### **Empowerment and Prevention**

1. ESFRS was not directly involved in the X Safeguarding Review, however a number of the key considerations are relevant to ESFRS:
  - KC2: Ensure that ESFRS makes its Home Safety Visit service available to all vulnerable clients
  - KC4: Should ESFRS have been an agency that could have effected a better engagement utilising its unique brand
  - KC6: ESFRS usually engages with clients whose self-neglect involves hoarding. However, the service is open to wider engagement where the involvement of Fire Fighters could be beneficial.
2. Development of the multi-agency Hoarding Framework through a task and finish work group. The framework has been adopted across all partners with oversight through the SAB

### **Protection and Proportionality**

ESFRS rarely features within SARs but is an available asset to provide support and mentoring for vulnerable clients.

### **Partnership and Accountability**

As a non-statutory partner ESFRS participates fully within the SAB. ESFRS contributes resources, undertakes audits and adopts best practice where appropriate. ESFRS has an established internal audit process for Safeguarding chaired by an Assistant Director with oversight from the Chief Officer Group.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

Scams prevention: ESFRS works collaboratively with E/S ASC&H, Trading Standards, Sussex Police and the National Scams Team

Modern Slavery: ESFRS works alongside agencies including the SE Migration Board, Safe in the City, Sussex Police, Red Cross

### **Plans for continued inter-agency work in 2017/18**

MCA: ESFRS is a member of the E/S Mental Capacity sub-group and will be developing the training requirements for its workforce and volunteers in 2017/18

Self-neglect: ESFRS is developing the multi-agency Hoarding Framework based on the pilot from B&H for 2017/18 which will involve ASC&H, CCGs, Housing providers, Sussex Police.

### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

1. 152 trained to Level 2 (25%)
2. Number of staff trained in basic KWANGO yet to be determined.

### **Name & type of training package used or commissioned**

1. Level 2 Safeguarding (ESCC)
2. KWANGO (ESCC)

### **Areas of good practice**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

To seek further training resources for Modern slavery, self-neglect and domestic abuse. Resources have been identified and training is to commence during 2017/18

We have increased the number and proportion of Home Safety Visits delivered to vulnerable adults  
Are developing effective and appropriate data sharing with other agencies.

Have implemented projects through the CIP sub-groups including the Brighton and Hove Partnership Hoarding Framework for sign-off by the SAB.

### **Progress against 2015-2016 priorities for 2016-17:**

Continuing to raise staff awareness and increase number of health and wellbeing referrals being made and signposting to other services by frontline staff ensuring those with vulnerabilities receive help at the early stages. Ensured ESFRS preventative services are reaching those who need them across all sections of the community via our community safety initiatives and in particular focus on reducing fire risk associated with alcohol, substance misuse and mental health and for those in vulnerable living environments including rough sleeping.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

Feedback is received periodically from clients following home safety visits but we have not received any in relation to Safeguarding.

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

1. Continued training for staff involved in decision making
2. Develop the Safeguarding audit process to provide improved internal reporting
3. Embed training for Modern Slavery
4. Embed training for identification and classification of hoarding

#### **David Kemp**

Head of Community Safety  
East Sussex Rescue & Fire Service

### **17.10 Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC) Ltd**

#### **Empowerment and Prevention**

We have revised the safeguarding accountability structure within the organisation to ensure clear lines of responsibility and pathway to escalation. We have facilitated a safeguarding week to enhance staff awareness and confidence in identifying and managing safeguarding concerns. We have also ensured that safeguarding policies have been read by all operational staff in supervision and team meetings. We have issued mental health guidance for managers to support staff wellbeing. We have also insisted that all front line staff, where appropriate, received up to-date safeguarding training through the local Safeguarding Children Boards. We have also attended safeguarding multi-agency learning reviews where required including homicide review reports and processes.

#### **Protection and Proportionality**

#### **Partnership and Accountability**

Where we have formal arrangements in partnerships we ensure that their safeguarding policies and procedures are relevant and are contemporary to current legislation and practice needs.

Safeguarding Risk of Harm Policy sets out clear lines of accountability and best practice when working in partnership to manage risk and safeguarding concerns to service users.

#### **Thematic areas of inter-agency safeguarding work in 2016/17**

As an organisation we are working with prisons to ensure the seamless process of release back into the community and referrals to mental health services are in place before release. Work across the prisons has continued to support particular focus on sex workers, women and victims of domestic and sexual violence

We have focussed on cross group safeguarding approach with reviewed policies and procedures across the UK and Ireland to ensure best practice in safeguarding all who come into contact with KSS CRC and the Seetec Group.

#### **Plans for continued inter-agency work in 2017/18**

In addition much work across Kent, Surrey and Sussex has been focussed on the preparation of a joint targeted area inspection specific to the themes identified by the Inspectorate.

#### **Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**



- KSS CRC staff - 286
- CRC Staff based in Sussex – 75
- CRC Staff based in Brighton -37

100% of the workforce were trained to appropriate safeguarding standard in the last three years; the majority of staff attended 3-4 events in this period.

### **Name & type of training package used or commissioned**

Staff attended 73 different types of safeguarding courses which included:

- Child Sexual Exploitation
- Domestic Violence and Abuse
- Female Genital Mutilation
- Safeguarding Adults

### **Areas of good practice**

HMIP Quality & Effectiveness Inspection reported that KSS CRC's overall performance was acknowledged to be 'among the best of any CRC nationally' and the inspectors were particularly impressed with the CRC's 'commitment to working with individuals fully in planning their own route away from crime'.

KSS CRC's development and delivery is 'impressive in many respects'.

### **Progress against 2015-2016 priorities for 2016-17:**

#### [B&H SAB Safeguarding Annual Report 2015-16](#)

The CRC established an Excellence & Effectiveness Team in 2016 with the remit of conducting thematic audits across the business, with internally published observation and recommendations. To-date five thematic audits have been carried out: Compliance and Enforcement; Working with Women; Integrated Offender Management and Safeguarding. An area of improvement action plan to address issues highlighted has been produced.

Two case support workers were employed by KSS CRC in September 2016, one based in Guildford and one based in Brighton. The Senior Probation Officer at Brighton reported that the scheme is going really well. The Case Support Worker is a good resource to work with service users who, for a number of reasons, are hard to engage and she is seen as a valued member of the Team.

### **KSS CRC safeguarding priorities 2017/18:**

- To ensure front line staff access to Safeguarding Board Training to consolidate prior learning and experience.
- To embed the updated Safeguarding Policies and Procedures to ensure staff feel confident in managing safeguarding concerns.
- To continue to inform and update staff on identified safeguarding strands such as FGM, child exploitation and changes in relevant legislation.
- Strategic Lead to review how serious case review and serious further offence learning is shared across the organisation and incorporated at local team level

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

The Service User Council remains the key mechanism by which we gather service user feedback in relation to the impact of service deliver on service users and their families. Surgeries are carried out for service users in each office by members of the Service User Council who report back issues and recommendations. The employment of the Case Support Workers was a recommendation by the Service User Council to improve levels of engagement and motivation. We are in the process of implementing a recommendation that a service user is on the interview panel for every operational staff interview and have recruited peer mentors to work with service

users.

**Debbie Piggott**

Head of Policy Development and Safeguarding Strategic Lead  
Kent, Surrey & Sussex Community Rehabilitation Company

**17.11 National Probation Service (NPS)**

**Empowerment and Prevention**

Our primary purpose is to protect the public from harm and all our services are geared around this objective. We will support empowerment of our offenders where appropriate in securing services in the community to meet their needs.

**Protection and Proportionality**

Our frontline staff are alert to potential safeguarding issues and are aware of the procedures to follow to make either an adult safeguarding referral or to take steps to ensure the prevention of harm to another.

**Partnership and Accountability**

We attend the SAB and sub groups and have participated in agency challenge events.

We continue to be fully committed to partnership working with our key statutory, duty to co-operate and voluntary agencies.

**Thematic areas of inter-agency safeguarding work in 2016/17**

We work closely on Safeguarding matters with Sussex Police colleagues through our work in MAPPA and MARAC. Alongside Police we have worked with the Kent Surrey Sussex Community Rehabilitation Company and a range of voluntary groups working with adults who have experienced and or recovering from domestic abuse. We continue to provide a service to victims of serious crime following conviction of the offender.

We have worked with colleagues from the Local Authority in relation to learning from DHR's and case reviews.

**Plans for continued inter-agency work in 2017/18**

For 2017/18 we will continue to cement our partnership working with existing partners and look to create new working relationships with organisations from the voluntary sector.

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

Our training records are held Divisionally and we are constantly recruiting new staff. All frontline practitioners must complete Adult Safeguarding training, either provided by the NPS or a local provider at least once every 3 years.

**Name & type of training package used or commissioned**

NPS Adult Safeguarding.

**Areas of good practice**

Our Safeguarding practice in our work concerning public protection is recognised as effective in reviews of our work as well as our contributions to MARAC.

**Progress against 2015-2016 priorities for 2016-17:**

Our priority alongside training has been to consolidate practice, systems and processes as the new National Probation Service has evolved. We have made steady and consistent progress in this area.

### **Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

We conduct an annual service user survey of their experience of all the services we have provided with them and act on the results.

All service users are involved in the planning of their sentence and given access to all assessments.

### **What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

We continue to develop ways of responding quickly to service user feedback, provide a comprehensive complaints and disputes process

### **Safeguarding Priorities identified for your agency/organisation for 2017-18**

To ensure our staff continue to be fully trained in safeguarding developments in good practice.

To continue to provide the highest quality practice in protecting the public, especially individuals particularly at risk as a result of their vulnerability to being targeted by criminals.

#### **Mark Burden**

Acting Head of NPS Sussex  
National Probation Service

## **17.12 National Health Service England (NHSE)**

### **Empowerment and Prevention**

**NHSE do not have direct contact with patient and therefore the principles are applied in a system wide approach.**

NHSE has and will continue to undertake an number of training events –PREVENT, Safeguarding in health and justice settings in relation to LD, and a further conference is planned in Nov/December to further enhance Prevent and modern day slavery. We continue to work with colleagues across the health economy to raise risk and support learning for areas identified.

Safeguarding money will be utilised across the SE to support the national safeguarding priority areas.

### **Protection and Proportionality**

NHSE continue to seek assurance from the system as a whole to ensure that providers of health are well trained and able to provide the right care at the right time –this is monitored and will continue to be monitored through quality surveillance groups, triangulation of data and where required risk assessment interventions. The nursing and quality team in conjunction with NHSI continue to be the system leads for quality assurance of key areas such as CHC, care homes and LD.

### **Partnership and Accountability**

NHSE have set up networks to support the designated professionals in their role as system leads. We have commissioned leadership programme for Designates to ensure they are supported and have the correct skills needed for the role.

We continue to align and support the development of the STPs across the system.

### **Thematic areas of inter-agency safeguarding work in 2016/17**

NHSE work across the whole health system in addition to working with our own national and regional teams. We work with multi-agency partners to deliver training e.g. PREVENT event May 2017 and will continue to develop relationships to progress areas of safeguarding identified as national priorities.

### **Plans for continued inter-agency work in 2017/18**

**Number of staff trained to appropriate safeguarding standard in the last three years (and % of workforce).**

**Name & type of training package used or commissioned**

**Areas of good practice**

**Progress against 2015-2016 priorities for 2016-17:**

[B&H SAB Safeguarding Annual Report 2015-16](#)

NHSE did not provide any report to the annual report.

**Mechanisms in place to receive feedback from clients and carers in respect of safeguarding services or interventions**

NHSE has a central complaints team (policies previously attached) which receive any patient feedback. Safeguarding issues are managed on an individual basis.

**What has that feedback been in 2015-16 and what changes to safeguarding services / interventions have been made in response to this feedback?**

**Objectives**

- NHSE South East has a defined safeguarding governance structure which supports effective assurance and identification of risk. (September 2017)
- NHSE South East have a clearly defined system and process to ensure safeguarding messaging and communications are consistent and timely across the system through from central to regional and local teams. (September 2017).
- South East will have effective safeguarding assurance arrangements for both CCGs and directly commissioned services (December 2017).
- All staff in NHSE South East will have received safeguarding training appropriate to their role (September 2017).
- NHSE South East will provide leadership across the NHSE systems to ensure that agreed national priorities are developed and embedded into practice. (Complete by April 2018)

**Safeguarding Priorities identified for your agency/organisation for 2017-18**

**Domenica Basini**

Assistant Director of Safeguarding and Quality  
National Health Service England

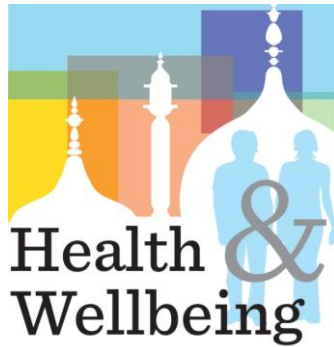
## 18 Brighton & Hove Safeguarding Adults Board Members 2016/17

Name	Title	Representing
<b>Peter Wilkinson</b>	Interim Director of Public Health	Brighton & Hove City Council
<b>Soline Jerram</b>	Chief Nurse	Brighton & Hove Clinical Commissioning Group
<b>Andrea Saunders</b>	Head of Probation, Sussex	National Probation Service
<b>Andrew Witham</b>	Head of Commissioning	Brighton & Hove City Council
<b>Andy Porter</b>	Deputy Director of Social Work and Principal Social Worker	Sussex Partnership NHS Foundation trust
<b>Brian Doughty</b>	Head of Adult Assessment Services	Brighton & Hove City Council
<b>Candy Gallinagh</b>	Designated Nurse Safeguarding Adults and MCA Lead	Brighton and Hove Clinical Commissioning Group
<b>Caroline Davies</b>	Safeguarding Lead	Brighton & Sussex University Hospital NHS Trust
<b>Christina Chatfield</b>	Lay Member	
<b>Cllr Karen Barford</b>	Lead Member Adult Social Care	Brighton & Hove City Council
<b>David Feakes</b>	Head of Safeguarding and Looked After Children	Sussex Community NHS Foundation Trust
<b>David Kemp</b>	Head of Community Safety	East Sussex Fire & Rescue Service
<b>Deb Austin</b>	Head of Safeguarding (Children)	Brighton & Hove City Council
<b>Debbie Piggott</b>	Head of Policy Development and Safeguarding Strategic Lead	KSS CRC Ltd
<b>Domenica Basini</b>	Assistant Director Safeguarding Adults	NHS England
<b>Eleanor Battie</b>	Lay Member	
<b>Fiona Macpherson</b>	Super Intendent	Sussex Police
<b>Graham Bartlett</b>	B&H Safeguarding Adults Board	Independent Chair
<b>Jackie Grigg</b>	Money Advice & Community Support	PASA Group
<b>Simon Hughes</b>	Brighton Housing Trust	
<b>Beatrice Gahagan</b>	Age UK	
<b>James Rowlands</b>	Violence Against Women & Girls Commissioner	Brighton & Hove City Council Partnership Community Safety Team
<b>Jane Jewell</b>	Inspection Manager, South East-Hub 2	Care Quality Commission
<b>Jane Mitchell</b>	Safeguarding Lead	South East Coast Ambulance Service NHS Foundation Trust
<b>Jason Tingley</b>	Detective Superintendent, Public Protection	Sussex Police
<b>Jo Henderson</b>	Lead Nurse, Safeguarding Adults	Brighton & Sussex University Hospital NHS Trust
<b>Jo-Anne Welsh</b>	Director	Brighton Oasis Project (VAWG Forum)
<b>Katrina Lake</b>	Assistant Director Patient Experience and Safeguarding	NHS England
<b>Mia Brown</b>	B&H SAB Business Manager	Brighton & Hove City Council
<b>Michelle Jenkins</b>	Head of Safeguarding & Professional Standards	Brighton & Hove City Council
<b>Peter Castleton</b>	Commissioner – Community Safety	Partnership Community Safety Team
<b>Regan Delf</b>	Assistant Director - Health SEN & Disabilities	Brighton & Hove City Council
<b>Richard Bates</b>	Detective Chief Inspector, Head of Safeguarding	Sussex Police
<b>Richard Cattell</b>	Principal Social Worker (Adults)	Brighton & Hove City Council
<b>Rob Persey</b>	Executive Director, Health & Adult Social Care	Brighton & Hove City Council
<b>Robert Sobotka</b>	Lead Inspector	Care Quality Commission
<b>Roland Marden</b>	Evidence & Insight Manager	Healthwatch
<b>Simon Hughes</b>	Senior Manager, Support Services	Brighton Housing Trust
<b>Steve Lennox</b>	Executive Director of Nursing and Quality	South East Coast Ambulance Service NHS Foundation Trust
<b>Tony Benton</b>	Safeguarding Adviser	Brighton & Hove Healthwatch
<b>Tracy John</b>	Head of Housing	Brighton & Hove City Council
<b>Wendy Taylor</b>	Deputy Director of Operations	Cranstoun









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

Title:	<b>Adult Social Care Local Account 2017</b>	
Date of Meeting:	30 <sup>th</sup> January 2018	
Report of:	Executive Director for Health and Adult Social Care	
Contact:	Cat Harwood-Smith	Tel: 01273 296417
Email:	<a href="mailto:cat.harwood-smith@brighton-hove.gov.uk">cat.harwood-smith@brighton-hove.gov.uk</a>	
Wards Affected:	All	

#### **FOR GENERAL RELEASE**

#### **Executive Summary**

The Health and Wellbeing Board requested an update on progress since the Direction of Travel was agreed in November 2015

The Adult Social Care Local Account 2017 provides evidence on progress against the ambitions set out in the Direction of Travel. The Local Account details progress against this vision, set out under the headings from the national Making It Real programme, which is led by service users and carers.

The Local Account is not designed to provide an exhaustive account of all activity but to give a picture of key developments during the period 2016/17 and set out future plans and focus looking ahead.

#### **Glossary of Terms**

CCG: Clinical Commissioning Group



## **1. Recommendations**

- 1.1 That the Board note and endorse the Adult Social Care Local Account 2017
- 1.2 That the Board use the information contained within the Local Account to support future decision making

## **2. Relevant information**

- 2.1 An electronic version of the Adult Social Care Local Account 2017 has been circulated to Health and Wellbeing Board Members.
- 2.2 Printed final copies of the Adult Social Care Local Account 2017 will be available at the Health and Wellbeing Board on 30<sup>th</sup> January 2018.
- 2.3 The Local Account will also be available on the Brighton & Hove City Council website after the January 2018 Health and Wellbeing Board
- 2.4 Easy Read and Full Text versions will be produced in collaboration with relevant user groups to ensure accessibility. These will be available no later than 31 March 2018.

## **3. Important considerations and implications**

Legal:

- 3.1 There are no legal implications arising from the report which is for noting by the Board

Lawyer consulted: Elizabeth Culbert

Date: 15 January 2018

Finance:

- 3.2 There are no financial implications arising from this report however the information within the Local Account may have an impact on the future budget strategy.

Finance Officer consulted: Sophie Warburton Date: 03/01/2018

### 3.3 Equalities:

The Direction of Travel 2016-2020 aims to support all people in receipt of Adult Social Care (ASC) services to live independent and safe lives and to enjoy equal opportunities with others in the city. As such it describes how services will operate within the legal framework covering (among other aspects) safeguarding, carers' rights and the provision of a diverse, high quality social care market place. Services and projects provided by ASC can be accessed by all people, as well as specific projects and services being focused on people who share a legally protected characteristic, in order to most effectively meet diverse needs. There are also engagement mechanisms to encourage feedback from service-users, staff and partners to identify opportunities for improvement and positive outreach. Data collection and analysis is being improved and used to identify who is and is not accessing services and to improve equality of outcome. These actions enable an ongoing equality approach that underpins service provision.

Equalities Officer consulted: Sarah Tighe-Ford Date: 17/01/2018

### 3.4 Sustainability:

The Direction of Travel is intended to support the delivery of a sustainable adult social care service that can meet its statutory duties, deliver positive outcomes for local people and maintain financial balance.

The Local Account provides an update on progress against the Direction of Travel

## Supporting documents and information

Appendix1: Adult Social Care Local Account 2017

Appendix 2: The Adult Social Care Services: The Direction of Travel 2016-2020 report is available here <https://present.brighton-hove.gov.uk/ielssueDetails.aspx?IId=49046&PlanId=0&Opt=3#AI47597>



# Adult Social Care Local Account 2017

How have we done and where are we going?

A review of progress since the Direction of  
Travel 2016-2020 was agreed



Brighton & Hove  
City Council



# Foreword



**Rob Persey, Executive Director Adult Services**



**Karen Barford, Lead member for Adult Social Care**



**Daniel Yates, Lead member for Health & Wellbeing**

**2016-17 has been a period of change and consolidation for Health & Adult Social Care in Brighton & Hove. Public Health has joined the directorate and operational social care teams have been arranged in three geographical areas. These 'clusters' have aligned us with health colleagues to support better health and care outcomes for our residents.**

This Local Account provides an update on our progress towards delivering the vision outlined in our Direction of Travel and sets out our future plans and focus looking ahead.

Looking forward, 2017/18 and beyond continues to present an exceptionally challenging environment for Adult Social Care. There are unprecedented financial challenges, an increasingly fragile and polarised care market, radical changes in the national policy context and the demographic pressures presented by an ageing population.

Demand for adult social care services continues to increase, in both volume and complexity of people's need, against a background of NHS efficiencies and reductions in local government funding - the challenge for us remains to deliver better outcomes for people at lower cost.

We must build on our existing public health resources in partnership with the community & voluntary sector. Supporting people to stay healthy and independent will reduce demand for care and support services.

Targeted preventative schemes will help to reduce health inequalities in the city.

Integration with the Clinical Commissioning Group and local health providers will ensure all our residents have access to joined up services within their communities, only visiting hospital when necessary. Significant joint work is taking place to get people home from hospital quickly with appropriate support in place to meet their needs and maximise recovery.

We will work in partnership with providers to develop a sustainable care market ensuring that the right resources are in place to meet people's needs.

We continue to put people and their needs at the centre of what we do. We will support people to maximise their independence identifying their own strengths and community resources and accessing safe, good quality care when required.

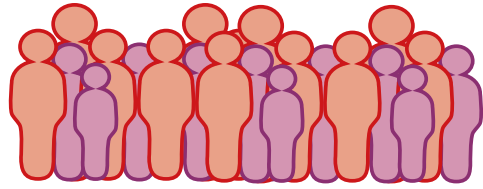
We acknowledge the hugely important role that carers play in the city and the importance of providing support to help carers balance their own needs with those of the people they care for.

Thank you to all our staff who continue to show their dedication and commitment to the services we deliver for people in Brighton & Hove and to our health and voluntary sector colleagues with whom we look forward to developing an ever closer working relationship.



## In Brighton & Hove there are...

**285,300**  
residents



**31,789**

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

**23,967**

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



**14,076**

18 to 64 year olds with a moderate or serious disability



**4,902**

18 to 64 year olds predicted to have a learning disability



Source PANSI 2017

## In a given week...



**3,650** people receive a long-term adult social care service



**360** in nursing homes



**819** in residential care



**2,471** receive a range of community support options



**130** people receive short-term intensive support



**661** items of daily living equipment are issued



**120** care assessments or reviews take place



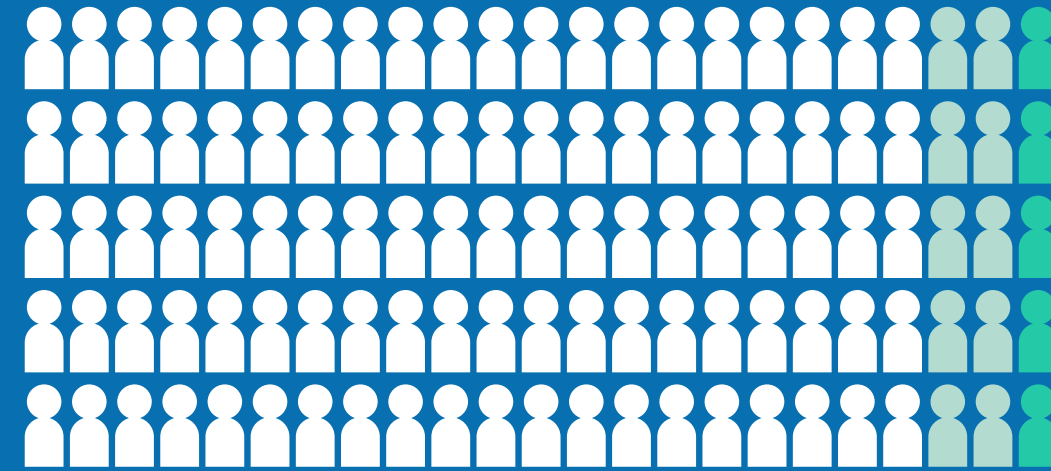
**14** carer assessments/reviews



**18** safeguarding enquiries (including mental health)



**8** mental capacity assessments



## The population is changing

There are **32,500** more people now than in 2005 (12.5% increase).  
By **2025** there are expected to be another **18,500** (6.5% increase).



## The number of older people is increasing

By **2030** the number of people aged **65** or older is predicted to increase by **30%**.

## The number of people with dementia is increasing

By **2030** the number of people aged **65** or older with dementia is predicted to increase by **32%**.



## A growing and ageing population will require more support from health and social care

People are more likely than in previous decades to have multiple long term conditions. While life expectancy is increasing, healthy life expectancy is actually falling, therefore people are living longer in ill health. This results in higher associated health and care costs.

## And their needs are changing

More people are being cared for in the community rather than traditional nursing and residential care. To meet these needs we need to enable older people to live well and independently.





## Direction of travel

Our Direction of Travel sets out the planned direction for Health & Adult Social Care services for 2016-20. Find out more at [www.brighton-hove.gov.uk/your-care](http://www.brighton-hove.gov.uk/your-care)

This Local Account details our progress against this vision, set out under the headings from the national Making It Real programme, which is led by service user and carers.



**Flexible integrated care and support**



**Information & advice**



**Active and supportive communities**



**Workforce**



**Personal budgets**



**Risk enablement**

For more information please visit the Making It Real website at [www.thinklocalactpersonal.org.uk/mir](http://www.thinklocalactpersonal.org.uk/mir)

This report is not designed to provide an exhaustive account of all our activity, but to provide a picture of key developments during 2016/17.

# Health & Adult Social Care in Brighton & Hove

At Brighton & Hove City Council, our Adult Social Care staff work alongside our Public Health colleagues to support adults who have care and support needs to be as safe and independent as possible.

Some of the ways we do this:

- **Providing advice and information** to help ensure people are aware of their options, so they can get the right help at the right time
- **Managing future demand for services** by supporting schemes that prevent ill health and reducing the impact of long term health conditions
- **Supporting carers** through direct payments, support services and offering information and advice so they can continue to support their loved ones
- **Helping people to direct their own care** by offering personal budgets to people who want them
- **Commissioning high quality community support services** to help people return to health after illness or injury
- **Offering people choices of support** through home adaption, use of technology, and the development of sheltered accommodation, extra care schemes and high quality residential & nursing care
- **Safeguarding people** whose circumstances make them vulnerable to abuse or neglect
- **Working in partnership with the community & voluntary sector** to develop capacity in the community, so people have access to health and wellbeing services and support networks.

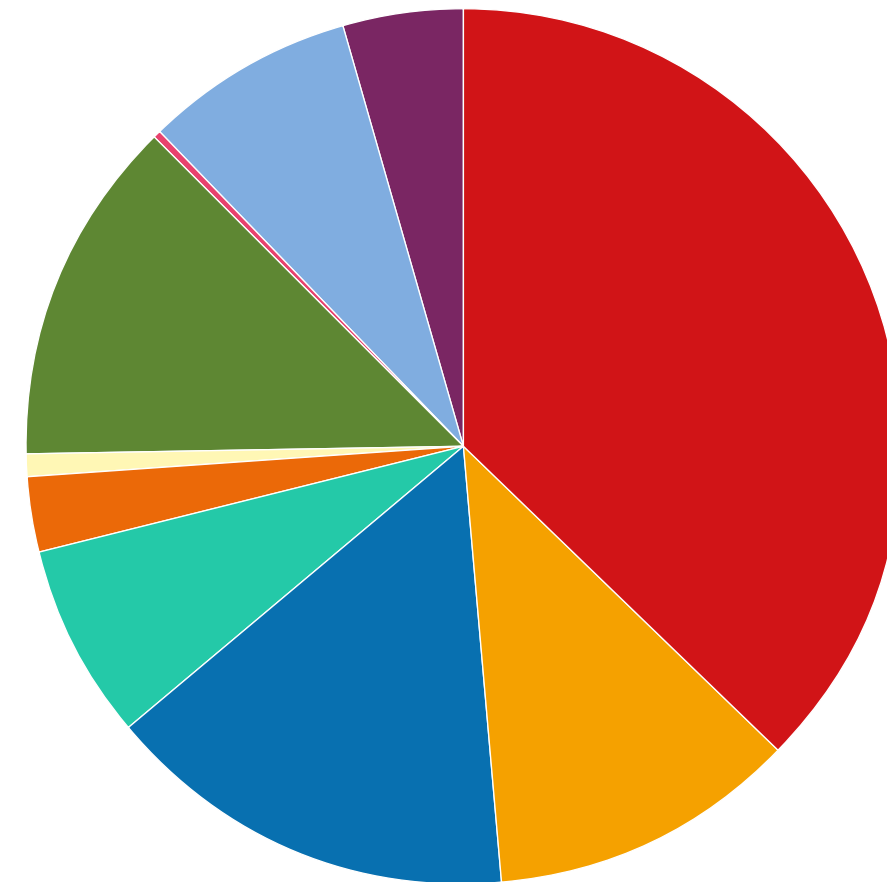
## Our budget

As part of central government's austerity programme, the council has received a reduction in government funding, and this has required significant savings to be made. In adult care services we have already delivered £30 million savings over

the last seven years, plus a further £6 million savings required in 2017/18. Over the next two years we anticipate delivering further savings of £7 million.

For more information about our budget go to [www.brighton-hove.gov.uk/budget](http://www.brighton-hove.gov.uk/budget)

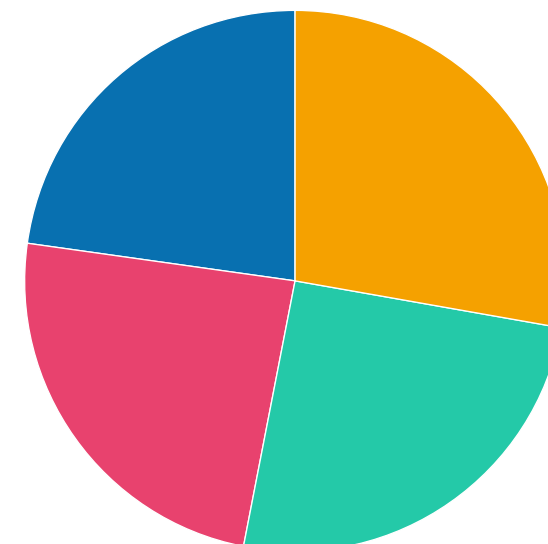
## Adult Social Care



<span style="color: red;">■</span> Care Homes	£31,962,420	37.45%
<span style="color: orange;">■</span> Home Care & Community Support	£9,622,940	11.28%
<span style="color: blue;">■</span> Supported Living and Shared Lives	£12,959,000	15.18%
<span style="color: teal;">■</span> Direct Payments	£6,196,000	7.26%
<span style="color: brown;">■</span> Day Services	£2,351,130	2.75%
<span style="color: yellow;">■</span> Equipment	£840,410	0.98%
<span style="color: green;">■</span> Other Services (inc assessment staffing)	£10,886,060	12.76%
<span style="color: pink;">■</span> Employment Support	£332,630	0.39%
<span style="color: lightblue;">■</span> Rough Sleeping & Homeless Support Services	£6,485,010	7.6%
<span style="color: purple;">■</span> Commissioning and Contracts	£3,710,710	4.35%

**Total £85,346,310 (net)**

## Public Health



<span style="color: orange;">■</span> Public Health Substance Misuse	£6,089,950	28.04%
<span style="color: teal;">■</span> Health Child Programme	£5,468,040	25.17%
<span style="color: pink;">■</span> Sexual Health	£5,232,760	24.09%
<span style="color: blue;">■</span> Other Public Health	£4,931,250	22.7%

**Total £21,722,000 (net)**

# Flexible integrated care and support my support, my own way

“People want care and support that is responsive to their needs, that they have control over and where any changes are discussed with them.”

## We have

- **Placed our social work services into districts** to align with GP clusters
- **Developed a joint protocol between adult and children’s services** to ensure more coordinated support for families which have parent(s) with learning disabilities (as recommended by the Fairness Commission) to balance the safety, needs and rights of the child with those of parents
- **Implemented a new community equipment service** jointly funded with the local Clinical Commissioning Group (CCG). In a Healthwatch evaluation 97% of service users were satisfied with the service
- **Reduced the number of new admissions to residential or nursing care** from 326 in 2015/16 to 302 in 2016/17
- **Developed a Home First policy** when discharging people from hospital
- **Established a Strategic Accommodation Board** to ensure a city-wide approach to sourcing accommodation to support vulnerable adults and children
- **Helped more people access social housing** so we can now ask for people with significant needs to be prioritised
- **Provided accommodation and community support for rough sleepers and single homeless people** including work & learning, behaviour, basic skills, mental health, family and specialist supported accommodation services
- **Established the city’s first women only support service** for homeless women with complex needs
- **Recruited a new dual diagnosis nurse to work with those on the streets** with substance misuse and mental health needs
- **Funded a Charity Link worker** to support voluntary organisations, groups and volunteers working with rough sleepers
- **Developed Bthink** a new multi-agency rough sleeping and homelessness IT system
- **Revised the Severe Weather Emergency Protocol for rough sleepers**
- **Worked with the care market to better understand their services and costs**
- **Reviewed many people’s package of care** to ensure fees provide value for money (eg increasing the learning disabilities community support fee to match home care)
- **Established a partnership model for adult drug and alcohol services**
- **Redesigned genitourinary medicine (GUM) and community contraception services** as an integrated sexual health service provided across the city.

## We will

- **Deliver more efficient and effective services** through an integrated approach to commissioning
- **Develop a health & social care market position statement** and agree joint commissioning intentions
- **Develop joint approaches to support and manage the care market** to ensure services are good quality and value for money
- **Use new technologies to support those at risk of deterioration to maintain their independence**
- **Redesign community pathways under Caring Together** which will support reduction in hospital admissions and fast, efficient discharge
- **Develop a local learning disability accommodation strategy** to set out our aims and objectives in delivering accommodation based services over the next five years
- **Expand Home First** to become the default model to support people coming out of hospital
- **Draw up a Sussex Housing Strategy** to set out how we support people with learning disabilities who are discharged from, or at risk of admission to a specialist placement hospital
- **Increase street outreach capacity** to work with new rough sleepers and fund short term accommodation options, and private rental deposits and associated costs
- **Put in place innovative payment by results approaches to working with rough sleepers** using Department for Communities and Local Government funding
- **Commission young people’s accommodation services** in partnership with children’s services.

## Delayed Transfer of Care

Delayed Transfers of Care occur when an adult inpatient is ready to go home or move but is prevented. They can be caused by patients waiting for onwards care at another NHS facility, social care to be arranged at a residential or nursing home, or for a care package to be set up at home. Delays reduce the beds available and put patients at increased risk of infection and deterioration in mobility. There has been a lot of focus on this in the national press.

Health & social care staff are working together to manage and reduce delays with initiatives such as Home First. In Brighton & Hove, 25% of patients were delayed for reasons involving social care (less than the national average of 42%) in 2016/17.



## Home First

Home First supports people to be assessed in their home environment with access to flexible support.

This reduces the time patients spend in hospital so they get home as quickly as possible. Longer term care needs can be assessed more accurately after a period of rest and recovery at home.



# How have service changes affected people?

We continue to adapt our services to make best use of our limited resources and deliver good outcomes. Where we have made significant changes, we have explored their impact on the individuals and families affected.

## Community meals service

The Royal Voluntary Service Community Meals Service was discontinued in 2016 as the number of people requesting this provision had declined substantially over the years.

In preparation for this change, the council explored other meal options. To support people to make healthy alternative choices we provided information about approved meal delivery providers, lunch clubs, the Casserole Club, the Brighton & Hove Food Partnership and transport

options. In early March 2016 everyone affected was contacted to check if they needed support to find alternative solutions.

In September 2016 we commissioned Impetus to carry out an independent review of people affected. Although some people did say that they were sad to see the meals service go, most responded well to the change and some found inventive, alternative ways of getting access to meals.



Enjoying good company and hot meals at Hove Luncheon Club

## Tower House day service

We commissioned Possability People to find out how people are getting on since the council-run day service closed in spring 2016.



Settling in to a new day service

36 past users and 20 carers were consulted:

- 86% were upset initially when things were changing
- 86% feel happy or neutral where they are now
- 93% like being with friends and socialising where they are now
- 66% have remained friends with people they met at Tower House
- 62% have made new friends where they are now
- 47% take part in activities and groups outside of their day centre service

## Learning disabilities day service

The closure of the council-run Buckingham Road and Belgrave day services has been difficult for the majority of people. We know the change caused upset and people were worried about friendships.

In preparation for this change people were offered information on alternative activities in the city and information on accessing direct payments.

We commissioned Speak Out, as the lead partner for the Learning Disabilities Partnership Board, to talk to people who used to attend the day services, to review how people were getting on after the change. 23 people were interviewed.

People access a range of alternative activities including art, cooking, activity groups, cinema trips, lunch groups, yoga or lunch out with support from a personal assistant. However, the responses show we need to explore and promote further options for activities (including sport) and work & volunteering opportunities.



Reflecting on the change

## Overall, we know that we need to work on

- **More open communication when making changes** to keep service users updated on what is happening and when
- **Supporting people to access transport** which is a barrier to people being as active and involved in activities as they would like to be
- **Providing better signposting to what is available** which would have put many people more at ease on the changing situation
- **Encouraging people to use direct payments** and to give them greater choice and flexibility in accessing activities.



# Information & advice having the information I need, when I need it

“Being able to get good advice and information that is easy to access is important in care and support services as in other aspects of our lives.”

## We have

- Further developed an online **My Life** directory of local health, care and support services that was co-developed with the CCG. Improvements include increased accessibility, better search and extra information on peer support initiatives
- Commissioned **Speak Out** (lead partner for the Learning Disabilities Partnership Board) to review access to information for people with learning disabilities
- Set up online referral forms & self-assessments to enable people to access advice and signposting quickly; encouraging digital access wherever possible
- Developed **Access Point Professional** which provides a space on the website for professionals, so the main website can be more user-friendly for members of the public
- Worked with **Digital Brighton & Hove** to help increase people’s digital skills and confidence and improve public access to computers and wifi, supporting day services, home care and residential providers including learning disabilities services
- Supported a pilot for social prescribing (**Community Navigation**) in primary care and working to expand this across the city

## My Life

This online directory continues to be a key resource for the public, and information & advice providers including Social Prescribers, statutory sector information and advice providers, local libraries and for GP practices. [mylifebh.org.uk](http://mylifebh.org.uk)

“I always direct people to My Life as a first place to look-people can find information on local voluntary sector groups and services, as well as information on their health condition”

(Advice worker)

73%

of service users found it easy to find information about support

Adult Social Care User Survey 2016/17



## We will

- Monitor the reasons why people contact **Access Point** and work with the public to get a better understanding of how people look for information & advice, what they want, and how they would like to access it
- Undertake further work with **Speak Out** to improve the information available for the learning disabilities community
- Continually review the online referral process by collecting user feedback
- Implement ‘**Safe and Well**’, an online self-assessment tool to provide equipment for people who choose to buy it themselves
- Work with the library and other community services to develop drop-in information and advice services across the city
- Review and improve the information on the social care web pages of the council website by involving users and providers
- Work with the CCG to further embed a social prescribing model in the city.

## Social Prescribing

Also known as or community referral, this enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. It addresses people’s needs in a holistic way and supports individuals to take greater control of their own health.



## Community Navigators

A team of volunteers who help people access local groups and services. Of those accessing community navigators

- 84% increased their resilience and now feel more able to deal with their issues
- 74% rate their wellbeing as good to excellent after seeing a navigator

“It has made a difference to how I feel and I realise there is a lot of support out there”

## Access Point

A single point of contact for new and existing users of social care services. It provides information and advice on the full range of care options. It offers a simple assessment process to resolve people’s needs quickly, or where needs are more complex refer them to the appropriate team for a more detailed assessment.

**Access Point Support and social care services BHCC**  
[www.brighton-hove.gov.uk/access-point](http://www.brighton-hove.gov.uk/access-point)  
**Contact**  
[accesspoint@brighton-hove.gov.uk](mailto:accesspoint@brighton-hove.gov.uk)  
 01273 295555  
 Minicom 01273 296205



# Active and supportive communities keeping friends, family and place

“It’s important to have access to a range of support that helps me to live the life I want and remain a contributing member of my community.”

## Keeping people close to family and communities

### We have

- **Commissioned new supported living accommodation** giving people with brain injuries the opportunity to live independently in their own flats with 24 hour support
- **Worked with the CCG to support people with learning disabilities to move out of specialist hospitals** and live in the community
- **Commissioned two new supported living units** for people with learning difficulties:
  - A shared house for transitions which has enabled three young people previously living in a children’s home out of city to move back to be close to their families
  - A small block of flats used to accommodate people moving from family homes.
- **Set up the Move On project in the learning disabilities service** to review people currently placed out of area and arrange to support people to move back to the city if it is more suitable and will increase their independence
- **Managed the transfer of four learning disability supported living services to Grace Eyre**, a local voluntary sector provider in July 2017
- **Constructed Brooke Mead extra care housing facility** which provides 24 hour on-site care and support for older people and those living with dementia.



**80%**   
of adults with a learning disability live in their own home or with their family

ASCOF 1G 2016/17

### We will

- **Commission a new service for people with behaviours that challenge** to support their move from specialist hospitals back to the community, and prevent those at risk of admission in the future from being placed out of area
- **Continue to review people through the ‘Move on’ project**, to support them to live in the most appropriate accommodation within their communities
- **Continue to work closely with Grace Eyre** to ensure their new supported living services arrangements meet service users’ needs.

“It was hard work organising the move, but nice buying new things and settling her in. There’s loads of interaction ... the move was the best thing by far”

Carer

### The right move...

Mark moved to Brighton for rehab following a brain injury. He was initially in a supported living bungalow with one other person but he felt that everything was done for him, that he had no privacy and had very limited social interaction.

Following his move to supported living at Wellington Road, Mark has the support he needs, but is enabled to be as independent as possible. Having previously been a chef, he now really enjoys doing his own shopping and cooking meals. He has been able to visit his friends in London, including for his birthday, which he really enjoyed and greatly appreciated. Mark feels like he finally ‘has a life and isn’t just living’.





# Staying Active and Connected

Loneliness and social isolation have a big impact on people's health and wellbeing. Friendships and social networks help people to stay well and recover better if they fall ill.

## We have

- **Supported 3,500 older people to get involved in activity groups** offered by organisations funded through the Public Health Older People Programme, ranging from art, dance and gentle exercise, to IT, language and cookery skills
- **Commissioned Citywide Connect to improve the offer for isolated and vulnerable older people** by bringing together organisations and services (including health & social care, emergency services, care homes, home care providers, community & voluntary sector and faith groups)
- **Hosted and expanded the older people's festival to offer a greater range of activities for older people this year** including dancing, the arts, political and social history events celebrating the contributions older people continue to make to this city
- **Been a partner in the CCG led Brighton & Hove Befriending Coalition** enabling more than 600 volunteers to support around 800 older people, people with learning, physical & sensory disabilities, people with cancer, carers and others at risk of isolation and loneliness. There is now a single contact point to direct referrers and volunteers to the best suited befriending group [bhbefriending.org](http://bhbefriending.org)
- **Worked in partnership to set up a Men's Shed in East Brighton** offering opportunities for men to come together to 'make and mend' to help reduce the isolation experienced by men, especially unemployed and newly retired men

**11%** of adults with a learning disability are in paid employment with a further **17%** in unpaid voluntary work



ASCOF 1E 2016/17

## The Healthy Neighbourhood Fund

To reduce health inequalities, the fund enables residents, supported by community development organisations, to identify projects which will benefit local people's health & wellbeing. Interventions include cooking and growing skills to reduce obesity; active living and exercise; reducing social isolation and improving health-related quality of life for older people; substance misuse and sexual health programmes.



## We will

- **Piloted Making Every Contact Count training for frontline workers to support people to adopt healthier lifestyles** including eating more healthily, becoming more physically active, drinking less alcohol and quitting smoking
- **Provided opportunities for residents to be more active through discovering free or low cost sports and physical activities**, including targeted sessions for groups who may experience barriers to being more active  
[Brighton-Hove.gov.uk/Activeforlife](http://Brighton-Hove.gov.uk/Activeforlife)
- **Continued to fund the Grace Eyre Friendship Group** a social group for adults with learning disabilities. They support people to organise and take part in activities and to get 'out and about' more in Brighton & Hove
- **Through the work of the Supported Employment Team helped the Hove Luncheon Club** to set up an extra weekly session for people with Learning Disabilities to dine and socialise, or have the chance to volunteer  
[hoveluncheonclub.co.uk](http://hoveluncheonclub.co.uk)
- **Reviewed the joint Adult Social Care and CCG contract with Community Transport (Brighton & Hove) Ltd** to re-focus its provision on services in line with improving health & wellbeing including taking people to GP surgeries in areas where surgeries have closed and supporting a Safe and Well check for those using the shopping service.
- **Consider the findings of a pilot project exploring the potential for a citywide befriending service** to inform how befriending is offered across the city in the future
- **Review the Brighton & Hove Age Friendly City programme and steering group.** This provides workshops for partners and stakeholders where local and national good practice approaches and solutions are explored, and recommendations for change can be made. Recent examples include employment & volunteering, sex & relationships, sensory impairment, and working together to promote active living
- **Consider transport when re-commissioning the Older People's Commission to Reduce Social Isolation.** Brighton University's Intelligent Transport Solutions for Social Inclusion project identified a lack of transport as a key barrier to people accessing social activities. Making transport more joined up would support people to get out and about.

**43%** of adult social care users had as much contact as they would like



ASCOF 1E 2016/17



# Staying healthy

Supporting people to stay health and independent is a key priority.

## We have

- **Worked with partners to reduce falls** by training staff who work directly with older people in falls prevention and briefing other key workers and partners including community pharmacists, Older People’s Council, community & voluntary sector organisations, care homes and home care organisations
- **Supported local care homes to develop a health promoting approach with their residents, staff and visitors** including the promotion of good oral health, the Healthy Choice Award for good nutritional awareness and practice in residential settings, and the Active Forever Moves programme of seated exercise in senior/care settings
- **Developed the collaborative Food Poverty Action Plan** which was recognised in the Sector Star award for most innovative public sector collaboration
- **Continued to invest in CareLink Plus telecare alarm service** which supports more than 5,000 people with specialist needs to retain their independence through remote monitoring equipment and sensors. CareLink Plus also offers Living Well
- **Commissioned programmes to promote positive mental health** for all and to support groups that are particularly vulnerable to mental health problems, such as people living in more deprived areas, and trans adults and young people
- **Commissioned primary care services to deliver more than 5,000 NHS Health Checks to adults aged 40-74** to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia. Redesigned to focus on reducing health inequalities and deliver more checks to those in the most deprived areas
- **Worked with the Community Learning Disability Team to deliver five annual Best of Health events** for adults with learning disabilities to find out how to be healthy and access mainstream healthy lifestyle services
- **Provided the Mental Wellbeing Innovation Fund with the CCG for three years** to offer small grants to enable innovative new projects to improve mental wellbeing for vulnerable residents
- **Worked with Citizen’s Advice to establish a partnership of 14 organisations across the city to deliver the Warmth for Wellbeing service.** A best practice, single point of referral providing interventions to reduce fuel poverty and the health impact of cold homes.

## Living Well

A programme which supports people to maintain their health and independence following discharge from hospital or residential care. It also helps to prevent crisis situations which can lead to hospital admissions.

The programme has built strong links with NHS organisations, East Sussex Fire & Rescue and local community sector organisations such as Time to Talk befriending service and Crossroads respite care.

“We have seen a big rise in home safety visits and we are working together on a new hoarding framework. This is real action based partnership [with CareLink Plus] working to help make vulnerable people safer.”

Mel King, East Sussex Fire & Rescue

## We will

- **Develop a more comprehensive approach to reduction of falls** including recruitment of a falls prevention co-ordinator to deliver a prevention programme and provision of strength and balance classes in the community
- **Continue to promote lunch clubs** and explore new ways of delivering cooked meals with partners eg Casserole Clubs
- **Increase use of the Malnutrition Universal Screening Tool (MUST)** promoting it at key forums eg Care Home Forum
- **Continue to increase the number of NHS Health Checks delivered to people living in the more deprived areas** to address health inequalities, and explore ways to bring in more men for checks as they are an underrepresented group
- **Recruit a health development specialist for workplace health** to lead on workplace wellbeing policies, practice, and health promoting activities, within the council, in schools, and in various sectors across the city
- **Continue to coordinate the cross-sector Fuel Poverty & Affordable Warmth steering group** to reduce the health impact of cold homes for the most vulnerable residents.



## Food and nutrition

The Food Partnership has highlighted that older people are increasingly at risk of food poverty, skipping meals and eating unhealthily. Nationally, one in ten older people either suffer from or are at risk of malnutrition. Those who are recently out of hospital or bereaved can be at particular risk.

Preventing social isolation is an important way to reduce people’s risk of malnutrition. We are working in partnership with the community & voluntary sector to support people to maintain good hydration and nutrition.





# Workforce my support staff

“It is important to have considerate support delivered by competent people.”

## We have

- **Increased the number of qualified staff with investment from the Better Care Fund.** Three care managers have been accepted by local universities to complete a post graduate diploma in social work
- **Developed the Continuous Learning and Assessment Model (CLAM)** to support social workers to tailor their continuing professional development
- **Provided in-house bespoke training and development opportunities for our social workers** to keep their skills up to date and ensure they are confident and capable
- **Joined the new South Coast Regional Centre for Social Work Education teaching partnership funded by central government** to develop professionals to ensure improved experience and outcomes for our service users
- **Ensured that staff in both in-house and commissioned care services are paid the Brighton & Hove Living Wage** in line with Unison’s Ethical Care Charter, this includes staff working on sleep-in shifts
- **Delivered training for social care staff, to increase their confidence and skills in helping people to identify and use their own strengths** to access support through their family networks and wider community
- **Developed a city suicide prevention action plan** that includes training for frontline staff and volunteers, signage at higher risk areas, outreach to men and to people bereaved by suicide.

## We will

- **Support more care managers to undertake the post graduate diploma in social work**
- **Respond to national developments for social work degree apprenticeships**
- **Continue to invest in the workforce by providing a workforce development programme** and events such as the Safeguarding Adults Conference and Social Care Showcase

“I now try to work holistically to look at every aspect of a person’s current and future needs for care and support, not just those that may make them eligible for funded social care”



# Personal budgets and self-funding my money

“It’s important to be able to decide on the support you need and when, where and how you receive it.”

## We have

- **Commissioned a new direct payments support service** to provide support across adults and children’s service which will start in April 2018
- **Reduced the admin for direct payment users** with the provision of a pre-paid card, bringing greater financial security to both the user and the council
- **Continued to offer carers personal budgets** to carers with eligible needs
- **Developed training to increase social care staff confidence in discussing direct payments with carers and adults**
- **Engaged with services users and family members around their experience of direct payment** through a survey and an independently chaired focus group facilitated by Healthwatch to better understand and inform the new service.

## We will

- **Continue to work towards increasing the number of people receiving a direct payment.** Locally this has been a challenge so we need to focus on the recruitment of more personal assistants
- **Monitor the newly commissioned direct payments service** which will provide support across children’s, families and adult services
- **Continue to ensure all new people receiving a community social work service are offered a direct payment.**

## Direct Payments

Direct payments are social care payments from the local council for people who have been assessed as needing help, and who would like to arrange and pay for their own care and support services. Some people decide to use direct payments by employing their own staff, others buy support from a care agency, or use them to access other services and activities.



“Managing my own care through direct payment has been totally life-changing.”

Shana Pezaro

**25%**  
of adult social care users  
receive direct payments

ASCOF 1c2a 2016/17



# Risk enablement feeling in control and safe

“It’s important that you feel safe so you can live the life you want and that you are supported to manage any risks.”

## We have

- **Continued to support providers in a fragile care market.** A number of care providers in the city have been supported by our Quality Monitoring Team to move services rated as ‘requires improvement’, ‘inadequate’ or at possible risk of closure, to an overall Care Quality Commission inspection rating of ‘good’
- **Supported services in focused quality monitoring assurance visits, health & safety, fire safety, dedicated support from the care homes dementia in reach team, and bespoke clinical training.** Teams include a home care service, a service supporting people with acquired brain injury, nursing homes and a care home for people with learning disabilities
- **Reviewed all Care Quality Commission compliance reports** on regulated services to inform our own audit priorities. 95% of homecare services and 80% of residential and nursing homes are fully compliant with CQC standards
- **Invested in new senior social work capacity** recognising the increasing complexity of need for the most vulnerable
- **Continued to meet legal requirements under the Deprivation of Liberty Safeguards** while the number of people being subject to the legislation continues to rise
- **Undertaken scrutiny of safeguarding work with adults** to ensure the work is person-centred and in-line with required procedures and legislation. This includes audits and setting staff training expectations

- **Ensured that safeguarding remains tailored to each individual** so we are supporting people even if they make unwise decisions to live the life they want, as well as protecting the most vulnerable from exploitation and harm when they are unable to protect themselves.

**82%**  
of adult social care users say our services make them feel safe and secure



ASCOF 4b 2016/17

## The Local Safeguarding Adults Board (LSAB)

An independently chaired partnership including Police, Adult Social Care, and Health Trusts, independent and voluntary sector organisations and lay members. Through multi-agency procedures, training and audits the board work together to ensure people with care and support needs are kept safe.

When things go wrong the LSAB carry out reviews which provide independent challenge of each responsible organisation and explore what lessons can be learned to prevent a repeat. These are always published.

## Our Care Governance framework

This framework ensures good quality care across all services. It makes sure effective action is taken when quality is not reaching acceptable standards.

This helps us to work positively with all care & support providers to promote quality and identify any concerns early so we can intervene before they have a negative impact on service users. The safety and wellbeing of service users always comes first.

“Your DoLS team really do excel themselves. As a care home in Brighton, we are very lucky to have such a great DoLS team”

## We will

- **Continue to work with the Care Quality Commission and health commissioners to support care providers** to deliver good quality and safe care under the council’s Care Governance framework
- **Continue to assess under the Deprivation of Liberty Safeguards**
- **Continue to represent adult social care services on the Local Safeguarding Adults Board.**

## Deprivation of Liberty Safeguards

When people lack the mental capacity to consent to their own care, assessments are carried out by professionals to ensure that care required to keep them safe is provided in the least restrictive way and in their best interest. During 2016/17 we scrutinised and authorised 2085 Deprivations of Liberty under the safeguards.





# Carers

Carers continue to play a hugely important role in our communities and supporting them is one of our key priorities.

## We have

- **Jointly set up the Carers Hub** so we have 'one front door' for carers' services under a single lead provider, the Carers Centre for Brighton & Hove
- **Invested in the Carers Digital Offer** from Carers UK, to provide carers with a range of online support
- **Developed a local carers' information booklet** which outlines carers' rights, provides a directory of support services and information for carers
- **Promoted the 'Employers for Carers' guide** which provides local employers with access to a range of initiatives to help them support carers
- **Continued to support the Carers' Card** which offers discounts on a range of services and activities to improve health & wellbeing, as well as promoting carer awareness within local businesses
- **Placed a Carer Support worker in Access Point** who can triage carer self-assessment to ensure a timely and appropriate response.

"The carers' card makes you feel recognised for the issues we face. It's great we can use it on the bus now!"



## We will

- **Continue to ensure we are a carer friendly city** encouraging employers to support carers to manage the balance of working and caring
- **Build on success of the Carers' Card** working with new providers to extend offers available eg discounted carers meet up sessions during quiet times in cafes, reduced gym memberships etc
- **Improve assessments and pathways** ensuring carers receive the right support at the right time
- **Increase the diverse range of services** to improve wellbeing & resilience of adult and young carers by working with carers and the Carers Hub to find out what they would like

Find out more at [brighton-hove.gov.uk/carers](http://brighton-hove.gov.uk/carers)



## Did you know

There are nearly 24,000 unpaid carers in the city and Carers UK estimate the economic value of their contribution to be £437million per year.

# Listening to people and looking ahead

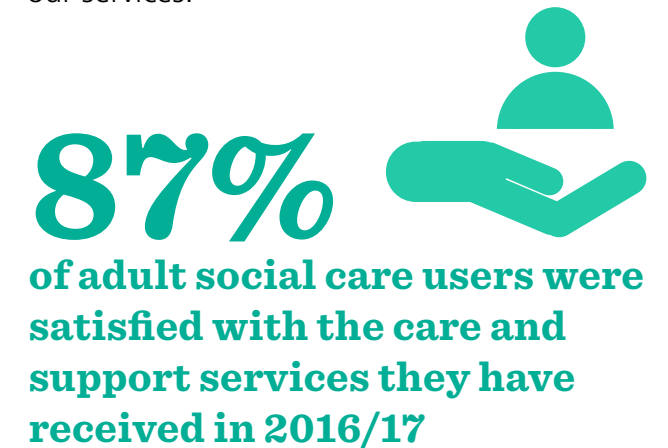
Over the last year we have provided a variety of opportunities for people to tell us their views.

## We have

- **Carried out our annual adult social care survey and bi-annual carers' survey** to collect views from people in receipt of services from across all client groups
- **Continued to provide in-service feedback mechanisms** to inform service improvement plans (in our own services and services we contract)
- **Held individual reviews** with people to ensure the services or support they are receiving still meet their needs
- **Received 151 compliments and 70 complaints** which help to provide ongoing feedback
- **Supported the CCG to deliver the Big Health and Care Conversation** to help inform the future shape of our services. Suggestions were collected from local people through public events, focused discussion groups, outreach to groups and communities and online surveys
- **Worked in partnership with the CCG and the Communities, Equality & Third Sector Team** to recommission a range of organisations to deliver community engagement, with a focus on 'seldom heard' communities
- **Remodelled the Learning Disabilities Partnership Board to engage with the learning disabilities community in a more user-led way.** Discussions led by user/carers groups have included hate crime, access to activities, information & advice, and a review of people who have been through service changes.

## We will

- **Continue to seek and welcome all feedback** so we can learn from what we are doing well and also when things don't go right, to improve our services.



Social Care User Survey 2016/17



# Feedback from our partners in the community & voluntary sector

Here is some of the feedback we received on our performance this year



Digital Brighton has been a successful partnership but more can still be done to focus on those who remain digitally excluded. We support your approach to build on people's own strengths and assets but supported signposting and social prescribing is still needed.

We welcome the council and CCG's renewed commitment to a partnership approach to integrated commissioning and hope this will improve communications with the community & voluntary sector.

We would like to work jointly with you on evidencing prevention activity and how social care outcomes impact medical outcomes. Further work could explore use of shared monitoring and evaluation to improve consistency and efficiency. We welcome recognition of, and investment in, volunteering and its critical role in supporting your aims and objectives, including an extension of the good neighbour scheme.



We are very cautious of the move to provide advice, information and assessments online. For anyone with any degree of IT difficulty, as well as the digitally excluded, this can be challenging.

We have clear messages from older people that getting their care needs met is a very personal, sensitive issue which they do not wish to address online - they want to speak to someone.

Although direct payments suit some people, they are not universally a good thing. Our member experiences are that specific tasks involved in managing direct payments can be stressful in a way that detracts from, rather than contributes, to their wellbeing.



Good progress has been made in signposting health and care services. New technology provides opportunities for choice and residents having more control over their lives. Our feedback indicates high satisfaction with phone, internet and social media/text based options for services. It is important now to explore these opportunities for increased choice and cost effectiveness.

Despite increasing demands, many parts of the NHS and social care are managing pressures. However, communities are not being supported by a strong primary care system and helping people home quickly and safely from hospital remains problematic. Brighton & Hove 'Caring Together' plans should contribute to building and sustaining stronger communities as health and care work more closely together. Leading up to 2020 should include a focus on tackling health and care inequalities.



With continued investment from Health & Adult Social Care, we have supported 1292 adult carers and 101 young carers in 2016/17. We have been supported to develop the Carers Hub as lead partners alongside the Alzheimer's Society, Crossroads Care and local authority assessment staff.

With 'Better Care' funding and volunteer assistance we are supporting carers to achieve positive changes within their lives, by setting goals and reaching clearly defined outcomes under the Carers Reablement Project.



Health & Adult Social Care's funding supports us to help people live as independently as possible. We have worked closely together to review day care options, helping us to be responsive to local people's needs.

## Older People's Council

Notwithstanding the on-going funding crisis and the pressures on staff resources, statistics show that Brighton & Hove compares favourably with other local authorities in terms of performance. What is crucial in completing the picture is the level of service user satisfaction in relation to access, delivery and quality of both direct services and those outsourced to third party providers. We are pleased the Local Account incorporates this feedback.

**Thank you to everyone involved in the development of this Local Account.**



We welcome the councils' continued funding of advocacy and engagement with learning disabled people. This is vital as it is both preventative, and enables people to have a meaningful voice in planning local services.

Learning disability services continue to experience changes due to reduced budgets, which impact on people's home and social lives and their capacity to integrate into community life. We are concerned that the real choices people with learning disabilities have are limited due to the lack of housing stock, digital exclusion and accessible citywide activities. We look forward to continuing to work with the council in addressing and seeking solutions to these issues.

**We look forward to working collaboratively to develop our work programme further and to address the challenges raised in some of the comments above.**

## Useful links

Find out more at  
[www.brighton-hove.gov.uk/social-care](http://www.brighton-hove.gov.uk/social-care)

Direction of Travel Paper:  
Health & Adult Social Care (2016-2020)  
[www.brighton-hove.gov.uk/your-care](http://www.brighton-hove.gov.uk/your-care)

Living well in a healthy city:  
Annual Report of the Director of Public Health,  
Brighton & Hove 2016/17  
[www.brighton-hove.gov.uk/health-report](http://www.brighton-hove.gov.uk/health-report)

Adult Social Care Outcomes Framework (ASCOF)  
A national framework of performance indicators for adult social care which we report on each year. It includes reports which compare our performance with other councils.  
[www.digital.nhs.uk/ASCOF](http://www.digital.nhs.uk/ASCOF)

If you have any questions about this Local Account please email  
[socialcare.consultation@brighton-hove.gov.uk](mailto:socialcare.consultation@brighton-hove.gov.uk)

For an online version go to  
[www.brighton-hove.gov.uk/asc-reports](http://www.brighton-hove.gov.uk/asc-reports)

