

**Brighton & Hove
City Council**

SAFEGUARDING ADULTS

ANNUAL REPORT

2008/2009

Partner Organisations



South Downs Health **NHS**
NHS Trust

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

Brighton and Hove City **NHS**
Teaching Primary Care Trust



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1. Introduction

2. Summary of the Year

Safeguarding Adults Summary Adult Social Care

3. Performance and Practice

Activity and performance information key points for 2008 to 2009

General Issues

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

	06/07	07/08	08/09	
OPCAT	236	253	198	↓ 22%
CLDT	115	187	193	↑ 3%
PDAT	67	83	82	↓ 1%
ICS	31	80	78	↓ 2.5%
Hospital	51	95	69	↓ 2.7%
SPT	129	135	229	↑ 41%
HIV	1	1	2	↑ 50%
Total	630	834	851	↑ 2%

OPCAT – Older People's Community Assessment Team

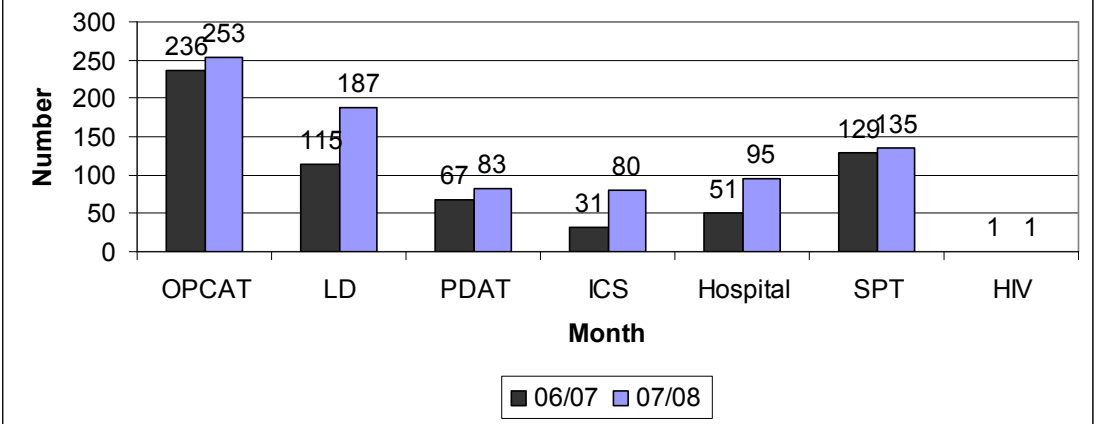
CLDT – Community Learning Disability Team

PDAT – Physical Disability Assessment Team

ICS – Intermediate Care Service

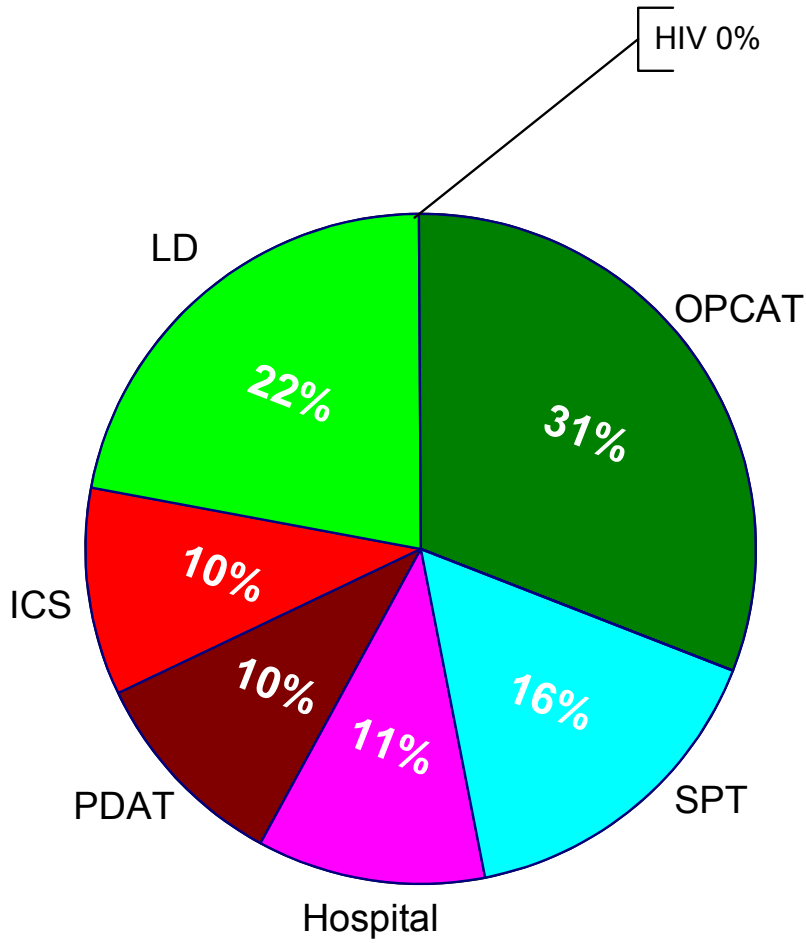
SPT – Sussex Partnership Trust

SA Alerts Per Team 06/07 and 07/08

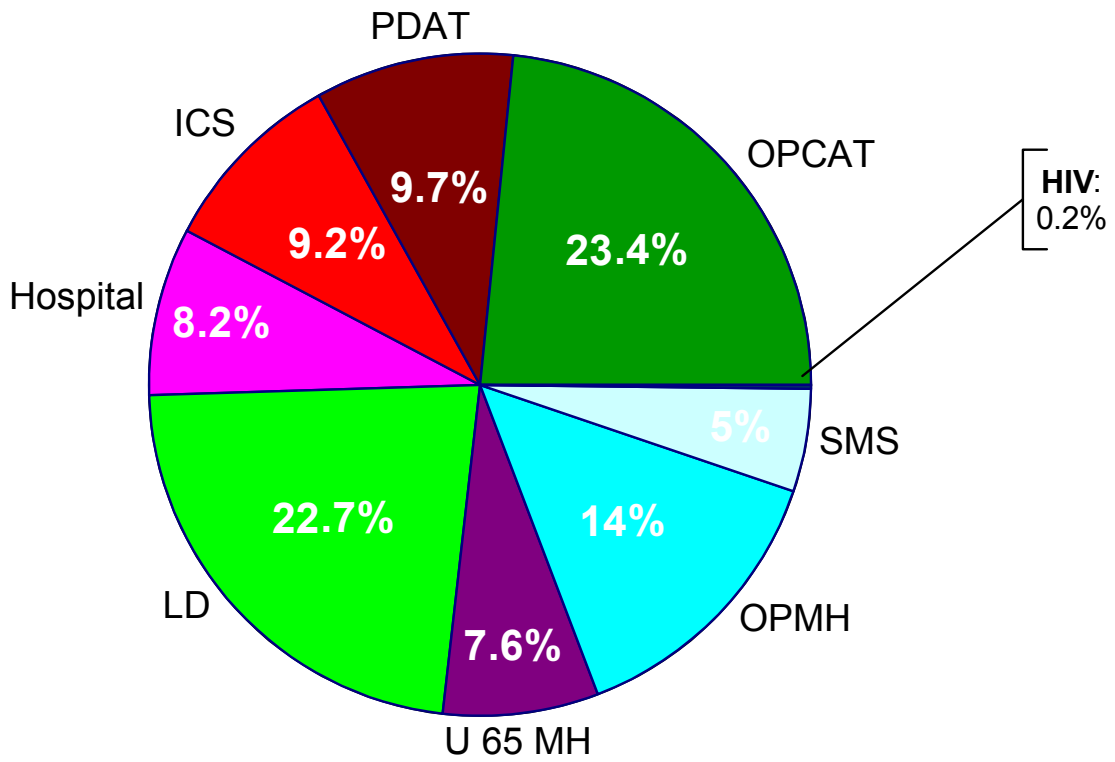


Percentage of Alerts per Service by Year

07/08

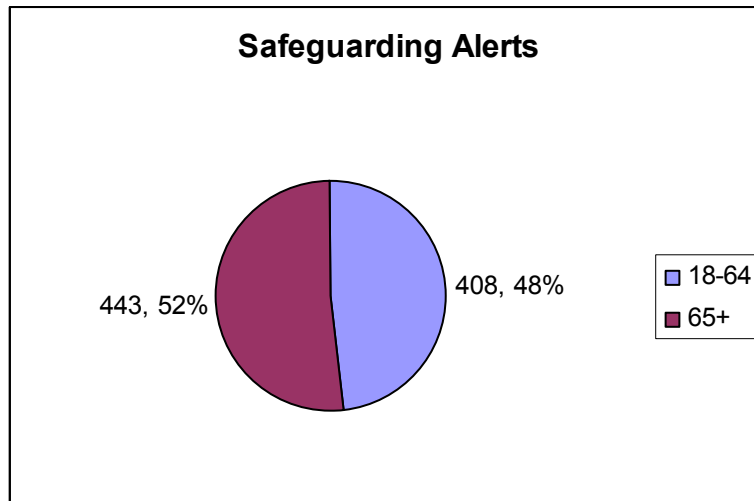


08/09



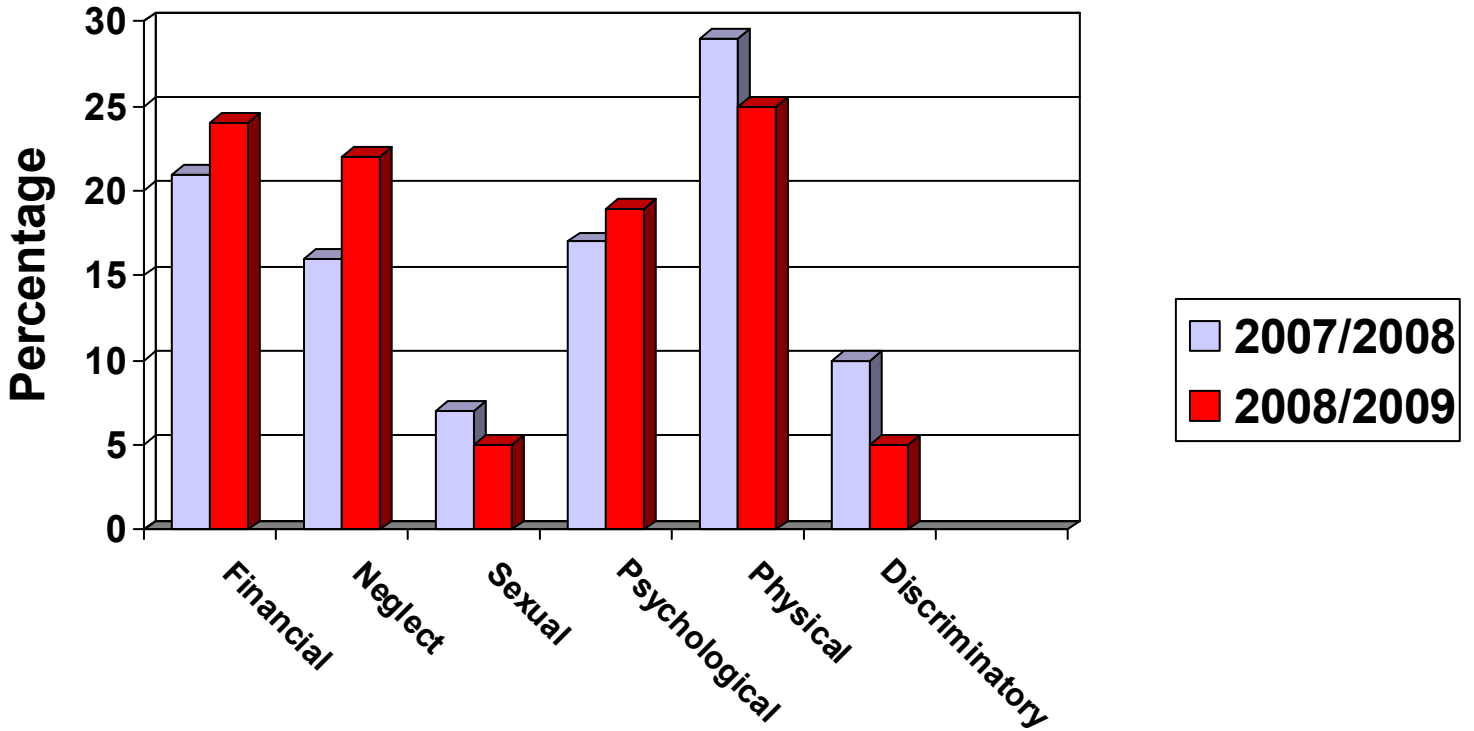
08/09

Safeguarding Alerts for people 18-64 and over 65 years old



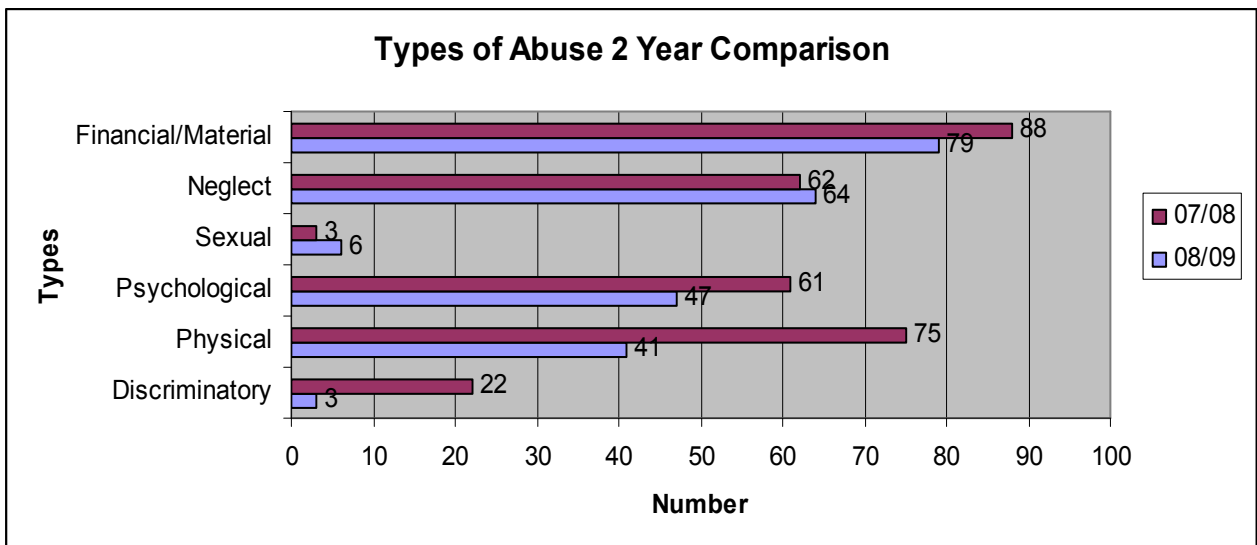
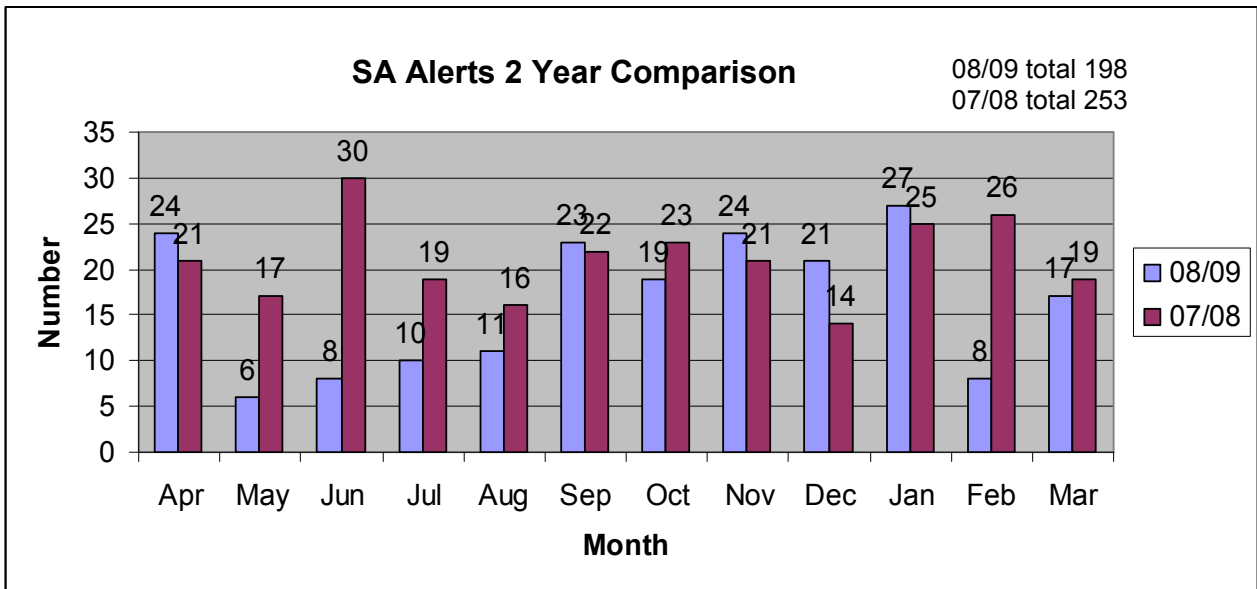
Types of abuse involved in incidents of abuse

Categories of Abuse

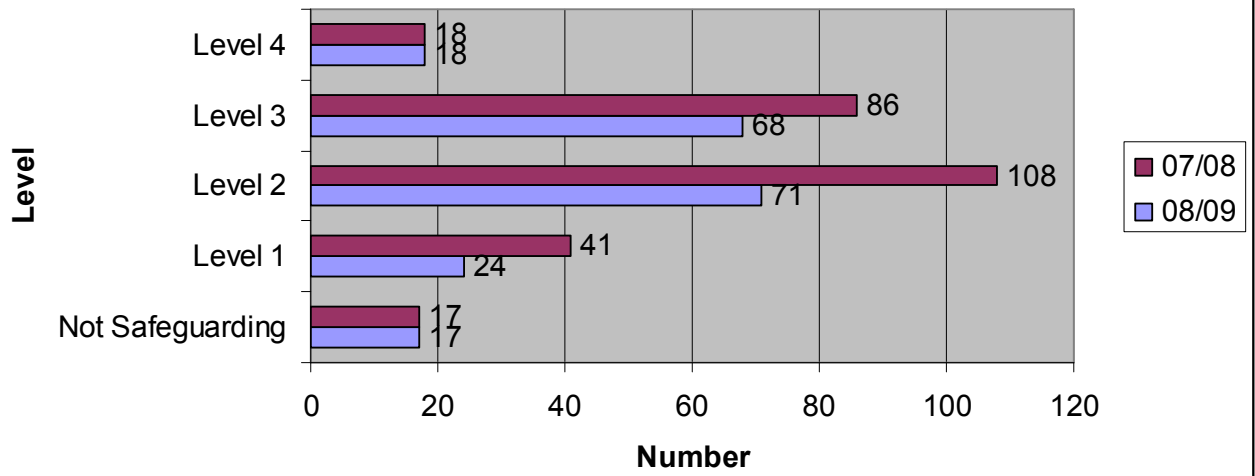


Older People's Community Assessment Team Safeguarding Adults Report 2008/09

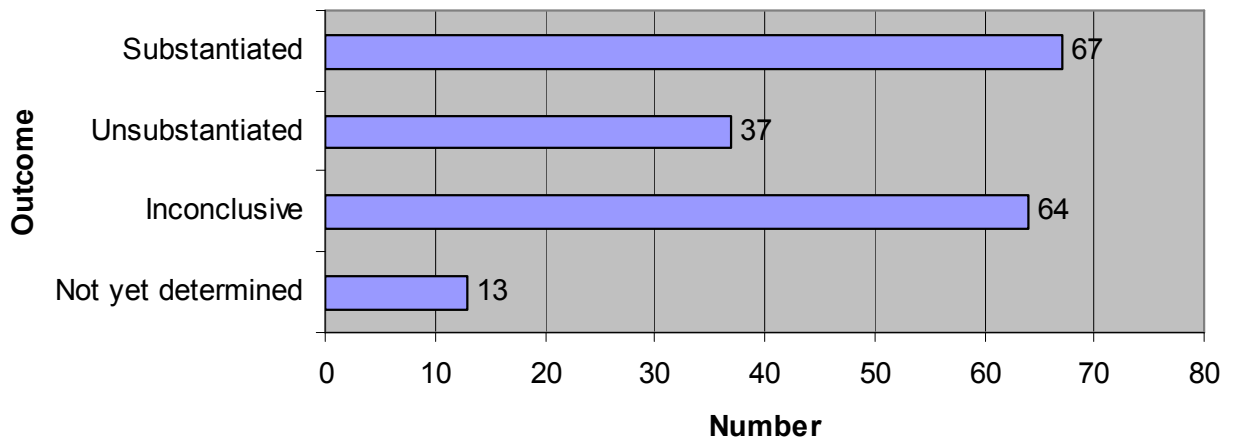
Total number of Alerts: 198
 Number not safeguarding: 17
 Average Alerts per Month: 16.5
 Total Number of Investigations: 181
 Average Investigations per Month: 15
 Case Conferences Held: 55



Response Levels 2 Year Comparison



Outcomes 08/09



Community Learning Disability Service

Safeguarding Adults Report 2008/09

Compiled by Glenn Chubb.
All data accurate as of **Tuesday 9th June 2009**

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

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Graphs and Yearly Comparisons

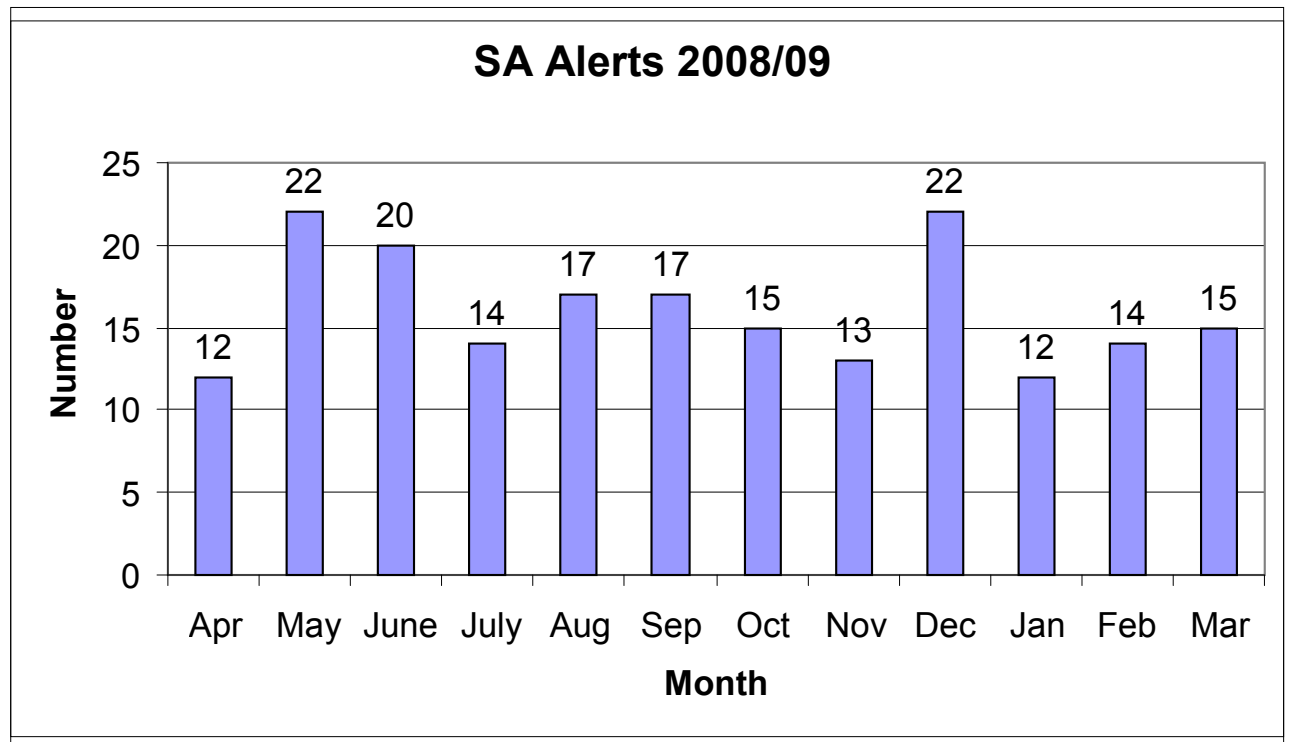
1. Alert Totals
2. Types of Abuse
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4. Alert Outcomes
5. Case Conference & Strategy Meetings

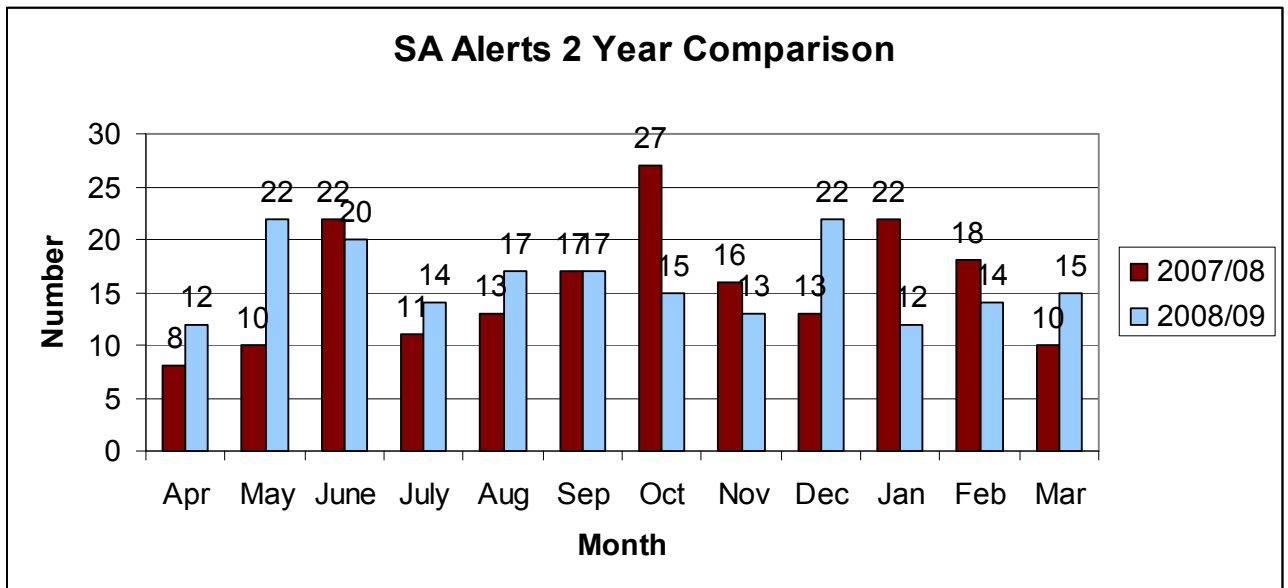
Percentages, Breakdowns and Data

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

Alert totals

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

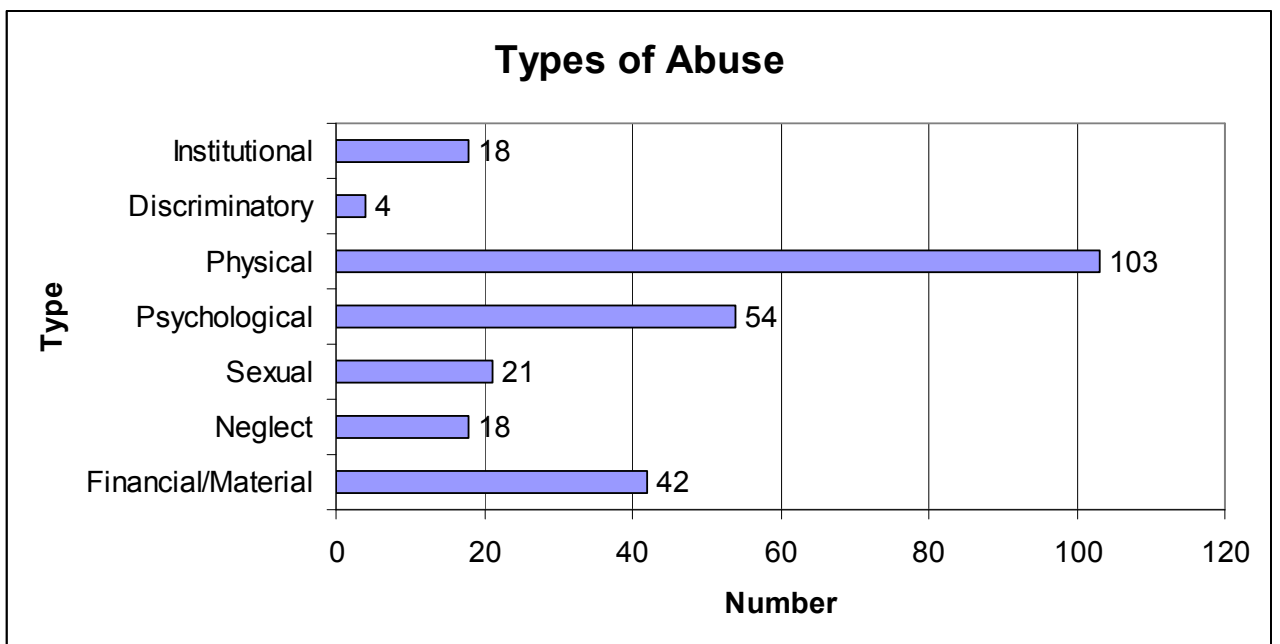


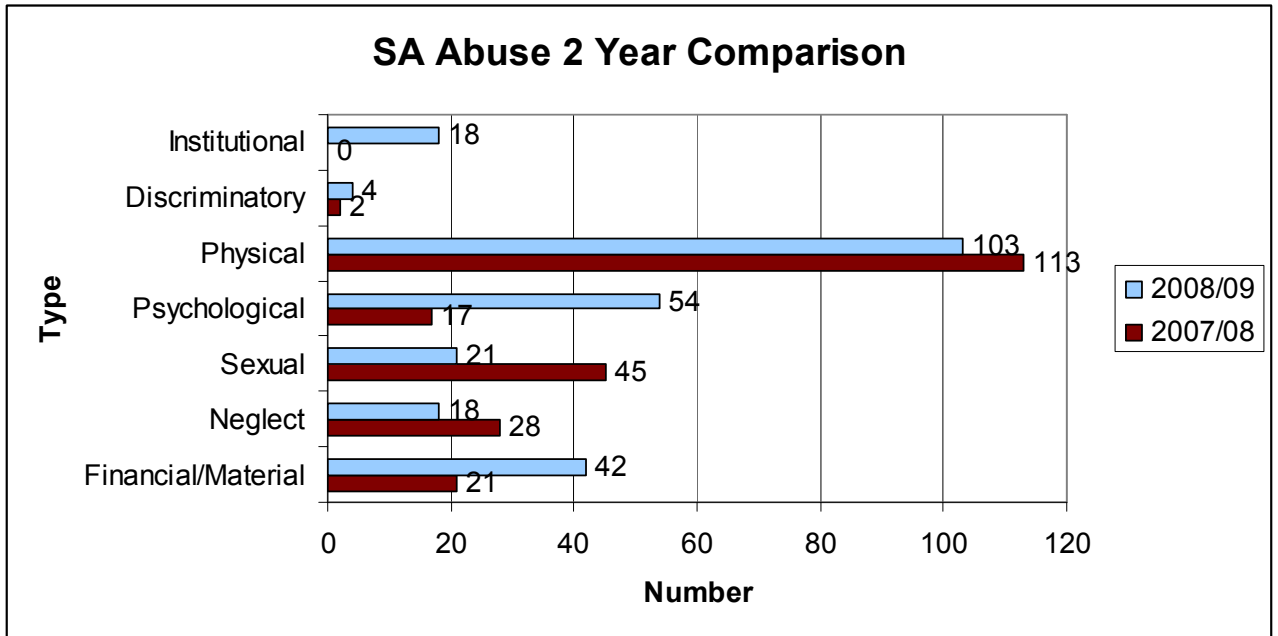


Types of Abuse

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

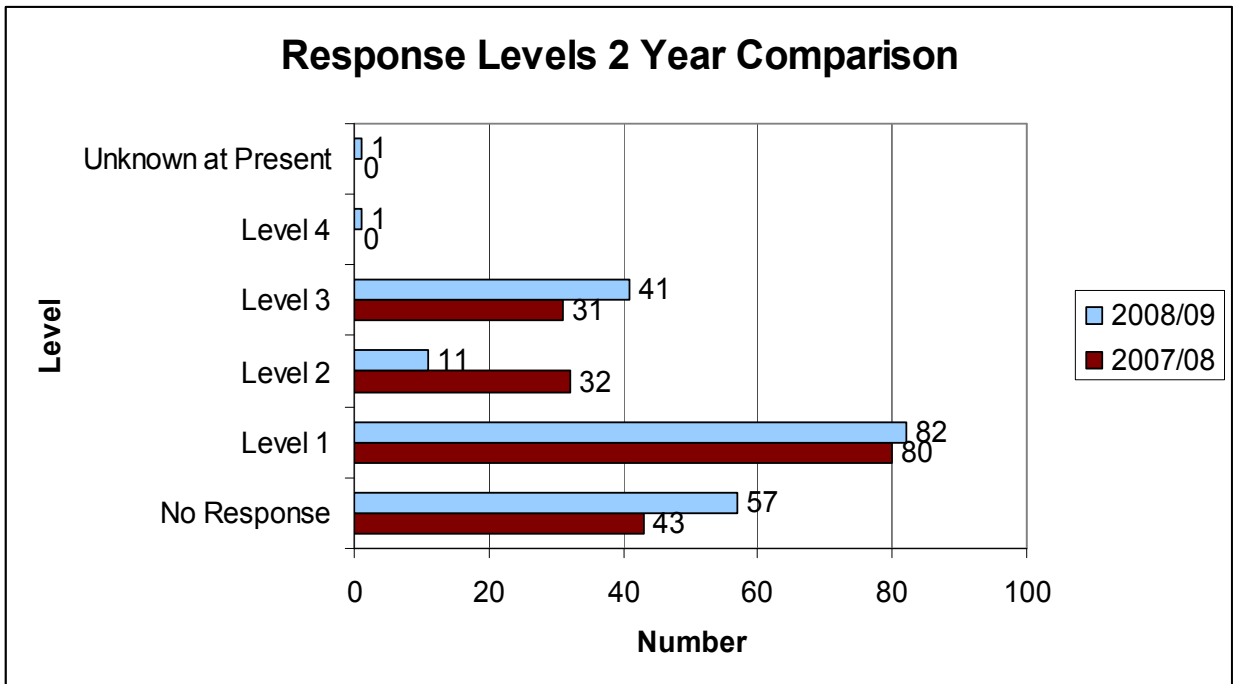
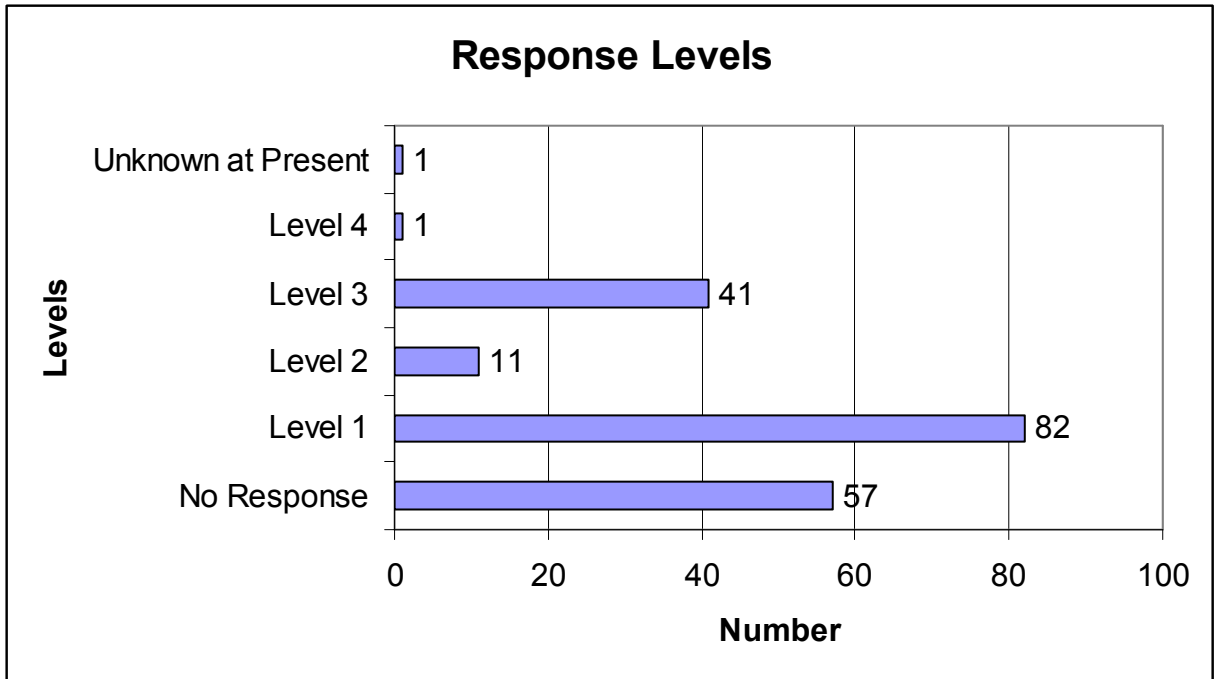
Please note that 1 alert can report more than a single type of abuse, so numbers are not expected to match with the alert totals.





Response Levels

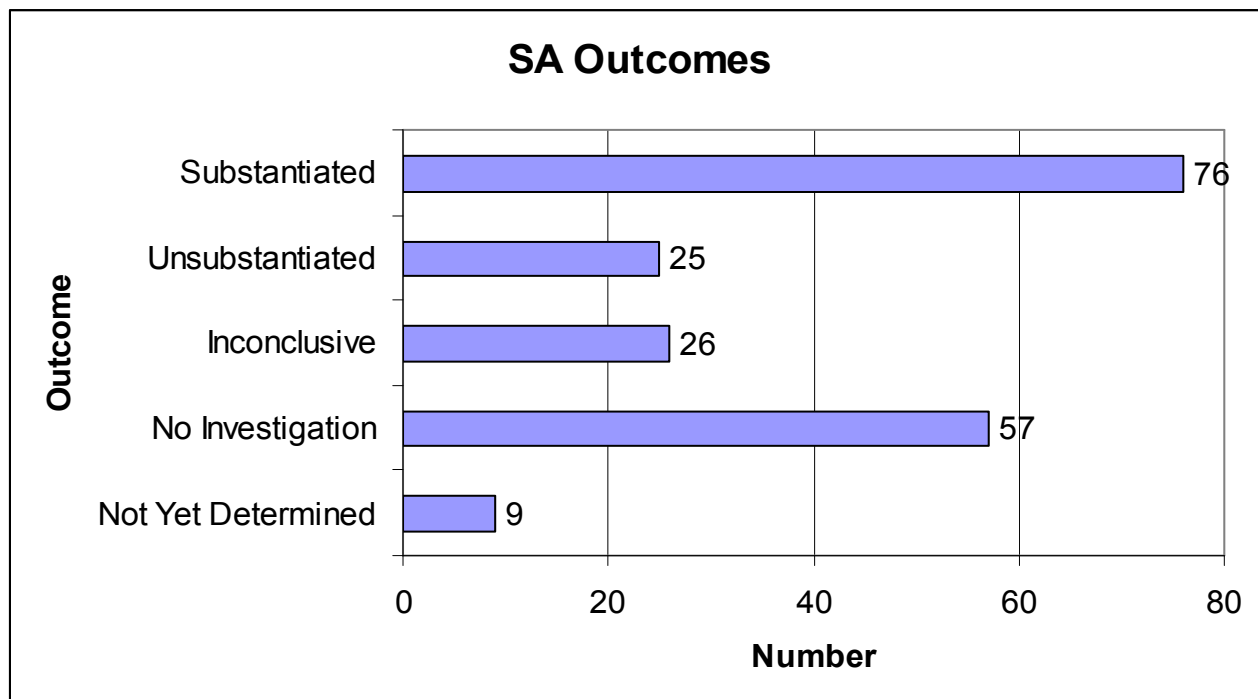
Below are the totals for each Level of a single investigation for the financial year, as well as a comparison with the previous year.



Alert Outcomes

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

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

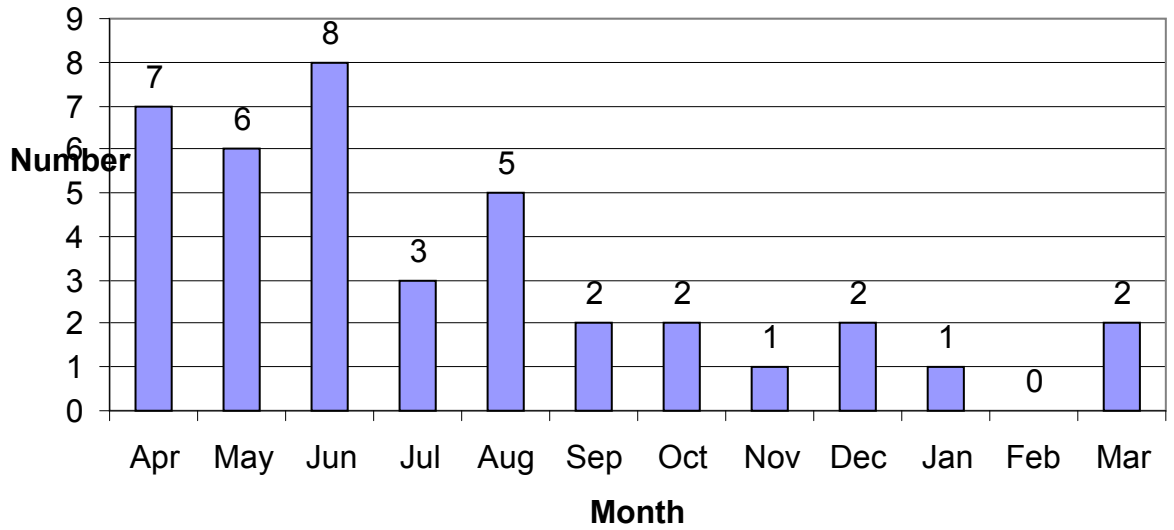


Case Conferences & Strategy Meetings

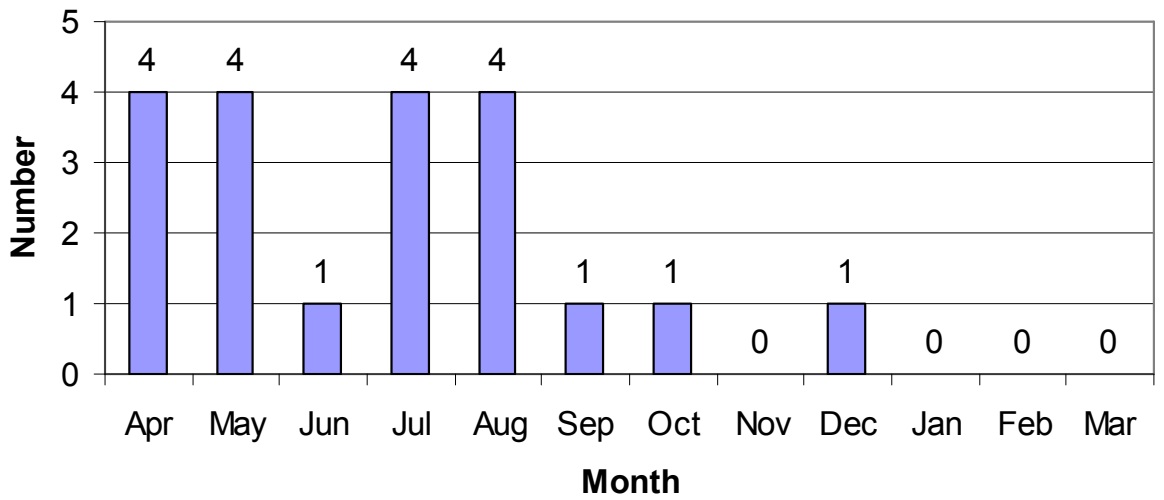
A total of **39** strategy meetings were held during the financial year which resulted in **20** case conferences being held. This represents a **15% decrease** in the number of case conferences held when compared to last year's total of 23. Another point to note is the decrease for the last 6 months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

Below are the monthly breakdowns.

SA Strategy Meetings Held



SA Case Conferences Held



Percentage breakdowns compared with the previous year

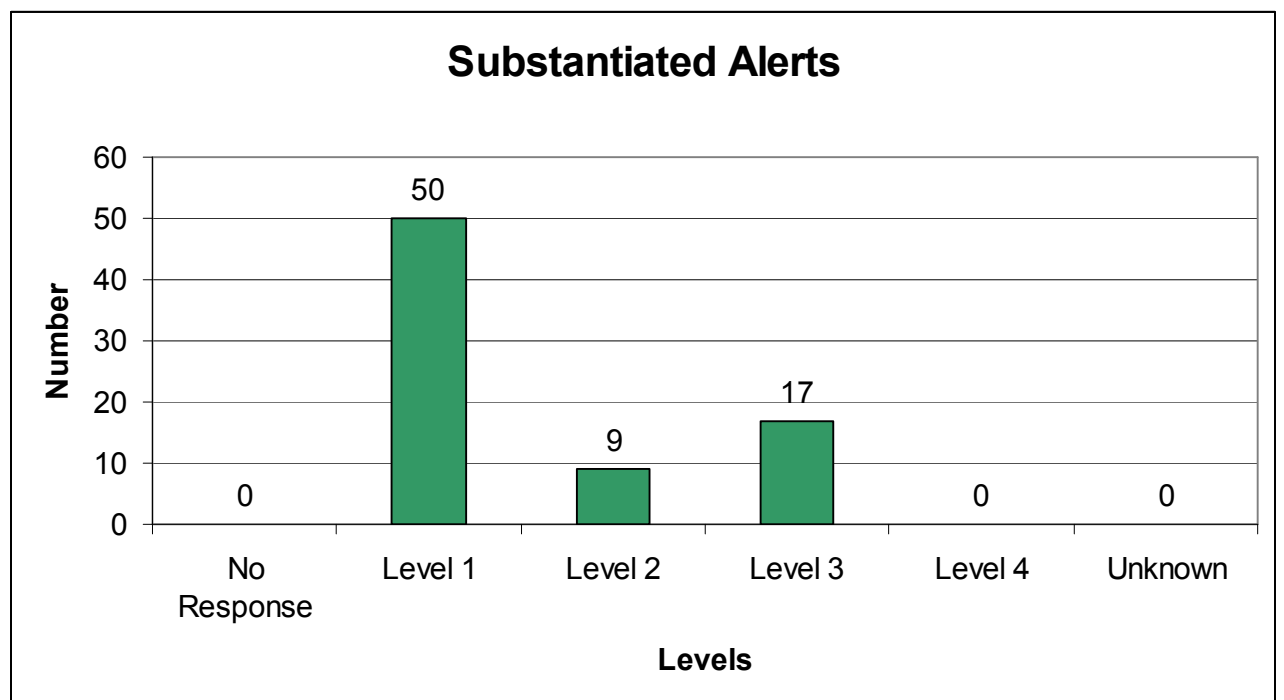
Compiled in the table below are figures comparing various Safeguarding Alert Information with the previous financial year, as well as the percentage change for each piece of information.

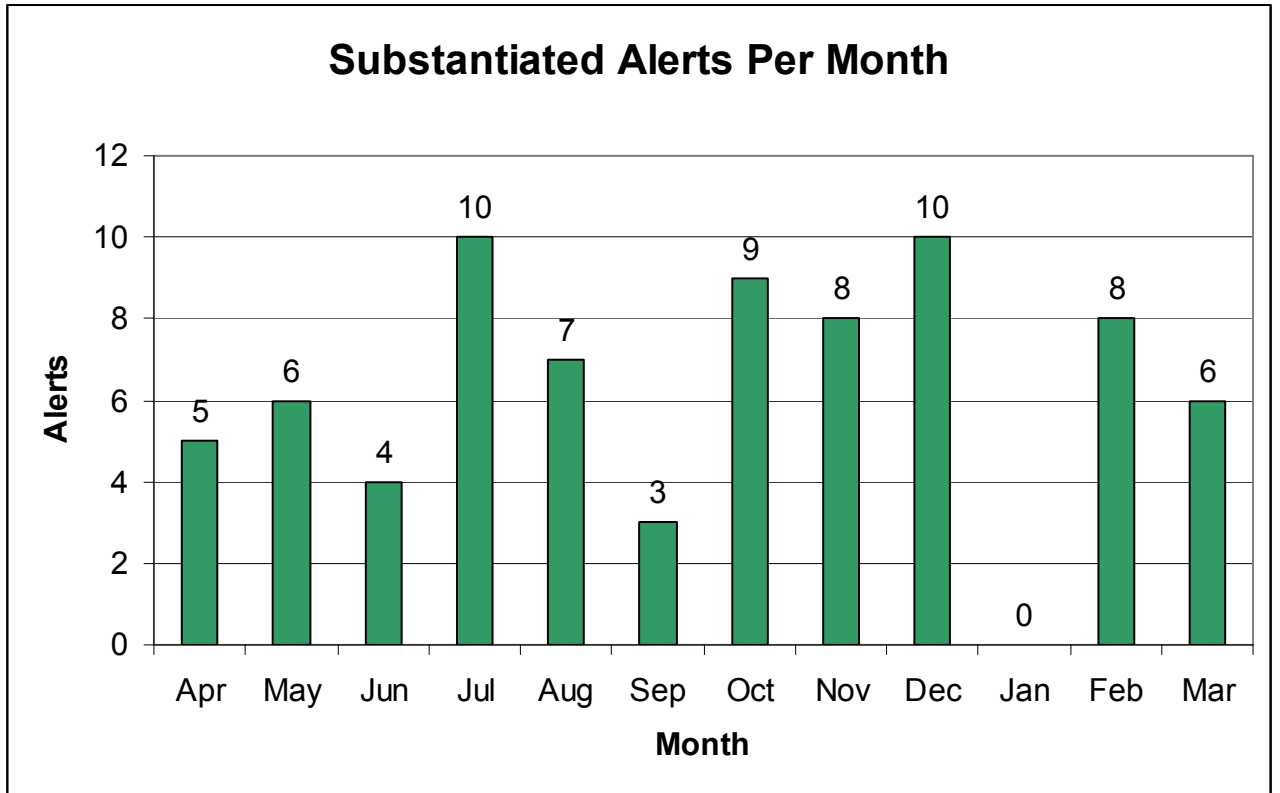
Please note: N/A listed when data was not recorded or recorded in a different way.

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

Substantiated Alerts

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

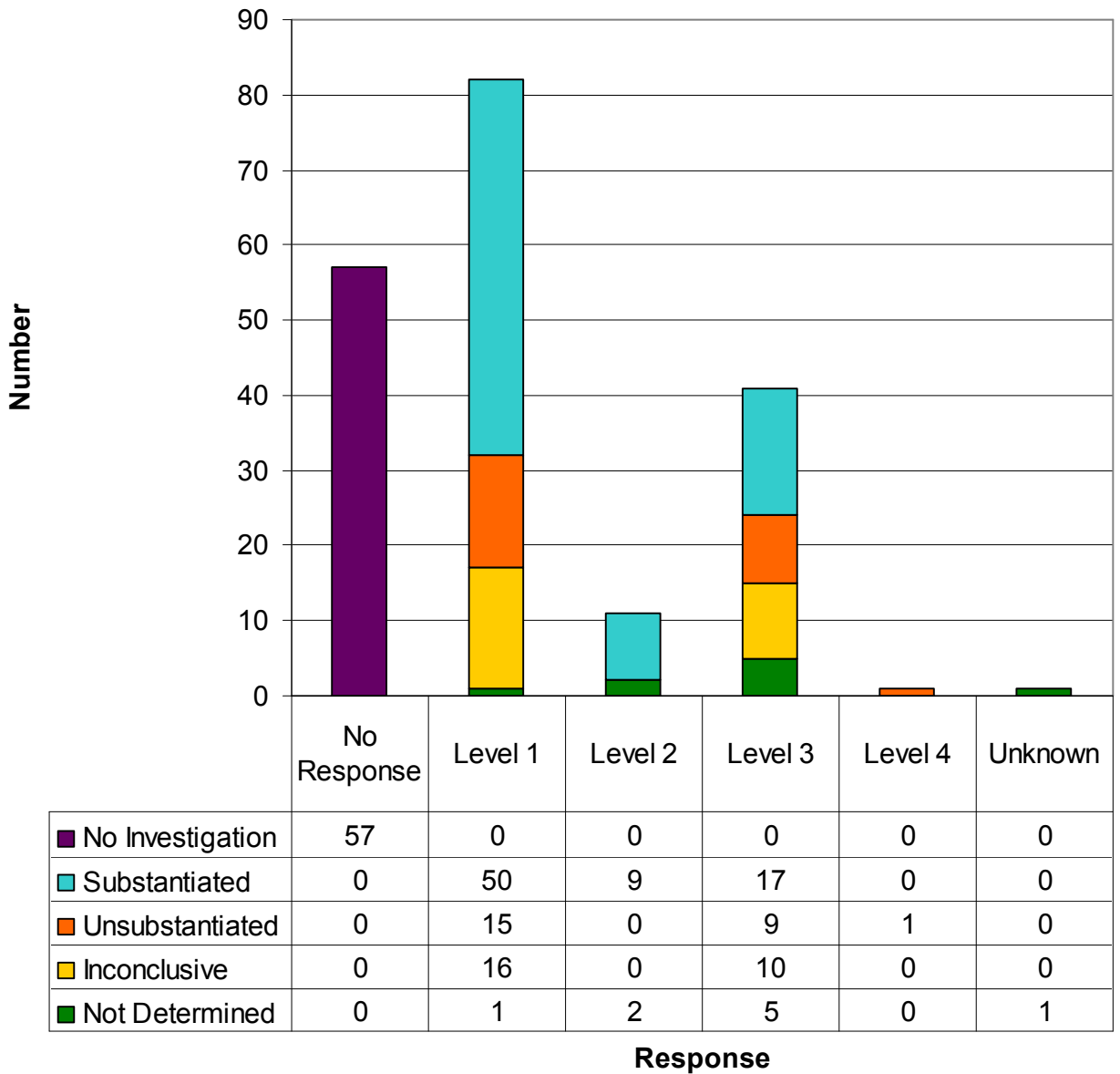




Response Level's measured against Outcomes

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

Response Level vs Alert Outcome



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

Timeframes

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

Important points to note:

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

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

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

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

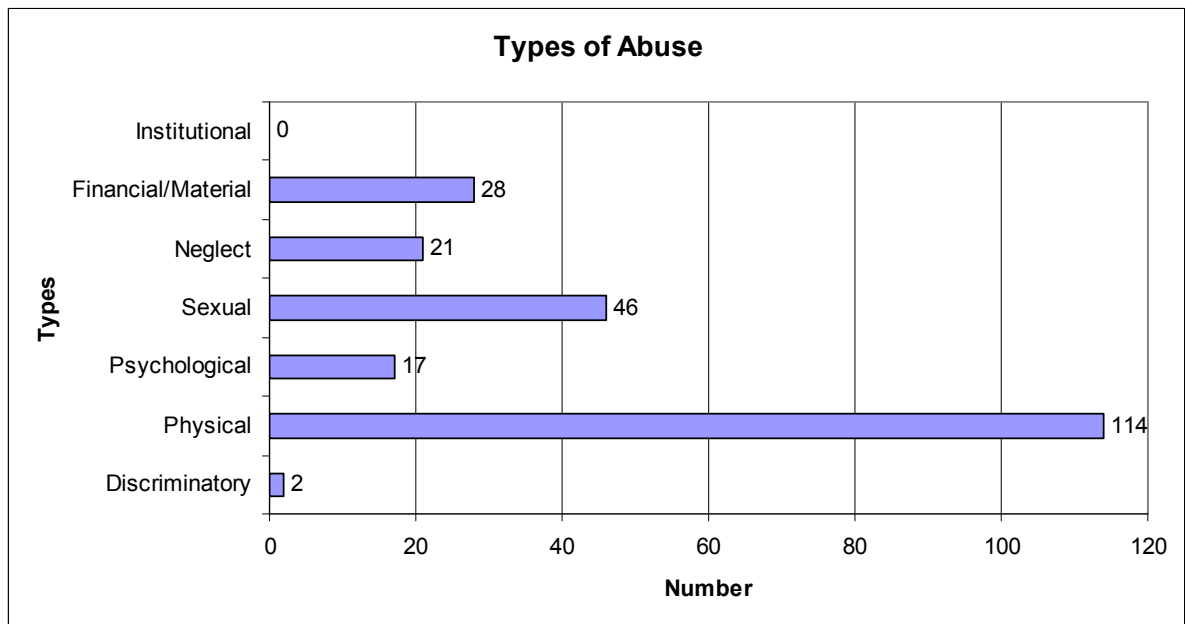
Timeframe	Average time
From Incident Date to Reported Alert (including Alert 394)	8.5 days
From Incident Date to Reported Alert (excluding Alert 394)	4.6 days
From Alert Date to Strategy Meeting Held	9.5 days

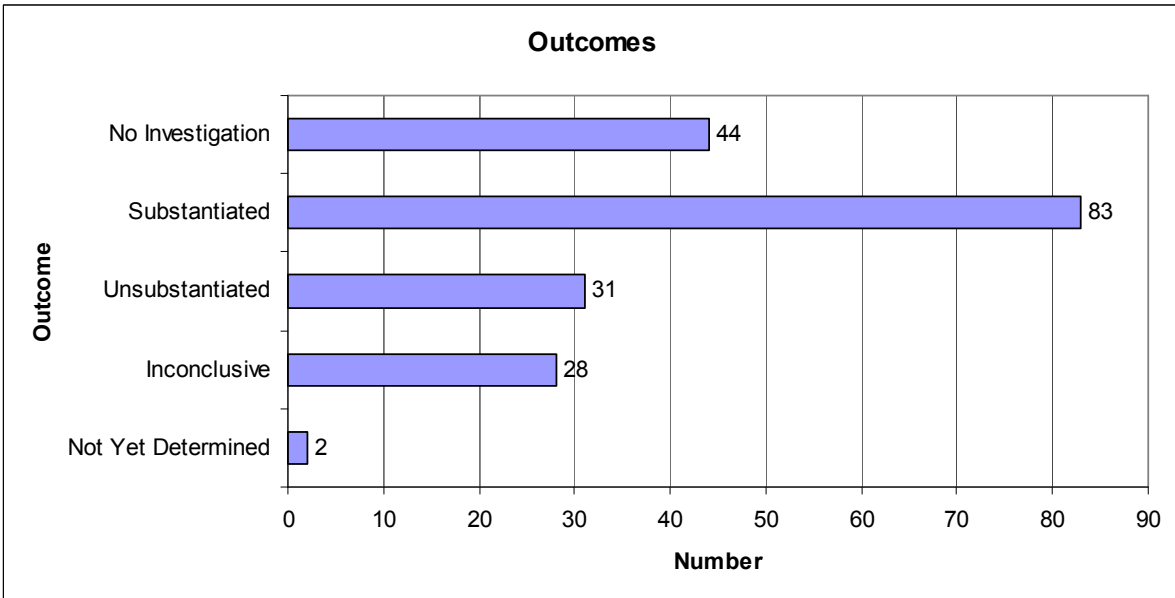
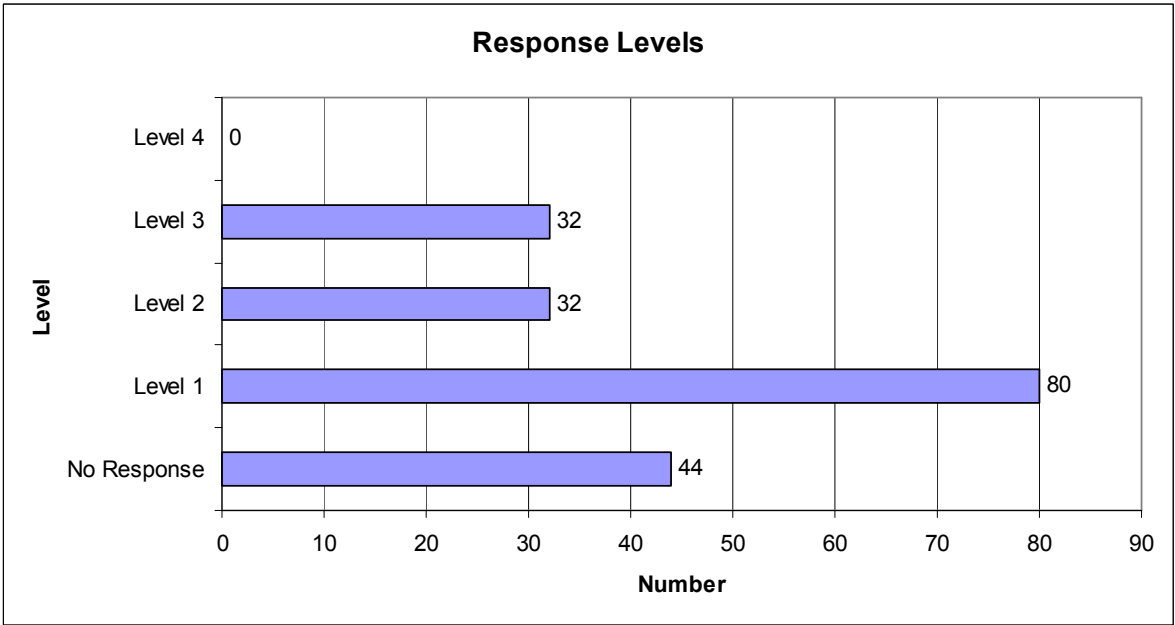
From Strategy Meeting Held to Case Conference Held

44 days

Raw Data & Six Month Figures

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





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

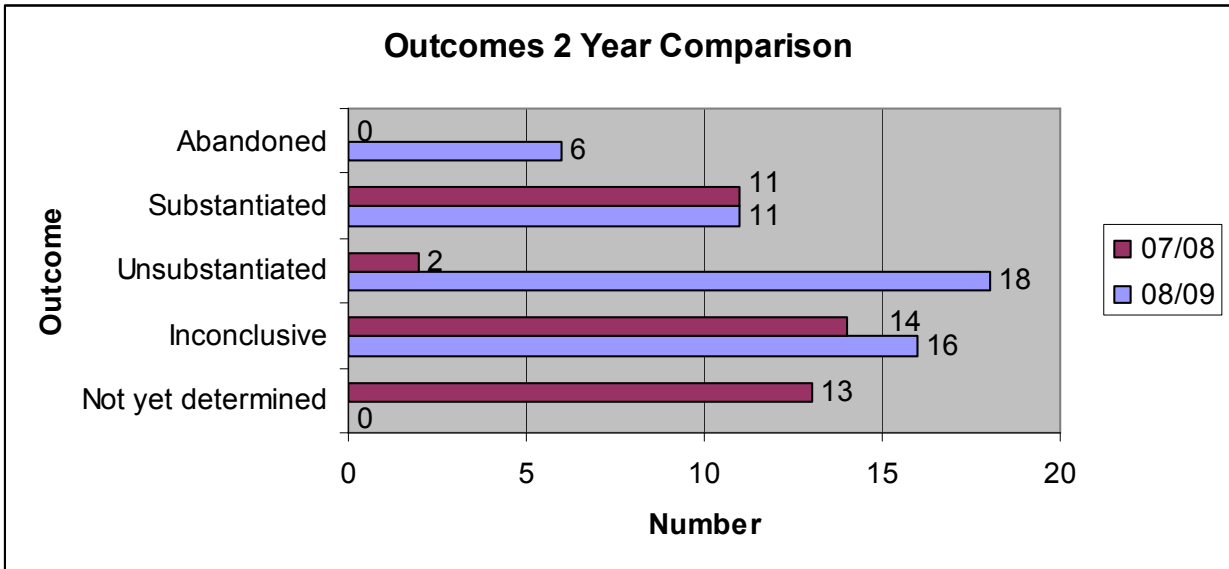
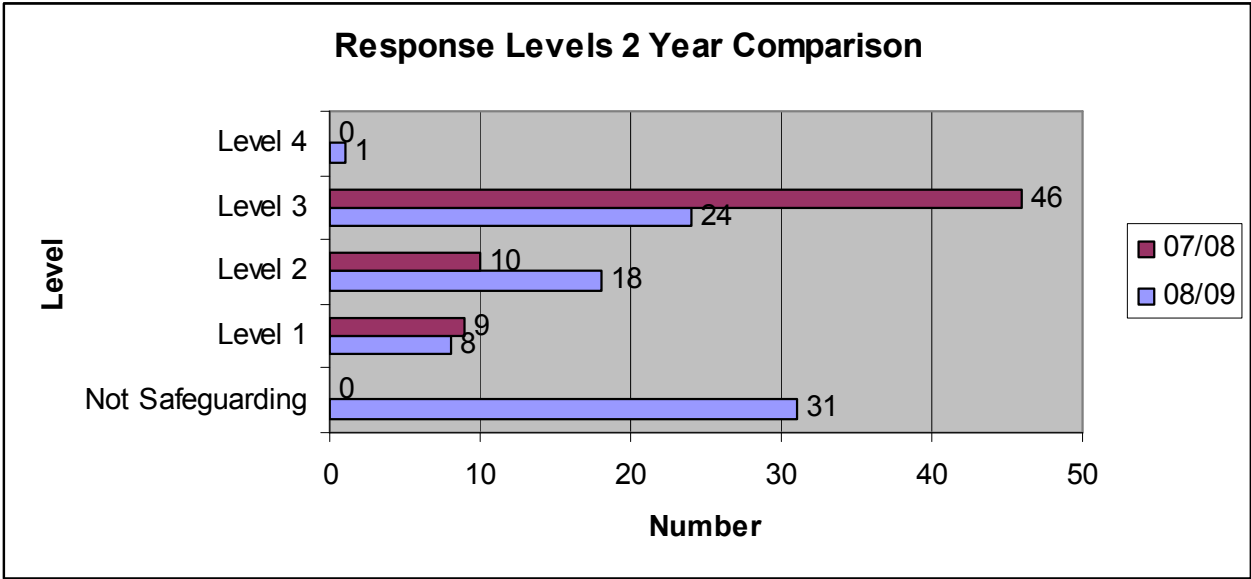
All statistics are for the financial year of 2008/09.

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

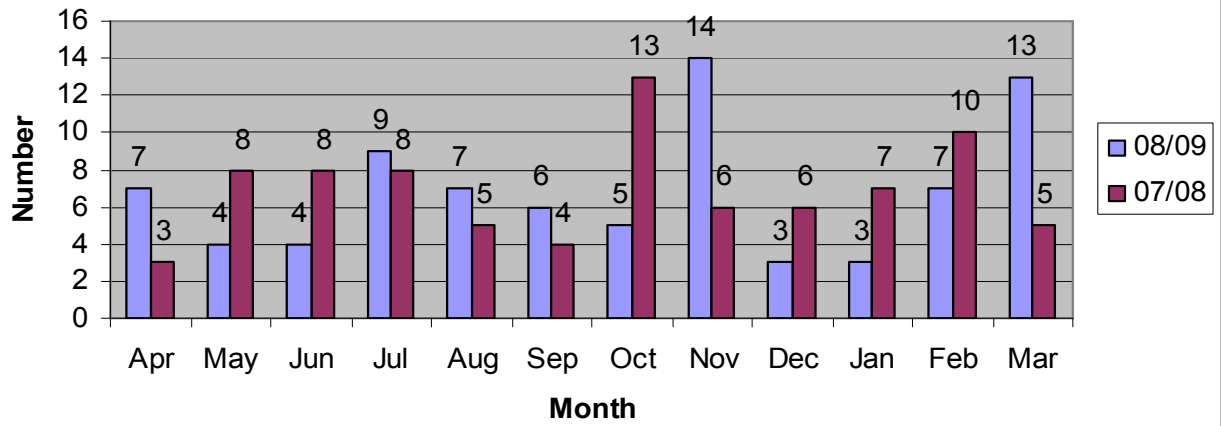
As can be seen the most common reported abuse for the year 2008/2009 was financial which comprised 44% of alerts. This continues to be the most common reported type of abuse. This was followed by domestic abuse at 23% which I have classified separately from Physical abuse which I have interpreted as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

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

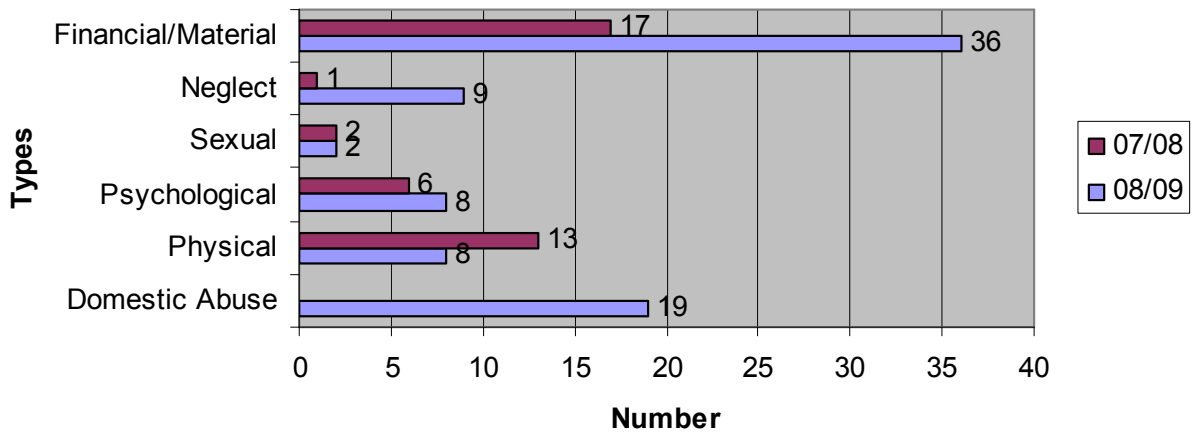
In terms of the amount of referrals received regarding people from ethnic minority communities it's not clear that we are meeting the possible need in those communities.



SA Alerts 2 Year Comparison



Types of Abuse 2 Year Comparison



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Intermediate Care Services Safeguarding Adults Report 2008/09

All statistics are for the financial year of 2008/09

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

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

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

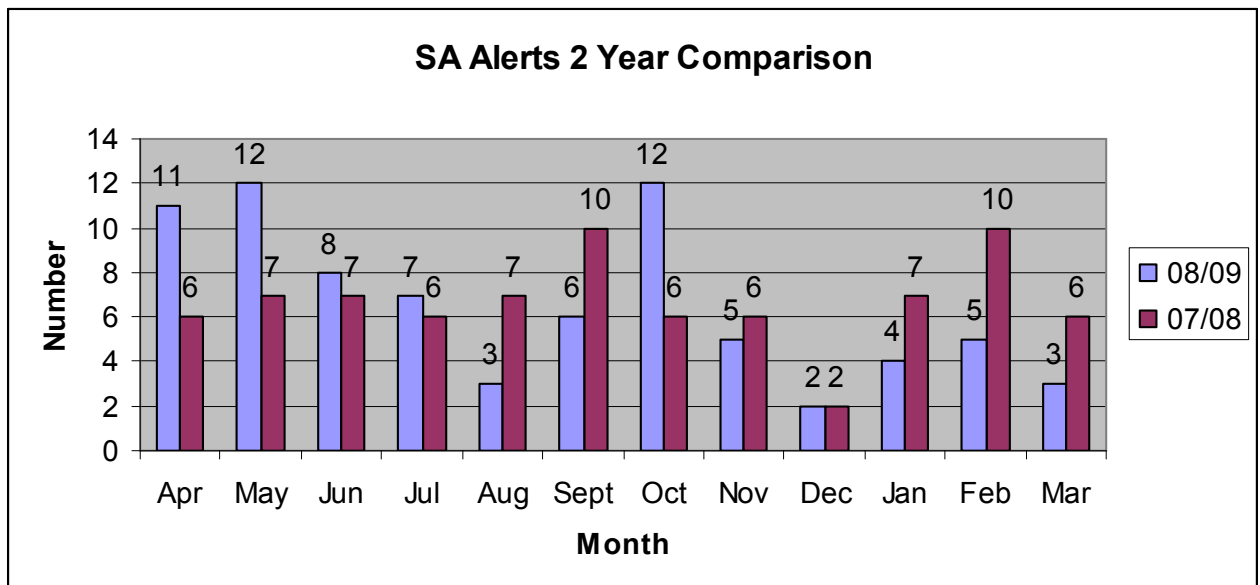
Types of abuse

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

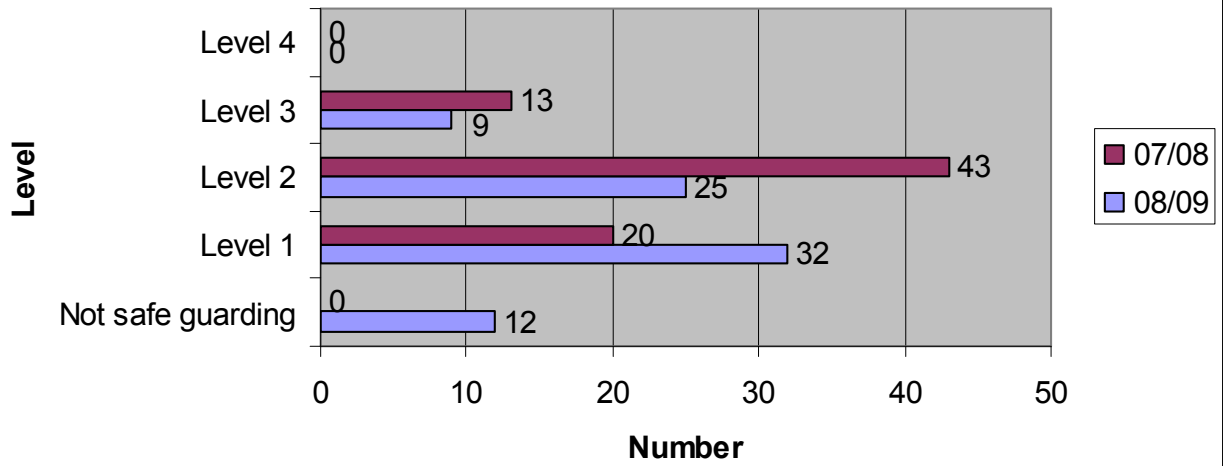
We have found a decrease in investigations involving possible financial abuse (decrease from 18 cases to 12), and a comparable amount of cases involving possible physical abuse (increase from 6 cases to 8). The amount of investigations involving possible psychological abuse has decreased significantly,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

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

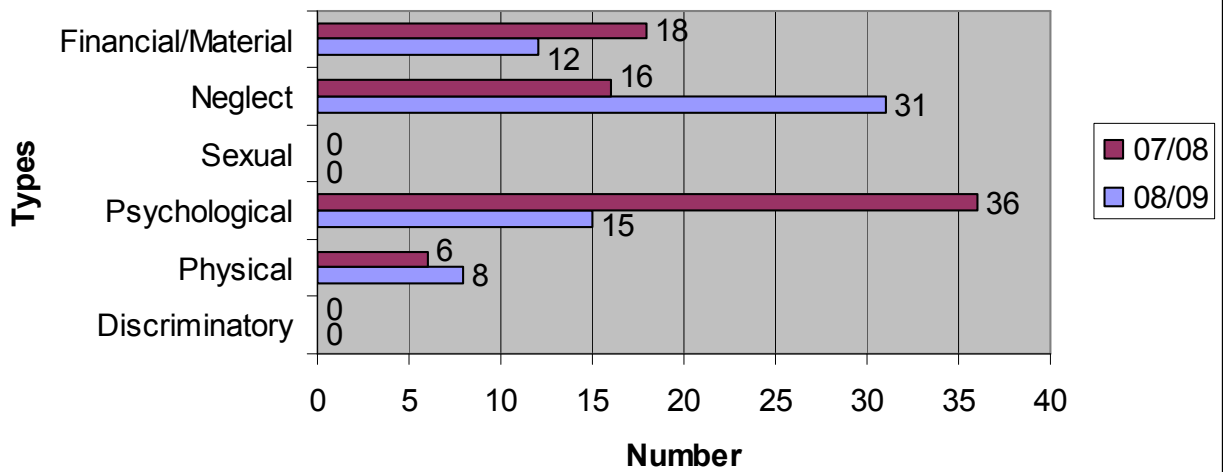
Due to the acute physical aspects of the service users needs while being supported by our service, it can take time to investigate concerns balancing the need for protection with what is appropriate for the person at that time often given complex health and emotional needs. Safeguarding issues are addressed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

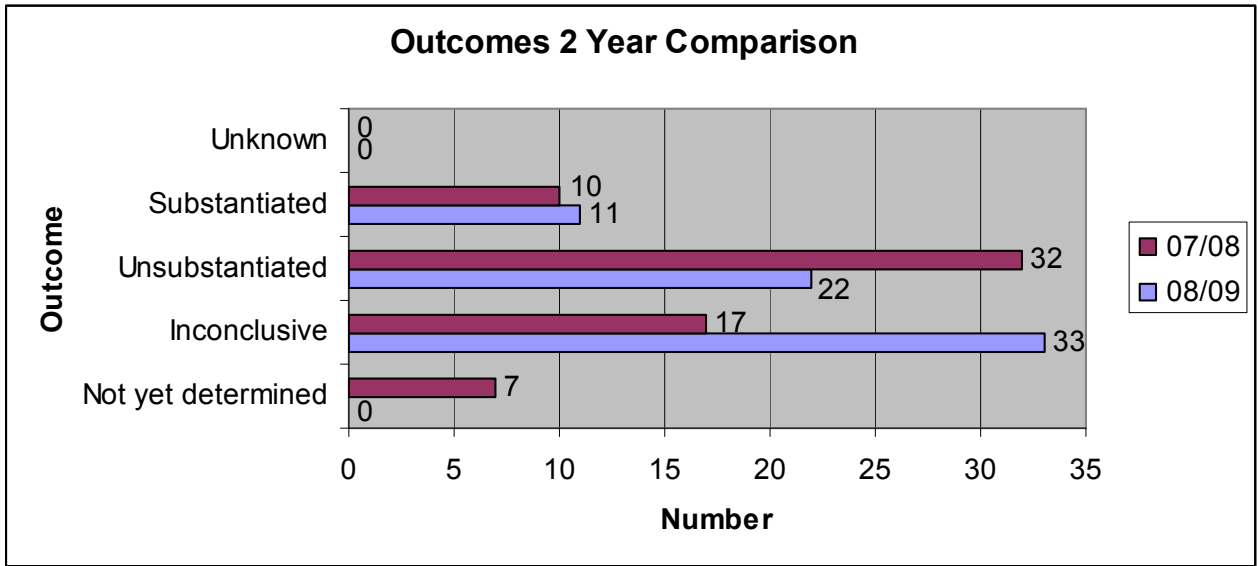


Response Levels 2 Year Comparison



Types of Abuse 2 Year Comparison

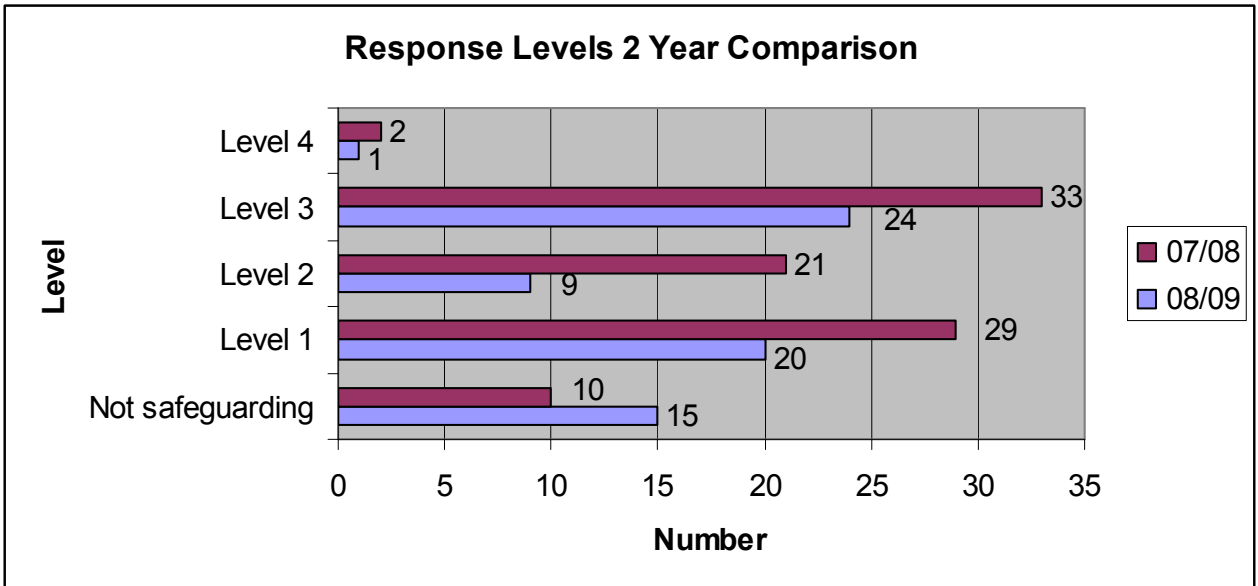
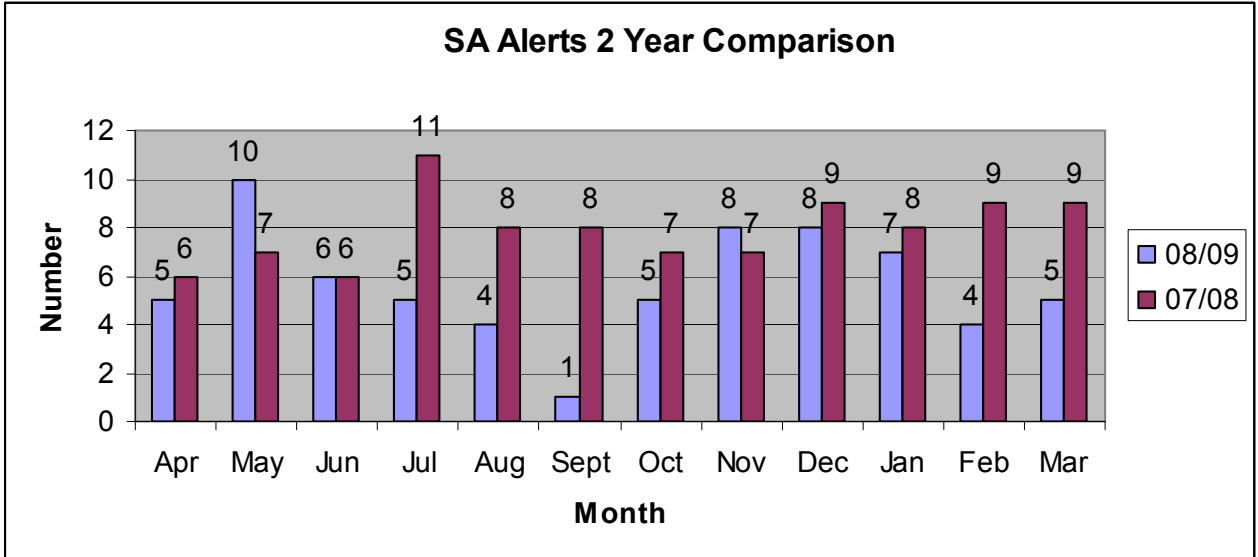


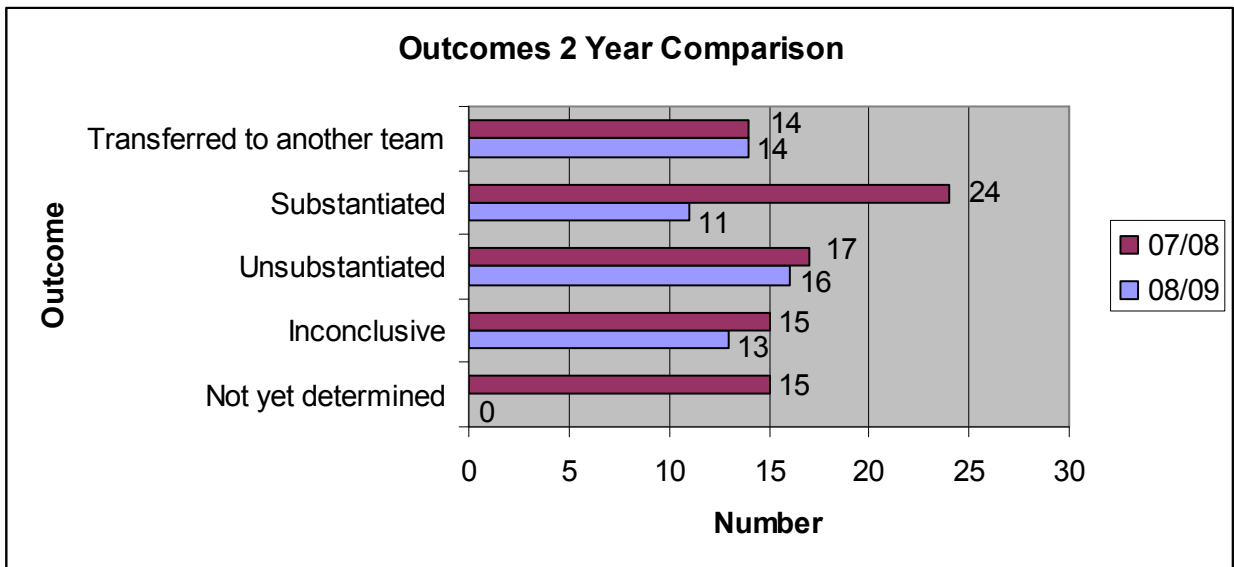
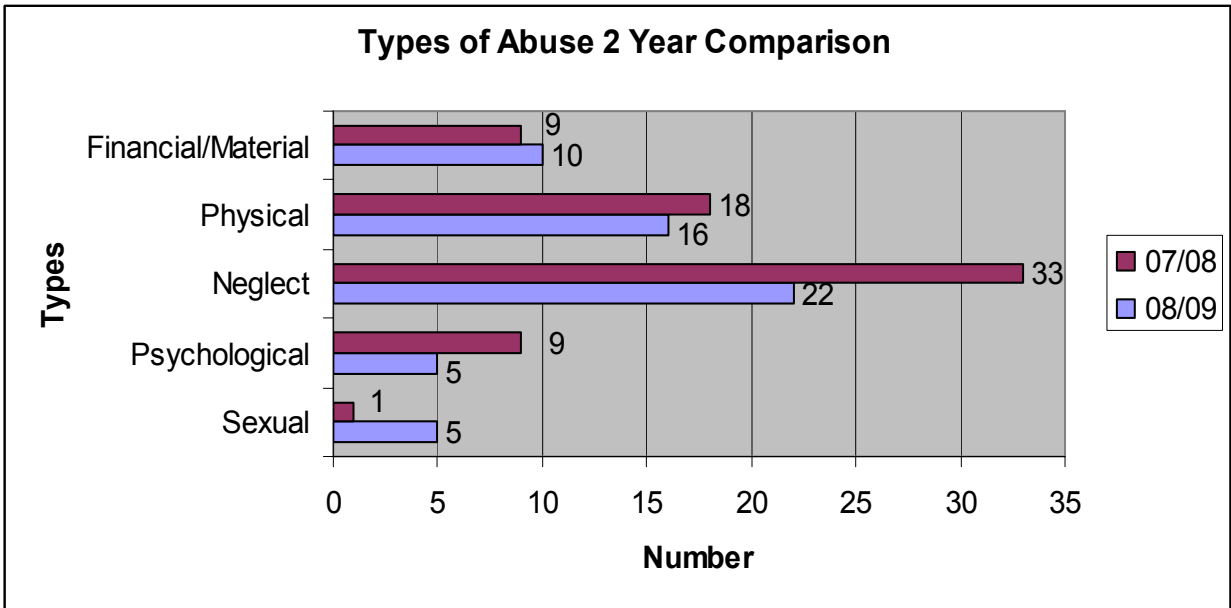


Hospital Assessment Services Safeguarding Adults Report 2008/09

All statistics are for the financial year of 2008/09.

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





4. Partner Organisation Reports

4.1 Supporting People, Brighton and Hove City Council

Primary Role

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

Key responsibilities

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

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

Activities in 2008/9

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

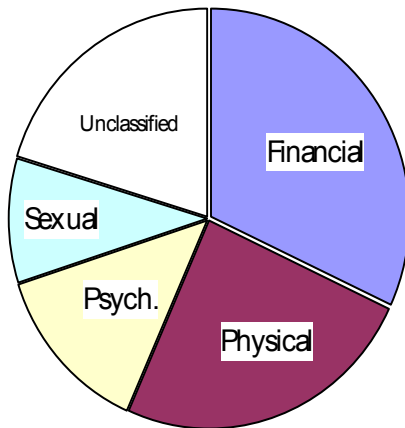
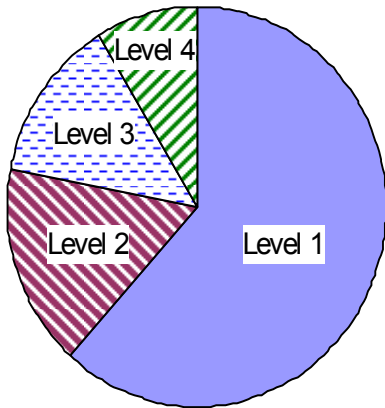
Safeguarding Adults alerts recorded in SP services 2008-9

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

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

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

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



In terms of the type of abuse:

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

In terms of vulnerability:

- 20% of alerts were recorded by services for people with Learning Disabilities
- 13% were from Sheltered services, where all incidents were at level 1.
- 14% of cases were picked up by the provisions of the Money Advice & Community Support Service, including two level 4 alerts.

- In other service, most level 2 & 3 alerts arose in hostels and services for people with Mental Health issues.

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

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

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

Plans for 2009/10

New QAF

Safeguarding and protection from abuse

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

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

4.2 Sussex Police

Safeguarding Adults 2009 – Brighton and Hove

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

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

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

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

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

Sussex Police have contributed to the current consultation process as part of the "No Secrets" review. We have provided a Sussex perspective

on future plans around legislative requirements, powers and policy and procedures. This has been taken on as part of the ACPO (Association of Chief Police Officer) response to Government, with evidence of Sussex cases potentially being used to influence future legislation. Sussex Police have additionally contributed to the Adult Safeguarding Board's consultation response.

Currently work is being done with Specialist Investigation Branch and the force Mental Health representative to develop a risk reducing information sharing protocol with health agencies. This will include police disclosure of information to Mental Health Services when risk assessing suitable placements for high risk patients in Brighton and Hove and Health Service professionals disclosing details of certain patients discharged into the community who may pose a risk to themselves and others, to prevent them becoming safeguarding concerns in the future.

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

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

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

Detective Superintendent Andy Buchan
Specialist Investigation Branch
Sussex Police

4.3 South Downs Health NHS Trust

Incidents

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

Safeguarding Adults INCIDENT REPORTS April 08 to March 09

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

SDHT Intermediate Care Service

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

Training update

Awareness Level SVA training

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

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

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

Provider Manager Training

The Provider/ Manager Training was introduced in April 2008 and 30 managers were trained in total in 2008/09 by Ann Giles, an external trainer. Due to the lack of uptake for this course the Trust will be looking at a more cost effective way of delivering this session in the future.

Safeguarding Adults Project Worker Post

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

Development work

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

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

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

BSUH Internal organisation of Safeguarding Vulnerable Adults

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

The Chief Nurse is an active member of the multi-agency Safeguarding Adults Committee.

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

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

The Quarterly steering group meetings with the individuals responsible for Safeguarding Adults in Brighton and Sussex University Hospitals NHS

Trust (BSUH) and the Hospital Social Work managers from Brighton and Hove, East Sussex and West Sussex Local Authorities are well established and continue to further develop the Safeguarding Adults agenda in BSUH.

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

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

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

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

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

	Concerning BSUH Services	Alerts made in BSUH about other services (e.g. Nursing Homes)	Total
Level 1	13	3	26
Level 2	0	12	12
Level 3	5	20	25
Level 4	0	1	1
No Action (not SVA)	1	5	6
Total	19	41	70

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

Interagency working across the Health and Social Care Economy

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

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

Training

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

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

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

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

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

At the Safeguarding Vulnerable Adults conference in November 2008 the Senior Nurse for Practice Development presented, with a social

worker, a workshop on privacy and dignity and will do this again in November 2008.

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

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

Future Plans

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

Caroline Davies
June 2009

4.5 Sussex Partnership NHS Trust – Brighton & Hove Locality

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

Performance and Practice

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

Brighton & Hove "provider" training to substance misuse residential provider services have significantly increased alert activity. Most alerts have been dealt with at level 1 of the process and have also led to a number of new service users being engaged into treatment for their substance misuse as a positive outcome

Increase alerts have also led to a renewed action to train more health staff within the integrated teams beyond awareness of safeguarding so they can also act as safeguarding investigators and managers

Better

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

Training and Governance

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

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

4.6 Care Quality Commission

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

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

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

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

Our main activities are:

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

4.7 Brighton and Hove Domestic Violence Forum

4.8 Practitioner Alliance against abuse of Vulnerable Adults (PAVA)

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

Brighton and Hove Safeguarding Adults Board Workplan 2009/10

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

Action	Priority 1 - 4	Target Completion Date and Key Milestones		Sub group and Lead Officer(s)	Standard 3, 6 and 10 SVA National Framework	
			Progress			

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

Action	Priority 1-4	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 11 SVA national Framework	
			Progress			
Ensure safeguards are in place for Self Directed Support arrangements	2	Risk paper to be reported to Personalisation Board 07.12.09, report to SAB 01.03.10		Michelle Jenkins		

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

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

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

Action	Priority	Target Completion Date and Key Milestones		Sub Group and Lead Officer(s)	Standard 2,4 and 8 SVA National Framework	
			Progress			
Ensure all services commissioned by statutory agencies are Safeguarding Adults compliant	2	Request from SAB Chair to confirm safe contracting arrangements 06.12.10		SAB - Chair		
Develop links with Financial Services	1	Explore current work already completed nationally – report to SAB 30.11.09		Michelle Jenkins		

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

Please insert additional tables as required

5. Brighton and Hove Safeguarding Adults Board

The Brighton and Hove Safeguarding Adults Board is a group of lead managers from member agencies who work together to protect vulnerable adults from abuse by leading, overseeing and developing a strategy, effective protocols and policies to ensure a co-ordinated approach. It was originally set up in 2001 then set up under its current remit in 2004 from the main statutory agencies involved in safeguarding adults locally. It is now well established with an expanding membership. Membership and function of the Board have been reviewed in 2007 and the name changed from the Adult Protection Committee to the Safeguarding Adults Board.

Members

GLOSSARY

ABE	Achieving Best Evidence
ADSS	Association of Directors of Social Services
AP	Adult Protection
APMC	Adult Protection Management Committee
ASC	Adult Social Care
ASCH	Adult Social Care and Health
AVU	Anti-Victimisation Unit
B&H	Brighton and Hove
BHCC	Brighton and Hove City Council
BSUH	Brighton and Sussex University Hospital
BSUHT	Brighton and Sussex University Hospital Trust
BHCC	Brighton and Hove City Council
CMHT	Community Mental Health Teams
CPS	Crown Prosecution Service
CSCI	Commission for Social Care Inspection
HR	Human Resources
IMCA	Implementing Mental Capacity Act
IPF	Independent Providers Forum
MCA	Mental Capacity Act
NCSC	Nursing Home Support Team
OPCAT	Older Peoples Care Assessment Team
PALS	Patient Advocacy and Liaison Service
PAVA	Practitioner Alliance against the abuse of Vulnerable Adults
POVA	Protection Of Vulnerable Adults
SDHT	SouthDowns Health Trust
SPT	Sussex Partnership Trust
SSW	Senior Social Worker
SVA	Safeguarding Vulnerable Adults
SW	Social Worker
TM	Team Manager