



# **Brighton & Hove Safeguarding Adults Board**

## **ANNUAL REPORT**

**2012/2013**

## TABLE OF CONTENTS

<b>1.</b>	<b>Foreword</b>	<b>4</b>
<b>2.</b>	<b>Progress Report</b>	<b>5</b>
<b>2.1</b>	<b>National Developments</b>	<b>5</b>
2.2	Progress on Key Priorities 2011-12	7
2.3	Key Priorities for 2012-13	10
<b>3.</b>	<b>Performance and Practice</b>	<b>11</b>
3.1	Summary of Main Points	11
3.2	Performance Data 2011-12	12
<b>4.</b>	<b>Safeguarding Adults Board Member Organisation Reports</b>	<b>19</b>
4.1	Brighton & Hove City Council Adult Social Care Assessment Services	19
4.2	Sussex Police	21
4.3	Commissioning Support Unit (Adult Social Care)	22
4.4	Adult Social Care Commissioning Unit	25
4.5	Partnership Community Safety Team (PCST)	26
4.6	Brighton & Hove City Council Adult Social Care Provider Services	28
4.7	Brighton and Sussex University Hospital NHS Trust (BSUH)	29
4.8	Brighton & Hove City Council Housing and Social Inclusion and Commissioning Unit	30
4.9	South East Coast Ambulance Service	33
4.10	Sussex Community NHS Trust	33
4.11	Sussex Partnership NHS Foundation Trust	36
4.12	Brighton & Hove Clinical Commissioning Group	40
4.13	East Sussex Fire and Rescue Service	43
4.14	Surrey and Sussex Probation Trust	44
4.15	Practitioner Alliance for Safeguarding Adults (PASA)	46
4.16	Brighton and Hove Domestic Violence Forum	46

4.17	Mental Capacity Act	47
4.18	Deprivation of Liberty Safeguards	49
4.19	Safeguarding Adults Multi-Agency Training Strategy Sub Group	55
4.20	Brighton & Hove Multi-Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan 2011-12	57
<b>5.</b>	<b>Brighton &amp; Hove Safeguarding Adults Board Members</b>	<b>59</b>
	<b>Appendix 1: Levels of Investigation</b>	<b>60</b>

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



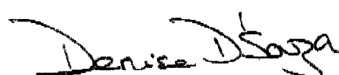
I am pleased to introduce this annual report of the Brighton & Hove Safeguarding Adults Board. The report gives an overview of the Board's achievements in relation to work in safeguarding adults over the last year 2012-13 and gives an opportunity to reflect on the Board's performance and future plans. It also shows data on the referrals raised and the investigations that have been undertaken over the last year, showing the types of abuse that vulnerable people suffer, and where the abuse is alleged to have taken place.

Public awareness of abuse of vulnerable adults has continued to rise over the last year, due mainly to shocking revelations such as the treatment of people with learning disabilities at Winterbourne View Hospital, or following the Francis Inquiry into Mid Staffordshire Health Trust. These events sadden and shock us all, but from them comes a renewed determination locally to ensure that such abuse doesn't happen, and puts an emphasis on the Board's responsibility to seek information and assurance about the experiences of vulnerable adults in Brighton and Hove.

As Chair of the Safeguarding Adults Board I am responsible for ensuring that the partnership is effective in seeking and analysing this information, and results in hearing the wishes of adults at risk from neglect and abuse, and supporting them to live lives free from harm and neglect. I feel that currently the Brighton & Hove Safeguarding Board is a positive partnership, and you can see from this report the achievements that have been made locally.

In the year ahead Safeguarding Adults Boards will be put on a statutory footing under the Care Bill 2013, emphasising even further the importance of this local partnership being effective, accountable and open to scrutiny. For this reason, one of the main tasks for the year ahead will be for the Board to review how it functions, through self assessment and also through external review. As adult safeguarding work acquires a clear legal standing, we will locally be able to be reassured that we are meeting all our legal duties and our moral duties to those that are most vulnerable in the City.

The year ahead will continue to be challenging, with ongoing pressures on resources for all services. However, I feel confident that with the clarity we now have on our legal responsibilities, and with our positive local partnership, we will achieve our plans for the year ahead and continue to ensure that Brighton and Hove is a safe place for all its residents.

A handwritten signature in black ink that reads "Denise D'Souza". The signature is written in a cursive, flowing style.

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

## 2. Progress Report

### 2.1 National Developments

A number of key developments related to health and social care have had a major impact on adults safeguarding work nationally and locally and will continue to have a significant effect on this work over the next few years.

**The Health and Social Care Act (2012)** introduced far reaching changes to the NHS since its introduction in 1948, including establishing:

- **Health and Wellbeing Boards (HWBB)** operated in shadow form from April 2012 and by April 2013 are to be fully operational. The Boards bring together key leaders from the health and care system to improve the health and wellbeing of their local population; give communities a greater say in addressing local health and social care needs; bring together Clinical Commissioning Groups and Councils to develop a shared understanding of the health and wellbeing needs of the community; and undertake the Joint Strategic Needs Assessment (JSNA), to inform and develop a joint strategy for how these needs can be best addressed.

Locally, the HWBB is in place with links to the Adults Safeguarding Board, through the Chair of the Safeguarding Adults Board and the Chair of the HWB, who have a seat at each Board. Lead Commissioners of all agencies attend the Health and Well Being Board.

- **Clinical Commissioning Groups (CCG)** replaced Primary Care Trusts (PCT) on 1<sup>st</sup> April 2013. These GP led, local groups become responsible for purchasing and overseeing the quality of most community and hospital health care services in local areas. In April 2013 Public Health Services complete their transfer to Local Authorities from the NHS.

Locally there is one CCG in Brighton. The CCG's adults safeguarding lead has been appointed and is represented on the Adults Safeguarding Board from April 2013.

- **Healthwatch England** (April 2013) is a new national body that will be a statutory committee of the Care Quality Commission. Local Healthwatch organisations, based in and funded by Local Authorities, will replace current Local Involvement Networks (LINKs), and take on additional functions, to help ensure the views and feedback from patients and carers are an integral part of local commissioning across health and social care, including providing information about local care services and choices to be made in respect of these

Locally, The LINK, that will become Brighton & Hove Healthwatch, is represented on the Adults Safeguarding Board and has undertaken and reported on a series of 'Enter and View' visits to a number of care homes in Brighton & Hove as part of their local work. LINK has also been involved in a

project to gather people's views following their involvement in a safeguarding investigation. The results of this research was reported into the Safeguarding Adults Board, and is part of ongoing work in improving locally how we gather the views of vulnerable people on the local safeguarding process.

- **Draft Care and Support Bill** published in July 2012, reflects the Government's response to the review of adults social care law by the Law Commission (April 2011) including adults safeguarding. Key future changes announced include: Adults Safeguarding Boards to be placed on a statutory footing; multi agency duties of cooperation in relation to adults safeguarding work; and a duty for Local Authorities to make enquiries / investigations where abuse of an adult at risk is suspected; with an emphasis on the importance of an outcomes focus for all adults safeguarding work

Locally, the Adults Safeguarding Board will be undertaking development work to review its role, functions; priorities and effectiveness in achieving good outcomes for adults at risk. Sussex Adults Safeguarding Procedures have been reviewed to further emphasise an outcomes-focused approach in their application

- **Government Report into Winterbourne View Hospital** (Dec 2012); staff were deemed to have 'routinely mistreated and abused patients with a learning disability'. This Report sets out actions so that vulnerable people no longer live inappropriately in hospitals, and are cared for in line with best practice. Local Adults Safeguarding Boards are to confirm action being taken to safeguard people with learning disabilities living in hospital and some care home settings. CQC will be required to undertake unannounced emergency reviews of provider services wherever advised by a 'whistle-blower' of concerns of suspected abuse
- Locally, Brighton & Hove City Council and Brighton & Hove Clinical Commissioning Group have been working in partnership to address the findings and recommendations of 'Transforming Care: A national response to Winterbourne View' DH, 2012. A local action plan is in place to ensure that all clients in hospital settings receive good quality care and treatment, regular review, and active discharge planning and care coordination. In addition, our local action plan includes work to develop care pathways to ensure that hospital placements are avoided wherever possible and to ensure community services are commissioned to meet the needs of our most complex clients. Progress against our action plan is reported to the Safeguarding Adults Board, local authority and CCG care governance boards, the Learning Disability Partnership Board and the Health & Well-Being Board.
- **Francis Report of the Enquiry into Mid Staffordshire NHS Foundation Trust** (Feb 2013) into widespread, poor standards of care of patients and a high number of related deaths, between 2005- 2008, with 290 recommendations

Locally, the Report's findings informed the Adults Safeguarding Board's review of priorities and work plan for the year ahead.

- **Vetting and Barring Scheme:** in April 2013 under the Protection of Freedoms Act 2012, the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) merge to form the Disclosure and Barring Service (DBS), a single, new public body. ISA and CRB currently, respectively maintain the list of individuals registered and barred from working with adults at risk and children; and provide criminal records checks. Changes include: abolishing the

registration and monitoring requirements of the Vetting and Barring Scheme; redefined scope of 'regulated activities'; abolishing 'controlled activities'; and introduces 'portability' of CRB checks. Employers have a duty to refer to DBS when an employee is dismissed or permanently removed from work remains; Local Authorities have a power to refer.

Locally, a briefing is to be held by the Disclosure and Barring Service in July 2013 for multi-agency partners, assessment and provider services in the City. Updates to local adults safeguarding Procedures; training materials and information have been made to reflect the changes to ensure all partners are aware of their duties and responsibilities with regard to robust recruitment and retention practice.

## **2.2 Progress on Key Priorities Identified by the Safeguarding Adults Board for 2012-13**

### **Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk**

The safeguarding procedures were updated, as planned to version 2 in May 2012. The changes reflected emerging national policy, guidance and legislation, with an increased emphasis on empowerment of the adult at risk in achieving their desired outcome.

The procedures are revised on a yearly basis to ensure they reflect the current rapid changes nationally in adult safeguarding work, and version 3 will be available in May 2013.

The procedures can be found at the link below:

<http://pansussexadultssafeguarding.proceduresonline.com/index.htm>

### **Training and Development**

A safeguarding adults awareness e-learning course has been developed by the City Council Workforce Development Team. This e-learning reflects the Sussex safeguarding adults procedures, and is able to be updated on a regular basis so it can reflect any local changes. This course has been offered to statutory providers and partners across Sussex, as well as independent and voluntary sector providers across the city.

### **Multi-Agency Working**

The local Community Safety Team are undertaking some pioneering work regarding supporting vulnerable victims of anti-social behaviour and hate incidents. This is based on a harm centred approach where risk and harm are assessed comprehensively. An IT system, called E-CINS, enables joint working and information sharing between Sussex Police, Housing providers, Community Safety. Adult social care, Children's services, Mental Health and Substance Misuse services who all now have strong links with this process, and attend a monthly meeting which shares concerns and agrees supporting actions for the most vulnerable victims of anti social behaviour in the city. This way of working has resulted in high risk cases being managed more effectively and, critically, swiftly in relation to reducing risk and harm for victims

East Sussex Fire and Rescue Service are members of the Brighton & Hove Safeguarding Adults Board, and continue to raise awareness of the risk of fire to vulnerable people in the City. In 2012 postcards were produced jointly between the Fire and Rescue Service and Adult Social Care to raise awareness with vulnerable adults of fire risk and how they can access a fire safety visit. These were distributed through

home care providers and social care and health staff when visiting people in their homes.

Patchwork is a communication tool which is currently being used in Child Protection which enables all professionals working with a child or family to be aware of each other's involvement. Patchwork was launched in Adult Social Care this year, for use with professionals working with adults at high risk of harm.

The Troubled Families programme in Brighton has been renamed 'Stronger Families, Stronger Communities,' and is working with some of the most hard to reach and challenging people in the City, including vulnerable adults. Building on the Family Coach model funding has been made available to employ staff to work with vulnerable adults within the programme

### **Engagement of Adults at Risk and Carers in Safeguarding Work**

A piece of work was commissioned this year to gather the views of adults at risk at the close of a safeguarding investigation, regarding the safeguarding investigation process, and the outcome for them. The information gathered from this was reported to the Safeguarding Adults Board.

Key messages from this report were:

- The need for a person centred communication style with appropriate time given for conversation with the adult at risk or their family was seen as really important, and regular communication with the service user or family member is also valued and not always apparent in every investigation.
- Some participants commented on the length of time that it took to find a resolution either that it was too quick or too long. This may suggest that people need more information and support during the process so that they understand what is happening.
- A lack of uniformity of approach across agencies can cause confusion for adults at risk

The information from this report has been used to inform staff training and practice sessions, and will be developed further in the 'Making Safeguarding Personal' pilot (see Key Priorities for 2013-14).

**Sector Led Improvement in Local Government** – a new approach to improvement has been developed by Local Government which includes peer review to monitor each other's performance. Brighton & Hove City Council was one of the first Councils to be reviewed, and the area for review was safeguarding and personalised budgets, such as Direct Payments.

Strengths identified from the Peer Review include:

- How safeguarding was integrated across Adult Social Care, and high level of awareness across the City
- Links with Community Safety regarding Anti Social Behaviour, Hate Crime and Domestic Violence
- Safeguarding Audit process in place
- Links to Fire and Rescue Service



- Care Governance structure, monitoring quality of care providers

Areas to consider included:

How can methods of giving safeguarding support and advice to Direct Payment users and their Personal Assistants be improved?

How can the Support with Confidence scheme be better promoted?

How can the quality of care provided by Personal Assistants be monitored?

The results and recommendations from this have been drawn up into an Action Plan which is being monitored through the Safeguarding Adults Board.

### **Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)**

A Competency Framework for Mental Capacity Act work has been developed, and has started to be completed by managers with their staff in specific roles. Training targets for assessment staff have been agreed, and progress on this is detailed in the training section of this report.

### **Adult Safeguarding Data and Recording**

From April 2013 the national reporting requirements for adult safeguarding data are changing significantly. This is part of planned changes for all Local Authorities of the performance information reported to Central Government. As part of this, all the safeguarding recording documents used by staff who undertake investigations were updated in 2012, so as to ensure that the required information can be collated, and also to reflect updated practice. A new safeguarding adults form was launched for use across the City for raising safeguarding concerns.

### **Serious Case Reviews**

There was no Serious Case Review required to be undertaken in Brighton & Hove in the last year.

A multi agency procedure for working with people at significant risk due to self neglect has been developed following a recommendation from a Serious Case Review in Brighton & Hove in 2011/12. These procedures have been endorsed by all 3 safeguarding Adults Boards across Sussex, and are to be implemented Sussex wide July 2013.

### **Domestic Homicide Review**

- A Domestic Homicide Review was undertaken locally, in line with Home office requirements. following the death of an older person who had a history of some care needs and of being socially isolated. While the Review found no evidence of domestic violence, the wider findings have led to highlighting the importance of professionals who are working with older people, to have an awareness of the potential presence of domestic violence and to exercising a curiosity or enquiry about its possible incidence. Recommendations from this review will be made, and agreed actions undertaken from this will be monitored by the Safeguarding Adults Board.

## 2.3 Key Priorities for 2013-14

The Brighton & Hove Safeguarding Adults Board has identified the following key priorities for 2013-14

1. A focus on supporting adult at risk to achieve their desired outcomes. Brighton & Hove will participate in a pilot called 'Making Safeguarding Personal' led by the Local Government Association (LGA). This pilot will support local work to aims to facilitate a shift in emphasis from processes to a commitment to improve **outcomes** for people at risk of harm. The key focus will be on developing a real understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met. The pilot will also explore how to support people at risk of harm to resolve the circumstances that put them at risk. The Safeguarding Adults Board will receive regular progress updates throughout the pilot, and recommendations for taking this work forward locally.

The anticipated new legislation will give a formal mandate for safeguarding adults. Local authorities will continue to have the lead role in establishing and maintaining Safeguarding Adults Boards which must comprise of representatives from Adult Social Care, the National Health Service (NHS), the Police, and other agencies locally agreed. The statute would specify the following functions for the SAB:

- to keep under review the policies & practices of public bodies which relate to adult safeguarding
- to provide advice or information, or make proposals to any public body on the exercise of functions which relate to safeguarding adults
- to improve the skills and knowledge of the workforce who have responsibility relating to safeguarding adults
- to produce a report every two years on the exercise of the functions of the SABs.
- to commission Serious Case Reviews and provide a duty to contribute to these reviews.

The new statute will create, for the first time, a duty to undertake safeguarding enquiries or require them to be undertaken.

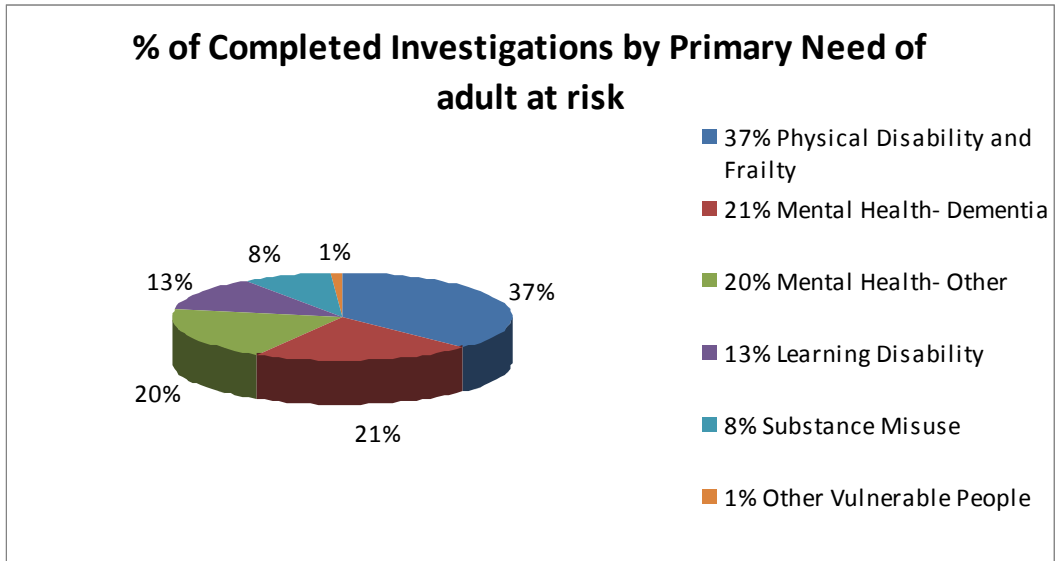
2. In the light of the new legislation, a review of the role and functioning of the Board will be undertaken, taking into account changes in partner organisations such as the creation of the Clinical Commissioning Groups, Healthwatch and changes within other Boards such as the Health & Well-Being Board. Work will be undertaken to continue to develop links with the Local Safeguarding Children's Board and the other Safeguarding Adults Boards across Sussex. This work will be undertaken in order that the Board is able to demonstrate its efficiency and efficacy to ensure the delivery of safeguarding of adults in Brighton & Hove.
3. The ongoing roll out of the Sussex Multi Agency Self Neglect Procedures, and staff training to implement them. An awareness booklet on the issues of self neglect will be produced for front line staff. The use and impact of these procedures will be monitored, and links will be made with local and national studies and research in order to inform the development of this complex area of work. This area of work will be linked with ongoing current work around risk and escalation.

### 3. Performance and Practice 2012-13

#### 3.1 Summary of Main Points to Note

- 1) The total number of safeguarding alerts raised of suspected harm or abuse of an adult at risk in Brighton and Hove for the year 2012-13 (April –end March) is **1,876**. Last year the total was 1,454, so this is an increase from 2011-12 of **29%**. Last year there was a 26% increase, and in general since 2004, when data collection started, there has been a yearly increase of between 20-60%.
- 2) This year the number of alerts received in Adult Social Care services is 967. This is a 7% increase from last year. The number of alerts received in Mental Health and Substance Misuse Services is 909. Last year 551, a large increase of 65%, likely due to improved data collection.
- 3) The number of alerts which required a safeguarding investigation this year totalled **858**. Last year there were 696 investigations, so a 23% increase in number of investigations undertaken from last year. Previous year 5% increase, so this is a large increase with resource implications. 858 investigations breaks down to 16.5 safeguarding investigations per week.
- 4) The percentage of alerts **not required** to be investigated under the safeguarding procedures last year was 52%. This year it is **55%**, showing a continued increase. An audit has been completed looking at the decision making for alerts not going into investigation.
  - In Adult Social Care Services (ASC) 442 investigations were undertaken. Therefore 54% of alerts received by ASC services did not require an investigation under the safeguarding procedures.
  - In Mental Health and Substance Misuse Services 416 investigations were undertaken. Therefore 54% of alerts received by these services did not require an investigation under the safeguarding procedures.Case file audit work has confirmed that the safeguarding procedures were being applied consistently for decision making on whether a concern requires an investigation under the procedures.
- 5) Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected through Care Assess from Adult Social Care Teams and from Sussex Partnership Foundation Trust teams. 224 alerts were linked to Domestic Violence. This is an increase from 180 last year. 104 of these were investigated under the safeguarding procedures. 22 alerts were linked to Hate Incidents, 11 of which required a safeguarding investigation.
- 6) The following data below is taken from 665 completed investigations during the period of 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013 inclusive.

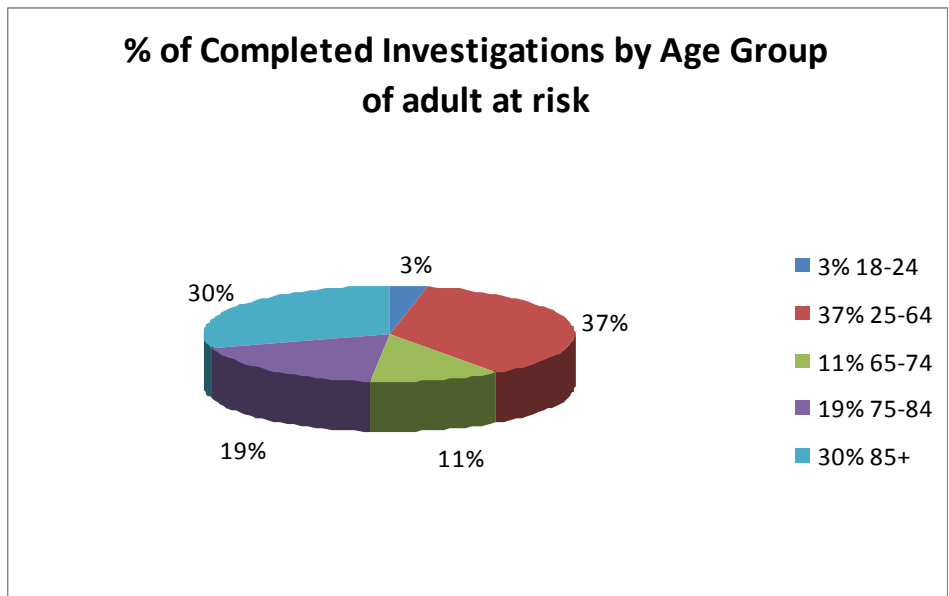
### 3.2 Performance Data 2012 – 2013



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

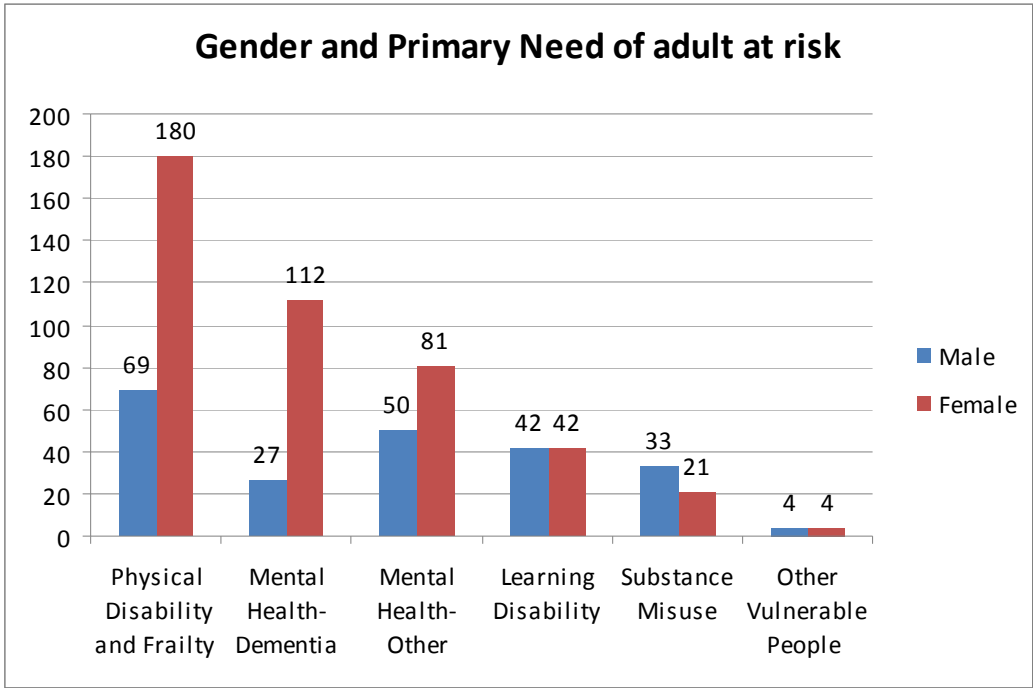
In figure 1 we can see that people with mental health needs, including dementia are the largest group of adults at risk in the city. The proportion of investigations for client groups remains very similar from the previous year.

In 3% of all client groups the alleged victim was an informal carer. This is slightly lower than the percentage in the last 2 years, which was 4%.



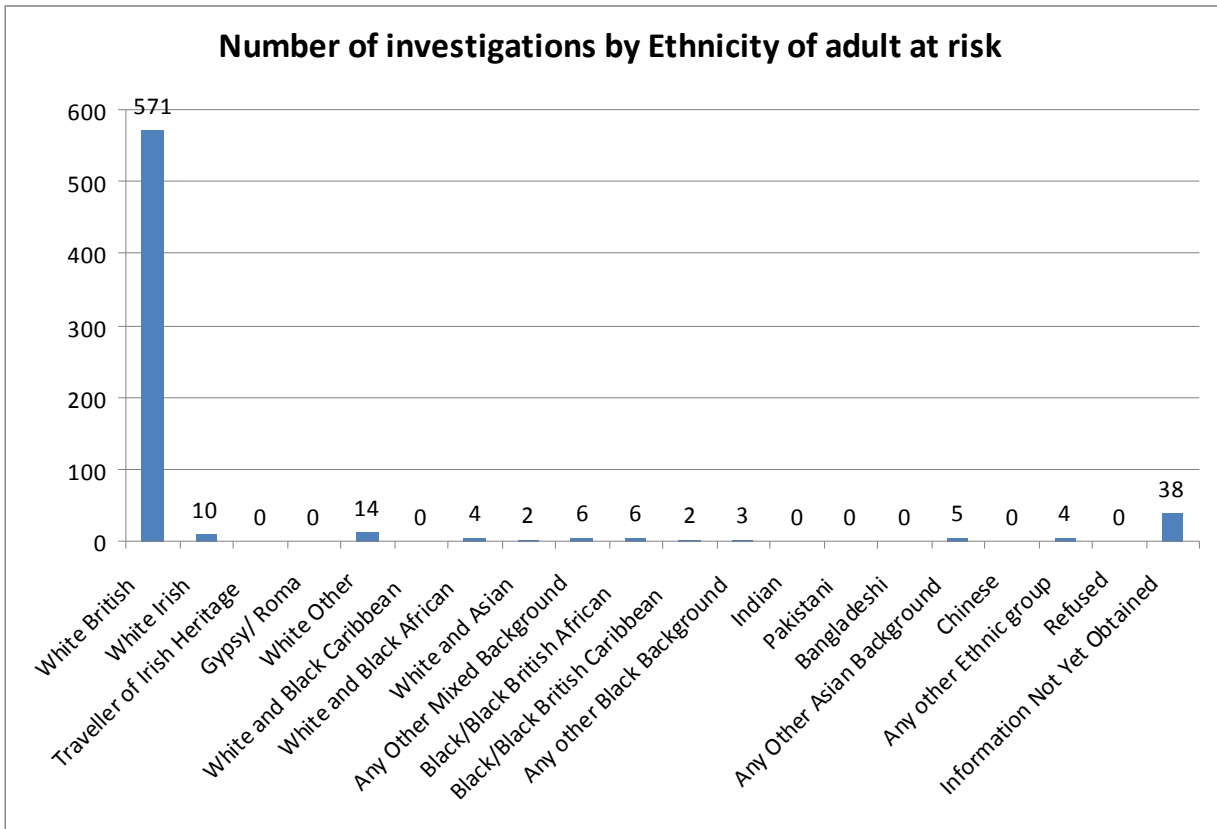
**Figure 2: Number of Investigations by age group of adult at risk**

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



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

In figure 3 we can see the number of investigations undertaken divided into the gender and the primary need of the adult at risk. Out of a total of 665 completed investigations 440 of the adults at risk were female, and 225 were male. As a percentage that is 66% women, 34% men. This is a very similar proportion to previous years.



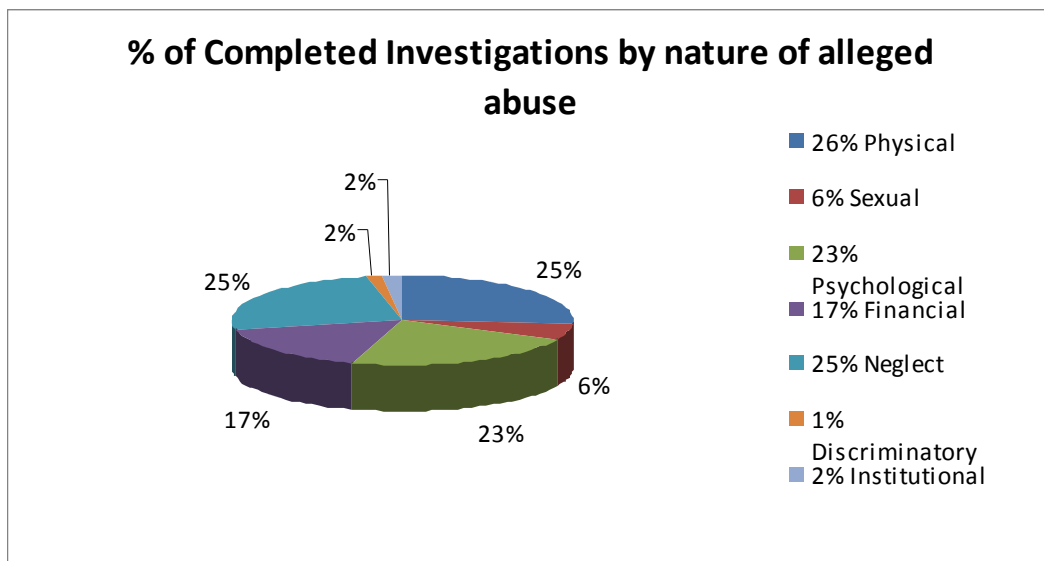
**Figure 4: Number of Investigations by Ethnicity of the Adult at Risk**

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

compared to the 2001 census.

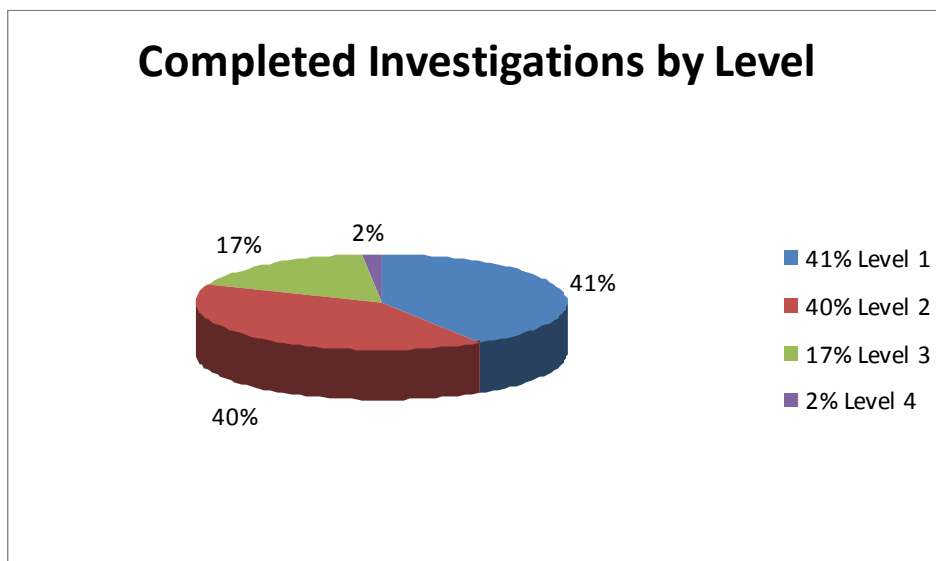
In figure 4 investigations for adults at risk in the 'All White' ethnicity category stand at 89%, Black and Minority Ethnic (BME) at 5%. This stands the same as last year's figure. Not yet obtained is 6%. This has increased from 2% last year.

From this we can see that investigations for adult at risk from black or minority ethnic (BME) groups is low at 5% compared to the percentage of residents from BME groups as a whole at 19.5%. However, this data does not take into account ages. A high percentage of safeguarding investigations are regarding people of 65 years and over, and this age group may locally include fewer people from BME groups.



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

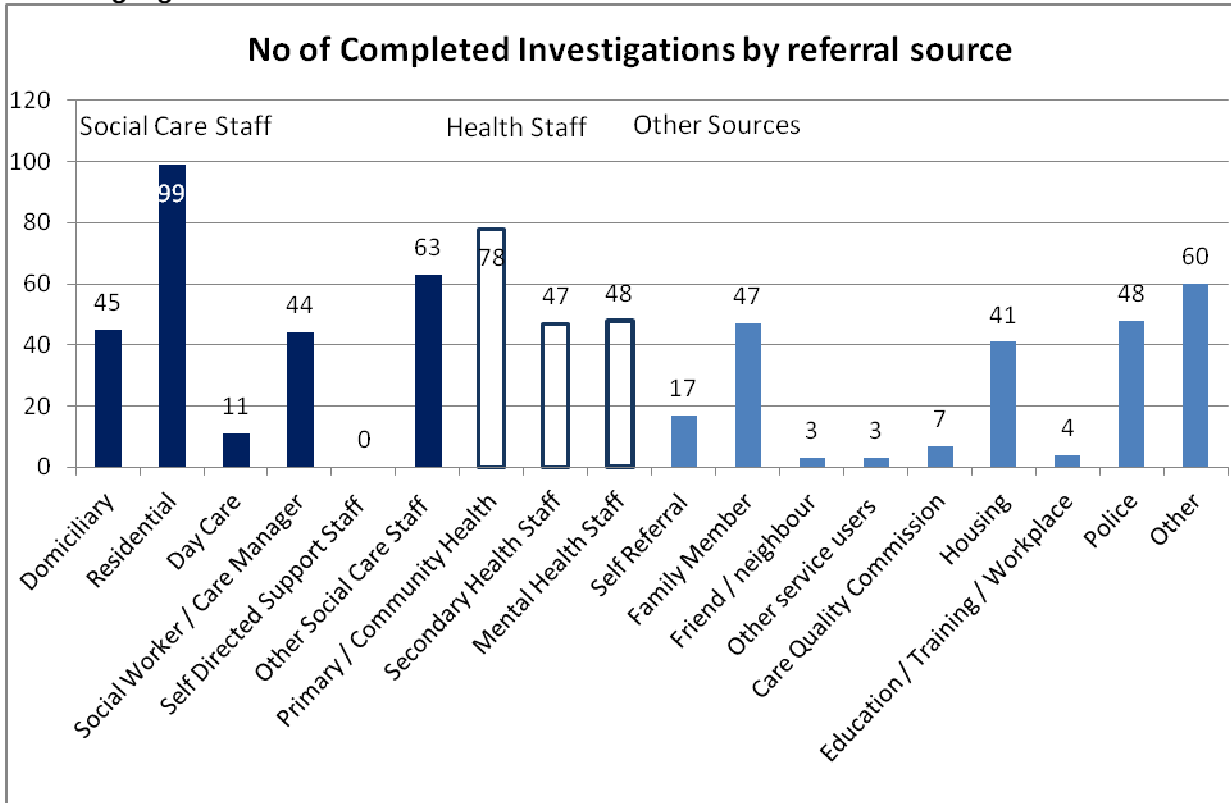
Categories of harm or abuse remain proportionate to the previous year. It must be noted that this data is based on the first type of abuse recorded in each investigation to provide an idea of the spread. Multiple categories of abuse can be noted as part of one investigation.



**Figure 6: Percentage of investigations by level of investigation.**

In Sussex safeguarding investigations procedures require each investigation to be assigned a level of investigation. Levels are 1 to 4, with Level 1 and 2 indicating harm, Level 3 indicating

significant harm. Level 4 is an allegation that requires an investigation for more than 1 adult at risk. Please see appendix for further guidance on levels of investigation from the procedures. This is not something that is reported nationally, but is of local interest. This year there has been a significant rise in Level 1 and level 2 investigations, and a decrease in Level 3 and 4 investigations. Last year Level 1 and 2 investigations made up 69% of all investigations, this year they make up 81% of all investigations. Level 3 investigations, indicating significant harm for an adult at risk have decreased from 27% to 17%.



**Figure 7: Number of Investigations by Referral source**

In figure 7 the data shows the source of alerts which went on to be investigated under the safeguarding procedures. The total number of investigations was 665.

39% alerts came from Social Care Staff, which includes the voluntary and independent sector.

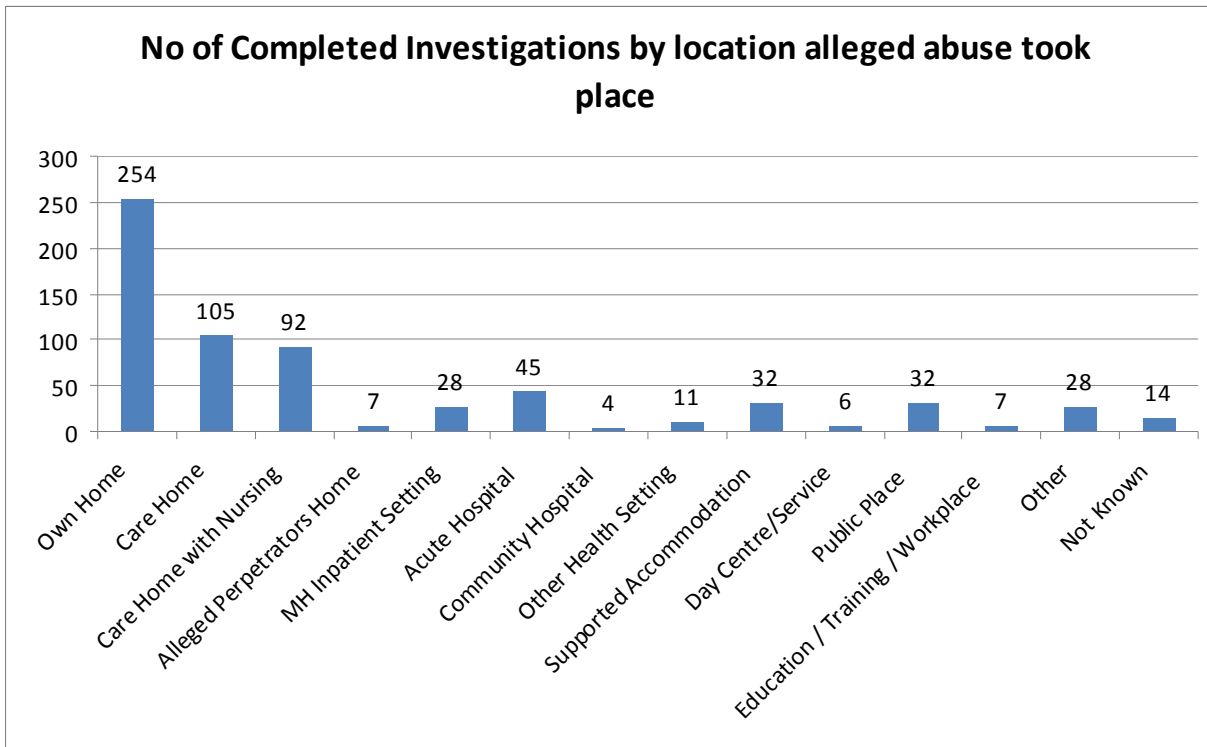
26% came from Health Staff, 7% police, 6% Housing.

3% were self referrals from the adult at risk, which remains the same percentage as last year. When alerts from family members/friends are included it makes 11% of all alerts.

Following the awareness campaign the previous year, referrals directly from non professional increased by 2%, but this is a decrease by 2% back to pre campaign figures. This indicates that awareness campaigns need to be ongoing, and take various forms in order to keep the message in the public domain.

The category of 'other' includes;

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



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

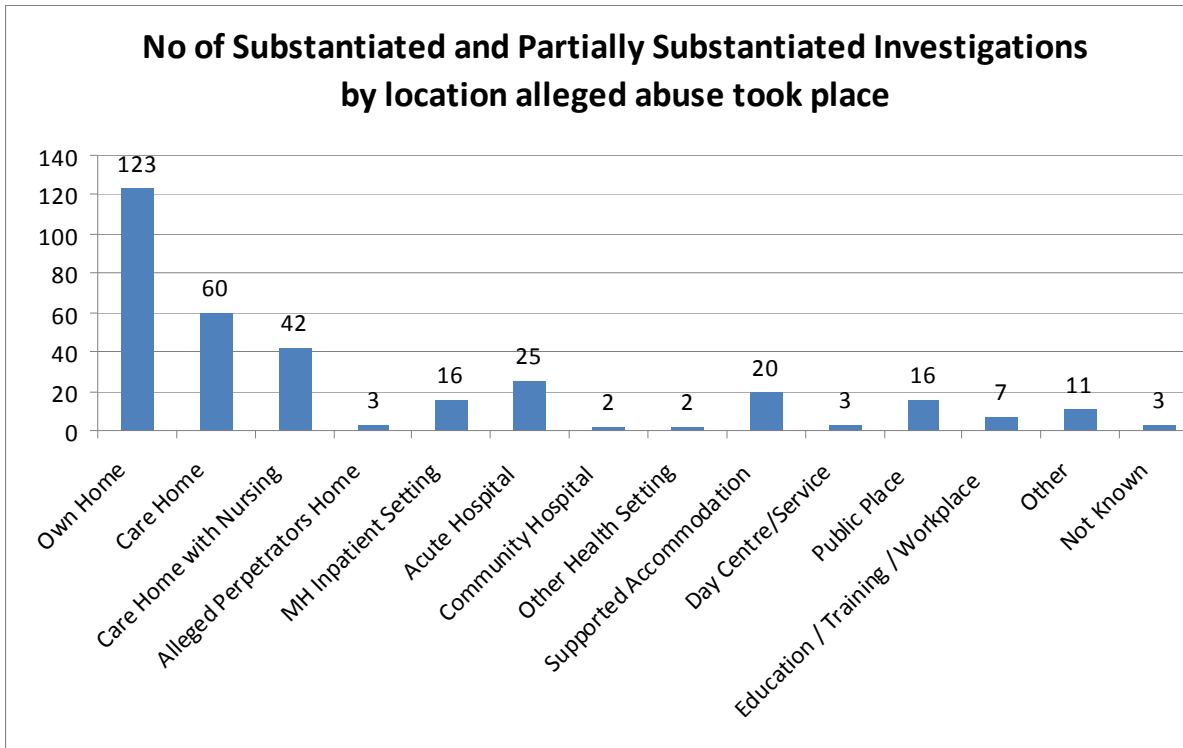
In figure 8 we can see that the person's own home is the most likely place for abuse to be alleged to have taken place, at 38% of all other logged locations. Last year this figure was also 38%.

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

Acute and Community Hospitals has increased to 7%, from 4.5% last year.

There has been an increase in alerts regarding Mental Health In patient settings from 6 for the year to 28. This is due to awareness work undertaken locally by the Mental Health Trust with staff who work in in-patient settings.

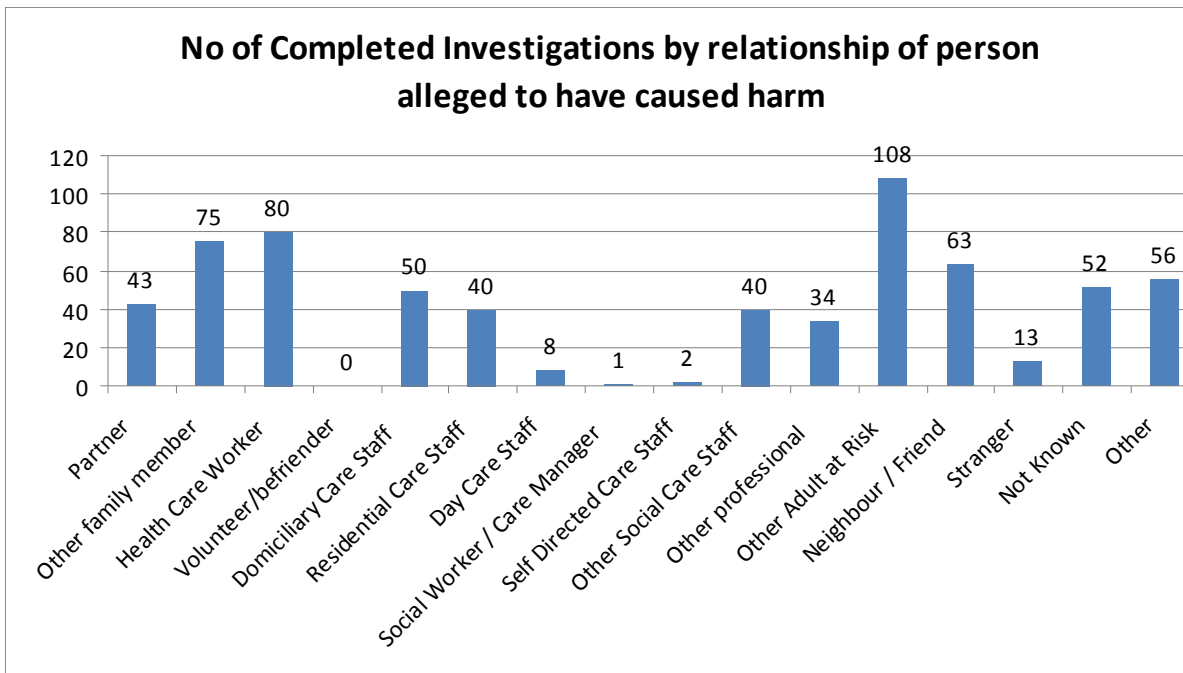




**Figure 9: Number of Substantiated and Partially Substantiated Investigations by Location Alleged Abuse Took Place**

Figure 9, which shows further information on location of abuse, as it shows the locations of abuse of substantiated/partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded. This shows that in 40% of substantiated investigations the harm or abuse took place in the person’s own home. Last year this figure was 44%. In 31% of cases in a care home or nursing home (last year 31%), and in 8% in an hospital setting (4% last year).

Again, due to awareness raising with staff who work in mental health in patient settings, and therefore an increase in alerts raised, 16 investigations were substantiated in this location compared to 2 last year.



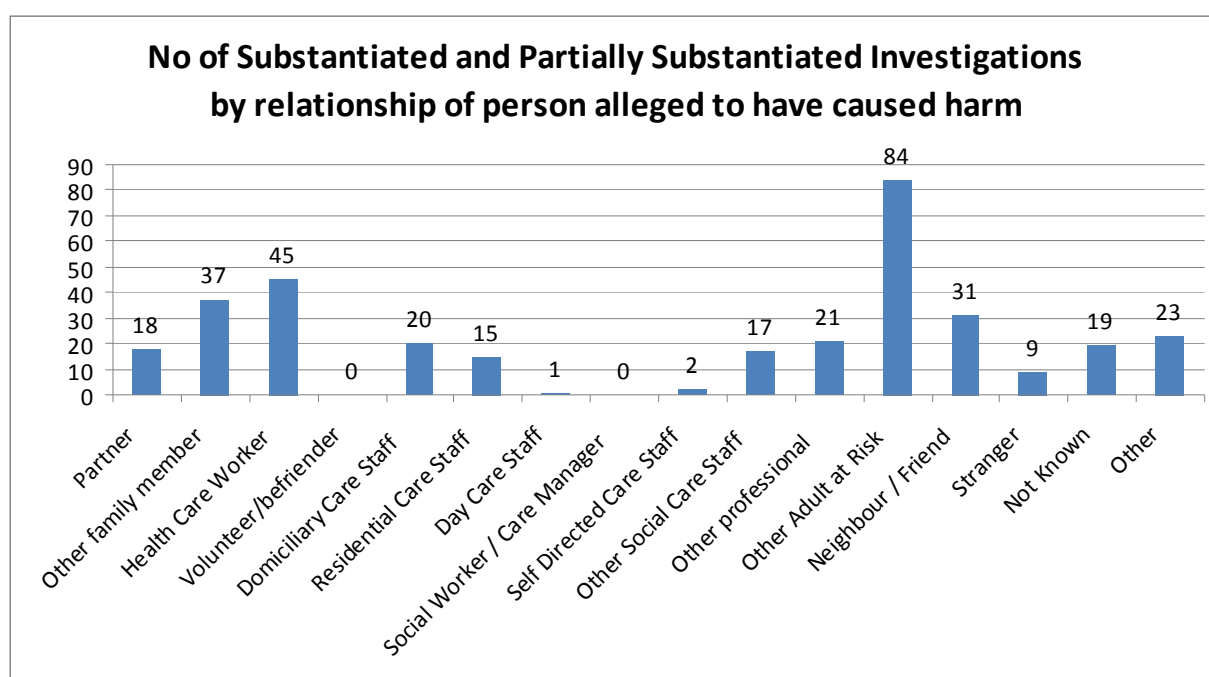
**Figure 10: Number of Investigations by Relationship of the person alleged to have caused harm to the Adult at Risk**

Figure 10 shows the number of investigations broken down by the relationship of the person alleged to have caused harm with the adult at risk.

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

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

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



**Figure 11: Number of Substantiated Investigations by relationship of person who has caused harm to an adult at risk**

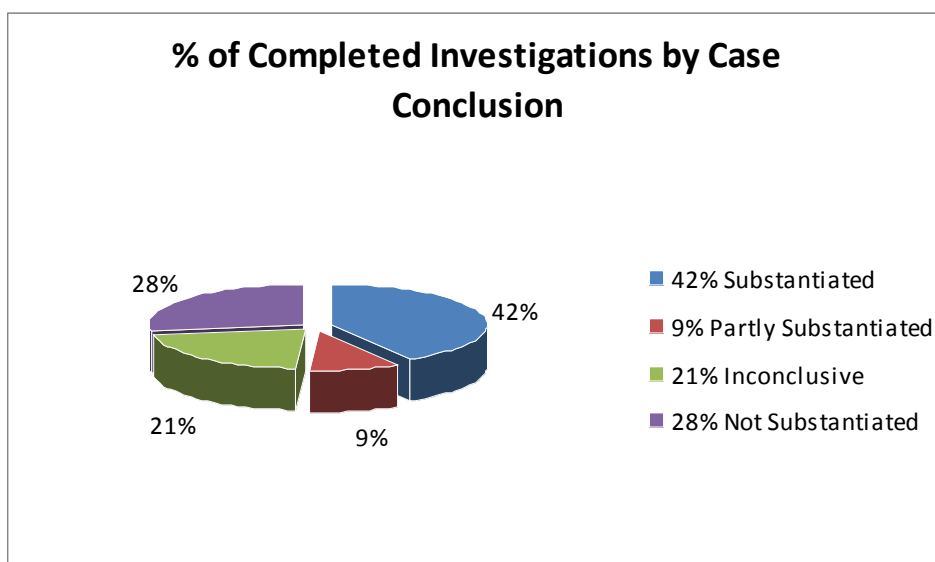
Figure 11, shows further information on relationship of person who is alleged to have caused harm to an adult at risk, as it shows the information by substantiated and partially substantiated investigations. This means in these cases on the balance of probability harm or abuse has been founded.

In 25% of substantiated investigations the relationship of the person who has caused harm to the adult at risk was their partner, family member, friend or neighbour. (Last year 32%)

The relationship was Health Care Worker in 13% of cases (last year 15%), Social Care Staff (this includes independent and voluntary sector staff) in 15% of cases (last year 12%). This adds up to in 31% of cases the relationship of the person who has caused harm to an adult at risk is a professional one.

In 25% of cases the person who has caused harm is an adult at risk themselves (last year 14%).

This shows that in a quarter of substantiated investigations the person who caused harm was found to be a partner, family member or friend. In another quarter the person found to have caused harm was another adult at risk. In 35% of investigations the person found to have caused harm was in a professional role of some kind.



**Figure 12: Percentage of Completed Investigations by Case Conclusion**

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

- Substantiated: the allegation has been founded (42%)
- Partially Substantiated: where more than one concern of harm/abuse was investigated, at least one is founded (9%)
- Not substantiated: the allegation has not been founded (28%)
- Inconclusive: it is not possible to determine from the information gathered whether the allegation is founded or unfounded (21%)

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

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

Investigations that were Inconclusive have increased slightly from 18% to 21%. This figure is being monitored as part of the performance indicators for the Assessment Service, and the target last year was 25% or less, which has been achieved.

## **4. Safeguarding Adults Board Member Organisation**

### **4.1 Reports**

#### **Brighton & Hove City Council Adult Social Care Assessment Services**

##### **General overview of the year 2012-13:**

A restructure of Assessment Services has been completed with a focus on strengthening our response to Safeguarding. This has resulted in an increased number of Senior Social workers with a renewed focus on Safeguarding

Safeguarding continues to be a standing agenda item on the extended Assessment Services Management Meeting, on which there is representatives from all branches of the service. The Head of Safeguarding attends management team meetings on a regular basis.

A Peer Review of Safeguarding linked to those people in receipt of Direct payments was undertaken and some of the findings from the review have been developed into an Action Plan which will be incorporated into the work plan of the Safeguarding Board.

Sussex Partnership Foundation Trust have initiated regular Safeguarding Quality Assurance meetings, to ensure compliance with the Audit process and to share lessons learned. This has been a positive development, and a similar process will be built into a quarterly session with the rest of Assessment Service managers, led by the Head of Safeguarding.

There is now good compliance with the Audit process and we have repeated an audit of Alerts which had not gone into investigation. It is also pleasing to note that the Audits are showing a general improvement in quality of Safeguarding practice.

A number of meetings have been held to learn from experience e.g. response to an out of area emergency home closure and improving working relationships between Assessment and Commissioning Support.

The second Senior Managers Safeguarding day was held with a focus on risk assessment and improving the audit process.

Safeguarding Performance measures continue to be monitored through Performance Compact meetings between The Executive Director of Adult Services and the Head of Performance Adult Social Care. Key targets have now been incorporated into Assessment Services Business Plan.

The Head of Safeguarding is now a member of the Departmental Management Team, providing regular reports for sign off and improving accountability. Head of Assessment has funded a new post of Safeguarding and Deprivation of Liberty Safeguards Practice lead.

**Specific developments, achievements & work undertaken in 2012-13:**

High level of compliance in relation to Safeguarding Competencies, 100% of current staff in Assessment Services have now completed the Competency framework.

We have continued to progress the recommendations following the Serious Case Review.

Annual Safeguarding training for senior managers continues with positive feedback as to the value of these sessions.

Implementing new procedures for Mental Capacity Act and Termination of Tenancies is now embedded with a new role for the Financial Assessment Team in Assessment Services.

**Future plans / priority areas for 2013/14:**

Implementation of the Sussex Self Neglect procedures with associated training for appropriate staff.

Implement the revised Audit Tool and Gradings.

Head of Safeguarding to facilitate a quarterly discussion on Audit findings as an aid to learning and improving practice.

Preparation for new duties and responsibilities as a result of the Care Bill.

Following the transfer of Care Link Plus to Assessment Services to examine their role in relation to Safeguarding.

To implement Mental Capacity Capability Assessments throughout Assessment Services and once completed undertake practice audits

### **Review of staff competency through training and development during year 2012/13, and future plans**

All staff have completed Safeguarding Competencies.

Training plans in place for all levels of Safeguarding MCA and DOL's

A competency framework for MCA needs development and roll out, competency framework has been adopted by Adult Services management Team with roll out commencing September 2013

#### **Brian Doughty**

Head of Assessment Services  
Brighton & Hove City Council

## **4.2 Sussex Police**

### **General overview of the year 2012-13:**

A challenge for our branch in the coming months and the previous months has been the turn over of staff at Chief Insp level and Supt. The branch have ensured continuity with the Safeguarding Adults Board has been a priority by maintaining the attendance level of these meetings at Inspector level. Chief Insp Lorraine Morrison and Insp David Derrick have attended most Safeguarding Adults Boards across the county and continue to share best practice. In the coming months there will be a new head of branch and a new Chief Inspector.

An overview of the year and a desire to develop our practices has got to be to continue to share information with our colleagues to ensure all statutory services can safeguard vulnerable adults with maximum efficiency. Sussex Police takes this relationship very serious and is reviewing the working practices and locations of Adult Protection Teams.

### **Specific developments, achievements & work undertaken in 2012-13:**

- The Sussex Police Safeguarding Adults policy was reviewed by the Protecting Vulnerable People branch; this went live in March 2013. This was amended to reflect recent changes and to improve usability for officers/staff, to assist them in identifying when victims and witnesses may be adults at risk of abuse and when a multi-agency investigation should be instigated.
- As the strategic lead for safeguarding adults, representatives from Protecting Vulnerable People Branch continue to attend the Adult Safeguarding Board, as well as chairing the Pan-Sussex Adult Safeguarding Group.

### **Future plans / priority areas for 2013/14:**

- Sussex Police have consented to a lecturer from Greenwich University to work with and interview Adult Protection Team staff with regard to their training requirements. The lecturer will use this study to form part of a PHD. In the interim period during the interviewing process the lecturer will provide Sussex Police with training requirements and advise around gaps in performance.

A final product will be anonymised and used to develop Adult Protection Team staff across the force. This will be the first time we have utilised external academics to help us formulate a development plan for these staff.

### **Review of staff competency through training and development during year 2012/13, and future plans**

- Sussex Police engaged with their staff across the police service with professional guidance with regard to the Mental Health Act and specifically around capacity issues and understanding the difference. This was joined with the safeguarding adult policy. It was also communicated force wide with guidance to staff, including pocket notebook sized cards to officers and Police Community Support Officers.
- The Brighton & Hove Adult Safeguarding Conference (14/09/12) was attended by specialist officers from the Brighton AVU (Adult Victimisation Unit) along with Protecting Vulnerable People branch staff.
- We have started an assessment of the training requirements of Adult Protection staff and intend to work with Brighton & Hove to identify appropriate resources.

#### **Chief Inspector Lorraine Morrison**

Protecting Vulnerable People  
Sussex Police

## **4.3 Commissioning Support Unit (Adult Social Care)**

### **General overview of the year 2012-13:**

Our Care Governance strategy is aimed at promoting good quality care, identifying concerns early and intervening effectively when poor quality of care is identified. It clearly links closely to the work of the Safeguarding Adults Board and particularly the preventive aspect of that agenda.

It is encouraging that the number of services suspended or contracts terminated due to poor quality have significantly reduced in 2012/13, with only one new suspension during the year. Alongside this a programme of actively promoting quality through Dignity Champion groups and quality assurance support groups has continued. We have also identified a range of key themes across the sector where there is an opportunity for improvement actions. This included medication where good progress has been made in redesigning an assurance programme linked to training for providers across the city.

The home care sector has stabilised again in relation to quality after some concerns in 2011/12 and a new contract came into place in 2012 which will promote a more personalised approach to service delivery. The implementation of the Electronic Care Monitoring System has improved significantly the performance monitoring of this sector.

Our risk based approach to care governance and audit has been enhanced by the availability of more Care Quality Commission (CQC) Compliance reports which are analysed each week and the work with Brighton & Hove Local Involvement Network (LINK) to make use of their enter and view powers in care homes.

The Promoting Quality agenda has been a challenge given the scale of the agenda, the lead officer only being employed 3 days a week and the impact on her time of a specific service requiring support.

The risk based approach to audit remains a challenge and it is encouraging that the Commissioning Support Unit (CSU) have managed to audit over 50 care homes and all

home care providers in the year.

### **Specific developments, achievements & work undertaken in 2012-13:**

The goals for 12/13 and progress against them is detailed below

1. Progress opportunity to develop joint portal with Care Quality Commission (CQC). This did not progress as CQC decided not to pursue the joint portal. However the CSU have been actively involved in promoting the new quality portal on the NHS Choices website and raising the potential to include local authority information on this site. We have also met with the regional CQC manager to discuss improving information sharing at the local level.
2. Work with LINK to strengthen service user voice in care governance through 'enter and view' visits (20-30 visits per annum to commence May 2012.). A successful programme of 26 visits was completed by the LINK in 2012/13 which the CSU supported. The LINK produced a final report which was presented to the Care Governance Board and the recommendations will inform future improvement activity.
3. Review structure and roles within Commissioning Support Unit. A Review was completed and presented to the Care Governance Board alongside an implementation plan. Good progress is being made on the implementation and should be completed in 2013/14
4. Promote early identification and reduce duplication through a more rigorous co-ordinated audit programme. A monthly spreadsheet was introduced which covers all audit activity including CSU, Clinical Quality Review Nurse (CQRN), Health & Safety, LINKs and Impetus alongside recent CQC compliance inspections. This improved co-ordination and avoided duplication of effort.
5. Identify, prioritise, action and evaluate themed improvement. A programme of themed improvement priorities was identified through the Promoting Quality Panel and signed off by the Care Governance Board.
6. Develop a more consistent audit framework that supports information sharing and transparency. This has been included in the CSU implementation plan following the 12/13 review. Contact has been made with other Councils who are seeking to be more transparent re their audit activity.
7. Develop the performance and quality web page on the Council web site to promote information sharing and transparency. The web page has been revised to improve access to performance and quality information on an interim basis. There are more significant plans in place to improve the Council website overall and the adult social care section specifically. There has been some progress towards developing performance ratings for home care agencies but this requires further capacity to be identified. The Government have announced that national ratings are to be reinstated and we will review our plans in the light of this.
8. Undertake a review of information governance and data protection within contracted services. A review was undertaken and a plan of action agreed which was substantially implemented in year.

### **Future plans / priority areas for 2013/14:**

1. Delivery of the CSU Care Governance Review action plan ;
  - a. Realignment of roles and review again October 2013
  - b. Develop a more consistent audit framework that supports information sharing and transparency.
  - c. Develop a more robust model for audit of Supported Living / Supported Accommodation services
  - d. Review policy re announced / unannounced visits through Care Governance Panel

- e. Review the risk matrix
2. Improve reporting from CSU into the Care Governance Panel
3. Establish closer links with CQC re information sharing on service quality
4. Build on the positive working relationship established with LINks to develop a similar relationship with Healthwatch.
5. Continue to promote the NHS Choices website and explore opportunities to share local authority information.
6. Work with Clinical Commissioning Group colleagues / Commissioners to review the care / clinical governance of short term services and the role of the CQRN.
7. Improve performance of delivery of draft audit reports to provider within 10 working days to achieve 85%.

### **Review of staff competency through training and development during year 2012/13, and future plans**

Competency is reviewed each year through Professional Development Plans and supervision with the expectation all staff are competent and training and development are facilitated where required. In 2012/13 3 staff attended safeguarding training, 1 staff attended a Deprivation of Liberty Safeguards (DoLS) briefing and 2 staff undertook Mental Capacity Act (MCA) training.

A workshop was held with Assessment staff and CSU staff to discuss some key issues about working together to promote safe care. These workshops will be held twice a year in future.

All staff have completed their Performance Development Plans (PDP) and this includes ensuring relevant training needs re safeguarding, MCA and DOLS are met. The team will make use of the safeguarding competency framework to assist. The target is that all staff are competent and appropriate training is arranged each year as identified through PDP and supervision process. In 2013/14 the current plan is that 4 staff will be attending safeguarding related training, 4 staff will be attending DOLS training and 2 staff will be attending MCA training sessions.

### **Any other information / areas / issues:**

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

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

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



**Philip Letchfield**  
Head of Contracts and Performance  
Brighton & Hove City Council

## 4.4 Adult Social Care Commissioning Unit

### General overview of the year 2012-13:

Adult Social Care commissioning plans include leading on the development of services that support people to live healthy independent lives in safety. This means commissioning quality services with partner organisations from the statutory, private and community & voluntary sector.

### What has worked well:

- A Telecare development project was initiated in October 2012 to raise the profile and awareness of telecare services to support independence. A range of initiatives are underway. As assistive technological solutions are evolving such as the GPS 'tracking' devices a review of current processes and paperwork is underway by Carelink Plus in respect of restrictive practice procedures.
- A community safety film 'safe in the city' was made by services users at Grace Eyre and in partnership with the Learning Disability Development Fund. The free film pack offers info on dealing with different types of abuse and comes with an information leaflet and a safety card to help people stay safe in their communities.
- A 'Peer Review' of Safeguarding & Direct Payments was undertaken: This has resulted in an action plan that was shared at the Safeguarding Board.
- A Project Officer will be recruited to promote the 'Support with Confidence' scheme to enable people using direct payments to more easily access a pool of trained staff.
- Head of Commissioning attends the Care Governance Panel to get an overview of quality in the care sector.

### Specific developments, achievements & work undertaken in 2012-13

- Dignity Champions forum for home care providers developed and extended to include providers outside the Council's framework.
- Electronic Care Monitoring System rolled out to all home care providers and extended to include Patching Lodge Extra Care Housing.
- Action plan put in place in response to the Dept. of Health Final Report: "Transforming Care: A national response to Winterbourne View Hospital". All patients have been reviewed as on 1<sup>st</sup> June 2013 and discharge planning has been started for some of those as appropriate.
- Local practice is being improved and best practice shared in services for people with a learning disability & challenging behaviour through a best practice group "Positive Behaviour Support Network."

### Future plans / priority areas for 2013/14:

- Work with Clinical Commissioning Group (CCG) commissioning colleagues and the Contracts Support Unit on developing a Quality Monitoring Framework for Community Short Term Services.
- Ongoing monitoring of the Action Plan in response to the DH report on Winterbourne View, and the completion of the Winterbourne View Joint Improvement Programme Local Stock take.
- Work with CCG commissioning and Sussex Community NHS Trust colleagues to clarify the roles/ responsibilities of health and care workers in relation to delegated tasks.
- Develop an action plan for a Project Officer to promote the 'Support with Confidence' Scheme.
- Work with the Federation of Disabled People, service users and other professionals with regard to people using Direct Payments to implement the action plan from the Peer Review.

- To implement clear procedures for the use of assistive technology solutions that may be restrictive for some individuals.
- Different aspects of Shared Lives are to be highlighted in any safeguarding protocol to raise awareness of the particular issues of the service (this would comply with national guidance published by Shared Lives Plus). We are working towards the eventual inclusion of those aspects in the 'Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk'.
- To progress work to implement emergency back up plans for people who have direct payments, and those who use the Shared Lives scheme.

*On going monitoring of services applies a continuous improvement quality framework and works continuously to raise standards on safeguarding and protection from abuse.*

### **Review of staff competency through training and development during year 2012/13, and future plans:**

Staff competency is reviewed through supervision and through Personal Development Plans (PDP's).

All staff have completed their PDP's. This has ensured that all relevant training needs are met.

#### **Anne Hagan**

Lead Commissioner Adult Social Care  
Brighton & Hove City Council

## **4.5 Partnership Community Safety Team (PCST)**

### **General overview of the year 2012-13:**

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

- The establishment of ECINS, a partnership casework software application, which aids joint working to rapidly assess vulnerability and address risk and harm relating to Anti Social Behaviour (ASB) and hate incidents.
- The establishment of the MARAT (Multi Agency Risk Assessment and Tasking group) which oversees the most vulnerable ASB and hate incident cases. This group is attended by Adult Social Care and Mental Health colleagues among others who help to problem solve cases.
- The continued application of nationally accredited victim and witness standards which further protect and reassure vulnerable victims.
- We have implemented the findings of the Serious Case Review, however the increasing scale and vulnerability of the street population (which includes those within temporary & hostel accommodation) is of significant concern.
- Carried out a Domestic Homicide Review following the death of an older person who had a history of some care needs and of being socially isolated. While the Review found no evidence of domestic violence, the wider findings have led to highlighting the importance of professionals who are working with older people, to have an awareness of the potential presence of domestic violence and to exercising a curiosity or enquiry about its possible incidence. Recommendations will be made seeking to raise workforce skills in these respects.
- A Violence Against Women and Girls Strategy has been developed which co-ordinates the work to address domestic and sexual abuse and violence, trafficking, honour based crimes and forced marriage, stalking and female genital mutilation. A new city wide programme board will be leading this work

which will include initiatives which seek to achieve social and cultural change as well as those which protect victims and bring offenders to justice.

- An intelligence and analytical report has been prepared which gives the best information that is currently available about the extent of trafficking in the city. Lead officers have been identified for the various forms of trafficking and a strategic and operational approach is identified.
- The Community Safety, Crime Reduction and Drugs Strategy sets out the detail of the outcomes framework, performance indicators and Action Plan (31 separate actions ) which aim for a 'reduction in disability hate crimes & incidents and in the harm caused to individuals and communities'. The focus is on achieving increased reporting, reducing harm and risk, establishing effective monitoring strategies, bringing perpetrators to justice, effective court outcomes and increasing public awareness

### **Specific developments, achievements & work undertaken in 2012-13**

The provision of an immediate access duty service by the community safety casework team is improving access to reporting and support.

Revision of risk assessment tools to improve identification of high risk victims and monitoring arrangements.

An effective MARAT on a weekly basis if necessary, which is reducing risk and harm for those cases brought forward for consideration.

Integrated services with the Neighbourhood Policing Teams is improving responses and achieving sustainable solutions to community safety concerns for individuals and communities.

### **Future plans / priority areas for 2013/14 :**

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

A specific partnership campaign for people with learning disabilities is being planned.

While working towards increased reporting, also aim to improve quality and analysis of data, performance monitoring and partnership responses to identified risks and vulnerabilities. This work would also aim to increase the quality of information within Safeguarding IT systems in order to improve the identification of high risk and repeat victims.

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

Improvements in monitoring and analysing information by age, gender, ethnicity, disability and sexual orientation relating to alcohol misuse, domestic violence, safeguarding and hate crimes and incidents will enable partners to focus on older people as a priority group within their workplans.

### **Review of staff competency through training and development during year 2012/13, and future plans**

All staff in the Case Work Team have up to date knowledge of safeguarding. Safeguarding is discussed at weekly case allocation meeting, monthly case status meeting and individual supervision.

The safeguarding and MCA 2005 capability framework is in the process of being completed with all staff.

**Linda Beanlands**

Commissioner Community Safety  
Partnership Community Safety Team

## 4.6 Brighton & Hove City Council Adult Social Care Provider Services

### General overview of the year 2012-13:

1. Numbers of Safeguarding Alerts and safeguarding related issues remain similar to previous years in Learning Disability Provider Services.

Within the Community Short term bed services (Knoll House and Craven Vale) we work closely with the social work teams on site. This has helped to co-ordinate responses to safeguarding alerts as well as benefitting from in-house training which has been provided by a senior social worker regarding safeguarding procedures at Knoll House.

At Ireland Lodge following the death of a resident whilst staying there for respite. There was an inquest and a safeguarding alert. The outcome of the inquest was a rule 43 report which focused on missed opportunities to prevent an admission for a person who subsequently died. The focus of our response was around the checking of information prior to admission or re-admission for those people returning for respite. This has meant that some referrals have been declined as the risk was felt too high.

2. The nature of our service users who often have memory loss difficulties, mental health issues or lack mental capacity can affect the progress of investigations and makes it a challenge to meet timescales.

### Specific developments, achievements & work undertaken in 2012-13

Adult Social Provider Services in partnership with the Learning and Development Team undertook a staffing questionnaire relating to staff attitudes to reporting concerns about both low level practice issues and more serious safeguarding incidents. 150 staff completed the questionnaire. We wanted to understand what stops staff from speaking up. These were the key reasons why staff who completed the survey said would stop them from speaking up:

- It won't be acted upon
- Will be seen as a trouble maker
- Fear of reprisals
- Past experience wasn't good
- Don't want to get colleagues into trouble
- Culture of blame
- It's not what happens here

We asked about good examples that have helped staff to speak up these included:

- Working as a team
- Using the policies and procedures (Safeguarding)
- Speaking up straight away
- Be factual
- Issues being dealt with promptly
- Having a manager you feel confident in who takes time to listen to concerns

- Helping colleagues with tips about who to support a service user
- Sharing best practice

We asked about what more could be done to encourage staff to speak up. Staff told us:

- Knowing there will be a positive outcome for the service user
- Getting feedback e.g. from Safeguarding Alerts
- No blame culture – training as prevention
- Protection from bullying / reprisals
- Strong encouragement to Speak Up – talk about it at Team Meetings
- More protection and support for ‘whistle blowers’

We used our annual staff conference to ask staff for their ‘top tips’ for other staff to support speaking up. A poster has been designed which will be displayed in staff areas in all our services.

Knoll House management was returned to the local authority in October 2012 following a change in the model of service delivery from a clinically led to a social care led service. At the time of transfer the service was subject to safeguarding and was non-compliant with CQC requirements. The service is currently being delivered with a reduced occupancy to enable a detailed and extensive improvement plan to be implemented.

#### **Future plans / priority areas for 2013/14:**

One of our priority areas for future cross service work this year is a review of medication policy and practice. Medication errors and near misses continue to be an issue for concern specifically across our accommodation services.

#### **Review of staff competency through training and development during year 2012/13 and future plans:**

35% of Provider Services staff attended safeguarding training including DOLS and MCA training during 2012-13.

From September 2013 all managers will be required to record individual safeguarding competency on a central database, with regular reports provided for the management team in order to improve over-sight of safeguarding training and skills.

#### **Any other information / areas / issues:**

We participate in the hosting of regular Dignity Champions meetings to improve services and outcomes for service users.

#### **Karin Divall**

Head of Provider Services  
Brighton & Hove City Council

## **4.7 Brighton and Sussex University Hospital NHS Trust (BSUH)**

### **General overview of the year 2012-13:**

The Safeguarding Adults team has had a busy year embedding training on Safeguarding Adults at Risk and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) across the Trust. We have also secured a lead Safeguarding Adult Nurse post which we recruited to in February. The number of Safeguarding Alerts raised against the Trust continues to rise which demonstrates that staff both in the

hospital and in external providers are raising concerns.

Completing the investigations within the time frames has provided the organisation with a challenge and there are occasions when timeframes are not adhered to.

The Trust has also seen an increase in the number of alerts raised relating to pressure damage. A flow chart has been produced to ensure that Staff are reporting pressure damage via the safeguarding process where appropriate.

### **Specific developments, achievements & work undertaken in 2012-13**

Trained 35% of the workforce on safeguarding adults, the aim is to increase this over the next 12 months to 60% of staff will have had training.

The Sit and See tool has been developed and implemented and a training DVD produced.

Governance procedures continue to be refined with weekly reporting to the start of the week meeting and regular reports being received at the Trust Board, Quality and Safety Committee and the Safeguarding Adults Committee.

The Trust participated in a Learning Disability Peer Review in July 2012. This gave service users and staff from another area of the South East Region to visit our Hospital and evaluate the service which is provided.

The Trust has received a Bronze award for the Total Communication Standards.

A Dementia Nurse has been appointed to the Trust and this post is working with all ward areas to raise the profile of Dementia Care.

### **Future plans / priority areas for 2013/14:**

- To produce a bi-monthly newsletter for staff
- To produce a summary of actions taken and learning as a result of safeguarding investigations.
- To review the Trusts MCA and Safeguarding policies
- To implement a version of the competency framework document
- To continue to implement the Sit and See Tool
- Safeguarding study morning planned for 13<sup>th</sup> September

### **Review of staff competency through training and development during year 2012/13, and future plans**

Training is held on a regular twice a month basis, to help increase the number of staff trained the safeguarding team have been able to secure a slot on the nurse induction training day.

The Trust will continue to train staff on safeguarding and it is hoped that now there is a dedicated lead nurse this will improve the numbers trained.

### **Sherree Fagge**

Director of Nursing

Brighton and Sussex University Hospital NHS Trust

## 4.8 Brighton & Hove City Council Housing

### **General overview of the year 2012-13:**

An action plan overseen by Graham Page (Tenancy Sustainment Manager) was monitored at regular meeting.

Enhancement to the procedures on self neglect was a key priority – both in regard to training staff and establishing of a self neglect panel to review serious cases at a senior level.

We examined options for a secure computer system for Housing staff to review actions and set time-related tasks to progress safeguarding cases they are involved in. This work is ongoing.

An event was organised to promote closer working relations with social services and other agencies.

Work was begun on competency frameworks to be embedded in performance reviews – but this has not been completed.

Temporary Accommodation team have continued to provide Emergency and Temporary Accommodation for Homeless Households in the city. The teams now manage over 1000 properties in the city which are available as Emergency accommodation or for more long term lease.

The numbers of properties available has increased and the range of those properties have also increased as the team have taken on more self contained units which can be used as emergency accommodation, and are available on the day for homeless hold holds. This has reduced the use of B&B type of accommodation for families and pregnant women. When B&B style accommodation has been used for families and pregnant household, the waiting time to move to self-contained accommodation has been reduced.

The team have faced a number of challenges this last year as the winter has been a particularly cold one. We were able to fulfil our duty under the Severe weather emergency Protocol (SWEPE) and accommodate all referred Rough sleepers during the cold winter months.

The credit control Team have maintained all of their targets for collection of rents in both Emergency and Leased accommodation, this has been during a time of uncertainly when there have been a number of Benefit changes.

### **Specific developments, achievements & work undertaken in 2012-13:**

Establishment of provisional Self Neglect Panel – to escalate action to a senior level if needed.

Protocol agreed with Mears (Housing repairs contractor) and other contractors to identify and act on safeguarding risks

Frontline were trained on Patchwork to allow closer working relationships with other agencies.

Managers met to review procedures to make sure any possible alert was being appropriately followed up.

We have visited at home all of those clients who maybe effected by the Benefit caps



and have been able to discuss options with them ready for the welfare reforms.

We have successfully piloted a new type of Bed and Breakfast accommodation; Smile to live have offered emergency Accommodation in a new block of high quality accommodation. All rooms have been designed with on-suit bathrooms and there is access to a communal Kitchen where a free nutritious breakfast is served every morning. The rooms are build above studios which offers Yoga, Pilates and other activities which have been available to our clients free of charge.

The Council has successfully taken on the management of over 260 new refurbished seaside homes properties which were previously void and in need of modernisation. These are affordable properties which have been allocated to Vulnerable homeless households in the city.

**Future plans / priority areas for 2013/14:**

To activate the Self Neglect Panel and assess the first cases.

To embed competency framework in performance reviews.

To make sure all frontline staff are trained in self neglect procedure

We are currently writing a framework agreement for all our temporary accommodation, which should offer better value for money as well of a better range of types of accommodation available for emergency purposes.

Smile to live project has been extended for a further 6 months and this model of accommodation provision is being discussed as a potential for other types of Emergency Accommodation.

The teams are currently working towards implementing two new computer systems, one which will enable homeless applicants to make initial applications and received housing advice on line. The other is an integrated rent accounting system for all of our Emergency accommodation Licensees. This will enable working households in emergency accommodation to contribute to the cost of their accommodation.

**Review of staff competency through training and development during year 2012/13:**

All frontline staff (except those employed recently) have received face-to-face training in safeguarding and the Mental Capacity Act. Training is arranged twice a year for new recruited staff.

Plans for self neglect and Deprivation of Liberty Safeguards are still to be set.

Procedures and assessment reviewed in Sheltered Housing.

**Future plans for staff competency::**

All frontline staff receive (or will receive) training in the MCA. Deprivation of Liberty Standards training has yet to be set.

**Jugal Sharma**

Head of Housing

Brighton & Hove City Council

## **4.9 South East Coast Ambulance Service (SECamb)**

### **What safeguarding adults activity has your organisation undertaken whilst working in partnership with Brighton & Hove Safeguarding Adults Board between 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013?**

Over the past year, South East Coast Ambulance Service NHS Foundation Trust (SECamb) has raised 189 adult concerns for vulnerable adults in the Brighton & Hove area. This represents 7.05% of all adult concerns raised by SECamb staff across the Trust. Work was undertaken to develop a briefing sheet for front-line ambulance staff and Sussex Police to refer to when managing vulnerable patients who lack capacity following assessment using the Mental Capacity Act (MCA).

### **What key developments, achievements & work in safeguarding has been undertaken by your organisation between 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013?**

Improvements have been made regarding information sharing internally with the safeguarding team now being routinely informed of any serious incidents involving vulnerable adults and children.

Scoping was undertaken with Independent Domestic Violence Advisory Service (IDVA) in Brighton & Hove and West Sussex to develop a screening tool for SECamb frontline and call centre staff to use in cases of suspected domestic abuse. A project lead was seconded to take this agenda forward.

### **What safeguarding training has been delivered within your organisation between 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013?**

A key area of work undertaken by SECamb over the past year included the development and implementation of the Trusts safeguarding training needs analysis plan. The plan includes capturing training for all staff groups, both frontline and office based and utilised a mixture of both face-to-face training and e-learning modules. Frontline staff and the Trust Board have received vulnerable adult, domestic abuse and mental capacity act training during this year.

### **What planned developments, future plans / priority areas for 2013/14 &/or beyond for safeguarding adults does your organisation have?**

The domestic abuse pilot will be launched in July 2013 with a period of evaluation following this. Future plans to include continued development of the pilot areas and rolling the project out to all other areas within the SECamb boundaries these will be reliant on securing further funding.

Planned development of a Level one safeguarding adults e-learning training course for non-frontline staff.

Continued active engagement with the National Ambulance Safeguarding Group.

#### **Jane Mitchell**

Safeguarding Lead

South East Coast Ambulance Service NHS Foundation Trust

## **4.10 Sussex Community NHS Trust (SCT)**

### **Priority Areas for 2012-13**

1. Developing strategies aimed at improving the numbers of staff who access safeguarding awareness and update training
2. Establishing and embedding the Trust's Safeguarding Committee to monitor clinical areas for improvements in practise
3. Incorporating Prevent Strategy into relevant practice areas

4. Establishing locality areas for the Teams' safeguarding Practitioners. These are likely to be aligned with existing West Sussex and Brighton & Hove Council Adult Services boundaries. This would allow greater multiagency working with Adult Services Teams, Independent Chairs and community healthcare teams.

#### Update on these Priority Areas

1. A reduction in the number of face-face training sessions indicates the majority of staff now undertake this awareness training via e-learning

Bespoke training sessions for clinical teams is provided upon request

Evidence of safeguarding Alert raising throughout the organisation

2. The Trust's Safeguarding Committee meets quarterly and is chaired by the Chief Nurse and is designed to co-ordinate and scrutinise the Trust's Safeguarding Adults work
3. Sussex Community Trust remains committed to the Prevent Strategy although the SAR Group has agreed that the Trust's response will be co-ordinated through its Resilience planning. This is currently being discussed with the relevant Directors
4. Locality areas have been established for the safeguarding Practitioners. These have been aligned with existing local authority boundaries in West Sussex and Brighton & Hove

#### SCT Safeguarding Activity

Safeguarding information held by the Team suggests that thirty three alerts were raised against SCT during 2012/13; this includes Brighton & Hove and West Sussex. Of the 33 alerts identified it appears that 15 of these cases were also raised as Serious Incidences and broad themes for alerts included:

- Substantiated and unsubstantiated allegations of poor communication between community nursing services and care homes that resulted in pressure area damage
- Unsubstantiated allegations of neglect by failing to recognise within one of the Trust's bedded areas a deteriorating patient

The table below identifies the number of alerts raised against SCT that are recorded on the SAR team's database and the outcome of the subsequent investigation.

Level of Investigation	No of Alerts raised against SCT	Outcomes						
		Allegation Substantiated	Allegation unsubstantiated	Allegation Inconclusive	Awaiting Case Conference	No Further Action	Ongoing	No record of outcomes
1	22	1	1	2	0	10	1	7
2	3	1	0	0	0	2	0	0
3	8	1	1	1	1	2	2	0
4	0	0	0	0	0	0	0	0
<b>Total</b>	<b>33</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>14</b>	<b>3</b>	<b>7</b>

One of the functions of the Trusts Safeguarding Adults Committee is to monitor individual action plans developed as part of a safeguarding investigation. Additionally, the safeguarding team are able to provide support to a number of clinical areas where

Serious Incidences have run in parallel to safeguarding investigations, with the aim of improving practise and awareness of the safeguarding philosophy.

From April 1st 2012 - March 31st 2013 Sussex Community Trust received 23 requests for Health Investigating Officer input from Brighton & Hove City Council (BHCC).

Reasons for referrals to SCT Health Investigating Officers from BHCC

- Poor recording and implementation of end of life care planning and Do Not Attempt Resuscitation processes
- Poor approach to the administration of prescribed medication that resulted in significant harm to individuals
- Management of chronic wounds and pressure ulcers
- Allegations that care home/domiciliary staff are unable to recognise acutely deteriorating patients and failed to seek appropriate support or advice

### **Training achievements**

From April 1<sup>st</sup> 2012 – 31<sup>st</sup> March 2013 a total of 493 members of staff are recorded to have undertaken Safeguarding Basic Awareness training, this equates to around 10% of all staff. Although no agreed staff numbers undertaking this training have been set for 2013-14, the safeguarding team continue to work very closely with the Head of Professional Practice & Development to develop a Trust wide strategy to improve attendance and uptake of all mandatory training within the Trust.

Sussex Community Trust remains committed to safeguarding its patients and service users and employs a number of clinical metrics to evidence this:

- NHS Safety Thermometer – The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that it's possible to measure and monitor local improvement and harm free care over time.
- The analysis charting functions are built in to the NHS Safety Thermometer, so that the results can be seen straight away. As well as recording pressure ulcers, falls, catheters, Urinary Tract Infections (UTI) and VTEs, it can record and analyse additional local information.
- Dementia Screening – All appropriate patients accessing bedded units within SCT are offered dementia screening. This screening ensures that patients are able to access the appropriate clinical services and support.
- The Productive Ward - The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

### **Priority Areas for 2013 – 14**

- Development and implementation of a Trust Safeguarding Adults Strategy
- Development of a Trust wide safeguarding training strategy

- Closer integration of clinical metrics and safeguarding activity through the Safeguarding Committee
- Working closely with BHCC to embed policies and procedures on Self Neglect

**Graham Nice**

Chief Nurse

Sussex Community NHS Trust

## 4.11 Sussex Partnership NHS Foundation Trust (SPFT)

### General overview of the year 2012-13:

In summary activities in the last twelve months have focused on delivering improvements in practice and adult safeguarding through a number of mechanisms.

The Trust has continued to work closely with the Brighton & Hove City Council Head of Adult Safeguarding and Adult Social Care managers to provide additional training and support to both operational managers and staff acting as Safeguarding Adults Investigating Managers within integrated mental health and substance misuse services as well as practice guidance and coaching to undertake investigations.

The quarterly safeguarding case file audit has also been refocused and strengthened to ensure that any variability in practice and recording is identified and tackled swiftly. Audits take place in adult mental health, dementia services and substance misuse services. These audit reports are included in the Council's Adult Social Care & Health quarterly audit report so learning from other care groups can be shared.

Yearly workshops take place for both SPFT and Adult Social Care managers to look at the consistency of the audits across services, areas for service development and strategic plans around safeguarding activity.

Sam Allen Service Director in Brighton & Hove now chairs a safeguarding quality assurance meeting every six weeks. The Brighton & Hove City Council Head of Adult Safeguarding attends the meeting.

The function of this group is:

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

Information from the meeting and recommendations from the audits is communicated to all staff by way of a safeguarding Newsletter. Edition 3 is attached.



SAAR Newsletter  
3.doc

The Professional Head of Social Care, General Manager for Social Care and Service Managers from Dementia and Assessment & Treatment Services attend the Brighton & Hove City Council Assessment Service Management meeting which includes safeguarding as a standing agenda item.

The Professional Head of Social Care holds quarterly meetings with Brighton & Hove City Council Head of Adult Safeguarding, Integrated Managers and all safeguarding Investigating Managers to analyse the data, improve on performance and support service improvement.

### **Specific developments, achievements & work undertaken in 2012-13:**

Due to the reorganisation of teams as we move towards Assessment and Treatment services and Dementia services, it was felt timely to refresh the way in which safeguarding alerts are processed. The Professional Head of Social Care held two workshops for the General Managers, Service Managers, Team Leads and Lead Social Workers, to look at how the process could be improved and how we could work smarter. Evidence from the audits suggested an inconsistent approach to dealing with alerts and on the decision to investigate. The workshops were well attended and a new pathway was proposed. A pilot project was implemented which entailed a dedicated Investigation Manager dealing with all safeguarding alerts in both Assessment & Treatment Service and Dementia Services on a daily basis via a dedicated single point of access with a secure email. The pilot project was evaluated after 3 months and felt to be successful in significantly improving data collection, the initial response to safeguarding alerts, uniformity and timeliness of decision making and allocation for investigation. Subsequently the pilot has been adopted as routine practice and the numbers of Investigating Managers has expanded to support the service.

An Investigation Managers Practice group has been set up, to look at case studies and difficult practice issues, to ensure that we learn lessons from the audits and to ensure we get greater quality and consistency in our responses to alerts.

A series of additional protocols/practice guidance have been produced to further define when an alert should be raised under the Sussex Multi Agency Policy and Procedures. The introduction of clearer protocols will support staff with their assessment of the relevant levels on which alerts should be taken forward for investigation.

During 2012/13 there has been a significant increase in safeguarding activity within adult mental health, dementia and substance misuse services in comparison to the previous year. This can in part be accounted for by the improvements undertaken to the management of safeguarding activity with particular rigour around data collection. 909 alerts were received in comparison to 551 in 2011/12 which is an increase of 65%. Whilst improved data collection is evidently one factor this volume of increased activity requires further evaluation- a key activity for this year.

416 safeguarding investigations were required within integrated services during 2012/13 following receipt of alerts. There has been a significant percentage increase of numbers of investigations across all care groups in the City. This number is almost equal to those carried out in adult social care.

54% of all safeguarding alerts received within integrated mental health and substance misuse services did not require an investigation during 2012/13. Whilst these alerts did not require investigation under the safeguarding procedures many of these alerts will have resulted in alternative interventions including assessment from mental health

services. The resource attached to this additionally activity is being captured and will be evaluated.

Within the Trust's own services in 2012/13 there were 18 substantiated safeguarding investigations. Specific awareness raising activity has taken place during 2012/13 within the in-patient acute services and a closer understanding of the relationship between the Safeguarding and the Serious Investigation process may account for the increased number.

#### Domestic Abuse:

The Trust participates in the Brighton & Hove Domestic Violence Multi Agency Risk Assessment Conference (MARAC), and this has led to a number of effective interventions and protection plans being implemented. The Trust participated in the recent MARAC development day and is committed to raising awareness of the MARAC within integrated mental health and substance misuse services via a training programme in conjunction with Adult Social Care & Health.

The Trust has submitted an expression of interest to be a pilot PRIMH project aiming to improve practice in mental health services in relation to domestic and sexual violence.

The Trust has been invited to be a Board Member of the Violence against Women and Girls Programme which is chaired by the Deputy Chief Executive of Brighton & Hove City Council and begins in September 2013. The Deputy Service Director for Brighton & Hove will attend this meeting.

Data on safeguarding alerts which are linked to Hate Incidents and Domestic Violence can now be collected from Sussex Partnership Foundation Trust teams. An increase was evidenced throughout the year.

#### Safeguarding Hub:

Substance Misuse Services (SMS)

SMS in partnership with other statutory, voluntary and community sector partners holds weekly multi agency meeting to review the most vulnerable substance misuser's and homeless service users in the city. This is an example of good preventative practice and mental health services are considering using this model to share information about the most complex cases in the city.

At the recent Sussex Partnership Social Care Conference, the SMS hub gave a presentation with a first hand account from a service user who had been safeguarded and the alerter, to explain how the hub had successfully managed the safeguarding process.

#### E-CINS (Empowering Communities):

SPFT is committed to work with the Partnership Community safety Team with the introduction of E-CINS to support work to protect the most vulnerable victims of crime, hate crime and anti-social behaviour in the city. Staff from adult mental health services and substance misuse services attend the MARAT- which is a multi agency meeting for the vulnerable victims of anti-social behaviour. This allows for appropriate information sharing and actions taken forward.

#### **Future plans / priority areas for 2013/14:**

Training:

Ongoing training continues to be provided for teams as required and Brighton & Hove City Council Head of Adult Safeguarding also offers bespoke training to SPFT. Integrated services are creating a training matrix based on an audit of staff training at all levels of investigation in order to formulate a training plan for the forthcoming 12 months.

#### Data Collection and analysis:

As evidenced by the numbers of alerts and those passed into investigation data collection is improving and quarterly meetings are held with Brighton & Hove City Council Head of Adult Safeguarding and integrated managers to analyse the data and improve on performance.

A further evaluation of the Investigation Manager pilot and increased safeguarding activity is a key activity for the remainder of 2012/13 and beyond. This evaluation needs to focus on improved data recording, uniformity of responses to alerts, staff review of the new way of working and quantifying whether there is a need for additional administrative resource. There needs to be a clear shift towards an increased focus on outcomes of safeguarding activity and the impact this has on the quality of life for the adult at risk.

In order to ensure the safeguarding activity in integrated services is adequately resourced to meet the current level of demand the evaluation needs to further include an analysis of the numbers of alerts investigated and at which level and to compare this against the numbers of whole time equivalent staff available to carry out safeguarding activity in a comparative area of service. Comparison of safeguarding activity across the last two financial years will be included to examine any themes and trends.

#### **Review of staff competency through training and development during year 2012/13, and future plans**

Brighton & Hove City Council have created a Safeguarding Competency Framework. All staff working in integrated mental health services including managers who are involved in the investigation of Safeguarding alerts have completed the framework in their supervision and are now cascading it to their staff. The framework can be tailored to meet the needs, expertise and job role of individual staff and can be used to assess the competence of staff. Staff in acute in-patient settings undertake the Safeguarding Awareness Training. This is also part of SPFT's mandatory training framework. The total number of Sussex Partnership staff attending Brighton & Hove City Council safeguarding training courses in 2012/13 was 62.

Brighton & Hove City Council have created a Mental Capacity Act Competency Framework which is due to be rolled out to all assessment staff including those in integrated services over the next twelve months. This is addition to the Mental Capacity Act training offered by the Trust to its own staff on a rolling program.

For 2012/13 in relation to Brighton and Hove SPFT staff:

- 80 people attended the MCA training ( which includes DOLS)
- A further 34 Junior Doctors received MCA training as a part of their Junior Doctor induction.
- 40 people completed the online e learning Safeguarding Adults training.

#### **Any other information / areas / issues:**



The Brighton & Hove Safeguarding Board has signed off the Sussex Self Neglect procedures and these have been circulated to all staff in assessment services within integrated teams. It has been proposed that any training related to these procedures should be mandatory in assessment teams throughout mental health services.

As a managing authority, SPFT are responsible for preventing unnecessary deprivations of liberty by recognising when a deprivation of liberty is likely to occur and applying the safeguards appropriately. DoLS training is provided to SPFT staff and advice on recognising a deprivation is available from the MHA Services team.

In response to the House of Lords Select Committee's call for evidence on the implementation of the MCA 2005, SPFT will be consulting with staff and submitting evidence to contribute to the Committee's investigation.

#### **Vincent Badu**

Strategic Director of Social Care and Partnerships  
Sussex Partnership NHS Foundation Trust

## **4.12 Brighton & Hove Clinical Commissioning Group**

### **General overview of the year 2012-13:**

2012-13 was a year of transition in the NHS with major changes to the structures which support the commissioning and monitoring of health services.

Brighton and Hove (B&H) Clinical Commissioning Group (CCG) have been in shadow form for 2 years prior to April 2013 taking over full statutory responsibilities from 1<sup>st</sup> April 2013.

### **CCG authorisation requirements**

CCGs are required to ensure that they have capacity and capability to commission safe services for those in vulnerable situations. Leadership arrangements for adult are required to ensure that they have capacity and capability to commission safe services for those in vulnerable situations, and include effective systems for responding to abuse and neglect of adults and have effective interagency working arrangements with local authorities, the police and third sector organisations.

CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.

CCGs need to demonstrate that their designated clinical experts (children and adults), are embedded in the clinical decision making of the organisation, and with the authority to work within local health economies to influence local thinking and practice and providing clinical advice, for example in complex cases or where there is dispute between practitioners.

Where CCGs contract with Commissioning Support Units for support with patient specific services such as continuing care or the management of serious incidents, they need to ensure that these organisations have access to the appropriate safeguarding expertise. A significant change in the new structure is the commissioning and performance management of primary care, (General Practice services), now the responsibility of the NHS Commissioning Board (NHS CB), via its area teams. The NHS CB is also responsible for the co-ordinating and funding of safeguarding training for GPs supported by the CCG, and potentially other primary care professionals and includes responsibility for commissioning any reviews or enquiries of independent contractor's actions which were formally the Primary care trusts responsibility.

To support shared learning and early detection of issues in the system Quality Surveillance Groups (QSG) now form a part of the landscape, these act as a virtual team across a health and care economy, bringing together organisations and their respective information and intelligence gathered through performance management, commissioning and regulatory activities, to spot potential and actual quality problems at an early stage. QSGs operate at regional and local levels, according to the footprint of the NHS CB's regional and area offices and B&H CCG is an active member of the local area team QSG.

B&H CCG has undergone a staff review and restructure over the past year resulting in responsibility for Adult and Children Safeguarding sitting within the portfolio of the Lead Nurse, Executive Director for Clinical Quality and Primary Care, so ensuring oversight and management is retained at Board level.

Members of the B&H Quality Team have undertaken clinical investigations in Care Homes with Nursing in the city working with the council throughout the year, taking over the role of the Home Care Support Team.

The Care Homes with Nursing Competency Framework continues to be used across the city. This document outlines an understanding of the competencies and skills of registered nurses working in nursing homes.

### **Specific developments, achievements & work undertaken in 2012-13:**

In December 2012, B&H CCG agreed to co-ordinate a group to review the healthcare provider's policies and understanding of delegation of tasks to non-clinical staff. This was in light of a number of safeguarding alerts where clinical care, for example medication management, had been delegated with insufficient clarity around training and accountability. There had also been a concern around PEG feeding. The discussion over delegation has raised some interesting issues matching new levels of patient dependency but using historic pathways of care provision. All providers have been asked to submit their policies for scrutiny, and assurance will be sought by commissioners regarding thresholds, training and accountability. New providers will be expected to have specific policies around safe delegation in place.

### **Future plans / priority areas for 2013/14:**

- B&H CCG is in the process of reviewing their actions in commissioning against the Francis Report recommendations.
- B&H CCG will be recruiting to the vacant post which supports monitoring of Quality and safeguarding in commissioned independent provider organisations
- There will be an increased input by the Quality / safeguarding managers in to the development of CCG contract specifications for health services.
- The quality monitoring team will be further developed to strengthen their safeguarding adults expertise
- A regular meeting is scheduled between the local CQC inspectors and the Quality /safeguarding leads is in place
- Further development of a reporting matrix relating to compliance with the Pan Sussex safeguarding vulnerable adult's policy and the mental capacity act (2005) is being undertaken with providers. The Director of Clinical Quality has regular quality monitoring meetings monthly with all 3 main providers of services (Brighton University Hospitals Trust, Sussex Community Trust, & Sussex Partnership Foundation Trust)
- Pan Sussex serious incidents (SI) scrutiny panel is in place and reviews all SI investigation reports from across Sussex before closure is agreed. This panel contains Heads / Directors of Quality from each CCG across Sussex, all of which have a range of clinical expertise. Any issues/themes of concern identified within this group are followed up with individual providers and where learning

appropriate for dissemination over a larger area and across stakeholders is identified it will be flagged to the area team/Safeguarding Adults Boards.

- Ensuring that the work for the delegation of duties and safe working practices for non-clinical staff remains a focus for commissioners
- The safeguarding issues within short term services have a high priority
- The training of pharmacists, optometrists and dentists. The responsibility for training now sits with local area team.
- Safeguarding alerts reported by independent contractor GP's, dentists, pharmacists and optometrists in light of the new NHS now are the responsibilities of the Local Area Teams however further work to identify where sharing of information supports learning is required.
- Establishing a Lead role for Care Homes with Nursing in the quality team, as the previous Quality Review Nurse post is vacant
- The NHS Local Area Team is introducing a pan Surrey, Sussex, Kent and Medway Safeguarding Networking of which B&H CCG will be a member

#### **Review of staff competency through training and development during year 2012/13, and future plans:**

GP's, dentists, pharmacists and optometrists have had access to Safeguarding training by Brighton and Hove's Safeguarding doctor and nurse. All GP surgeries continue to have a safeguarding lead for children, victims of Domestic Violence and vulnerable adults. It is their responsibility to cascade all updated information to their practice staff.

A Protected Learning afternoon in June 2012 was held across the city for all primary care staff which included a session on safeguarding for adults/children, incorporating the Mental Capacity Act and Deprivation of Liberties.

The B&H PCT previous Head of Quality held several workshops last year for all Primary Care Trust staff on safeguarding issues/Mental Capacity Act.

It is very difficult to quantify the amount of staff trained in all the areas.

At present for 2013/14, the named doctor for safeguarding is no longer undertaking training for pharmacists, optometrists and dentists, but continuing to do updates for primary care safeguarding leads.

The Named General Practitioner for safeguarding Children will continue to support adult safeguarding training within the programme of Children's Safeguarding training for primary care and there has a small increase in contracted to 8 hrs. per week

#### **Any other information / areas / issues:**

The NHS commissioning Board Authority are expecting to publish the full framework in the Autumn for safeguarding both children and adults within the reformed NHS. Interim advice has been helpful in the work with CCGs to ensure that they are well prepared for the safeguarding responsibilities.

#### **Soline Jerram**

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

### **4.13 East Sussex Fire and Rescue Service (ESFRS)**

**General overview of the year 2012-13:**

Effective Partnership working with a variety of statutory and voluntary sector agencies across adult social care (ESFRS Care Providers Scheme).

Increase in variety of partner agencies we work with for example, adult substance misuse teams, occupational therapists.

Service wide training delivered to key staff members to improve awareness and skills in well-being and safeguarding concerns about vulnerable adults

**Specific developments, achievements & work undertaken in 2012-13:**

Overcoming data sharing barriers with other agencies

Increasing the percentage of accessing those adults most vulnerable in our communities-we carried out 2,989 home safety visits in Brighton and Hove, 2,468 (82%) were delivered to vulnerable adults (according to our vulnerability criteria).

ESFRS Safeguarding Panel continues to meet and the Director of Prevention and Protection now has the corporate lead for all safeguarding matters. The ESFRS Safeguarding Policy has been reviewed and agreed with staff and representative bodies. ESFRS has audited and reviewed its internal procedures, and simplified the process for staff to make safeguarding referrals through its 'coming to notice' form.

ESFRS worked closely with the Brighton & Hove City Council Head of Adult Safeguarding to develop a series of information postcards specifically aimed at three key groups of people who we know are more vulnerable in the event of fire; the elderly, particularly those living alone; people with disabilities and people with limited mobility. These postcards, paid for by ESFRS, provide contact information for Access Point and the Fire & Rescue Service and have now been widely distributed. We consider this to have been a cost effective campaign to raise awareness within a specific target group and look forward to undertaking similar campaigns in partnership with the City in the future.

**Future plans / priority areas for 2013/14 :**

Reciprocal partnership referrals and information sharing arrangements with statutory and voluntary agencies to raise awareness of ESFRS home safety visiting service.

Increase in signposting vulnerable adults to services that will improve their well-being

Increase in awareness and referrals from our staff on vulnerable adults that we believe may be at risk of harm or abuse.

Effective data sharing with other agencies.

Referral pathway for fire safety visits with Adult Social Care as care packages become subject to their annual review.

Increasing percentage of home safety visits delivered to those adults most vulnerable to fire risk in our communities

**Review of staff competency through training and development during year 2012/13, and future plans:**

ESFRS delivers an internal basic awareness course covering both safeguarding children and adults. A good proportion of supervisory and middle managers have undertaken internal training. All new entrants to the Service and staff being promoted

into supervisory manager roles undertake safeguarding training.

The ESFRS Safeguarding Panel has undertaken online training, provided by KWANGO.

ESFRS has a policy and procedure that records safeguarding concerns from staff and then passes them on to appropriate statutory partners. We aim to have very clear organisational boundaries in this area and do not investigate or undertake a casework function as an agency in respect of safeguarding.

We do not cover the Mental Capacity Act and Deprivation of Liberty Safeguards in the training and would look to partner providers for this expertise should this be relevant to our staff. We are looking at the provision of this training to key staff through East Sussex County Council, but would wish to consider training for City staff through Brighton & Hove City Council if it were to be offered.

### **Andy Reynolds**

Director of Protection and Prevention  
East Sussex Fire and Rescue Service

## **1.1 Surrey and Sussex Probation Trust**

Surrey and Sussex Probation Trust (SSPT) protects the public by working with offenders to reduce re-offending and the harm this causes to individual victims and the wider community. We recognise that this work can only be achieved through a collaborative approach which involves partner agencies from the communities we serve and our civic partners. Probation officers use their skills and evidence based practice to assess the risk of harm and the risk of reoffending posed by an individual offender. In this way they are able to identify factors that have contributed to their offending. SSPT also has a remit to be involved with victims of serious sexual and other violent crimes. We share information and work in partnership with other agencies including Local Authorities, Police and Health Services. We are a statutory contributor to local Multi Agency Public Protection Arrangements (MAPPA). As a key MAPPA partner we join with others to ensure the tight management of offenders whose behaviour includes sexual and/or violent crime with the aim of stopping the repetition of such behaviour in order to protect the public and previous victims from serious harm.

Although the focus of the Probation Service is on those who cause harm, we are also in a position to identify offenders who themselves are at risk from abuse and to take steps to reduce the risk to those offenders in line with the principles attached to Adult Safeguarding. Our approach to this incorporates the concepts of prevention, empowerment and protection to enable adults in vulnerable circumstances to retain independence well being and choice to access a life free from abuse and neglect. For us this choice extends to their ability to choose a life free from crime and to become a responsible citizen.

Our staff work with offenders who target vulnerable people, as well as victims and offenders who are considered vulnerable in their own right. Evidence shows us that mental health problems and learning disabilities result in poor decision making and impulsive behaviour. In 2009 Lord Bradley completed a review of people with mental health problems or learning difficulties in the criminal justice system. Within the prison population he found a huge diversity of individuals with a range of very complex needs, These included a high number who were suffering from mental health problems or learning disabilities.

The first steps to the effective management of offenders are good early identification and assessment of problems to inform how and where they are most appropriately treated. Working in partnership with the Mental Health lead for Sussex Police, SSPT made a successful bid for funding to the Department of Health (Offender Health) to be a pathfinder site for a Criminal Justice Liaison and Diversion Service. We now have mental health nurses (some with a learning disability specialism) in all Sussex Police Custody and Magistrates Court sites. The improved identification and assessment of people with these difficulties allows information to be provided to police, probation and prosecutors. In this way, where appropriate, offenders with mental disorders may be diverted from the criminal justice system and enabled to access suitable health and social care services. In September 2013 SSPT in partnership with Sussex Partnership Trust will introduce a new Specified Activity Requirement (SAR) for use by sentencing Courts. The SAR has been designed to address the needs of individuals who are assessed as having low level anxiety and depression .This is a part of a package of measures being offered to the courts (where sentencing guidelines permit ), as an alternative to a custodial sentence.

Membership of the Safeguarding Adults Board facilitates stronger ties with other professionals working in the statutory and voluntary sectors and promotes good practice. This in turn supports us in our goal of ensuring that offenders desist from crime. Our staff have received training in mental health awareness, working with substance misusers and people with a personality disorder. We work closely with our partners in Brighton and Hove Community Safety Team to deliver the 'Safe in The City' –Community Safety Plan. In early 2013 we launched our new Domestic Abuse perpetrators programme, 'Building Better Relationships'. The course is designed for male perpetrators who have committed intimate partner abuse and are assessed as posing a high or medium risk of re-offending. Participants are encouraged to learn about how emotions, thinking, communication and some of their behaviours have damaged 'romantic' relationships; to see how different influences in their lives can play a part in the violence they show and the stresses they have experienced in relationships. Participants are enabled to discover and build on their strengths and to use these to shape and influence their responses in current and future relationships. They are also asked to practise being a thoughtful and content partner and father.

#### **Future Plans Priority Areas for 2013-14**

- We continue to train our staff in the delivery of the Diversity Awareness and Prejudice Programme (DAPP). This course aims to reduce the risk of re-offending by addressing the individuals distorted thinking, anti-social behaviour and prejudice.
- Women Offenders – we are extending our provision for women offenders to include provision for women involved with the Liaison and Diversion Scheme. The 'Inspire' partnership already delivers interventions to women who are at low to medium risk of reoffending. Their provision includes: Individual casework-Brighton Women's Centre; Mental Health Caseworker- Threshold Brighton Housing Trust; Domestic Violence Family Support Worker RISE; Sex Outreach worker Brighton OASIS; Substance Misuse Worker. Brighton OASIS
- In September 2013 SSPT in partnership with Sussex Partnership Trust will introduce a new Specified Activity Requirement (SAR) for use by sentencing Courts. The SAR has been designed to address the needs of individuals who are assessed as having low level anxiety and depression .This is a part of a package of measures being offered to the courts (where sentencing guidelines

- permit ), as an alternative to a custodial sentence.
- o Contribute to the outcomes set out in the Violence Against Women and Girls strategy

### **Leighe Rogers**

Director Brighton & Hove  
Surrey and Sussex Probation Trust

## **4.15 Practitioners Alliance for Safeguarding Adults (PASA)**

The Practitioners Alliance for Safeguarding Adults (PASA) is made up of practitioners from the statutory, voluntary and private sectors. It is a forum for debate, support, updates and discussion about safeguarding adults.

The Brighton and Hove PASA Group is in its 7<sup>th</sup> year and meets quarterly. The group was formally known as PAVA – (Practitioners Alliance Against the Abuse of Vulnerable Adults). The name was changed last year to reflect the change in terminology from ‘vulnerable adults’ to ‘safeguarding adults’ in line with the Sussex safeguarding procedures. Meetings are attended by representatives from a wide range of organisations with an interest in Safeguarding Adults who take the opportunity to network, share information and good practice, receive updates on legislation and procedure and hear from a diverse range of speakers.

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

### **Activities in the year**

Updates on the revised Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk, sharing of safeguarding data for the Brighton and Hove area, and the safeguarding annual report.

Discussion topics included; feedback on alerting and investigations, training, including promotion of the accredited safeguarding e-learning training, Safeguarding Adults Conference, and issues arising from hospital discharges.

### **Speakers for this year**

- Peter Castleton, Community Safety Manager, giving a talk on how Hate Crime and Anti Social behaviour is being tackled locally
- Paula Sousa, from Interact Advocacy, sharing information about her specialist work with people with learning disabilities who are victims and witnesses of crime.

## **4.16 Brighton and Hove Domestic Violence Forum**

### **Primary Role**

The Brighton and Hove Domestic Violence Forum acts as the multi agency forum for Brighton and Hove in responding to domestic violence and to promote joint working, co-operation and mutual support. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies

### **Key Responsibilities regarding Safeguarding Adults**

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

### **Summary of Activities for 2012-2013**

- The Domestic Violence Forum representative attended Safeguarding Adult meetings.
- Any issues relating to Safeguarding Adults raised by forum members are feedback to the Safeguarding Adult Board and vice a versa
- Information about national and local practices and procedures in relation to survivors of domestic violence is shared with board members when appropriate
- Representatives from adult services attend Multi-Agency Risk Assessment Conferences ( MARAC )
- Representatives of domestic violence forum attended the annual Safeguarding Adults conference.
- The Domestic Violence Forum has been involved in the consultation around Brighton & Hove's Violence Against Women and Girl's Strategy (VAWG) and the structures that support VAWG in the City.
- The Domestic Violence Forum is currently reviewing its aims and purpose and its role in relation to the proposed VAWG structures
- The Chair of the Domestic Violence forum contributed to a Domestic Homicide review

### **Actions for 2013 -2014**

- Feedback to Safeguarding Adults Board re recommendations and lessons learnt from Domestic Violence Homicide Reviews.
- Presentation to the Safeguarding Board from the BME Peer Education project.
- Ensure appropriate representation on Safe guarding Adults Board in line with the implementation of the VAWG structure.

**Gail Gray**

Chair Domestic Violence Forum

## **4.17 Mental Capacity Act**

The Brighton & Hove Multi –Agency Local Implementation Network (LIN) was established in 2007 with a focus on implementation of the Mental Capacity Act (MCA) and then Deprivation of Liberty Safeguards (DoLS). This evolved (2010) into a multi agency 'monitoring and development' group. This group is now formalised as a sub-group of the Safeguarding Adults' Board. Following a review of the terms of reference



in March 2013 this group will be working to a structure which provides a core membership, with additional specialist contributors supporting a 'task and finish' approach outside of the group meetings. The aim is to make the most effective use of different knowledge and skills, as well as time, both during and outside of any set group meeting.

Much of the MCA Lead work during 2012-2013 focussed on developing and reviewing practitioner guidance for ending tenancies where the person lacks capacity to make this decision, and providing, along side our Lawyers, direct support to practitioners carrying out this work. The purpose of the guidance is to protect the rights of tenants, ensure that tenancies are not prematurely or unlawfully ended, whilst also supporting tenancies being ended in a timely way where this is needed. Following review in November 2012, the guidance has been updated and resources made available for the Brighton & Hove City Council (BHCC) Finance Team to support the administration of the applications. Work is ongoing to embed this work within existing assessment and care management processes. A task and finish group has now been set up to consider if separate guidance is needed for the creation of tenancies.

Information collected from CareAssess (BHCC data base) shows an increase in formally recorded MCA's (significant, long term eg change of accommodation, or otherwise significant or risk laden decision contexts) across adult social care from 168 (2010/11) to 307 (211/12) and 309 (2012/2013). This data will be used as part of a process to inform awareness, compliance and to identify potential gaps and training and development needs.

Following consultation with colleagues within Sussex Partnership Foundation Trust, Police and Ambulance Service, a protocol has been developed to provide guidance on 'conveyance' where the person lacks capacity to consent to the arrangement. This is to support compliance with the Mental Capacity Act and also aims to reduce, through the clarification of different practitioner responsibilities the likelihood of delays, and any avoidable distress to the person where conveyance is needed, as well as promoting a 'least restrictive response' and an appropriate use of resources.

Brighton and Hove Best Interest Assessors (Deprivation of Liberty Safeguards) have continued to actively set up and support, with our neighbouring authorities, the 2 x yearly Best Interest Assessor Forum. This is a valued forum for practice development and learning. Lucy Bonnerjea (DoH MCA and DoLS Lead) spoke at the March 2013 meeting and the September 2013 meeting will include a speaker from the Office of the Public Guardian.

POhWER Independent Mental Capacity Advocate (IMCA) Service: The DoH 5 yr IMCA report (2011/12) highlights a reduction in IMCA referral in Safeguarding nationally. In Brighton & Hove some more in-depth analysis is planned to establish whether this is an accurate reflection of need or action is needed to address.

The House of Lords has set up a committee to scrutinise the implementation and impact of the Mental Capacity Act. A formal call for evidence has been published and widely distributed, which Brighton & Hove City Council will be responding to. The report will be published in February 2014. The findings and any recommendations will be relevant in relation to local experience and consideration of priority areas and practice development.

**Priority areas for 2013/14:**

- Re-establishment of the Multi Agency MCA and DoLS subgroup to the Safeguarding board. The first meeting under the revised terms of reference will

be in September 2013.

- To run twice yearly MCA related data reports (Care assess) with a method of qualitative analysis which will support meaningful interpretation of the figures.
- To agree method of data collection for BHCC seconded staff/others who do not use CareAssess.
- Roll out of MCA capability framework
- To agree and establish an MCA audit tool and process for future roll out in 2014
- Work with DoLS lead, Commisooning Support Unit, care providers and relevant others to look at MCA awareness raising within care services, developing best practice in relation to MCA, least restrictive practice, DoLS.
- Work plan to include a focus on the role and needs of informal carers in relation to the MCA
- Review of current MCA training and relationship between different training opportunities with the view to these being targeted most appropriately to different service areas. Implementation of the capability framework will also inform training and development needs.
- The setting up of practice forums (MCA/DoLS/safeguarding) as an arena for ongoing professional development where practitioners and managers will have the opportunity to focus on specific topics/ethical legal dilemmas.

**Edwina Sabine**

Mental Capacity Act Lead  
Brighton & Hove City Council

## **4.18 Deprivation of Liberty Safeguards (DoLS) in Brighton & Hove**

### **April 2012 - March 2013**

The Deprivation of Liberty Safeguards (DoLS) became law in April 2009. These safeguards apply to people in England and Wales who have a mental disorder and lack capacity to consent to the arrangements made for their care and treatment; but for whom receiving care and treatment in circumstances that amount to a deprivation of liberty may be necessary to protect them for harm and appears to be in their best interests. These safeguards only apply to people detained in a hospital setting (both acute medical and psychiatric) or a care home registered under the Care Standards Act 2000.

From April 2013, a change in the regulations relating to Supervisory Bodies meant the Deprivation of Liberty Safeguards service ceased to be run in partnership between the City Council and the Primary Care Trust (PCT -NHS Brighton and Hove) in order to meet the statutory requirements as Supervisory Bodies. The Council now arranges and carries out all assessments and reviews as the sole Supervisory Body.

This report covers the DoLS activity for both City Council and NHS Brighton & Hove acting as Supervisory Bodies between April 2012 and March 2013.

### **Figures & Trends:**

In the fourth year of the safeguards, 38 (30) referrals for full DOLS authorisation were received from Managing Authorities (care homes and hospitals). The 2011 - 2012 figures are in brackets to act as a comparison throughout the document.

Brighton & Hove City Council was the Supervisory Body for 28 (19) received from care homes.

NHS Brighton & Hove was the Supervisory Body for 10 (11) received from hospitals.

The numbers of authorisation requests relating to care groups for 2011/12 and 2012/13 are shown in figure 1 below

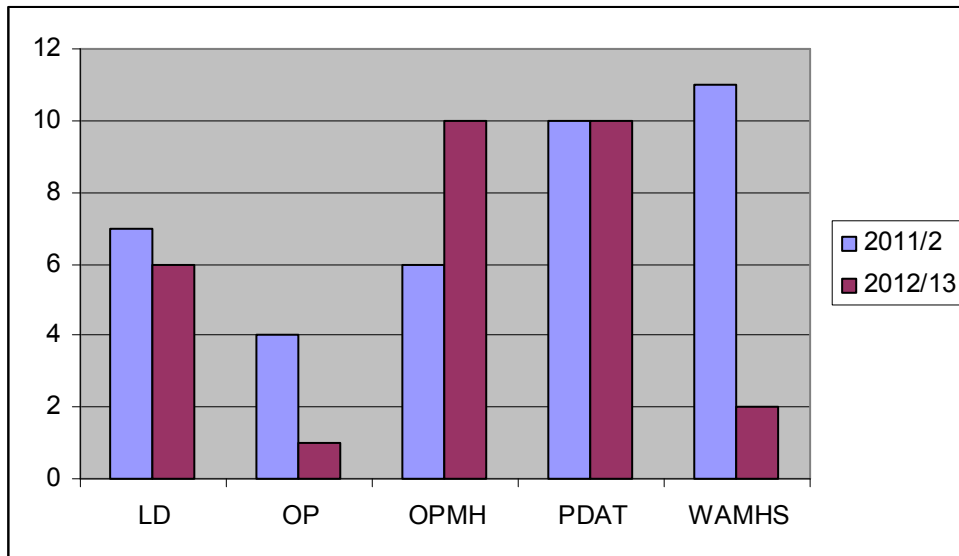


Figure 1: Requests for DoLS authorisations by service user group (LD Learning Disability, OP Older People, OPMH Older Persons Mental Health, PDAT Physical Disability, WAMHS Working age mental health)

40% (30%) of referrals led to full DoLS authorisations and 60% (70%) were assessed as not meeting the criteria. The reasons for not completing a full DoLS authorisation are complex and have included that the care is not in the relevant persons best interests, they are found to have capacity to make decisions, they have been admitted to hospital and to be detained under the Mental Health Act 1983. Figure 2 below provides a breakdown of reasons for authorisations not being granted by the supervisory body. There is a high proportion of requests which did not meet the Best Interests requirement and suggestive that there is a need to raise confidence in the application of the wider provisions of the Mental Capacity Act with providers/managing authorities.

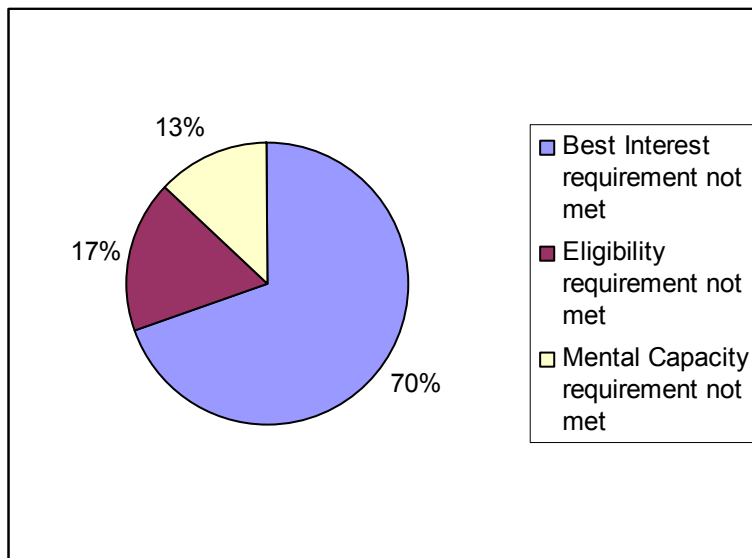


Figure 2: 2012/13 Reasons for standard authorisation requests not being granted by Supervisory Body

The overall figures for authorisations not being granted are slightly lower than the national average where just over half (56%) of all applications resulted in authorisations being granted. However, in their 2013 monitoring report, the Care Quality Commission (CQC) acknowledge significant regional variations among care homes and hospitals in the way that the safeguards are used.

CQC also reported that the national data indicates that there has been a year on year increase in the number of applications for the safeguards since their first introduction and this trend is largely reflected in the figures for Brighton and Hove where, the 38 applications received in 2012/13 represents a 80% increase on the 21 applications in 2009/10 but clearly this percentage increase is still based on relatively low overall application numbers.

Both the numbers of assessments and the rates in authorisation reflect the opinion of Managing Authorities that the DoLS process remains complex and bureaucratic. There is an evidenced confusion as to what is a 'deprivation of liberty'; a definition which changes as case law develops and that Managing Authorities are not confident in the implementation of the broader MCA before considering whether DoLS is appropriate. Managing Authorities have also evidenced a negative perception of the DoLS framework where care delivery is perceived in a pejorative manner which increases the chances of the framework not being considered. These issues have been cited by the Care Quality Commission in their latest DoLS report. There remains considerable regional variation for the use of DoLS. This view is reflected by CQCs assertions that the umbrella legislation of the MCA is not well understood or implemented in practice; the implications of the Safeguards in practice are not easy to understand; the use of restraint is not always recognised or recorded as such and because of this it is not easy to monitor.

In 2012/13 66% of DOLS referrals were submitted as Urgent Authorisations, which require the full assessment process to be completed within seven calendar days. This has remained a relatively consistent figure. There remains a trend for Managing Authorities to activate a DoLS assessment in a reactive manner following a change of events or as a result of other professional's intervention and therefore issue an urgent with immediate effect. These data are illustrated in figure 3 below

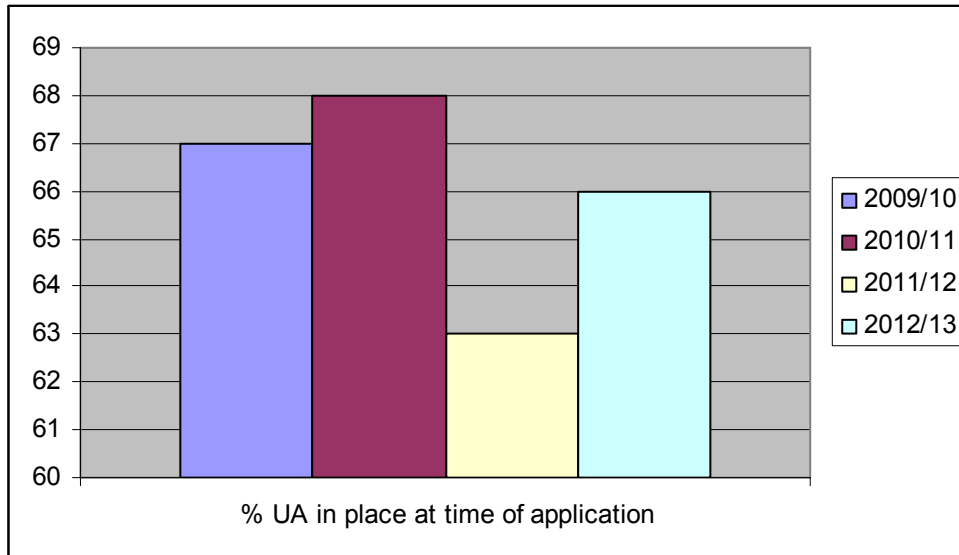


Figure 3 Percentage of referrals with Urgent Authorisations (UA) in place 2009 - 2013

Nationally, local authorities received a higher rate of applications (72%) than primary care trusts who received 28%. These trends are consistent with those for Brighton & Hove where 73% (63%) of applications came from care homes and 27% (37%) related to hospitals.

Brighton & Hove Best Interests Assessors have carried out assessments for colleagues in East & West Sussex as part of our reciprocal partnership arrangements to ensure compliance with the legislation due to assessments within 'in-house' provision.

Performance information is submitted quarterly via the NHS Omnibus system. This information is public and individual supervisory bodies can be identified. From April 2013 the reporting requirement was reduced to annually.

The Access Point in the Council's Adult Social Care & Health department remains the publicised central point of contact for all DoLS referrals and enquiries on behalf of both the City Council and NHS Brighton & Hove.

Significant numbers of DoLS enquiries are recorded via the Access Point and DoLS lead in addition to formal assessment requests. The majority of these are clinical enquiries relating to the delivery of care. This further evidences the need within Managing Authorities for support around the implementation of the DoLS and the MCA. The DoLS lead and Best Interests Assessors continue to provide advice on MCA best interests process, planning and discharge meetings regarding DOLS and other MCA issues.

In addition, Access Point operate a system of passing relevant DoLS enquiries to Best Interest Assessors to ensure that enquiries are dealt with by the person with the appropriate skills, knowledge and training.

### Hospital DoLS assessments

In 2012/13 there were 10 DoLS applications for patients in hospital settings. This represents 26% of Brighton and Hove referrals and is reflective of national trends where, local authorities received a higher proportion of applications (72% than

Primary Care Trusts who received 28%). Figure 4 depicts the year on year trends for DoLS applications received and distinguishes between Brighton & Hove Council and Brighton & Hove PCT as the supervisory body.

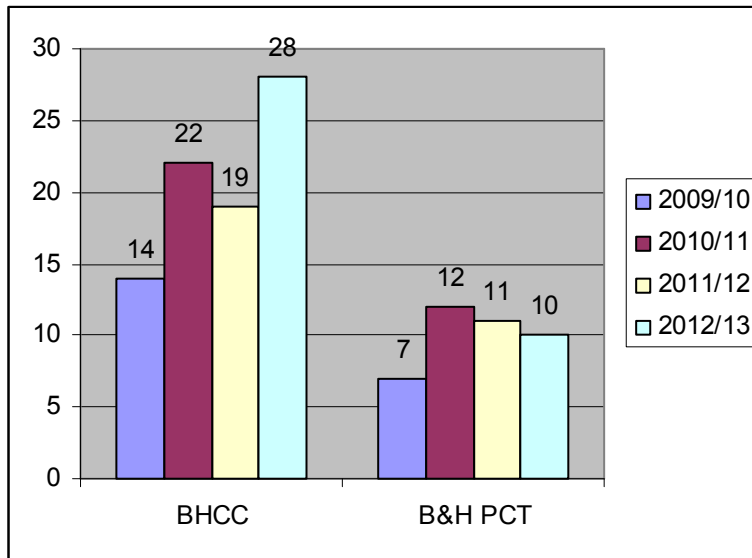


Figure 4 DoLS referrals by Supervisory Body 2009 - 2013

From April 2013 reporting on hospital DoLS activity will be undertaken on a monthly basis to the NHS Surrey and Sussex Commissioning Support Unit

The Brighton and Hove Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Sub Group will continue to monitor DoLS and MCA activity. .

#### **Training:**

The Council's Learning and Development Team continues to provide specific DoLS briefings as part of the planned training programme. In addition there are Mental Capacity Act and mental health training programmes which include an element of DoLS awareness. This training is accessed by Adult Social Care & Health staff and other delivery units in Brighton & Hove City Council but also by colleagues in Sussex Partnership NHS Foundation Trust (SPFT), Sussex Community NHS Trust (SCT) and the independent and voluntary sector.

In 2012/13 80 (68) people attended the specific DoLS briefings which included 43 (37) people from the independent & voluntary sector.

In total 331 (371) people attended Council training regarding the Mental Capacity Act. This includes staff from the Council, SPFT, SCT and the independent and voluntary sector.

There are currently 10 (12) qualified and trained Best Interests Assessors in Brighton & Hove. They are currently employed across all areas of Assessment Services and include two nurses. Take up for the DoLS/BIA qualifying training was low in 2013 with only two applicants undertaking the training.

Brighton University continues to provide the compulsory annual Best Interests Assessor refresher training for all the Local Authorities and PCT across Sussex. Within Brighton & Hove there are regular Best Interests Assessor meetings to address practice and organisational issues.

Further work is needed to address quality assurance of best interest assessments and this may be an area of development for the recently appointed DoLS practice lead. This may include development of formal supervision processes or conditions for continuation of undertaking the BIA role. As numbers of assessments in Brighton and Hove is still relatively low, some BIAs may have irregular opportunities to use their specialist assessment skills in this domain.

### **Medical Assessment**

All the local authorities in Sussex continue to contract with Sussex Partnership NHS Foundation Trust to provide the medical and eligibility assessments for DOLS. The service specification details that all doctors instructed for DOLS assessments have received the appropriate initial training and required follow up training. This has been a successful element of the implementation of DoLS across Sussex and has allowed assessors to access medical assessments in a timely manner with the minimum of delay.

### **Independent Mental Capacity Advocates (IMCA)**

All Local Authorities commission POHWER to provide an IMCA service across Sussex. This role has been extended to meet the requirements of DoLS. In addition to this POHWER also provide the role as 'Paid Representative' for those people subject to a Standard Authorisation but who do not have anyone willing or appropriate to act on their behalf.

Best Interests Assessors continue to work closely with POHWER and The IMCA service attends the quarterly Best Interests Assessor meeting.

### **Out of Area**

Brighton & Hove City Council retain DOLS responsibilities as a Supervisory Body for service users placed in residential care or currently admitted to hospital outside of Brighton & Hove. A national protocol has been written by the Association of Directors of Adult Social Services which details how to arrange out of area assessments.

As Brighton & Hove place significant numbers of service users in East and West Sussex it has been agreed with the DOLS teams in East and West Sussex that they will carry out assessments on our behalf, subject to availability of staff, for service users within their boundaries. In return Brighton will provide independent assessors for their in-house provision. The Council retain their responsibilities as the Supervisory Body and continue to agree the authorisations.

Managing DoLS assessments across the country has become a feature of the operation of the safeguards. Whilst this absorbs a significant amount of staff time Local Authorities in other areas have been extremely helpful. Brighton & Hove have used the medical assessors and IMCA services within these areas.

### **Links to Safeguarding**

The DoLS framework directly protects some of the most vulnerable service users lacking capacity to make decisions about their care and treatment but who require some restrictions on their care as being assessed in their best interests. The assessment and authorisation process allows for a robust examination of a care regime, involvement of interested parties or representation from an IMCA and an independent medical assessment. A DOLS authorisation allows for conditions to be added relating directly to the deprivation to ensure that the care provided is the least restrictive and the most appropriate to the circumstances.

On some occasions a DoLS assessment will take place as a result of action undertaken via a Safeguarding Adults at Risk investigation process and subsequent protection plan. The Best Interests Assessors' role in this process is not to become involved in the investigation but to remain an independent and impartial assessor ensuring that any enforced stay in a residential placement or hospital environment is in the relevant person's best interests and proportionate to the risk and likelihood of harm. If the Best Interests Assessor concludes that the care regime is in the person's best interests in circumstances such as these it will likely hinge on the proportionality of the safeguarding protection plan and the assessment of risk. It has been noted during recent DoLS assessments in similar circumstances this can be an area of professional tension.

The DoLS Operational Practice Guidelines have been re-written and are now available on the Councils on-line policy forum. The guidelines reflect current practice to ensure compliance with the Neary judgement, updated case law, clarity around the eligibility assessment and links with Safeguarding Adults at Risk work

### **The year ahead**

1. For the Council to continue to operate a robust DoLS service ensuring that statutory responsibilities are met within the prescribed timescales and that the cohort of Best Interests Assessors are adequately trained, supervised, supported in their decision making and able to respond to fluctuating demand as it arises. The development of mechanisms to monitor quality of assessments will need further consideration.
2. The College of Social Work has launched a Professional Capabilities Framework (PCF) specifically for Best Interest Assessors. The tool was developed following wide consultation with stakeholders, Department of Health and practicing Best Interest Assessors. The BIA PCF is a first attempt to standardise expectations of practice nationally and should be a valuable tool for Brighton and Hove in developing a framework for quality assurance in Best Interest Assessments.
3. The terms of reference for the MCA/DoLS Sub Group have been reviewed. This group will become the principle vessel for identifying and developing priority tasks in relation to DoLS and the MCA over the coming year. Its work plan will be developed in accordance with these priorities and the group will report to the Safeguarding Board. In line with recommendations from the CQC report 'Monitoring the use of the mental capacity act Deprivation of Liberty Safeguards in 2011/12 report there are a number of key priorities which will be taken to the MCA/DoLS sub group for consideration.
  - Providers and commissioners of services for vulnerable adults must improve their understanding of the Mental Capacity Act and the Safeguards.
  - Care providers must implement policies that minimise the use of restraint
  - Providers and commissioners of services must establish robust review processes and other mechanisms for understanding the experience of people subject to the safeguards.



This suggests a clear need to raise awareness about the implementation of DoLS with providers and is likely to constitute a significant part of the work plan for the coming year. Managing Authorities continue to require a significant level of guidance in relation to their responsibilities around DoLS and to the wider Mental Capacity Act in general. The Council continues to provide MCA & DoLS training available to all independent sector providers and health partners.

4. From April 1st 2013 Primary Care Trusts were replaced by Clinical Commissioning Groups (CCG) and the 'supervisory body' responsibilities held by the PCT were transferred to the local authority. In view of these changes, BHCC will need to maintain and strengthen links with hospital trusts in the City and the CCG in relation to the application of the Safeguards to ensure continuity and that the rights of vulnerable patients are protected. Identification of key people with a remit to monitor the application of the Safeguards and who actively understand the wider requirements of the Mental Capacity Act will be crucial in achieving this aim.

**Richard Cattell**  
DOLS Lead  
Brighton & Hove City Council

## **4.19 Safeguarding Adults Multi-Agency Training Strategy Sub Group**

### **Safeguarding Adults Training Strategy Review 2012-2013**

This evaluation concerns the development opportunities provided by Brighton & Hove City Council. These are mainly open to and accessed by people from adult social care, both directly employed and external to the council; other council officers. In addition and by agreement some courses are open to colleagues from other organisations.

The main points of note for the period 2012-2013 are:

**Attendance rose.** This year overall attendance on the safeguarding courses was 1092. In previous years attendance was fairly steady at 1,000 places a year, the preceding year being exceptional with an attendance of 851. Contributors to the increase are a significant uptake of training in Housing and last autumn's conference.

**All but one strategic objective met with safeguarding training.** For most targets 85% of staff are trained to the appropriate level. The area not met is in relation to training to undertake level 2 investigations where 70% of staff are trained to this level. Most teams are trained to the required standard, there is one area of service that have the potential to increase their uptake of this training.

**Strategic Objective introduced for Mental Capacity Act Training.** The figures show an upward trend with numbers of staff trained the appropriate level with the Mental Capacity Act, however further progress is needed. Next year the Training Sub Group and the MCA Practice Specialist will work with operational managers to encourage uptake of training.

**Safeguarding Conference held.** This was held in September 2012. Feedback was positive and the material on self neglect particularly well received.

**Senior Managers' Update session held.** This was positively received and we have been fortunate in securing the services of an experienced trainer and facilitator greatly knowledgeable about adult safeguarding.

**Mental Capacity Act Capability Framework has been published.** This is available on the Council's website and intra net. It has been mapped to national occupational standards and the professional capabilities framework for social workers.

**Tim Wilson**

Development Manager  
Organisational and Workforce Development  
Brighton & Hove City Council

#### 4.20.1 Brighton & Hove Multi-Agency Safeguarding Adults at Risk Strategic Objectives and Training Plan Review 2012-2013

Stage	Learning Intervention	Strategic Objective	Actions to Meet Objectives	Outcomes
1a	Safeguarding Vulnerable Adults Basic Awareness	85% of BHCC social care staff to be trained to stage 1	38 courses (ASC) + 5 Housing	41 ASC courses delivered + 7 housing. Percentage target met.
1b	Safeguarding Vulnerable Adults Basic Awareness Update	Staff will either have an annual competency check which demonstrates competence or complete an update 3 yearly.	17 courses	15 courses delivered.
1c	Administrative Support for Safeguarding Vulnerable Adults Meetings	10 staff across services will have been trained to stage 1c. Minimum 1 per team.	1 basic awareness course for administrators. Further course <i>Admin Support for Safeguarding Meetings</i> will be scheduled ad hoc.	Achieved. 1 Basic awareness course for administrators delivered. 100% coverage.
2	Safeguarding Vulnerable Adults for Provider Managers	70 % of staff who manage other staff or who need to undertake level 1 investigations are trained to stage 2.	7 courses	Achieved. 6 courses delivered, 80% of provider managers trained to stage 2.
3	Safeguarding Adults – Level 1 & 2 Investigations	90 % of people who undertake level 2 investigations will be trained to stage 3	2 courses <i>Understanding the Levels &amp; the Investigator's Role</i> scheduled	Not achieved. 1 course delivered, 74 % covered.
4a	Undertaking Multi-Agency Safeguarding Adults Investigations (I.O.'s)	90 % of staff in each social work team will be trained to stage 4a	1 course	Achieved. 1 course delivered, 96% covered.
4b	Safeguarding Vulnerable Adults for Investigating Managers	90 % of Investigating Managers will be trained to stage 4b	1 course	Achieved. 1 course delivered, 97% covered
5	Undertaking Multi-Agency Safeguarding Adults Investigations - Advanced	100% of staff who undertake ABE interviews will have been trained to stage 5. 2 social workers in each social work team will have received training to level 5.	2 places	2 places accessed

6	ABE Investigators Update sessions	50 % of ABE Trained staff to have attended level 6 training in the preceding year.	To negotiate with East Sussex	Not achieved.
Other	Multi-Agency Conference		1	1 delivered
		<b>Mental Capacity Act</b>		
	Mental Capacity Act Basic Awareness	Ultimate target is 100% all ASC staff will have completed this or equivalent. Targets for 2012 – 13 are: 60% Provider staff 60% Assessment staff	18 courses	18 courses delivered. 55% BHCC providers trained. 34% BHCC Assessors trained.
		Staff will be competent in working with the MCA	SAAR Board endorses and advocates the use of the MCA Competency Framework	Awaiting endorsement from SAAR Board and implementation in services.
	Mental Capacity Act in Practice	Ultimate target is all assessment staff. 50% of all ASC Assessment staff	1 course	1 course delivered. 51% of assessment staff have accessed
	MCA Advanced – Applications to the Court of Protection	All staff working with the Court of Protection will have accessed this training	1 course	1 course delivered
	MCA Advanced – Assessments of Mental Capacity	1 person per assessment team will have accessed this training	1 course	
	DoLS Briefing	60% of all managers of registered Adult Social Care services	8 courses	This will need the assistance of contracts to monitor

\* IV Sector = Independent & Voluntary Sector

## 5. Brighton & Hove Safeguarding Adults Board Members

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

<b>Name</b>	<b>Title</b>	<b>Representing</b>
<b>Deb Austin</b>	Head of Safeguarding (Children)	Brighton & Hove City Council
<b>Vincent Badu</b>	Strategic Director of Social Care & Partnerships	Sussex Partnership NHS Foundation Trust
<b>Linda Beanlands</b>	Commissioner – Community Safety	Partnership Community Safety Team
<b>Karin Divall</b>	Head of Provider Services	Brighton & Hove City Council
<b>Brian Doughty</b>	Head of Assessment Services	Brighton & Hove City Council
<b>Denise D'Souza</b>	Executive Director Adult Social Chair Brighton & Hove Safeguarding Adults Board	Brighton & Hove City Council
<b>Sherree Fagge</b>	Director of Nursing	Brighton & Sussex University Hospital NHS Trust
<b>Gail Gray</b>	CEO, RISE	Domestic Violence Forum
<b>Jackie Grigg</b> <b>Simon Hughes</b> <b>Beatrice Gahagan</b>	Money Advice & Community Support Brighton Housing Trust Age UK	PASA Group
<b>Anne Hagan</b>	Lead Commissioner Adult Social Care	Brighton & Hove City Council
<b>Cllr Rob Jarrett</b>	Chair Adult Care & Health Committee	
<b>Michelle Jenkins</b>	Head of Safeguarding (Adults)	Brighton & Hove City Council
<b>Soline Jerram</b>	Lead Nurse Director of Quality and Primary Care	Brighton & Hove Clinical Commissioning Group
<b>Philip Letchfield</b>	Head of Contracts & Performance (Adult Social Care)	Brighton & Hove City Council
<b>Jane Mitchell</b>	Safeguarding Lead	South East Coast Ambulance Service NHS Foundation Trust
<b>Lorraine Morrison</b>	Chief Inspector, Force Crime and Justice Dept.	Sussex Police
<b>Graham Nice</b>	Chief Nurse	Sussex Community NHS Trust
<b>Andy Reynolds</b>	Director of Protection and Prevention	East Sussex Fire & Rescue Service
<b>Leighe Rogers</b>	Director Brighton & Hove	Surrey and Sussex Probation Trust
<b>Jugal Sharma</b>	Head of Housing	Brighton & Hove City Council
<b>David Watkins</b>	Brighton & Hove Healthwatch Representative	Brighton & Hove Healthwatch

## Appendix 1

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

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