

East Sussex Safeguarding Adults Board

Annual Report

April 2015 to March 2016



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Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2015 – 16, my first as Independent Chair having been appointed to the role in July 2015.

The Safeguarding Adults Board (SAB) oversees work to protect vulnerable people, and ensures that we have safeguarding arrangements that are working well and improving.

I would like to thank all partner agencies and members of the SAB for welcoming me to this role, and for their continuing commitment and work within the safeguarding arena.

This year saw the introduction of the Care Act 2014, placing adult safeguarding and the work of SABs across the country on a statutory footing for the first time. It has been a period of significant change for all agencies, as will be highlighted throughout this report, and the effort of all to ensure the best outcome for adults in East Sussex during this transition is acknowledged and appreciated.

The SAB has a clear plan in place to ensure it meets its new responsibilities, responds to the needs and feedback from clients, carers and the local community, and holds all relevant agencies to account. We hope you find this report interesting and useful and are reassured that the East Sussex SAB is committed to continual improvement and decisive action when things go wrong. By working in partnership, I am confident that organisations will continue to develop and improve their safeguarding practice.

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

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



This annual report reflects the continued commitment in East Sussex to collaborative working between agencies to safeguard adults from abuse and neglect. The report also demonstrates the Safeguarding Adults Board's commitment to ensuring the views of people who use care and support services, and their carers, are taken into account when developing safeguarding policy and practice.

I have continued in my role as Chair of the Clients and Carers Safeguarding Advisory Network, which provides a key mechanism to consult with the local community. I am delighted to have been involved in the recruitment process this year for the first lay member to the Safeguarding Adults Board. Alongside this, I remain encouraged to see the role of Healthwatch develop within the safeguarding arena by seeking the views of those who use care and support services.

I look forward to the coming year, and being able to contribute to the task of further strengthening the voice of residents in East Sussex.

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2015 and March 2016, as well as some of the main developments that have been put in place to prevent abuse from occurring.

Highlights contained in the report are as follows:

Priority 1.1: Ensure the effectiveness and transparency of the Safeguarding Adults Board to oversee and lead adult safeguarding and the prevention of abuse

- Independent Chair – in line with Care Act recommendations, the East Sussex Safeguarding Adults Board (SAB) recruited Graham Bartlett as Independent Chair in July 2015. The Independent Chair ensures there is an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults at risk of abuse and neglect.
- A SAB budget was set up for the first time in this period, consisting of financial contributions from Adult Social Care (ASC), Clinical Commissioning Groups (CCGs), Sussex Police and East Sussex Healthcare NHS Trust. This budget enabled the recruitment of the Independent Chair, the commissioning of an external reviewer and author for a multi-agency case review, as well as covering the costs of a learning event on modern slavery and primary care safeguarding training.
- To ensure the Board's continued effectiveness and increased involvement of partners of the SAB, the structure of the SAB and its sub-groups was kept under review, with Sussex Police taking up responsibility for chairing the Performance, Quality and Audit (PQA) sub-group. The Sussex-wide policy and procedures review group also expanded to include representation from the CCGs and Sussex Police as well as ASC.
- A lay member was appointed to the SAB for the first time as one mechanism to increase community links and involvement, and ensure the transparency of the SAB's strategies and plans.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

- An event for external stakeholders was held in April 2015 to launch the updated safeguarding policy and procedures, highlighting the new Section 42 duties. Over 120 delegates were in attendance, including homecare and residential care staff.

- A multi-agency safeguarding case audit was undertaken again this year by several representatives of the SAB, with the main focus on the new safeguarding Section 42 duties and how well these were embedding into practice. Good information sharing at the start of enquiries was evidenced, as well as the three key tests being applied well in most cases, and the desired outcomes of the adult and / or their representative being considered. Development areas included: ensuring referrals for formal advocacy are considered earlier, a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) process, and keeping communication channels open between ASC and the police throughout safeguarding enquiries.
- Formerly known as serious case reviews, safeguarding adults reviews (SARs) became a statutory requirement for SABs under the Care Act. No SARs were undertaken in this period. One referral was made but this did not meet the criteria, however, a multi-agency review (MAR) was undertaken for this case, and learning events have taken place across agencies.

Priority 2.2: Develop clear mechanisms for responding to and monitoring quality concerns

- A multi-agency safeguarding adults / quality workshop was held on the 26th November 2015 to focus on areas such as the changes needed to safeguarding arrangements across the partnership.
- Multi-agency work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

Priority 3.1: Focus on personalising, defining and measuring safeguarding outcomes that bring safety and people's wishes together

- Key safeguarding data shows a 43% increase in the number of safeguarding concerns received by ASC compared with last year. This reflects three new categories of abuse and neglect being included in safeguarding legislation (domestic abuse, modern slavery and self-neglect) as well as the introduction of the three key tests.
- Neglect, financial and physical abuse remain the most common types of abuse. Neglect is still the most common form of abuse, however physical abuse is now the second most common whereas previously it was financial abuse. Proportionately there has been little change for neglect and physical abuse compared with last year, however, there has been a reduction of 6% in enquiries concerning financial abuse.

- There has been an increase in the number of enquiries resulting from concerns raised by Sussex Police, from 72 in 2014 – 15 to 91 in 2015 – 16, attributed to the improved referral form from Sussex Police introduced part way through the previous year along with continued awareness raising within this staffing group. There has also been a significant increase in the number of enquiries resulting from concerns raised by homecare from just 12 in 2014 – 15 to 74 in 2015 – 16, following the successful awareness raising campaign with this staffing group last year, together with homecare now being represented on the SAB.
- Six more enquiries were completed this year than last as a result of concerns raised by primary care (40 up from 34). However, proportionately, this is a 1% drop to 3% of all enquiries from 4% last year. Safeguarding awareness training with primary care began in this period, but remains a priority for 2016 – 17.

Priority 4.1: Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

- In 86% of cases where there was on-going action under safeguarding arrangements, risk was reduced or removed. This is a slight drop from 93% in 2014 – 15, however, this reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against other quality of life decisions, such as maintaining contact with a family member who was the source of the risk.
- In this period, the proportion of people receiving support from an advocate, family member or friend where they lacked capacity was 92%. This is up from 86% the previous year, and compares favourably to the national average of 61% for 2014 – 15.

Priority 4.2: Ensure that people are aware of safeguarding and know what to do if they have a concern

- In March 2016, in partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Missing People, Modern Slavery and Human Trafficking'. Over 130 delegates attended representing a broad range of agencies supporting vulnerable adults and children. The conference was a partnership event in recognition that these issues can affect all ages and family units. The event was timed to tie in with National Safeguarding Day (29th February) and was part of a week long programme of activities to raise awareness. Events targeting the public were held in shopping centres and libraries. A total of 457 contacts were made with the public during these events.

- Trading Standards have been tackling the social exclusion that often encourages the vulnerable to engage with fraudsters. There have been a number of strategies for this:
 - Encouraging the victim to become a Mail Marshall. Instead of responding to scam mail victims are ask to collect it. It is then collected by a Trading Standards Officer who can further engage with the victims.
 - Installing free call blockers.
 - Training carers, care home managers and other related service provider volunteers to recognise and report scams.

Priority 5.1: Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continued as Sussex Police’s operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex.
- There has been a particular focus on domestic abuse training alongside harmful practices and modern slavery.

Conclusion

The annual report shows significant progress in adult safeguarding activity in all organisations, and has demonstrated the Making Safeguarding Personal principles to put adults and their representatives at the centre of decisions and interventions made are starting to embed into practice.

The Care Act implemented in April 2015 brought many changes to safeguarding practice, including making enquiries statutory under Section 42 of the Act, as well as introducing new duties in relation to advocacy. Safeguarding adults reviews (SARs) have also become a statutory duty under Section 44 of the Act. The SAB will continue to focus on ensuring the new duties are understood and applied effectively in the coming year, and will launch a website for greater accessibility of information for the public and professionals alike.

Progress on 2015 – 16 priorities

1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

Independent Chair

In line with Care Act recommendations, the East Sussex SAB recruited Graham Bartlett as Independent Chair in July 2015.

The chair has a key role to lead collaboratively, give advice, support and encouragement and to offer constructive challenge and hold partner agencies to account.

Graham Bartlett also chairs both the Local Safeguarding Children's Board and Safeguarding Adults Board for Brighton & Hove and brings substantial experience at both an operational and strategic level, previously holding the position of Chief Superintendent (Divisional Commander Brighton & Hove) Sussex Police.

The chair is accountable to the East Sussex Strategic Partnership through the Health and Wellbeing Board and regular meetings with the local authority Chief Executive. The chair also meets regularly with the Director of Adult Social Care & Health and the Head of Adult Safeguarding.

The Care Act 2014 requires adult safeguarding to operate within a statutory framework. The Independent Chair ensures an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults at risk of abuse and neglect.

SAB budget

The SAB set up a budget for 2015 – 16 for the first time, consisting of financial contributions from the core partners of the SAB, namely Adult Social Care (ASC), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT) also contributed financially to the working of the Board.

The following areas were identified for the budget to support the SAB in what is required of it under the Care Act, and to inform future business planning:

- Independent Chair
- SAB Development Manager

- SAB Administrator (0.5 FTE)
- Multi-agency training and safeguarding promotions / awareness
- Safeguarding policy and procedures
- SAB website
- Safeguarding adult reviews / other case reviews

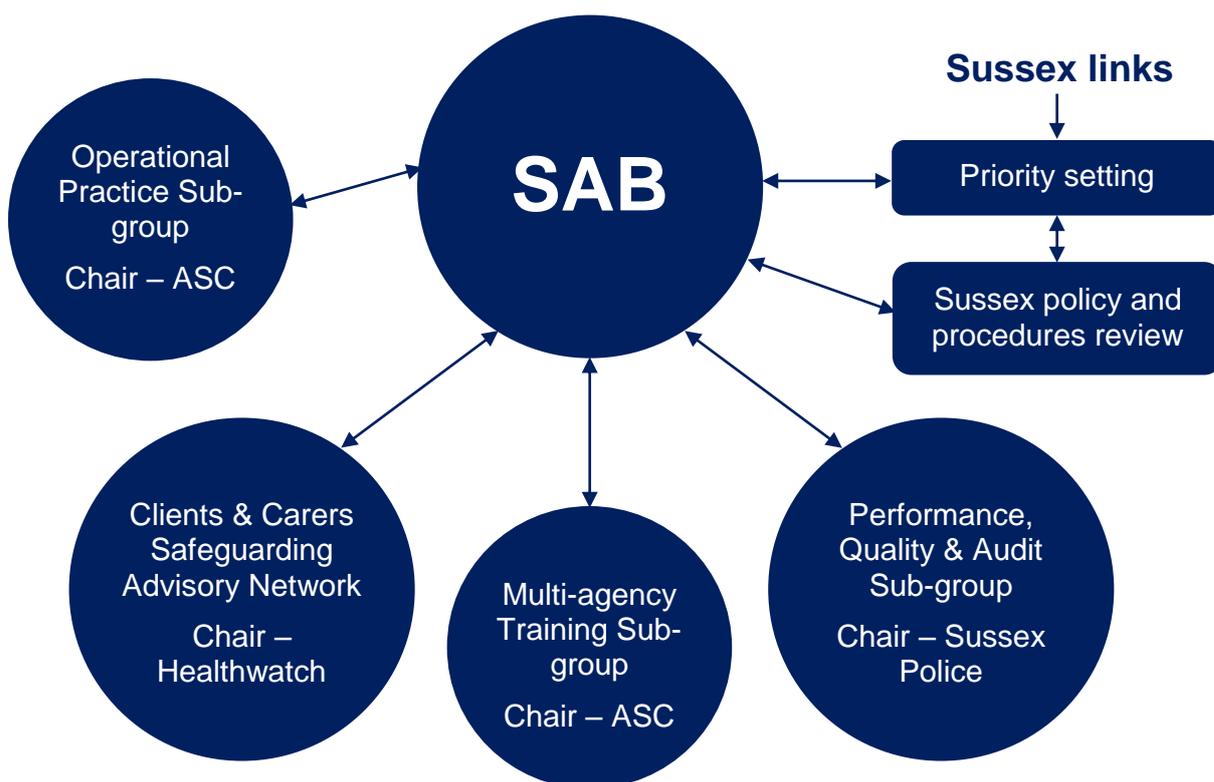
Please see Appendix 1 for more details on the end of year budget.

Governance and structure of the SAB

To ensure continued effectiveness, and to allow for wider partner involvement, the governance and structure of the SAB is kept under regular review. During 2015 – 2016, Sussex Police stepped into the role of Chair of the Performance, Quality and Audit sub-group, a multi-agency training sub-group was established in light of recommendations contained in the Care Act for opportunities of multi-agency learning, and Healthwatch have continued to chair the sub-group aimed at raising the voice of client and carers in safeguarding practice.

Closer links were established with the SABs of Brighton & Hove and West Sussex, and a Sussex policy and procedures review group was set up with membership of the statutory SAB partners across these localities with the purpose of updating the safeguarding procedures in line with legal and policy updates.

The diagram and descriptions below give further information on the role and make up of these sub-groups and workstreams.



Operational Practice Sub-group This group co-ordinates local safeguarding work, and ensures the priorities of the SAB are put into place operationally. Currently, its particular focus is to ensure an outcomes-focused approach is embedded in safeguarding practice, as well as ensuring advocacy provision will meet the Care Act duties.

Performance, Quality & Audit Sub-group This group establishes effective systems for monitoring, reporting and evaluating performance across agencies, and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

Multi-agency Training Sub-group This group is responsible for delivering the objectives of the training strategy 2015 – 18, and overseeing training opportunities in key safeguarding matters affecting a number of agencies. Currently, the group is focused on developing multi-agency self-neglect training.

Sussex Policy and Procedures Review Group This consists of the statutory partners of the SABs across Sussex, with the purpose of reviewing and updating the safeguarding procedures in line with any policy and legal updates.

Clients & Carers Safeguarding Advisory Network This network enables two-way communication and exchange of information between the SAB and clients and carers to improve safeguarding experiences and inform policy development.

The network has expanded its membership to include organisations that support and represent people with disabilities, mental ill health and learning disabilities, together with older adults and carers.

Learning events

To ensure all partner agencies learn from cases where improvements could be made, two multi-agency learning events were held in relation to the experience of domestic abuse among older people. These learning events were externally facilitated and were reflective in nature to allow all participants the chance to participate. Following these events, the SAB now has an action plan that includes tasks to ensure that domestic abuse within the older age population is better understood and responded to in a similar fashion to how it would be within the working age population. The action plan is to be overseen by the Performance, Quality & Audit sub-group.

Future plans

- SAB website to be up and running by May 2016, and will include annual reports, strategic plan and other relevant documents, for transparency amongst professionals and the public alike.
- Learning briefings to continue following any safeguarding adult review or multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.

CCG Designated Nurse will highlight domestic abuse affecting older people, and ensure lessons are shared across the health economy.

2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Care Act 2014 duties

An event for external stakeholders, including home care and care home providers, took place in Eastbourne to launch the [Sussex Safeguarding Adults Policy and Procedures](#). Attendees received a presentation outlining the new safeguarding Care Act duties and an overview of the Making Safeguarding Personal approach. Over 120 stakeholders attended and had an opportunity to ask questions and network with other professionals.

The work of SABs is now directed by legislation – the Care Act 2014 which became law on 1st April 2015. The Act sets out the core purpose of the Board as ensuring that local safeguarding arrangements are effective and take account of the views of the local community.

The definition of adults within the Care Act which the Board seeks to protect is any person aged 18 years or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

These three criteria are referred to as the ‘three key tests’.

The Care Act places statutory duties on SABs as follows:

- It **must** publish a strategic plan for each year that sets out how it will meet its objectives. In developing this plan the SAB **must** consult Healthwatch and the local community.
- It **must** publish an annual report.
- It **must** develop policies and procedures, promote multi-agency training and develop preventative strategies.
- It **must** conduct any safeguarding adults reviews.

Fire safety and prevention

East Sussex Fire and Rescue Service (ESFRS) introduced a 12 month pilot scheme called 'Safe and Well'. The scheme offers a visit to members of the community providing essential home fire safety advice, as well as advice regarding social isolation and health issues.

Safe and Well targets rural areas where distance from services, including fire stations, poses a challenge to residents and increases their vulnerability. The scheme draws together voluntary and statutory agencies and provides clients with a greater knowledge of local services and voluntary organisations to keep them safer within their community.

ESFRS liaises with village agents employed by Action in Rural Sussex (AiRS) to identify the areas in which the scheme will operate, and receives referrals from the village agents for vulnerable people that ESFRS is unaware of through its usual referral process.

Safe and Well has identified approximately 34,000 people aged 80+ who have never had a home safety visit from ESFRS.

ESFRS has also continued to work with 3VA to deliver Health and Wellbeing visits to vulnerable people. During these visits, residents are offered fire safety advice tailored to their situation as well as signposting to relevant sources of help, as appropriate. A total of 2,453 Home Safety Visits were made as a result of the partnership working with Adult Social Care to identify those in greatest need of such a visit.

Next steps

- The Safe and Well scheme will be rolled-out to clients considered to be at medium risk but who may become high risk without support.
- ESFRS Community Volunteers will deliver all the elements of a Safe and Well visit, including fitting smoke alarms where required.

Multi-agency safeguarding audit 2015 – 2016

The SAB undertakes an annual audit of cases requiring multi-agency involvement to promote continuous improvement in safeguarding practice.

This year's audit focussed on the implementation of the Section 42 Care Act safeguarding duties, risk and decision making and relevant and timely information sharing between agencies. The audit was undertaken by representatives from Adult Social Care, Clinical Commissioning Groups, East Sussex Healthcare NHS

Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service and Sussex Police.

The key findings were as follows:

Strengths

- Good information sharing at the start of enquiries between the relevant agencies involved.
- Overall, the three key tests were applied well.
- The desired outcomes of the adult and / or their representatives were considered in the majority of cases, in line with the Making Safeguarding Personal approach.
- Improvements were noted in mental capacity assessments in terms of timeliness of completion, and in the majority of cases adults had representation if required.
- In line with the Care Act, one case caused others to undertake the enquiry, and the process undertaken by the provider usefully fed into the Section 42 enquiry.
- In the two cases where domestic abuse was explicitly identified, appropriate risk assessments were undertaken.

Areas for development and learning

- Formal advocacy provision – ensuring earlier referrals are considered in all relevant cases.
- Ensuring safeguarding matters are not responded to in isolation – for example, financial abuse and indicators within this of domestic abuse.
- There needs to be a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) process in terms of the need to refer cases for greater multi-agency information sharing, in cases of domestic abuse.
- Keeping effective communication channels open between ASC and the police towards the end of the enquiry process in cases where a criminal investigation is running alongside the ASC Section 42 enquiry.

In light of these development areas, the SAB has agreed the following actions to be implemented in 2016 – 17:

- Continued emphasis on the Mental Capacity Act, including training, to ensure appropriate application of the Act, decision-specific assessments and providing clear rationales on decisions made.
- Ensuring staff are aware of the new protocol outlining referral routes for formal advocacy – both Care Act and Independent Mental Capacity Advocate (IMCA) in safeguarding enquiries.
- Ensuring greater numbers of staff are aware of and have undertaken training on the MARAC process.
- The SAB to advocate for a GP adult safeguarding lead to facilitate information sharing and involvement of primary care at early stages of safeguarding enquiries.
- Continued emphasis on having a named contact for information updates and sharing between ASC and the police especially towards the end of the enquiry process.

Safeguarding adults reviews

Safeguarding Adults Boards now have a statutory duty under the Care Act to undertake safeguarding adults reviews (SARs) – formerly known as serious case reviews. This is when:

- An adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

The criteria and procedure for undertaking a review have been updated to reflect the change to SARs in the Care Act.

No SARs have taken place this year. One referral was made but this did not meet the criteria. However, a multi-agency review (MAR) was undertaken for this case, and learning events have since taken place across agencies.

2.2 Develop clear mechanisms for responding to and monitoring quality concerns

When referring to the quality of service provision, the Care Act guidance notes that safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support,
- commissioners regularly assuring themselves of the safety and effectiveness of services that are commissioned,
- the Care Quality Commission ensuring that regulated providers comply with the fundamental standard of care.

In order to achieve these aims, local authorities must clarify how they respond to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector.

A multi-agency safeguarding adults / quality workshop was held on the 26th November 2015 to focus on the changes needed to safeguarding arrangements across the partnership.

Sussex Clinical Commissioning Groups safeguarding standards assurance tool

The safeguarding standards assurance tool has been jointly developed by adult and child Clinical Commissioning Group (CCG) safeguarding professionals across Sussex. CCGs have implemented this tool within providers of CCG-commissioned services. This self-audit tool helps to assure the CCG of the safeguarding standards within providers across the health economy.

An exception report completed by provider services informs bi-monthly safeguarding up-date reports to the CCG Quality and Governance Committee.

Quality visits are planned to all providers to gain an overview of adherence to, and application of, safeguarding policy in practice.

Transforming Care Programme

Work in East Sussex continues in line with the national Transforming Care Programme (TCP) to improve health and social outcomes for people with learning disabilities.

In order to ensure people with learning disabilities are supported effectively in the most appropriate setting to meet their needs, the following measures have been implemented:

- Care and Treatment Review and Blue Light processes have been rolled out and embedded in practice.
- Registers of people at risk of admission continue to develop. This is also being looked at jointly from a Sussex-wide perspective.
- Inpatient placements are only utilised when absolutely necessary to meet an individual's needs, and the person is supported to move to an appropriate community setting as soon as possible following assessment and treatment.

Future plans

- Multi-agency work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

3.1 Focus on personalising, defining and measuring safeguarding outcomes that bring safety and people's wishes together

Domestic abuse

2015 – 16 saw a number of significant developments in relation to this area of work.

The Joint Domestic, Sexual Violence and Abuse and Violence against Women and Girls (VAWG) Unit was launched, leading on the procurement of a new specialist domestic and sexual abuse service across East Sussex and Brighton & Hove known as 'The Portal'. The focus has been to redesign local provision to make sure people receive the best help, in the right way, when they need it, while also ensuring the most effective use of resources. The key offer of the service is a single point of access to make it easier for people to get help and support.

Victims of domestic and sexual abuse benefited from additional investment from the Sussex Police and Crime Commissioner, specifically to better support victims and witnesses by sustaining and / or developing capacity locally that seeks to achieve the outcomes in the partnership business plan and action plan.

Prevent and hate crime

The Prevent duty, which came into force on 1st July 2015 and was introduced as part of the Counter-Terrorism and Security Act 2015, requires schools, councils, prisons, police, health bodies, colleges and universities to have due regard to preventing people from being drawn into terrorism.

A countywide Prevent plan has been drawn up by the Prevent Board. This action plan has been developed by the board to effectively manage local risk, threat and vulnerability.

The Safer East Sussex Team has worked alongside Children's Services and the Organisational Development Team to produce a Prevent e-learning course. This module has been designed to give a basic understanding of Prevent and an awareness of how staff and organisations can safeguard vulnerable individuals. It is available on the new East Sussex Learning Portal to all ESCC staff, partner organisations and the voluntary sector in East Sussex.

Training sessions have been delivered to frontline staff and many schools have had whole school staff briefings on the Prevent duties for schools. The Independent Schools Safeguarding Group has also been given an overview of the duties and resources available to them. The Safer East Sussex Team has delivered Prevent presentations to the regional Children and Family Court

Advisory and Support Service (CAFCASS) staff training day, the Home Care Team, the Local Safeguarding Children's Board and SpeakUp Forum.

In relation to hate crime, all Citizens Advice offices in East Sussex have been trained as Third Party Reporting Centres and the local authority's customer service teams will also be encouraged and supported to become Third Party Reporting Centres.

There will be further development and delivery of hate crime awareness in primary and secondary schools, as well as further and higher education establishments across the county.

Serious organised crime (vulnerable elderly)

There are a range of frauds impacting on East Sussex, primarily targeting vulnerable elderly victims. These offences are likely to be committed by organised crime groups that are regional or national in their scope, making joint working with other forces, regional units, trading standards, third sector organisations and the National Crime Agency (NCA) of particular importance.

Work is on-going in building the partnership network in order to ensure a collaborative approach is taken to address the issues. The Safer East Sussex Team held an engagement event with partners from Trading Standards, National Scams Team, Sussex Police, Neighbourhood Watch, Adult Social Care and East Sussex Fire & Rescue Service to identify gaps and potential work streams.

Going forward, the team will continue to explore ways of raising awareness of current risks, as well as looking at support mechanisms that are in place for vulnerable victims, drawing on and developing links with statutory and voluntary services.

Street communities

The Safer East Sussex Team has created a partnership action plan that seeks to address some of the key issues including housing, substance misuse, offending and physical and mental health. Opportunities have been taken to meet with partner agencies to help formulate the plan, and where other partners are leading on a key area then this has been referenced to avoid duplication of work.

In partnership with Public Health and Homeless Link, the Safer East Sussex Team carried out a health needs audit of the single homeless population across East Sussex to understand more about the health inequalities experienced by the homeless population and to feed this into planning future services. The team received 285 completed audits from a broad range of agencies and also supported some local services in completing the surveys with clients.

A housing and health sub-group is now part of the ‘East Sussex Better Together’ programme, and the findings from the audit and key recommendations will be facilitated through this group.

Deprivation of liberty safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement defining deprivation of liberty (the ‘acid test’). As a result of this judgement, there has been a 20-fold increase in DoLS referrals to local authorities nationally. This is reflected in the figures for East Sussex for the last three years:

Year	No. of referrals received	% of referrals assessed
2013 – 14	166	100%
2014 – 15	1,493	42%
2015 – 16	2,643	42%

It is expected that referral rates will continue to rise during 2016 – 17, and Adult Social Care (ASC) has considerably increased its resources to complete DoLS assessments:

- The DoLS Team has been reorganised to maximise its use of the additional resources allocated to the team.
- One-off funding was agreed at the end of 2015 – 16 to employ independent Best Interest Assessors (BIAs) to meet demand. During 2016, Brighton University will be offering additional training courses for BIAs, and Adult Social Care will increase the number of BIAs both in the DoLS Team and in other ASC teams.
- The increased number of assessments has resulted in greater demand for Independent Mental Capacity Advocates (IMCAs), and ASC has funded an increase in capacity in this service.
- ASC appointed more Authorisers during 2015 – 16 to meet demand.

Although this year’s comparator data has not yet been released, last year East Sussex achieved a higher rate of completion than 13 of the 16 authorities in the ESCC comparator group, and this performance is likely to be maintained this year.

Although the increase in activity has proved challenging, referrals are risk assessed to ensure those in distress or who are actively seeking to leave their placement are given priority.

ASC has not identified any cases where people have been put at risk due to delays in authorising DoLS, eg. by letting someone clearly at risk leave a care home. Neither have any safeguarding concerns directly attributable to delays in assessment been identified.

There has been a small increase in cases referred to the Court of Protection and although none have resulted in significant criticism of East Sussex, nationally there have been a small number of cases where local authorities have been criticised, and East Sussex is reviewing its referral processes to ensure any issues are picked up at the earliest opportunity.

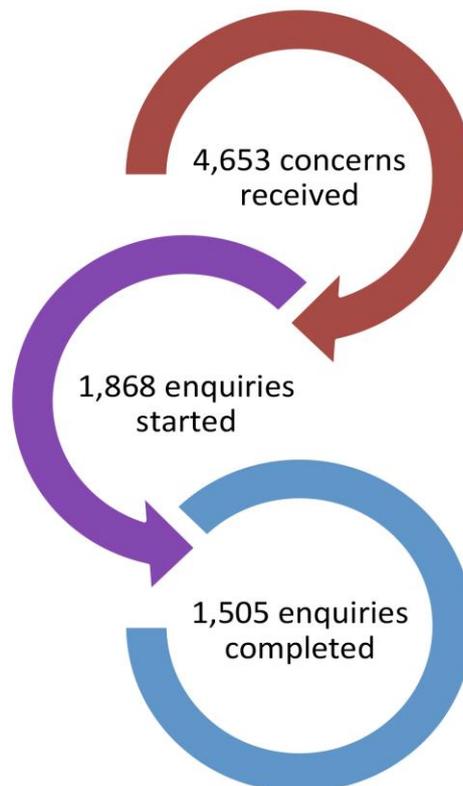
Next steps

The Law Society has launched a two year DoLS consultation process.

The initial response to this consultation includes a recommendation to streamline the current process, and introduce changes to the systems for authorising deprivations in hospitals. In addition, it recommends the creation of a specialist Approved Mental Capacity Act Professional and extension of the law to include supported accommodation as well as registered homes.

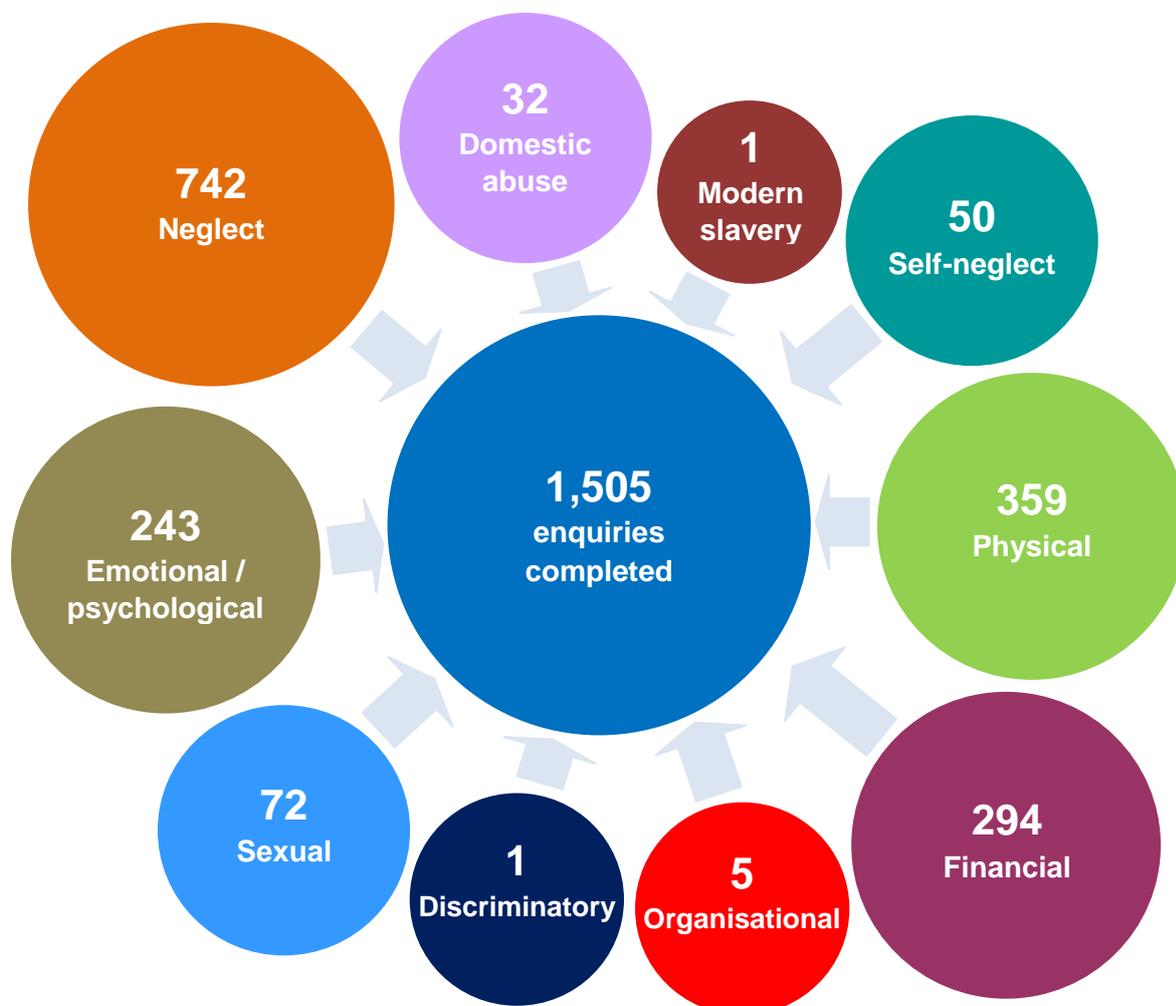
Although these proposals are welcomed, they explicitly state that there will not be a proposal to change the 'acid test' and in combination with the extension of responsibilities to supported accommodation it is unlikely that the final proposals will reduce the demand on local authorities.

Analysing safeguarding activity



Following the introduction of the Care Act, there has been a **43%** increase in the number of safeguarding concerns raised with ESCC. This reflects three new categories of abuse included in the Act, that is, domestic abuse, modern slavery and self-neglect.

Types of abuse investigated in 2015 – 16



Note The numbers of each type of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.

As in 2014 – 15, the three most common types of abuse that resulted in enquiries were neglect, physical abuse and financial abuse. Neglect is still the most common form of abuse however physical abuse is now the second most common whereas it was previously financial abuse. Proportionately there has been little change for neglect and physical abuse compared with last year, however, there has been a reduction of **6%** in enquiries into financial abuse.

Locations of abuse

63 Public place	63 Supported accommodation
52 Acute hospital	46 Person alleged responsible's home
46 Mental health inpatient setting	
29 Other setting	623 Care home
	12 Day centre
46 Not known	23 Community hospital
502 Adult at risk's own home	

The most common location of abuse is in care homes, accounting for **41%** of all the enquiries completed in 2015 – 16. The second most frequent location of abuse is the adult's own home, accounting for **33%**. This continues the trend that has been seen for the last three years.

Compared to 2014 – 15, the most significant change is an increase in the number of cases where the location of abuse was in care homes from **38%** in 2014 – 15 to **41%** in 2015 – 16. Proportionately, there has also been a reduction of cases of abuse in acute hospitals from **8%** in 2014 – 15 to **4%** in 2015 – 16.

Sources of referrals

23 Day care staff	74 Domiciliary staff
260 Other social care staff	
181 Residential care staff	6 Another service user
	6 Friend / neighbour
28 Care Quality Commission	124 Family member
68 NHS mental health staff	96 Housing
204 NHS secondary health staff	40 NHS primary health staff
91 Police	34 Self referral
	272 Other sources

There has been an increase in the number of enquiries resulting from concerns raised by the police from **72** in 2014 – 15 to **91** in 2015 – 16. This is attributed to the improved referral form from Sussex Police introduced part way through the previous year along with continued awareness raising within this staffing group.

There has also been a significant increase in the number of enquiries resulting from concerns raised by home care from just **12** in 2014 – 15 to **74** in 2015 – 16. This accounts for **5%** of all the enquiries completed compared to **1%** in the previous year. This is attributed to the successful awareness raising campaign with this staffing group last year, together with home care now being represented on the SAB.

Six more enquiries were completed this year compared to last year as a result of concerns raised by primary care (40 up from 34). However, proportionately this is a **1%** reduction to **3%** of all enquiries from **4%** last year. Safeguarding awareness training with primary care began last year, but remains a priority for 2016 – 17.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) implemented a complete migration onto an online referral process in April 2015 which has resulted in an increase in referrals being made.

Future plans

- Roadshow in July facilitated by Healthwatch for increased awareness of safeguarding among the public.
- Further training and raising awareness of safeguarding with primary care.

4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Quality assurance activity in Adult Social Care

Quality assurance activity in Adult Social Care (ASC) includes analysis of audits and feedback from stakeholders.

Between April 2015 and March 2016, the Safeguarding Development Team undertook approximately **100** audits, consisting of threshold audits (to ensure cases are appropriately taken forward into an enquiry where required), full case audits, deprivation of liberty safeguards (DoLS) audits, and safeguarding plan audits.

Feedback from **8** stakeholders was received during the same period from questionnaires and interviews.

From this quality assurance activity, the following strengths and areas for development were identified:

Strengths

- Well co-ordinated enquiries.
- Effective, planned multi-agency partnership working.
- A personalised, Making Safeguarding Personal (MSP) approach embedding more widely into practice, with adults or their representatives being asked to identify outcomes and the achievement of these, where possible.

Key areas for development

- Understanding and application of the three key tests and when the duty to undertake a Section 42 enquiry is triggered.
- Showing explicit and detailed evidence of mental capacity decisions and considering the need for advocacy involvement more widely.
- Ensuring routine information sharing when this is warranted in the interests of others, such as with Trading Standards, the police, and Children's Services.

Alice's story

Alice has care and support needs around her dementia and physical needs. She lives at home with her 24-hour carer. The ambulance service raised a safeguarding concern, as they felt the carer had delayed contacting them when Alice was having a stroke.

Alice identified her desired outcomes as:

- Wanting the carer to be “reprimanded” if she was at fault.
- To “feel safe in her own home”.

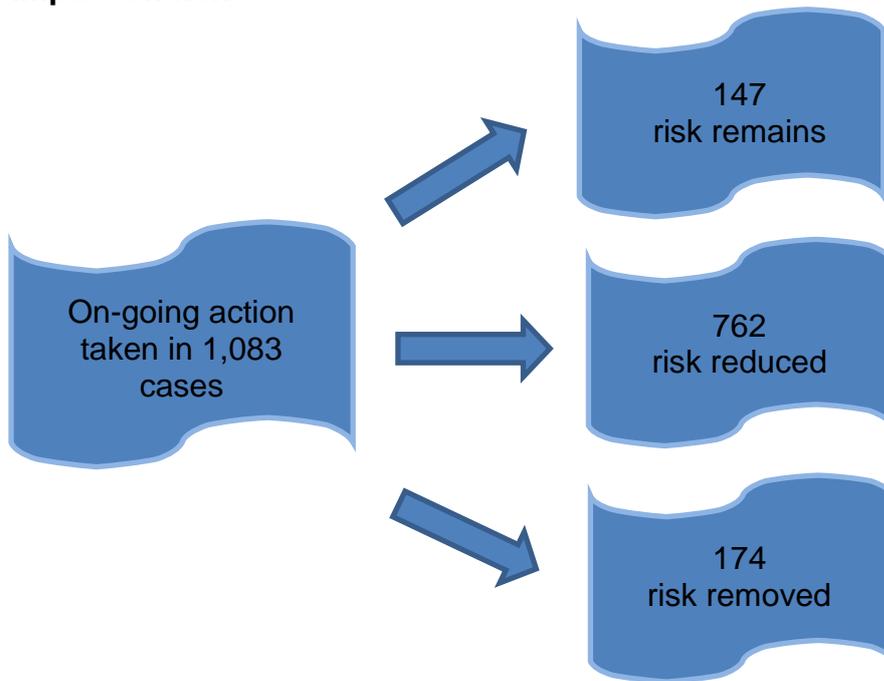
Alice was consulted throughout the enquiry and her desired outcomes resulted in the following safeguards being put in place:

- The carer was dismissed from her post and referred to the Disclosure and Barring Service.
- Another carer was employed with whom Alice felt safer.
- The care agency reviewed staff training particularly in relation to adult safeguarding.

Analysis of outcome data

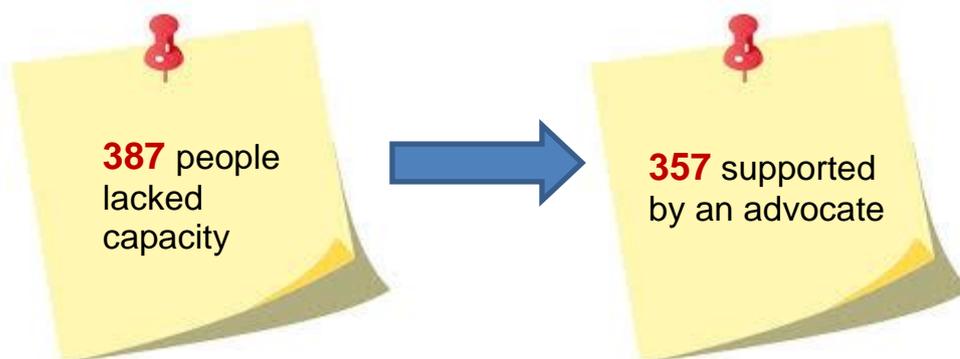
A Safeguarding Performance Quality and Assurance Framework is in place to drive improvements in safeguarding outcomes. The framework includes the collection and review of safeguarding activity data. From this, we can monitor the difference made and identify gaps in service provision.

Impact on risk



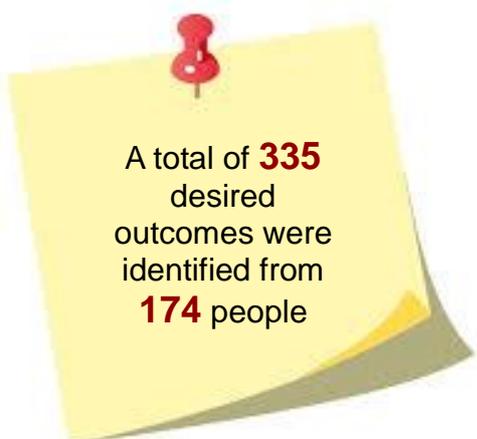
Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **86%** of cases, where there was on-going action under safeguarding arrangements, the risk was reduced or removed. This is a slight reduction from **93%** in 2014 – 15. However, it reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against other quality of life decisions, such as maintaining contact with a family member who was the source of the risk.

Support for adults at risk who lack capacity to make informed decisions



The proportion of people receiving support from an advocate, family member or friend where they lacked capacity was **92%**. This is an increase compared to the figure of **86%** in 2014 – 15, and is significantly higher than the 2014 – 15 national average of **61%**.

Outcomes achieved through safeguarding



24	Access to justice / reparation
104	Adult at risk feeling safer
52	Change of care arrangements
36	Increased dignity and respect
33	Other people protected
86	Other

Compared to 2014 – 15, the most significant difference is an increase in adults seeking greater dignity and respect as a result of a safeguarding enquiry from **5%** of all the reviewed safeguarding cases to **11%**. The proportion of people seeking to protect others from abuse has also increased from **5%** in 2014 – 15 to **10%** in 2015 – 16. There has also been a decrease in cases recorded as ‘other’ from **37%** in 2014 – 15 to **26%** in 2015 – 16.

Of the total desired outcomes identified, **99%** were either met or partially met through the safeguarding enquiry process. This figure has increased from **81%** in 2014-15, suggesting the Making Safeguarding Personal approach is becoming further embedded into practice, with the adult’s views and wishes being central to actions taken.

There will be occasions where an adult’s desired outcomes cannot be met, as these may not be realistic or achievable, for example if a desired outcome is to receive stolen goods back where this is not possible. However, the aim is always to acknowledge and record the desired outcomes, and to be open with the adult or their representative about what is realistic.

Sally's story

Sally has care and support needs arising from health problems associated with her kidneys and heart condition. She lives at home with her husband. He raised a concern with a carer that the home care agency had been administering medication incorrectly. A formal safeguarding concern was then raised.

Due to not having mental capacity in relation to the safeguarding enquiry, Sally was not able to voice her desired outcomes. However, her husband, who acted as her advocate, identified the following:

- The circumstances of the errors to be fully investigated.
- The practice of the agency to be improved and for other individuals not to have to go through the anxiety and distress he experienced.
- The family to oversee the administration of Sally's medication.

Clear information about the safeguarding process was provided to Sally's husband, and he was kept informed throughout the enquiry. He felt his outcomes were met as:

- Sally's GP was contacted and advised there should be no ill-effects from the medication errors.
- The Medication Administration Records were amended, incorrect medication stopped and home care carers reminded of their responsibilities to follow the support plan.
- The family took over medication administration.
- Training was provided for the carers.

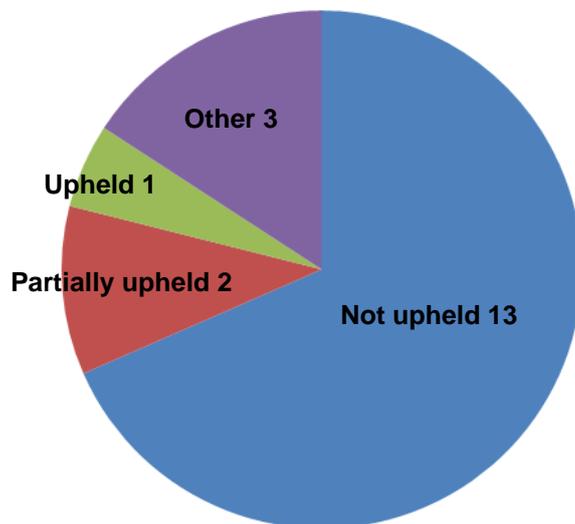
Learning from complaints

The total number of complaints recorded for Adult Social Care for 2015 – 16 was 388. Of these 19 related to safeguarding, this is **5%** of the total complaints received.

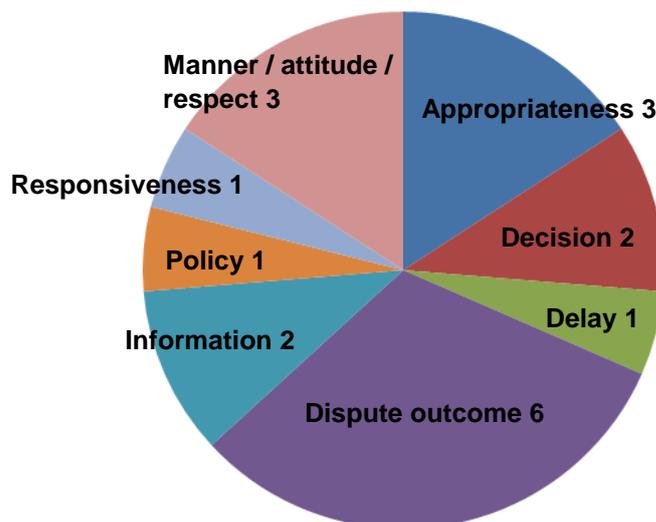
In addition to these 19 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2015 – 16, which was 103 enquiries.

This compares to 14 complaints and two MP / councillor enquiries in 2014 – 15.

Complaint outcome



Complaint category



Key themes

Eight complaints were received from clients or their representatives. The themes of these complaints were:

- Querying decisions not to take concerns into safeguarding enquiries.
- Outcomes of safeguarding enquiries.
- Communication during safeguarding enquiries.

None of these complaints were upheld.

Five complaints were received from owners / directors / managers of care providers. All of these complaints were about the conduct of safeguarding enquiries. One of these complaints was upheld, one complaint was partially upheld and two complaints were not upheld. One complaint had an outcome of 'other' as the CCG responded and no input was required from ASC.

Five complaints were received from persons thought to be the cause of risk. The themes these complaints were:

- Concerns about the allegations and outcomes.
- The conduct of safeguarding enquiries.
- The treatment of persons thought to be the cause of risk within safeguarding enquiries.

One complaint was partially upheld and three complaints were not upheld. One complaint had the outcome of 'other' as we were unable to make enquiries about an agency social worker and the other issues raised were not upheld.

One complaint was received from a GP who was concerned that they received an inadequate response when raising a safeguarding concern. The outcome of this complaint was 'other' as the feedback was acknowledged and acted upon.

Learning and actions

- Discussions with workers regarding methods and approaches used in safeguarding enquiries.
- Discussions with workers regarding miscommunication and delay in communicating outcomes.

- Discussions with workers regarding breaching confidentiality during safeguarding enquiries.
- Minutes of a safeguarding outcome meeting were amended to put the term 'financial abuse' in its proper context.

Local Government Ombudsman (LGO) cases

The LGO has not asked us to look at any complaints about safeguarding in 2015 – 16. In 2014 – 15 they asked us to look at one complaint.

Compliments

The Safeguarding Development Team has received the following feedback:



Lay members

The Safeguarding Adults Board (SAB) recruited a lay member in January 2016, as an additional mechanism for consulting with the local community. More specifically, the role of lay members is to enable effective ties to be developed between the SAB and the local community, and to ensure the work of the SAB is transparent and accessible.

Lay members support the work of the Board by:

- Contributing to the development of strategies and plans to respond to and prevent abuse and neglect.
- Challenging the work of the SAB where required.
- Bringing an awareness and knowledge of the diverse communities and individuals living in East Sussex.

“I am a firm believer in measuring the promise to do something by asking to see what has been done and not what will be done. My belief has manifested itself in the number of incidents over the years where vulnerable persons could and should have been safeguarded from harm. When I saw an opportunity to become a lay member on the East Sussex SAB, I knew it was an opportunity to see what is being done, challenge what is not and champion the ongoing rights for vulnerable adults. To date, I have been impressed with the appetite demonstrated by the East Sussex SAB and their desire, not just to fulfil a legal duty, but to go that step further to protect those who are vulnerable through effective practice.

I have confidence that the right plans are in place and now set the Board the challenge of delivering them.”

Board lay member, 2016

The SAB plans to recruit another lay member in the coming year.

4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Healthwatch roadshow

In September 2015, Healthwatch East Sussex organised a ‘red bus roadshow’ across different locations in the county, engaging with the public on health and social care matters, including adult safeguarding.

During these events, **13** surveys were completed with members of the public to gauge people’s awareness and understanding of adult safeguarding, and whether people knew where to go if they had concerns. Results from this indicated a clear

appetite for more information on safeguarding in different formats, and that while there was a basic level of understanding, more needs to be done to raise awareness and the profile of such matters.

In addition to the survey, **58** contacts (conversations and information giving) were achieved over the three day bus tour period.

Safeguarding conference

On 2nd March 2016, the SAB, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, hosted a conference that was open to any professional working with children and / or adults.

The event, held in Eastbourne, focussed on 'Modern Slavery, Human Trafficking and Missing People', and included speakers from Sussex Police and UK charities 'Missing People' and 'A21'. Over 130 delegates attended, representing a broad range of agencies supporting vulnerable adults and children, including East Sussex Healthcare NHS Trust, borough councils, the probation service, colleges, refuges, East Sussex Fire and Rescue Service as well as staff from Adult Social Care and Children's Services.

The event was held to raise awareness of these topics, especially as modern slavery is now a type of abuse in its own right under the Care Act, and was a partnership event in recognition that these issues can affect all ages and family units.

The event was timed to tie in with National Safeguarding Day (29th February) and was part of a week long programme of activities as described below.



Safeguarding awareness

Staff members from the Adult Social Care Safeguarding Development Team (SDT), alongside representatives from Trading Standards, Sussex Police and East Sussex Fire and Rescue Service, were involved in safeguarding public awareness events across the county in a range of venues including shopping centres, libraries and a community centre. A total of **457** contacts were made with members of the public.



Members of the SDT also visited two care homes to meet with residents and have a conversation regarding safeguarding issues, with the aim of raising awareness around how to recognise abuse or neglect, and how to raise a concern. Further sessions of a similar nature are now being planned within a day centre for those with mental health needs.

Primary care safeguarding awareness

Two safeguarding training events were held in March 2016 for primary care staff with a further two sessions to be held in July 2016.

Quality visits to GP practices across Eastbourne Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) have commenced, supported by the CCG Designated Nurse. Additional visits are planned with the aim of increasing the profile of adult safeguarding and to promote a consistent approach to concerns.

Tackling social isolation to combat scams

Trading Standards have been working to tackle the social exclusion that often encourages the vulnerable to engage with fraudsters. There have been a number of strategies for this:

- Encouraging the victim to become a Mail Marshall. Instead of responding to scam mail victims are asked to collect it. The mail is then collected by a Trading Standards Officer who can further engage with the victim.
- Introducing victims to befriending services. Trading Standards are currently piloting a project with East Sussex Age UK Scams Prevention Service to provide befriending and advice services to victims.
- Installing free call blockers.
- Training carers, care home managers and other related service provider volunteers to recognise and report scams. Between April 2015 – 16, Trading Standards Officers delivered 20 talks to 535 such delegates.

During 2015 – 16, Trading Standards Officers made 129 positive interventions to victims of mass marketing fraud.

Future plans

- As part of Scams Awareness Month in July 2016, partner agencies are coming together to hold a series of public events to raise awareness about the various types of scams, how to report scams, and services and support available.

5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Adult Social Care and Trading Standards knowledge exchange

This project continued into 2015 – 16, with the aim of increasing awareness of the functions of both Trading Standards (TS) and Adult Social Care (ASC) within each other's departments to reduce abuse and exploitation from scams and doorstep crime, and achieve more effective outcomes for individuals.

A target was set of increasing referrals between departments by 20%. This was exceeded by both departments:

- For referrals from TS to ASC, referrals increased from 7 (quarter 1 in 2014 – 15) to 20 (quarter 1 in 2015 – 16), nearly a 200% increase.
- For referrals from ASC to TS, there was a 150% increase within the same period.

TS and ASC have continued to train social workers on a monthly basis. Between September 2015 and June 2016, 25 training sessions were delivered to 293 members of ASC operational teams, directly provided services teams and finance teams.

Safeguarding and Mental Capacity Act awareness mentoring took place between officers, and Trading Standards Officers also mentored volunteers from agencies such as the Citizens Advice Bureau, Age Concern and East Sussex Fire and Rescue Service.

Priorities for Trading Standards 2016 – 17

- Undertake refresher training on safeguarding and the Mental Capacity Act in September 2016 to coincide with the recruitment of four new members of staff.
- Trading Standards has recently divided staff into two teams, to better meet service priorities. These are, the Business and Growth Team and the Community Protection Team. The Community Protection Team has a number of aims based on the Police Risk, Harm and Threat model. Two of these endorse the priorities of the ASC / TS knowledge exchange:
 - Protect those most at risk from mass marketing fraud by engaging with victims and working with partner agencies to create a support network around them to reduce the likelihood of them continuing to be a victim in the future.

- Protect those most at risk from rogue trading by engaging in awareness raising activities to reduce this risk.

Key training figures and initiatives

Adult Social Care training

April 2015 – March 2016

Course title	No. of courses	No. of attendees	Bespoke courses	No. of attendees
Safeguarding Adults: Basic Awareness	12	268	4	62
Safeguarding Adults and the Law	3	44		
Safeguarding and the Care Act	20	427	1	14
Safeguarding Adults: Refresher	27	379	3	18
Making Safeguarding Enquiries for Enquiry Managers / Officers	4	82		
Managing Safeguarding Enquiries for Enquiry Managers	3	41		
Safeguarding training for a provider			2	30
Mental Capacity Act 2005	19	367	4	59
Deprivation of Liberty Safeguards	9	196	1	11

KWANGO safeguarding adults e-learning

April 2015 – March 2016

Organisation	Number of attendees
ESCC	1,324
Hospitals	131
Independent care sector	1,832
Clinical Commissioning Groups	571

Sussex Police

During 2015 – 16, there has been a particular focus on domestic abuse training, as well as harmful practices and modern slavery awareness with the following courses being held:

- Domestic abuse workshop for response and investigating officers.
- Secondary investigators training. This covers coercive and controlling behaviour, DASH overview, and information about the National Centre for Domestic Violence.
- Specialist training has been provided for points of contact throughout the force and general awareness training for call handlers, as well as an information video which is being developed for all officers and staff.
- A booklet about honour based violence, female genital mutilation and forced marriage is being produced, and will assist in raising awareness both internally and within local communities.
- Modern slavery training has been provided to a large audience to help raise awareness of the means, purpose and act of trafficking.
- The Learning Development Team has developed training and awareness packages and briefings for the public protection week of the Initial Crime Investigators Development Programme for trainee Detective Constables. These ensure officers are made aware of harmful practices and trafficking indicators, and effective actions to take if confronted with these incidents, along with effectively safeguarding victims.

Adult safeguarding activity / initiatives

- The force's safeguarding vulnerable adults policy and procedures was reviewed and updated to align with the Care Act.
- A representative from the force's Public Protection Branch has attended the Safeguarding Adults Board and relevant sub-groups throughout the year.
- The force has developed police operations to provide an enhanced response to domestic abuse over key times of the year. Operation Ribbon took place over the Christmas period, and will be repeated during the European Football Championship this summer.

With the support and active involvement of partners, these operations enable us to provide an effective police response to reports of domestic abuse, whilst also improving the support we are able to offer to victims and survivors.

- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continue to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex.

The force continues to raise awareness internally and externally to ensure the public are aware of the support available for these victims.

Priorities for 2016 – 17

- Domestic abuse, harmful practices and modern slavery remain priority areas for Sussex Police.
- The force will continue to focus on Care Act awareness, particularly for specialist officers and new officers.

East Sussex Fire and Rescue Service (ESFRS)

ESFRS will be providing awareness training to Adult Social Care assessors to ensure that they have the skills to properly assess the risk of fire whilst undertaking Care Link assessments. The expectation is that this will increase the number of clients where a linked smoke detector is part of the Care Link package from the outset, as well as being incorporated at the review stage. Discussions have taken place regarding the possibility of ESFRS funding a linked smoke alarm where a risk has been identified.

Future training plans include:

- Continuing to provide training for staff on adult safeguarding with an emphasis on self-neglect, hoarding, dementia and scams.

South East Coast Ambulance Service NHS Foundation Trust

Just over 90% of all staff completed the Trust's safeguarding training during 2015 – 16. This was not as good as hoped – the target being 95%. However, it is a huge improvement on the previous year.

A development day for Board members and senior managers was held in September 2015. This focussed on general safeguarding requirements (both children and adults) for Executive and Non-Executive Directors, and the implications of the Care Act for the Trust.

A domestic abuse pilot was extended during 2015 – 16 to provide training and improved patient pathways and experience across the whole of Sussex. This was partially funded by external partners in East Sussex, West Sussex and Brighton & Hove, however, it was not possible to secure full internal funding to continue the work and the pilot came to an end in December 2015. Further funding opportunities to continue this work are currently being explored within the Trust.

Priorities for 2016 – 17

- The improved data available from the online referral process will be used to better understand reporting patterns within the Trust.
- The Trust will pilot using this information within the appraisal process at a practitioner level, so that staff will be able to benchmark their activity within their own teams / station areas. This will help the Trust identify possible learning needs for a specific area, or areas of good practice which could be shared.

East Sussex Healthcare NHS Trust (ESHT)

Adult safeguarding continues to maintain a high profile within ESHT.

The principles of the Care Act 2014 have now embedded within ESHT practice. This has included a review of all related Trust policies and training programmes.

The Care Act recommends that safeguarding adults supervision sits within clinical supervision, and ESHT has adopted this practice. ESHT has already completed several group supervision sessions pertaining to safeguarding adults.

Mandatory adult safeguarding training is undertaken on appointment and every three years thereafter. All non-patient facing staff complete Level 1 training, and all patient facing staff complete Level 2 training. In line with the National Competency Framework for Safeguarding Adults, ESHT is in the process of reviewing training with a view to introducing Level 3 training for senior management staff. ESHT uses a number of modes of training, including face-to-face, online and workbooks.

Training figures show a steady increase over the past year in line with the three year training plan and 90% compliance requirement:

Monthly trend	Safeguarding Level 2	Mental Capacity Act	Deprivation of Liberty Safeguards
April 2015	72.98%	92.31%	89.03%
May 2015	73.24%	92.48%	89.64%
June 2015	74.38%	92.63%	90.11%
July 2015	75.08%	93.02%	90.88%
August 2015	74.62%	92.80%	90.82%
September 2015	76.05%	93.18%	91.44%
October 2015	76.05%	92.84%	91.31%

November 2015	77.64%	93.39%	91.81%
December 2015	78.06%	93.36%	92.29%
January 2016	78.28%	93.10%	92.78%
February 2016	79.06%	93.40%	93.29%
March 2016	79.71%	93.10%	93.81%

Training includes updates from the Care Act, PREVENT, self-neglect, domestic violence, and Deprivation of Liberty Safeguards.

- PREVENT is part of ESHT’s counter-terrorism training. This training is delivered by key ESHT staff who have received Wrap3 training, the latest update in this field, delivered by NHS England. ESHT has also cascaded the Wrap3 training to key trainers within the Trust, enabling a widespread section of staff to be trained, including porters, security staff etc.

ESHT is part of the PREVENT group led by ESCC.

- Mental capacity and Deprivation of Liberty Safeguards training is a mandatory, ‘one-off’ face-to-face learning event. This training is delivered on three levels:
 - Basic training – This is awareness training for all untrained members of staff who have contact with patients.
 - Standard training – This is for Band 5 to Band 7 staff.
 - Advanced training – This is for Band 8 staff and above, including medical staff, senior managers, specialist nurses and directors. This session has input from a solicitor to ensure clinicians understand the medico-legal aspect of the law in practice.

Learning that has influenced change in the organisation includes:

- The process for community safeguarding enquiries has improved. Clear communication between all agencies has led to processes being completed in a timely manner.
- ESHT Integrated Patient Documentation v5 is in the final approval stage. This includes an updated section on discharge planning and a revised Patient’s Property Disclaimer, resulting from learning following enquiries.
- During 2015 – 16, ESHT appointed a ‘speak up, speak out’ champion to enable staff easy and confident access to this supportive process. ESHT has a whistle blowing policy for staff accessible on the Trust’s intranet.

Sussex Partnership NHS Foundation Trust (SPFT)

A new e-learning programme has been developed which promotes Care Act compliance. This operates at two levels:

- All staff have to undertake the Level 1 basic awareness training.
- Clinical staff also have to undertake the Level 2 training which is aimed at all staff with responsibilities for safeguarding. This corresponds to staff group B in the National Competency Framework for Safeguarding Adults. Group B represents qualified professionals in health and social care and all frontline managers who manage / supervise staff providing services directly to the public.

Staff with enhanced responsibilities for safeguarding also undertake specialist training with ESCC.

Training figures for 2015 – 16 are as follows:

Safeguarding adults e-learning	Completions	Overall compliance
Safeguarding Adults Level 1	325	71%
Safeguarding Adults Level 2	57	62%

Adult safeguarding activities / initiatives

A new safeguarding adults policy promoting Care Act compliance has been adopted.

SPFT has been part of a successful national project focussing on domestic abuse, and this has led to the development of a new domestic abuse policy and the provision of training to staff. A train the trainer approach is being developed for domestic abuse awareness training.

The Trust has actively supported the Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) processes.

SPFT is represented on the Prevent Board, and has established a clear referral pathway for the Channel process. Prevent training is being provided for staff, and a train the trainer approach is being developed.

SPFT has continued to hold regular safeguarding managers' meetings jointly with Adult Social Care to address quality and practice issues.

Priorities for 2016 – 17

- Review safeguarding governance and training to take into account the National Competency Framework for Safeguarding Adults, and new guidance that is anticipated from NHS England.
- Continue to support the development of a lead practitioner / trainer approach in relation to domestic abuse.
- Continue to develop a train the trainer approach to Prevent training and ensure access to training across all of our services.
- Publish a Prevent strategy in line with the Counter-Terrorism and Security Act 2015.
- Continue to play an active role as a member of the SAB in the promotion of adult safeguarding in East Sussex.

Clinical Commissioning Groups (CCGs)

Safeguarding training for both clinical and non-clinical staff continues, with compliance rates having improved from last year.

Training includes Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and domestic abuse awareness, and is delivered on a rolling programme.

Clinical Commissioning Group	Percentage of staff undertaking training	
	Clinical	Non-clinical
High Weald Lewes and Havens	81%	95%
Eastbourne, Hailsham and Seaford / Hastings and Rother	87.7%	89.7%

The CCGs continue to engage with East Sussex Safer Communities and the Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls Unit (Brighton & Hove and East Sussex) to promote awareness of domestic violence and abuse (DVA) and sexual violence and abuse (SVA) with the aim of improved recognition and response amongst provider organisations, community services and the public across East Sussex.

Funding has been obtained for a part-time Multi-Agency Risk Assessment Conference (MARAC) CCG representative who will be the conduit for information sharing between primary care and MARAC regarding victims, alleged perpetrators and children who may be experiencing DVA. The post holder will also ensure

safeguarding concerns are brought to the attention of Children's Services or Adult Social Care.

Hastings and Rother CCG will be piloting a scheme within Hastings and St. Leonards primary care practices aimed at improving awareness of domestic abuse. The scheme will provide education and improve referral pathways for people who may be experiencing DVA.

Pathways have been developed with East Sussex Healthcare NHS Trust (ESHT) to ensure adult females who have undergone female genital mutilation are offered support, and any safeguarding risks are identified and addressed.

Group adult safeguarding supervision and reflective practice sessions have been introduced for CCG clinical staff within the Continuing Healthcare Team.

The CCGs continue to facilitate the provision of clinical support and advice to safeguarding enquiries, either directly contributing to the enquiry report, providing guidance, support or signposting to appropriate professionals. The CCGs continue to provide support in monitoring safeguarding plans where there are health or clinical issues.

Future plans and priorities for 2016 – 17

- The Designated Nurse to work with the SAB Training Sub-group to develop additional MCA / DoLS training for primary care staff, and engage with the Adult Social Care MCA Lead to develop reflective practice groups to include health staff.
- A safeguarding workshop for Hastings and Rother CCG Practice Nurses is planned for August 2016, and this will be rolled-out to Eastbourne, Hailsham and Seaford.
- Increase the profile and promote better understanding of adult safeguarding (including MCA / DoLS) within primary care.
- Continue collaborative work with partner agencies to ensure adults are protected from abuse and neglect.

Multi-agency training

The CCGs have undertaken to support the planning and delivery of multi-agency training, continued participation in the SAB Training Sub-group and a commitment to the delivery of the SAB training strategy.

Future plans

- Further development of multi-agency training opportunities and implementation of the SAB training strategy.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2015 – 16, and has shown the continued effort of partner agencies represented at the Board to work together in their commitment to safeguard adults from abuse and neglect.

The Board was placed on a statutory footing for the first time during this period, and the development of the SAB budget highlighted in this report has assisted the achievement of agreed objectives.

A particular focus in the past year was on ensuring adults who lacked capacity or had substantial difficulty in understanding the safeguarding process had appropriate advocacy arrangements in place, given the new duty of advocacy enshrined in the Care Act. The SAB is pleased to report that we have seen an increase from 86% in 2014 – 2015 to 92% in 2015 – 2016 in those lacking capacity being supported by an advocate. This reflects the Making Safeguarding Personal approach of ensuring the adult is central to all decisions in the safeguarding process, even where they may lack mental capacity.

The SAB was also pleased to have joined with the Local Safeguarding Children's Board and Safer Communities partnership to host an event for professionals on 'Missing People, Modern Slavery and Human Trafficking'. The event reflected the crossover between these Boards and partnerships in safeguarding matters affecting both children and adults, and future joint events are planned for the coming year.

The SAB looks forward to launching its website in the coming year for greater accessibility of information for the public and professionals alike. The Board also welcomes continued direction under an Independent Chair, to assist in driving forward our key objectives and to achieve our vision of ensuring the adults of East Sussex are able to live a life free from abuse and neglect.

Appendix 1 – SAB Budget 2015 – 16

Income		Expenditure (excluding VAT)	
East Sussex County Council	£32,347	SAB Development Manager	£54,846
Sussex Police	£10,000	SAB Administrator	£9,202
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Independent Chair	£6,421
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£10,000	Training programme (inc. admin. and safeguarding promotional materials)	£3,648
NHS Eastbourne, Hailsham and Seaford CCG	£10,000	Safeguarding Network (venue / reward and recognition payments)	£414
NHS High Weald Lewes Havens CCG	£10,000	Policy and procedures	£917
		SAB website	£2,499
		SARs / Multi-Agency Reviews (facilitator and venue costs)	£4,400
Totals	£82,347		£82,347

Appendix 2 – Work plan 2016 – 17

Strategic Aim 1 – Accountability and leadership

SAB Priority 1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

Desired outcome for clients: Confidence in Multi-agency safeguarding responses, and safeguarded from abuse and neglect

Action / Measure	Lead	Timescale	Progress
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, regularly reviewing priorities and SAB membership. This will be evidenced by participation, challenge and transparency in SAB meetings and by holding annual Business planning day.	SAB	Ongoing	Business planning day planned for September 2016.
Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.	SAB	July 2016	Core SAB partners contributing to the budget. Review and negotiation of contributions to be completed by July 2016.
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2016	SAB website to be up and running by May 2016, and will include these documents for transparency amongst professionals and the public alike.
Work of the SAB to be fully informed, owned and driven by a Multi-agency approach, and client experience and voice. This is by way of multi-agency chairing of subgroups, and evidenced by the TOR for each subgroup including 6 and 12 month milestones,	PQA / CCSAN /Ops	October 2016	PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC. SAB to review effectiveness of current chairing arrangements and progress made in October 2016.

with regular feedback to the SAB on progress.			
Consider SAB Peer review to reflect commitment to continual improvement and transparency. Success criteria for this action will reflect a focus on development needs within this review and a clear plan of how improvements will be made by all agencies.	SAB	March 2017	
Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR). Learning from recent Multi-agency review to be carried forward by way of learning events. This will be evidenced by an open and honest culture, and attendance at learning sessions.	Ops / PQA / Training	Ongoing	Topic based multi-agency workshops have commenced. Further roll out to be taken forward by Training subgroup. Learning briefings to continue following any SAR or Multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.

Strategic Aim 2 – Policies, procedures and Care Act implementation

SAB Priority 2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Desired outcome for clients: Desired outcomes advocated for and proportionate responses given

Action / Measure	Lead	Timescale	Progress
Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults. This will be demonstrated by ensuring the self audit tool to be completed by members is up to	Ops / PQA	October 2016	Sussex wide Self audit tool for strategic and organisational safeguarding arrangements has been updated, and outcomes from audit to be discussed in April 16. Multi-agency audit on Care Act compliance and

<p>date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement.</p> <p>Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.</p>			<p>new duties to be discussed at April 16 SAB meeting.</p>
<p>All agencies sign the Information sharing protocol and embed its use in multi-agency safeguarding. This will be evidenced by way of audit returns, case audits and successful development of a multi-agency data set.</p>	PQA	October 2016	
<p>Sussex Safeguarding Adults Policy and Procedures to reflect up to date guidance, case law and legislation and enable staff to undertake Care Act safeguarding duties effectively. This will be evidenced by feedback gained from professionals and clients.</p>	SAB	March 2017	<p>Small scale update of procedures to be in place by April 16. Further update planned for Autumn 2016 to include latest Care Act statutory guidance. Full update to be in place for April 17, and will involve a consultation process from professionals and clients/carers.</p>
<p>Annual review of procedures, or when significant national updates occur, will involve statutory partners of the SAB, to provide opportunity for changes needed and create audit trail.</p>	Ops / Sussex Policy and Procedures subgroup	March 2017	<p>Sussex wide subgroup now in place consisting of statutory SAB members.</p>
<p>Review SAR referral and panel process, to ensure increased awareness, accountability and transparency in referral and decision making processes are achieved. This will be in line with regional development work, by maintaining contact</p>	PQA	July 2016	<p>Review of policy underway.</p>

with regional networks.			
Ensure the voice and views of clients within safeguarding enquiries are heard, including when client's lack capacity, by way of appropriate Advocacy and support arrangements being in place. This will be regularly monitored via Ops sub-group, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored.
SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns			
Action / Measure	Lead	Timescale	Progress
Review the model of responding to quality concerns initially involving ASC, Health and Commissioners, with outcomes on effectiveness reviewed by the SAB. A successful model will demonstrate relevant partners responding and reacting appropriately to quality concerns alongside established Section 42 arrangements.	Ops	July 2016	Communication with Commissioners and operational representatives at a quality and safeguarding interface workshop.
Address gaps regarding information sharing by agencies, in line with Care Act requirements, by way of developing a Multi-agency data set.	PQA	September 2016	Initial scoping for PQA subgroup in April.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Discussions to be held via PQA sub group and fed back to SAB.

Strategic Aim 3 – Performance, Quality and Audit

SAB Priority 3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people’s wishes together

Desired outcome for clients: Offered choice and control in safeguarding responses

Action / Measure	Lead	Timescale	Progress
<p>Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out.</p> <p>This will be achieved by reflecting the ‘story’ behind the outcomes in reporting arrangements, such as case audits, and client feedback.</p>	Ops / PQA / CCSAN	Ongoing	Workshops and training emphasise MSP approach with case study learning. Multi-agency audits to include a focus on MSP.
Raise awareness of Network meetings as part of a safeguarding response, evidenced by an increase in referrals, and evaluate the impact these interventions make.	CCSAN / Ops	October 2016	Item on Network meetings and referral process to be brought to the SAB in April.
Consider opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	October 2016	ASC to visit the Children’s Multi-Agency Safeguarding Hub (MASH) in East Sussex to consider opportunities in Adult services.

Strategic Aim 4 – Prevention and engagement

SAB Priority 4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Desired outcome for clients: Influence over service delivery

Action / Measure	Lead	Timescale	Progress
Clients and Carers to be involved in the work of the SAB, by way of attendance and contribution in the CCSAN.	CCSAN	Ongoing	Healthwatch continue to chair the CCSAN. Carer representation now in place. Client representation to be taken forward by the CCSAN.
Client feedback to be obtained and presented to SAB, by way of regular updates from the CCSAN, and Healthwatch attendance at SAB meetings.	CCSAN / PQA	Ongoing	
Feedback from CCSAN members to be incorporated into SAB annual report and strategic plan that are to be published.	CCSAN	July 2016	Feedback to be sought.
SAB to increase Lay member representation, by way of further recruitment in 2016. This will be undertaken through Healthwatch.	SAB	October 2016	SAB has one Lay member. Recruitment for additional Lay member to be undertaken by October 2016.
Develop and promote use of website and social media to increase engagement with public and accessibility of the SAB. Success criteria will reflect an accessible and interactive website, and social media linked with all partners for consistent safeguarding message.	SAB	October 2016	

SAB Priority 4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Action / Measure	Lead	Timescale	Progress
<p>Continue safeguarding training sessions for primary care, and evaluate impact by way of monitoring safeguarding referral rates. Success criteria would reflect an increase in referrals from primary care from April 2016 compared with previous year.</p>	PQA/Training subgroup	July 2016	Three training sessions held as of April 2016 with further sessions planned. Update to the SAB to be given in July 2016.
<p>Continue ‘Don’t turn your back on abuse’ campaign, by way of social media, leaflets and posters.</p> <p>Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.</p>	SAB	July 2016	Safeguarding week from 29 th February promoted this safeguarding message and included multi-agency partners. Referral rates from this to be monitored and reported back to SAB in July 2016.
<p>Revise SAB web content for clear information for the public.</p>	SAB	May 2016	SAB website to be in place by May 2016.
<p>SAB to take part in roadshow planned by Healthwatch in July 2016, as another mechanism to raise public awareness of Safeguarding.</p>	CCSAN	July 2016	

Distribute Sussex wide easy read safeguarding leaflet, developed in partnership with the three Sussex SABs and include this resource on SAB Website.	SAB/CCSAN	July 2016	
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SAB Priority 4.3 Ensure transition arrangements from Children’s to Adult services, for those at risk of Child Sexual Exploitation, are addressed in a multi-agency context.

Action / Measure	Lead	Timescale	Progress
All agencies to raise awareness of CSE amongst Adult services staff, by way of briefings and training.	Ops	March 2017	
ASC to review its involvement in the Multi Agency CSE (MACSE) group.	Ops	October 2016	The ASC DASM will attend the MACSE to review how ASC should be involved.

Strategic Aim 5 – Integration/Training and workforce development

SAB Priority 5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Desired outcome for clients: Consistency received in safeguarding responses

Action / Measure	Lead	Timescale	Progress
SAB members to adopt National Safeguarding Competency framework within induction and ongoing supervision arrangements, as evidenced by audit returns.	Ops	October 2016	SAB has purchased licence from Bournemouth University.
Training subgroup to oversee and implement training strategy covering new categories in the	Training subgroup	Ongoing	Training subgroup now established.

Care Act, and multi-agency learning opportunities.			
Sussex links to be made by training subgroup for specific topic areas, including self neglect awareness and training.	Training subgroup	October 2016	Self neglect training to be developed from April 2016.
SAB to take active part in a review of Domestic Abuse and Sexual Violence training, in partnership with the LSCB and Safer Communities partnership. Consider re-branding of training to reflect all three partnerships to increase number of adult services staff attending the necessary training and consider use of staff survey to feed into training development. Refreshed training to include a focus on older people experiencing domestic abuse and appropriate interventions.	SAB/Training subgroup	September 2016	
SAB Priority 5.2 Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams			
Action / Measure	Lead	Timescale	Progress
Develop protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust Board and the Health and Wellbeing Board. This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, and Modern Slavery.	PQA	October 2016	

Key

- SAB Safeguarding Adults Board
- PQA Performance, Quality & Audit Sub-group
- Ops Operational Practice Sub-group
- CCSAN Client & Carer Safeguarding Advisory Network

Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Service
- Homecare representatives
- Lewes District Council Housing
- Plumpton College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)