

## **East Sussex Safeguarding Adults Board**

# **Annual Report**

**April 2016 to March 2017**



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## Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2016 – 17.

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

This year has seen the introduction of monthly panels to consider safeguarding adult review (SAR) referrals, one of the statutory duties of SABs under the Care Act. One referral has been progressed to a SAR and findings from this are due in the summer this year.

The SAB has continued to implement its strategic plan to ensure the best outcome for adults in East Sussex can be realised, and I would like to thank all partner agencies of the SAB for their continued commitment to this important agenda.

We hope you find this report interesting and are reassured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

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



As Chair of the Clients and Carers Safeguarding Advisory Network, which provides a key mechanism to consult with the local community, I am pleased to report on the progress made in 2016 – 17 in listening and responding to the views of adults with care and support needs as we have welcomed new members to the network.

I have been involved again this year in the recruitment process for a Lay member for the SAB, and am encouraged by the commitment of the SAB to seek the views of adults, carers and partner agencies when implementing its strategic plan.

In the coming year, Healthwatch will continue to seek the views of those who use care and support services, assist in raising awareness of the safeguarding agenda, and ensure appropriate challenges can be made to hold partner agencies to account where required.

### **Elizabeth Mackie**

Volunteer & Community Liaison Manager, Healthwatch East Sussex

## Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2016 and March 2017, as well as some of the main developments that have taken 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**

- The [Safeguarding Adults Board \(SAB\) website](#) was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.
- A monthly panel has been set up to consider Safeguarding Adult Review (SAR) referrals, and to establish an effective decision making framework.
- Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.
- A multi-agency forum focussing on the use and application of the Mental Capacity Act has been established. This forum meets quarterly, and is centred on case studies that partner agencies identify in order for learning and practice development to be achieved.
- Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

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

- A multi-agency safeguarding case audit was undertaken again this year by several representatives of the SAB, with the main focus on domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. Good practice included engagement, or attempts to engage, with the adult in several cases, the needs of alleged perpetrators were considered in all cases, and referrals and involvement of specialist domestic abuse services was evident in the majority of cases. Development areas included the need

to find creative ways of seeing the victim by themselves, identifying and recording indicators of domestic abuse, and sufficient information sharing to make robust decisions within the MARAC process.

- Three safeguarding adult review (SAR) referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017. Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above. Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

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

- A review of the Adult Social Care (ASC) Quality Monitoring Team has taken place to ensure safeguarding concerns are appropriately responded to.
- The Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

### **Priority 3.1: Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together**

- The number of safeguarding enquiries has increased significantly since 2015 – 16 (increasing from 1,868 to 4,222). This is, in part, because of a change in the way safeguarding activity was recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries, and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.
- Neglect and physical abuse remain the types of abuse most frequently investigated. Emotional or psychological abuse is now the third most common form of abuse investigated, whereas financial abuse was the third most common in 2015 – 16. This change is likely due to increased awareness that physical and financial abuse often involve elements of emotional and psychological abuse as well. Proportionately, there has been little change in the number of financial abuse investigations, which account for 18% of all enquiries compared with 19.5% in 2015 – 16.

- The most significant differences to 2015 – 16 are domestic abuse increasing from 2% of completed enquiries to 9%; neglect reducing from 49% of completed enquiries to 44%; and emotional or psychological abuse increasing from 16% of completed enquiries to 20%. The increase in the number of domestic abuse enquiries is thought to be due to increased awareness of this type of abuse following the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.
- The most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

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

- In 90% of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from 86% in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.
- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity was 96%. This is an increase from 92% in the previous year, and compares favourably to the national average of 62% for 2015 – 16, but a target of 100% remains in place.

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

- In February 2017, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Coercive Control and Domestic Abuse: Impact within the Family'. Approximately 170 delegates attended representing a broad range of agencies supporting vulnerable adults and children. The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire.
- A focus to increase safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions. Recruitment of a named GP for safeguarding is planned in 2017 – 18, and has already been achieved for two of the three CCGs within the county.

**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**

- Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17 and, following an audit of cases involving transition arrangements from Children’s Services to ASC, a new post has been created and situated within Children’s Services.

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

- Internal processes within Sussex Police in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.
- Key training figures from partner agencies are included in this annual report, and there has been a particular focus on domestic abuse training.
- The National Competency Framework for Safeguarding Adults was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced. The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

**Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams**

- A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children’s and Young People’s Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities for areas such as child sexual exploitation, domestic abuse, and modern slavery.

**Conclusion**

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the county council and partner agencies to work together to safeguard adults from abuse and neglect. The SAB will ensure learning from the first Safeguarding Adult Review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required.

## Progress on 2016 – 17 priorities

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

#### SAB budget

The SAB budget for 2016 – 17 consisted 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) and East Sussex Fire and Rescue Service (ESFRS) 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.

#### SAB website

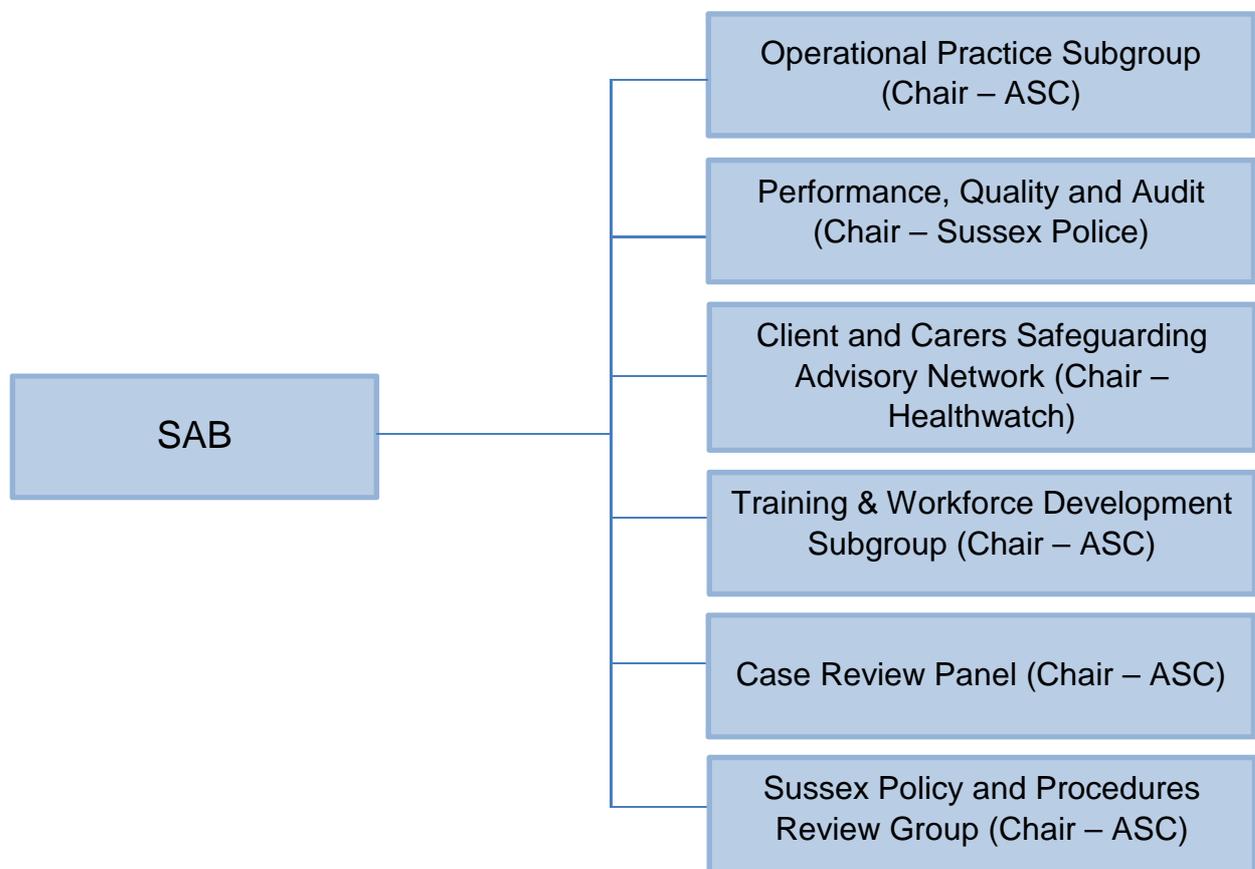
The [Safeguarding Adults Board \(SAB\) website](#) was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.

## Governance and structure of the SAB

The governance and structure of the SAB is kept under regular review to ensure continued effectiveness. During 2016 – 2017, a monthly panel was set up to consider safeguarding adult review (SAR) referrals, and to establish an effective decision making framework.

Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.

The 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 & Workforce Development 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.

**Case Review Panel** This consists of the statutory partners of the East Sussex SAB, and meets monthly with the purpose of considering cases that may require a safeguarding adult review, and makes a recommendation to the SAB Chair.

## Learning

A quarterly multi-agency forum has been established during 2016 – 17, focussing on the use and application of the Mental Capacity Act. This forum is centred on case studies that partner agencies have identified in order for learning and practice development to be achieved. An example of practice development shared within this forum has been an updated mental capacity assessment form to be used by South East Coast Ambulance NHS Foundation Trust staff, to ensure issues of mental capacity are better captured by frontline paramedics.

Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

## Future plans

- Recruitment of a Quality Assurance & Learning Development Officer, shared between East Sussex and Brighton & Hove SABs, to focus on implementation of learning and action plan improvements.
- Learning briefings following any safeguarding adult review or multi-agency review to continue, and consideration to be made of academic research and evaluation that could be utilised.
- A business development day will be held to update the SAB strategic plan for 2018.
- A peer challenge event will be held in July 2017 for accountability, support and improvements to be enabled with partner agency safeguarding arrangements.

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

### Care Act 2014 duties

Edition 3 of the [Sussex Safeguarding Adults Policy and Procedures](#) is available online.

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 adult reviews.

### Fire safety and prevention

Multi-agency activity to reduce the risk of fire-related harm in the community is closely monitored. A data sharing agreement between East Sussex Fire and Rescue Service and ASC was implemented in October 2014 to support the strategy to reduce the number of fire deaths, fire injuries and fires in domestic dwellings. The effectiveness of this agreement continues to be monitored. Since April 2016, approximately 900 clients have received, or have a confirmed appointment to receive, a home safety visit as a specific result of the agreement.

## Multi-agency safeguarding audit 2016 – 2017

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 domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. 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 NHS Foundation Trust, Sussex Police, Partnership Community Safety Team, and specialist domestic abuse services (Change, Grow, Live (CGL) / The Portal).

The key findings were as follows:

### Strengths

- The value of the Health Independent Domestic Violence Advocate (IDVA) was highlighted by recognition of possible domestic abuse before this was explicitly reported.
- When clear disclosure of alleged abuse was given in a particular case, agencies worked swiftly to ensure the safety of the victim, the alleged perpetrator was arrested, and the case was heard at the Multi-agency Risk Assessment Conference (MARAC).
- Engagement with the adult or attempts to engage by a range of professionals.
- The desired outcomes of the adult were sought by professionals and reviewed where possible in the majority of cases.
- The needs of alleged perpetrators were considered in all cases.
- Referrals to and involvement, or attempted involvement, of specialist domestic abuse services in the majority of cases (although this involvement could have been considered sooner in two of the cases – see below).

### Areas for development and learning

- The need to find creative ways of seeing the victim of domestic abuse by themselves, separate from the alleged perpetrator. This is to provide an opportunity for thorough risk or threat assessment, and consideration of desired outcomes away from coercion and control factors, and fear factors.
- Indicators of domestic abuse were not always identified or recorded.

- Information not always sufficient at MARACs to make robust decisions regarding outcomes.
- Ongoing communication channels between the police and other agencies where there are criminal and Section 42 safeguarding processes running in parallel.
- Information sharing with primary care regarding risk and safeguarding concerns did not always occur.
- Timely completion of the DASH RIC and referral to specialist domestic abuse services.

In light of these development areas, the SAB has agreed the following actions will be implemented in 2017 – 18:

- Coercion and control awareness training for relevant staff, and implementation of actions or assessments when these factors are identified.
- Support in working with complex family units, for example in the form of reflective practice sessions to develop professional curiosity.
- Ensure frontline staff have access to training on the DASH RIC and referral to the MARAC.
- Agencies to nominate a domestic abuse champion or lead for their agency (or teams within their agency) to ensure further support can be given to professionals working with complex cases.

## Safeguarding adult reviews

Safeguarding Adults Boards have a statutory duty under the Care Act to undertake safeguarding adult 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.

Three referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017.

Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above.

Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

An updated SAR protocol, shared between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards, will be launched in 2017 – 18. This will coincide with raising awareness of the SAR referral process. These measures aim to address low referral rates, and to try to achieve more consistency in referral rates across Sussex.

## **Managing allegations against people in a position of trust**

In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults. Responsibility for this lies with the ASC Local Authority Designated Officer (LADO).

The concerns managed have related to individuals who:

- Work with adults with care and support needs.
- Have behaved in ways that have harmed an adult or child.
- Have committed criminal offences against adults or children.
- Have behaved towards adults or children with conduct that indicates they may pose a risk of harm.

The key behaviours that have required the LADO's involvement, at times working in partnership with the Children's Services LADO, are:

- Allegations and incidents of sexual assault or offences.
- Allegations and incidents of domestic violence.

- Allegations and incidents of inappropriate conduct outside of the workplace that may pose a risk to adults with care and support needs, and potential to bring their employer or their profession into disrepute.
- Involvement of Children's Services relating to the child(ren) of a person employed or volunteering with adults with care and support needs.
- Misuse or inappropriate use of social media including WhatsApp, Twitter and KiK and, where appropriate, involvement from POLIT (Paedophile On-Line Investigation Team).

Key outcomes of the LADO's activity include:

- Staff who are unsuitable to work in health and social care settings have been removed from their professional role and referred to their professional body, where appropriate. Thereby, the risk of abuse or misconduct has been reduced or eliminated.
- Proportionate information has been shared consistently by the LADO with employers, student bodies and voluntary organisations to enable personnel procedures to be invoked, or risk assessments and effective risk management to be undertaken.
- The LADO has ensured employers have clear safeguarding and personnel procedures in place, and are carrying out investigations accordingly. The ASC LADO and Children's Services LADO have worked jointly in collaboration with key partners to review and support the Sussex safeguarding adults policy and procedures.
- A protocol for managing allegations in respect of people in positions of trust has been developed for ESCC Adult Social Care staff.
- Strong links have been made with Children's Services colleagues, and regular meetings take place between both departments' LADOs. Links have also been forged with Brighton & Hove City Council ASC & Children's LADO to support cases involving geographical boundaries, and this is proving effective in practice.

The SAB will continue to monitor the LADO's activity in 2017 – 18, and ensure there is clarity on the guidance and response to managing allegations about people in a position of trust.

## 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 review of the ASC Quality Monitoring Team has taken place to ensure safeguarding concerns are responded to appropriately, as well as a developmental approach to support providers.

In addition, the Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

### **Sussex Clinical Commissioning Groups safeguarding standards assurance tool**

A safeguarding standards assurance tool was jointly developed by adult and child CCG safeguarding professionals across Sussex in 2015 – 16. This was reviewed in 2016 – 17, and continues to be used to seek assurance about safeguarding standards from providers in East Sussex.

In addition, visits to providers to monitor quality and safeguarding arrangements have been rolled out.

### **Transforming Care Programme**

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

All learning disability transforming care work across Sussex is now co-ordinated and overseen by the Sussex Transforming Care Partnership. The Partnership is responsible for meeting national requirements, and reporting on progress to NHS England.

There are a number of workstreams being implemented, including the roll-out of LEDER (learning disability mortality programme) and improving uptake of learning disability annual health checks to address health inequalities.

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 be developed, and are 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

- Edition 4 of the Sussex Safeguarding Adults Policy and Procedures will be launched.
- An updated Safeguarding Adult Review protocol will be launched outlining the purpose, criteria and procedure for making a SAR referral. This will be a shared protocol between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards.
- The SAB Information Sharing Protocol will be updated in light of upcoming changes to the Data Protection Act.

### 3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together

#### Domestic violence and abuse

The Portal continues to provide a single point of access, and helps victims and survivors of domestic and sexual violence and abuse to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness).

During 2016 new service offers have been funded or tested, including:

- Work in health care settings, with domestic violence and abuse specialists located in a local hospital and primary care settings (funded by the Hastings & Rother Clinical Commissioning Group).
- Piloting joint work with Adult Social Care through co-location of a specialist worker from The Portal in Health and Social Care Connect (funded by the Office of the Police and Crime Commissioner).
- Developing a children and adult safeguarding response for vulnerable young people and adults who have been identified as suspected victims of exploitation, coercion and control (funded by Public Health).

We have continued to work to raise awareness, and ensure staff have the right skills and knowledge, by:

- Reviewing domestic abuse training, and launching a new course for practitioners from Children's Services and Adult Social Care, and other professionals. This is delivered, in partnership, by the Local Safeguarding Children's Board (LSCB), Safeguarding Adults Board (SAB) and Safer Communities Partnership to reflect the need to adopt the 'Whole Family' approach.
- Launching a Champions Network, to bring together practitioners from a range of agencies, and to further strengthen community and agency responses across the county.
- Marking the 16 Days of Action and securing White Ribbon Status, alongside a range of events and activities hosted by district and borough Community Safety Partnerships. Locally, the Eastbourne, Lewes, Wealden and

Hastings district and borough councils have all secured White Ribbon status.

We have also continued to deliver the Multi-Agency Risk Assessment Conference (MARAC) for the highest risk victims of domestic violence and abuse, with a focus on continuous improvement and ensuring that professionals can access training with the roll-out of courses on risk identification and referral.

## **Financial abuse and scams**

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

The Safer East Sussex Team has built effective links between Trading Standards, Sussex Police, National Scams Team, East Sussex Fire and Rescue Service, Adult Social Care and the voluntary, community and housing sectors to bring together individuals responsible for protecting vulnerable victims of fraud.

This work has been cemented by the establishment of the Scams Working Group, which has been successful in promoting partnership working and assisting in targeting and focusing the use of partners' resources. The group has been working together to develop a shared understanding of the profile of victims and their location to focus preventative activities in areas identified as having a high risk population.

Going forward, the Scams Working Group will evolve into the 'Scams Network and Engagement Event' – a bi-annual event which will provide a platform for continued networking and information sharing in East Sussex. The group will continue to work together to develop a shared understanding of the profile of victims and their location, and work collectively in line with safeguarding adults principles to prevent adults vulnerable to abuse and neglect from falling victim to scams and fraud.

As part of a National Trading Standards Scams Team initiative, Friends Against Scams, the East Sussex Against Scams Partnership (ESASP) has been established. This is a partnership of organisations committed to taking a stand against scams, and aims to make East Sussex a scam-free county. A charter has been developed and partners have joined together to commit to the East Sussex Against Scams Partnership Charter.

ESASP has implemented a Scamnesty campaign aimed to reach people in vulnerable circumstances, especially those who are the most socially isolated, and protect them from being targeted by criminals. The Scamnesty campaign encourages East Sussex residents to anonymously deposit unwanted scam mail which is then disposed of confidentially. Friends Against Scams has also been

running free scams awareness sessions in East Sussex libraries designed to protect and prevent people from becoming victims of scams by empowering communities to 'Take a Stand Against Scams'.

## Network meeting pilot and evaluation

Network meetings can be held to respond to safeguarding and other situations in an adult's life that appear to be complex and involve family members within an adult's network. The aim of a network meeting is to work towards resolving difficulties and to develop a plan to safeguard the adult from harm and support them in their life choices. Network meetings can be helpful in a wide range of scenarios, including disagreements between an adult and their support network, tensions within relationships and issues concerning choices and risk.

A low referral rate for network meetings was seen in 2016 – 17 during the pilot of this model. Nine formal referrals for network meetings were made alongside several informal enquiries about the approach. Other referrals which did not meet the criteria for a network meeting were responded to in an appropriate way.

Evaluation of the network meeting pilot identified the benefits of flexible response approaches to safeguarding meetings, and as a result models involving mediation, alongside planned projects on resilience, will be explored in 2017 – 18.

## Deprivation of liberty safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement that widened the criteria for people's circumstances that required assessment under DoLS legislation. The figures below show the impact of this decision on referral rates for East Sussex. This level of increase is reflected across the country. National figures are not yet available for 2016 – 17.

Year	East Sussex referrals	East Sussex referrals assessed in that year	National referrals	National referrals assessed in that year
2013/14	166	100%	13,715	95%
2014/15	1,493	42%	137,861	50%
2015/16	2,643	42%	195,840	53%
2016/17	2,504	46%	Not available	Not available

The impact of DoLS has varied across counties depending on factors such as demographics and care home numbers. In 2015 – 16, East Sussex had the twenty-first highest number of DoLS referrals of all 152 local authorities. For

counties such as East Sussex that receive a comparatively high number of referrals, the challenge to assess them all will be greater than counties with less referrals.

The Association of Directors of Social Services (ADASS) developed a risk assessment tool to assist in the management of unassessed referrals. This tool has been used by East Sussex County Council for the last two years. The tool is applied to each referral and results in a priority classification for assessment. The East Sussex DoLS Service has refined this tool further to identify those cases where an assessment is most urgent, effectively producing an 'urgent' classification; this group of referrals is allocated on a weekly basis.

This approach has safeguarded those people whose situations were most likely to raise concerns about their rights to liberty and their physical safety. ASC has not identified any cases where people have been harmed 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.

Although to date the application of risk assessment processes has helped to manage the risks associated with unassessed referrals, it remains a concern that of the 6,684 referrals received by ESCC in the last three years, 37% remained unassessed at the end of March 2017. East Sussex recognises the importance of increasing its assessment rate to further reduce the risks of harm and safeguard this group of clients. In the last year East Sussex has taken the measures below to achieve this:

- Continued to raise the profile of Best Interests Assessor (BIA) work amongst the department's teams so that more people train to become BIAs which will allow more assessments to be completed. East Sussex is now working to a position where all its social workers are trained as BIAs.
- 17 people completed the DoLS BIA training in 2016 – 17. The department now has 41 BIAs which is the highest number of BIAs it has had since DoLS was introduced.
- The DoLS Service instigated a project in March 2017 to increase the productivity of the DoLS assessment process in order that more assessments can be completed in a shorter period of time. Learning from the project will be disseminated throughout the DoLS Service to increase assessment productivity amongst all BIAs.
- East Sussex has maintained the level of DoLS authorisers necessary to authorise assessments once they are completed in order that there is no delay in this part of the process. East Sussex has 18 authorisers spread across the department's teams, all of whom are of LMG 2 seniority or above.

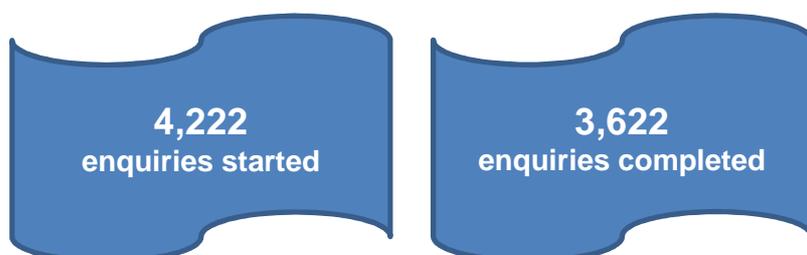
## National developments

The Law Commission has reviewed DoLS and submitted proposals to the Government for significant change. Their proposals are for a new system called the Liberty Protection Safeguards. This aims to reduce the bureaucracy of the current system while ensuring that safeguarding is provided to people who lack mental capacity in a wider range of accommodation and care settings.

If the Government accepts these proposals, then safeguarding people deprived of their liberty will become a much greater part of frontline casework rather than the specialist role of BIAs. The proposals envisage a role for some specialists in this area of work, to be called Approved Mental Capacity Professionals (AMCPs), but the majority of the work will be completed by our generic case workers as part of their general duties. A thorough understanding of the Mental Capacity Act, best interests' decision making and deprivation of liberty will become a requirement of the entire department's frontline staff.

Even if the Government accepts the Law Commission's proposals, it is unlikely that a new system will be in place in the near future. For the time being, training more BIAs and looking for the most efficient way to conduct our present DoLS work continues to provide the greatest assurance that we are safeguarding clients who lack mental capacity and may be deprived of their liberty as a result of their accommodation and care arrangements.

## Analysing safeguarding activity

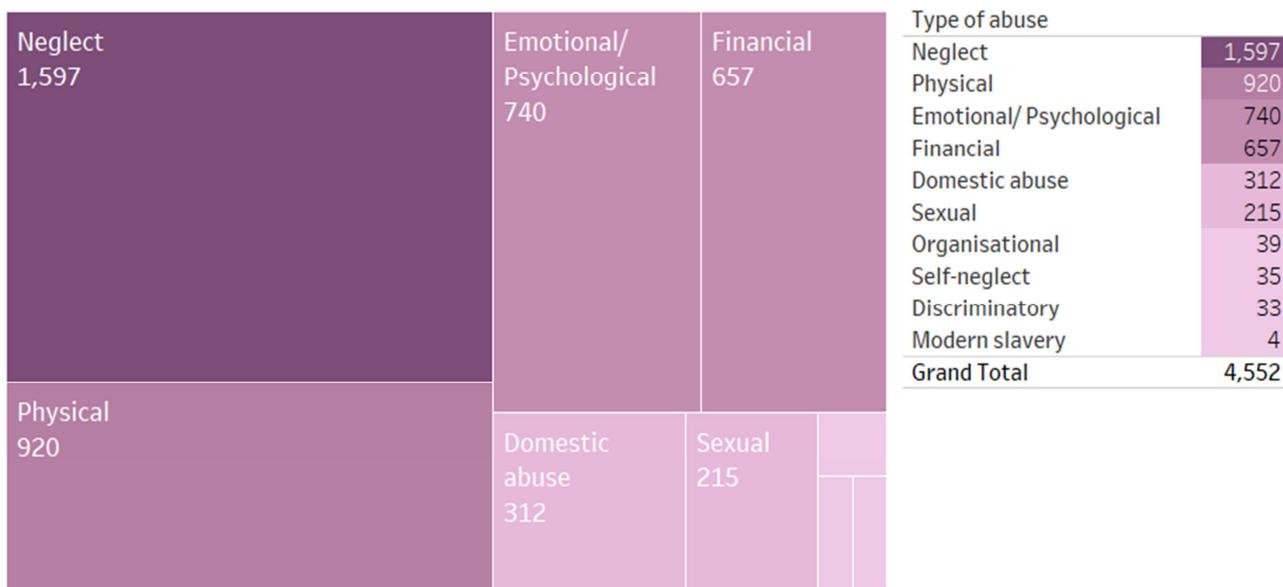


**Note** The number of completed enquiries includes some concerns received prior to April 2016, and correspondingly some enquiries started in 2016 – 17 will still be ongoing at the end of the financial year.

The number of safeguarding enquiries appears to have increased significantly since 2015 – 16 (increasing from **1,868** to **4,222**). This is, in part, because of a change in the way safeguarding activity has been recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.

The increase in enquiries is also likely to be due to greater professional and public awareness of adult safeguarding as the Care Act 2014 becomes further established within social care practice.

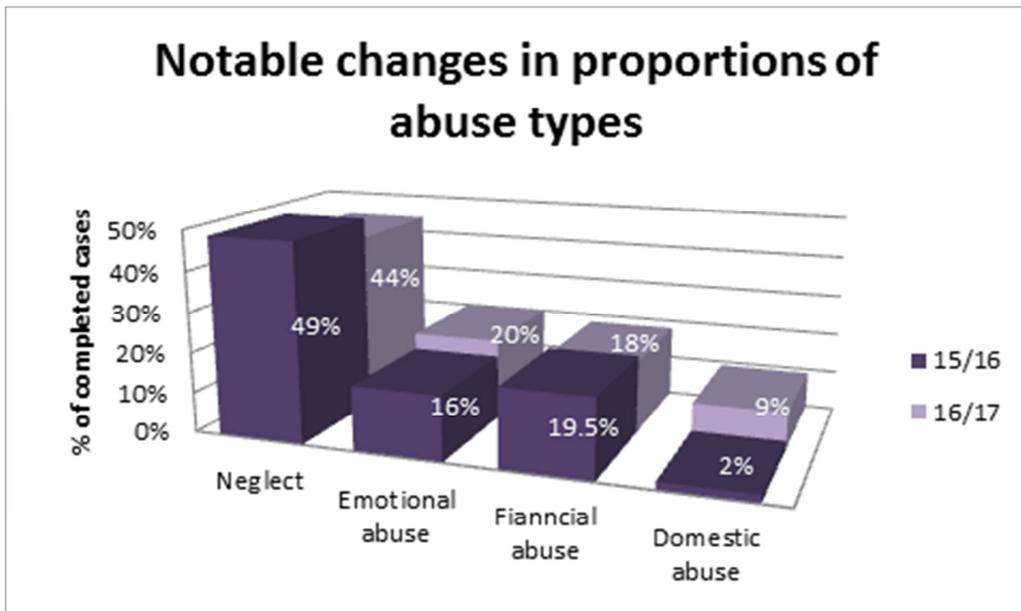
### Types of abuse investigated in 2016 – 17



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

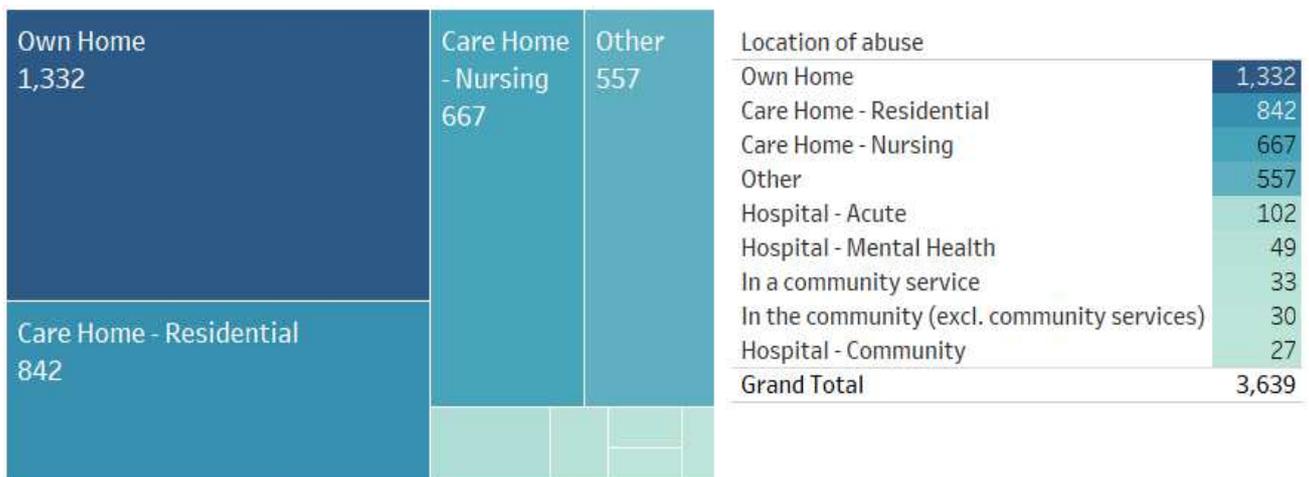
In 2015 – 16, the most common form of abuse investigated was neglect followed by physical and then financial abuse. In 2016 – 17, neglect is still the most common type of abuse with **44%** of all enquiries undertaken comprising, at least in part, neglect. Physical abuse is still the second most commonly reported type of abuse. However, emotional or psychological abuse is now the third most common. This change is likely to be due to increased awareness that abuse such as physical and financial often involve elements of emotional and psychological abuse as well.

Financial abuse is now the fourth most commonly reported type of abuse. Proportionately, there has been little change in the number of financial abuse enquiries, which have accounted for **18%** of all enquiries compared with **19.5%** in 2015 – 16.



The increase in domestic abuse enquiries is thought to be due to increased awareness of this type of abuse as a result of the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.

### Locations of abuse



The statistics show that the most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

Abuse in care homes accounts for **41%** of completed enquiries, the same proportion as in 2015 – 16. Abuse in the adult at risk's own home now accounts for **37%** of completed enquiries whereas it previously accounted for **33%**.

The number of enquiries where the location of abuse has been reported as 'other' has significantly increased. This is due to a change in the national reporting

requirements which have shifted from looking at individual settings to the groups as presented in the accompanying chart. Further investigation into a sample of 44 cases recorded as 'other' has found that in just over half of the sample, these cases could have been included in one of the available categories. Work has been undertaken to ensure that the location of abuse is more accurately recorded moving forward.

For those cases that have been appropriately recorded as 'other', in the majority of cases the alleged abuse took place in a public place or the home of the person thought to be the cause of risk. Changes to the national reporting requirements mean that abuse in these settings will in future be recorded as occurring 'in the community'.

### Source of risk



In **39%** of the enquiries completed, the source of risk was known to the adult. In **31%** of cases, the source of risk was not known to the adult, and in the remaining **30%** of cases the source of risk was care staff.

## Future plans

- Roadshow in July facilitated by Healthwatch for increased awareness of safeguarding among the public.
- Resilience project to be piloted to support people's resilience following abuse.
- Data will be kept under review to inform future planning alongside integration as part of the Accountable Care Model, relating to where resources are best located for initial safeguarding decisions and responses.
- The existing Domestic Abuse Strategy will be reviewed and a strategy for domestic violence and abuse, sexual violence and other forms of violence against women and girls will be developed with Brighton & Hove. This strategy will set out our shared strategic aims, as well as identifying priorities specific to East Sussex including how we will work with district and borough councils.

## 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 includes analysis of audits, and feedback from stakeholders and adults at risk.

Between April 2016 and March 2017, the Safeguarding Development Team (SDT):

- Completed approximately **28** in-depth audits, consisting of full case audits and responsive audits which included some transition cases from children's to adult services.
- Received feedback from **12** stakeholders from questionnaires and interviews.

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

#### Strengths

- Multi-agency partnership working fully embedded within practice.
- Wellbeing principle evidenced within a Making Safeguarding Personal approach which included gaining views from adults and their representatives.
- Risks identified and protective measures implemented with the welfare and safety of adults central to enquiry activity.

#### Key areas for development

- To improve provision of more detailed evidence of mental capacity decisions.
- To continue to improve consistency of safeguarding documentation.
- To increase identification of adult's, or their representative's, desired outcomes from the outset of each safeguarding enquiry.

### **Emma's story**

Emma has care and support needs around her diabetes and physical needs. She lives in supported accommodation and employs a personal assistant.

Her daughter raised a safeguarding concern as Emma had disclosed that her personal assistant had been verbally abusive towards her over the past 18 months.

Emma identified her desired outcomes as:

- Wanting her personal assistant to “stop being horrible about her”.
- That she should be “sacked “and wanted another “nicer personal assistant”.

Emma was consulted throughout the enquiry, and her desired outcomes resulted in the following safeguarding measures being put in place:

- The personal assistant was dismissed and referred to the Disclosure and Barring Service.
- Emma was helped to recruit a new personal assistant, who she felt safe and secure with.
- Emma was supported to build up her resilience to empower her to raise any future concerns at an earlier stage.

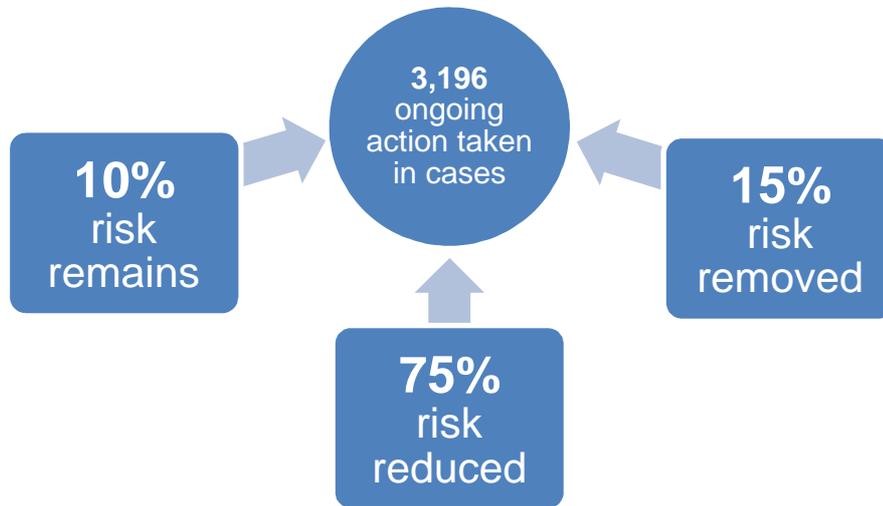
### **Making Safeguarding Personal (MSP) audit in Sussex Community Foundation Trust (SCFT)**

To establish whether Making Safeguarding Personal (MSP) principles are being considered, and that the wishes and outcomes of patients and family or carers are being met, the Adult Safeguarding Team completed an audit of all requests to enquiry from the Local authority within 2016 – 17. 68% of enquiries evidenced MSP principles being appropriately considered, an increase from 44% in 2015 – 16.

MSP will be included in the Quality Account in 2017 – 18 and will be reported on quarterly, using 2016 – 17 data as a baseline measurement of success.

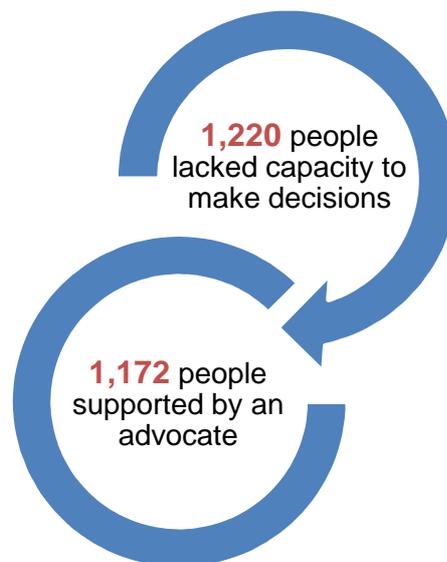
## Analysis of outcome data

### Impact on risk



In **90%** of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from **86%** in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.

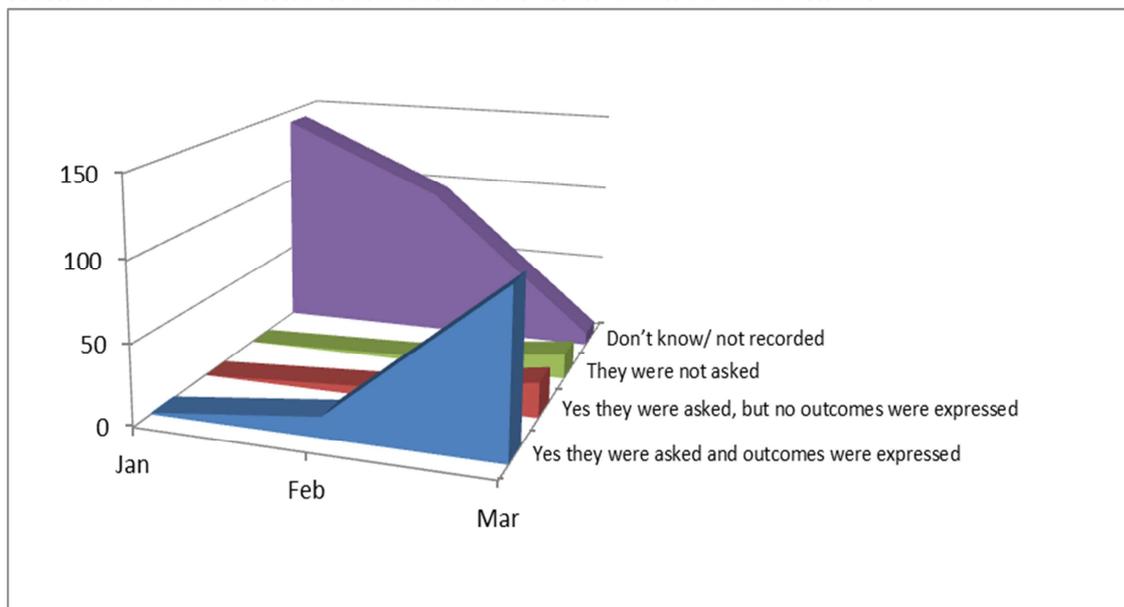
### Support for adults at risk who lack capacity to make informed decisions



Nationally, **62%** of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, **96%** receive support. This is an increase on the **92%** achieved last year, but a target of 100% remains in place.

### Outcomes achieved through safeguarding

Number of adults who were asked for their desired outcomes:

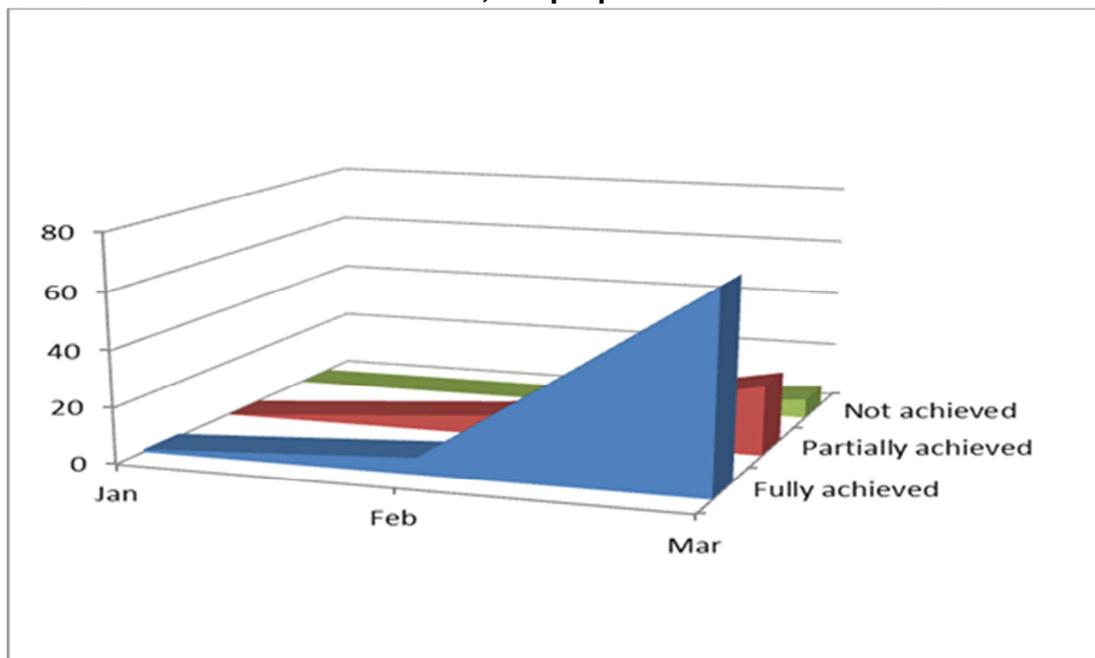


Changes have been made to the recording of people's desired outcomes. It is encouraging to see that in the last quarter of 2016 – 17, outcomes were asked for and expressed in the vast majority of cases.

The increase in the number of cases where outcomes have been expressed, and corresponding drop in cases with no desired outcomes recorded, is due to information on client outcomes only recently being made available.

A review of cases where outcomes were not asked for found that these were all cases where the adult lacked capacity to make decisions during the enquiry.

Of those who identified outcomes, the proportion whose outcomes were met:



In the majority of enquiries that have been completed, the adult’s desired outcomes have been achieved or partially achieved (**93%**). It is acknowledged that there will always be cases where outcomes will not be achieved, for example, where desired outcomes are beyond the remit of the enquiry, when a person changes their mind about the initial outcomes identified, or when other circumstances have changed.

### Learning from complaints

The total number of complaints recorded for Adult Social Care for 2016 – 17 was 425. Of these 18 related to safeguarding, this is **4.25%** of the total complaints received.

In addition to these 18 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2016 – 17, which was 101 enquiries.

This compares to 19 complaints and four MP / councillor enquiries in 2015 – 16.

The 18 complaints received can be broken down as follows:

Complaint outcome	
Not upheld	9
Partially upheld	4
Upheld	1

Other	3
1. Taken forward by Legal Services – no input required from ASC Complaints and Feedback Team	
2. Advice and information given	
3. Resolved by a meeting	
No outcome recorded – enquiry is ongoing	1
<b>Total</b>	<b>18</b>

<b>Complaint category</b>	
Damage	1
Decision	4
Delay	1
Dispute outcome	2
Quality	3
Appropriateness	4
Decision	1
Responsiveness	1
Policy	1
<b>Total</b>	<b>18</b>

### **Key themes**

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

- Six complaints were querying decisions not to take concerns into safeguarding enquiries.
- Two complaints were about outcomes of safeguarding enquiries.
- Four complaints were about communication during safeguarding enquiries.

Three complaints were received from owners / directors / managers of care providers.

- Two complaints were about lack of support and / or response when raising a safeguarding concern.

- One complaint raised concerns about the minutes of a safeguarding meeting.

Three complaints were received from persons thought to be the cause of risk. These complaints all raised concerns about the allegations and outcomes.

### **Learning and actions**

- Worker advised to clarify the mutual understanding of the way forward if issues arise again in the future.
- Review of the client's social care needs arranged.
- Apology given and the manager of the care provider contacted the complainant to discuss their concerns.
- Worker reminded of the importance of giving feedback about the safeguarding enquiry to families.
- Meeting took place to agree the way forward with regard to managing relationships and sharing information.
- Practice Manager to look at the issues of communication to ensure a more joined up approach when dealing with safeguarding issues.
- Practice Manager to liaise with commissioners regarding Mental Capacity Act advocacy services and best interest meetings and decisions.
- Discussion with worker and team about the inclusion of safeguarding information in assessment documentation.

### **Local Government Ombudsman (LGO) cases**

The LGO asked Adult Social Care to look at two complaints about safeguarding in 2016 – 2017. Both these complaints were querying our decision not take a concern into a safeguarding enquiry. Both complaints were not upheld.

In 2015 – 2016 the LGO did not ask the department to look at any safeguarding-related complaints.

All complaints about safeguarding processes are taken seriously, and can help us to learn and improve how we do things in the future.

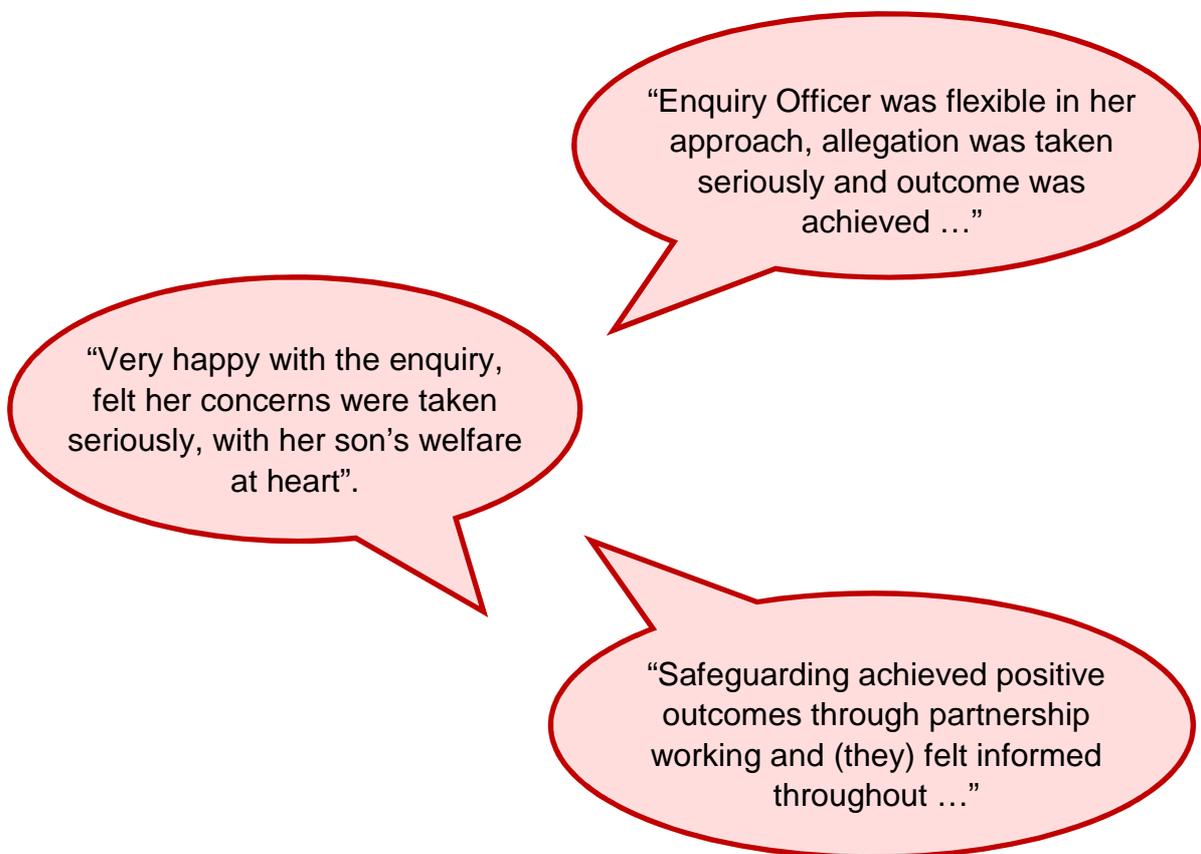
We aim to work with complainants in a mutually respectful way and respond to their concerns fairly and openly. Managers will look into the concerns when the safeguarding enquiry has finished. Findings are informed by looking at whether

we have followed our processes in the way that we would expect. This is done through discussions with complainants and practitioners, and looking at records. When things have gone wrong we want to put things right to avoid someone else having the same experience in the future.

Because of the nature of safeguarding we can expect that some people will not agree with the decisions or the outcomes of the enquiry. We will, however, always try to explain the actions we have taken and resolve any ongoing issues, wherever possible.

### **Compliments**

The Safeguarding Development Team received the following feedback from adults and their representatives:



### **Lay members**

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.

“Having joined the Safeguarding Adults Board as a lay member in the summer of 2016 I have had the opportunity to participate in various board meetings, and meetings of the Board’s sub-committees which operate with the joint responsibility of ensuring vulnerable adults are protected in the community. I have been impressed by the structure, commitment and broad oversight taken by the SAB in effectively fulfilling its remit to develop an ethos and culture of working across the community, with rigorous professional standards and appropriate challenge to ensure safeguarding is a top priority across the county.

It is evident that systems are in place to continuously monitor, appraise and challenge safeguarding practice and to ensure client voices are heard in striving to ensure vulnerable people are safeguarded from harm.”

Board lay member, 2017

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

### Healthwatch roadshow

In July 2016, 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, **29** 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 indicated that **66%** had heard of the term 'safeguarding'; **83%** would know of somewhere they would go if they had a concern (including police, social services, GP, and care agency); **90%** believed more information was required for the public and in a variety of formats.

In addition to the survey, **163** contacts (conversations and information giving) were achieved over the five day bus tour period.

The SAB continues to make information available to the public in a variety of formats, and now has an [easy read safeguarding information leaflet](#) and plans to use radio coverage for upcoming financial abuse campaigns.

## Safeguarding conference

**SAB** East Sussex Safeguarding Adults Board

**LSC** Local Safeguarding Children's Board

East Sussex Safer Communities Partnership

Spot the signs and take action  
14th February 2017

### Coercive Control & Domestic Abuse: Impact within the family

**Coercive control is largely invisible. It can happen gradually, forming a pattern of behaviour which can be difficult to spot.**

Controlling and coercive behaviour in an intimate/family relationship is now a criminal offence.

Come along and find out how to recognise the signs and risks associated with coercive control.

This whole day event includes:

- Keynote speaker Jane Monckton-Smith on coercive control and recognising risk
- A powerful drama production 'Behind closed doors'

On 14<sup>th</sup> February 2017 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. Approximately 170 delegates attended.

The conference focussed on coercive control and domestic abuse, and its impact within the family. Legislation has recently been passed to make coercive control a 'course of conduct' criminal offence, like stalking. The conference aimed to highlight the importance of being aware of coercive control, how to manage the risks and how to help victims escape from it.



Graham Bartlett; Jane Monckton-Smith; Reg Hooke

The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire. Jane's expertise is in the area of homicide and violence, particularly when linked to domestic abuse.

After a lively question and answer session, delegates moved on to a series of workshops and had the opportunity to network and visit information stands. Representatives of Sussex Police, Safer Communities, Refuge, Victim Support, the Safeguarding Development Team and The Portal were on hand to offer advice, information and guidance.

In the afternoon, delegates watched a powerful drama production 'Behind Closed Doors' which involved an adult couple with a baby, and covered risk factors within domestic abuse and coercion and control.

Feedback from attendees was overwhelmingly positive. All those who completed evaluation forms (109 attendees) rated the event as 'Excellent' or 'Good' overall, and commitment was shown to share and embed the learning and practice developments throughout organisations represented.



Staff representing the Adult Social Care Safeguarding Development Team and East Sussex Healthcare NHS Trust

## **National Safeguarding Day awareness campaign**

Staff members from the Adult Social Care Safeguarding Development Team visited five NHS hospital settings across East Sussex on National Safeguarding Day on 28<sup>th</sup> February 2017.

Information leaflets and posters were handed out to patients, family members and the public.

Representatives from East Sussex Healthcare NHS Trust also attended and were involved in the discussions.

The tagline 'Don't turn your back on abuse' was used for the posters and also on social media. The posters were shared with colleagues in Sussex Police, South East Coast Ambulance NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Refuge and many more. Posters were also disseminated to all GP surgeries in the three CCG areas to display in their waiting rooms.

A slight increase was seen in concerns being reported to Adult Social Care in the week surrounding this, where Twitter was used to promote safeguarding awareness.

### **Primary care safeguarding awareness**

A focus on increasing safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions, including:

- 83 GPs
- 3 advanced nurse practitioners
- 35 practice nurses
- 12 health care assistants
- 1 paramedic practitioner
- 10 practice managers
- 6 admin. staff

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, promoting a consistent approach to concerns, and monitoring training and awareness.

Recruitment of a named GP for safeguarding is planned in 2017 – 18.

### **4.3 Ensure transition arrangements from children's to adult services, for those at risk of child exploitation, are addressed in a multi-agency context**

Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17.

Following an audit of cases involving transition arrangements from Children's Services to ASC, a new post has been created situated within Children's Services.

## Future plans

- Social media to be developed for use by the SAB for further community engagement.
- Recruitment of a named GP for safeguarding.
- Develop and implement a financial abuse strategy to have an informed and uniform approach to all aspects of financial abuse.
- Undertake campaign to raise awareness of financial abuse.
- Roll-out of 'Scams Awareness Month' in July 2017 with the planning of local events and the raising of awareness regarding this form of financial abuse.
- Trading Standards will support the Banking Protocol which sees all banks, building societies and post offices trained to identify customers who are subject of fraud and financial abuse, to ensure a response to support that individual.

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

### Key training figures and initiatives

#### Adult Social Care training

April 2016 – March 2017

Course title	No. of courses	No. of attendees
Safeguarding Adults: Basic Awareness	16	321
Safeguarding Adults and the Law	1	20
Safeguarding and the Care Act	4	90
Safeguarding Adults: Refresher	17	326
Making Safeguarding Enquiries for Enquiry Managers / Officers	8	131
Safeguarding Adults – Train the Trainer / Train the Trainer Forum	4	54
Reflective Practice for Enquiry Managers / Officers	2	19
Mental Capacity Act 2005	22	479
Deprivation of Liberty Safeguards	17	409
Bespoke courses (safeguarding, MCA / DoLS)	17	221
Domestic Abuse and DASH	20	195

#### KWANGO safeguarding adults e-learning

April 2016 – March 2017

Organisation	Number of learners
ESCC	4,155
Hospitals and Clinical Commissioning Groups	1,032
Independent care sector	5,990

## Sussex Police

During 2016 – 17, there has continued to be a particular focus on training staff and officers in relation to domestic abuse and stalking. All new police officers and staff undertook comprehensive training during their induction period, and this training covers public protection and adult safeguarding.

### Adult safeguarding activity / initiatives

- A new safeguarding plan template has been created to supplement the initial investigation template. The safeguarding plan has been developed to support officers to understand vulnerability and risk, and ensure consistency across the force.
- Internal processes in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.
- Internal communications have increased within the force surrounding modern slavery which has helped to promote awareness. Additional training in modern slavery has been provided and has been completed by just over 80% of the force.
- An internal assessment was carried out in order to understand the scope of harmful practices in Sussex, and has been sent to the Harmful Practice Management Board. Sussex Police awaits a response from the executive board.
- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) has continued 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 2017 – 18

- Domestic abuse will remain a focus, with an increased emphasis on stalking in line with new legislation. Training will be hosted by Safe Lives (Domestic Abuse Matters Training) to support officers dealing with incidents of domestic abuse.
- Vulnerable elderly missing persons: Sussex Police is looking into creating a process which informs local authorities if a vulnerable adult is missing. This process will aim to improve information sharing and partnership working across agencies.

- Raising awareness in relation to dementia (Dementia Friends Champions): Sussex Police is currently offering the opportunity for five staff and officers per division to become Dementia Friends Champions, a scheme run by the Alzheimer's Society. This will help to gain an understanding of dementia, and become a named point of contact for the division.

## East Sussex Fire and Rescue Service (ESFRS)

### Adult safeguarding activity / initiatives

- ESFRS has worked collaboratively with ASC, Trading Standards, Sussex Police and the National Scams Team in scams prevention.
- ESFRS became a member of the mental capacity multi-agency forum set up in 2016 – 17, and will be developing training requirements for its workforce and volunteers in 2017 – 18.

### Priorities for 2017 – 18

- Develop our safeguarding audit process to provide improved internal reporting.
- Embed modern slavery training.
- Embed training on the identification and classification of hoarding, and implement a multi-agency hoarding framework.

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

Extra support from external designated nurses was provided in 2016 – 17 to progress the safeguarding agenda, and a review was completed of all policies and procedures to ensure proportionality of all referrals and concerns raised and to increase awareness of SECAMB's role in protecting individuals.

### Adult safeguarding activity / initiatives

- Development of safeguarding pocket-book guidance for staff.
- Development of mental capacity and best interests forms.
- Face-to-face Prevent training was delivered, with 83.3% of staff receiving this training.

- Level 2 e-learning safeguarding training is mandatory for frontline staff, and a 90.9% compliance rate was achieved in 2016 – 17.

### Priorities for 2017 – 18

- Increase capacity in the safeguarding team to ensure safeguarding requirements are met
- Delivery of Level 3 safeguarding training

### East Sussex Healthcare NHS Trust (ESHT)

This period has seen the publication of the NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and mandatory reporting of female genital mutilation. ESHT’s safeguarding responsibilities include embedding such national legislation into policy and practice.

Internal quality assurance work has continued alongside participation in LSCB and SAB audit programmes.

ESHT underwent a CQC inspection in September 2016, which included a review of adult and child safeguarding within ESHT. This reported reasonable assurance other than inconsistencies in the documentation and understanding of mental capacity assessments.

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
May 2016		93.37%	95.4%
June 2016		94.1%	95%
July 2016		94.09%	95.68%
August 2016		93.8%	95.6%
September 2016		94.45%	95.64%
October 2016		94.7%	96%
November 2016	86%	94.7%	96%
December 2016	87%	95%	96.9%
January 2017	87%	95%	97%
February 2017	87%	95%	98%
March 2017	88%	96%	98%

## **Adult safeguarding activity / initiatives**

- Introduction of a Head of Safeguarding post that aims to provide assurance to key stakeholders, and to progress the local safeguarding strategy and the national safeguarding agenda at a local level.
- Development of Key Performance Indicators for safeguarding.
- ESHT's involvement in case reviews has led to recommendations that impact upon ESHT services, and the development of action plans, training and the annual work plan.
- Supported the introduction of the externally-funded Independent Domestic Violence Advocate (IDVA) role. Working within our most vulnerable areas such as the Emergency Department, Special Care Baby Unit and Maternity Unit, this has raised awareness of domestic violence at the Conquest Hospital site.
- The delivery of safeguarding training has been reviewed, and a training pool established resulting in significantly improved compliance.
- A thorough review of mental capacity assessments has been undertaken through an audit and a training review. Modern accessible means of information gathering such as apps and podcasts are being promoted.
- Identified that Mental Health Act assessments are not fully understood and implemented, and as a result a programme of training is planned for 2017 – 18 with the support of SPFT.

## **Priorities for 2017 – 18**

- Improve consistency in recording mental capacity by reviewing documentation, training and encouraging staff to access advocacy where appropriate.
- Take steps to ensure that information is available to adults and their families about safeguarding adults and who to contact if they have a concern, including access to the SAB website.
- A review of the information available to ensure it is in a variety of formats for those with specific communication needs.

## Sussex Partnership NHS Foundation Trust (SPFT)

SPFT has continued to be actively involved in the work of the SAB and its sub-groups, and has supported multi-agency audit processes.

Training figures for 2016 – 17 are as follows:

Safeguarding adults e-learning	Completions	Overall compliance
Safeguarding Adults Level 1	1,137	84%
Safeguarding Adults Level 2	691	85%

Staff have also accessed face-to-face training run by ESCC aimed at staff who are going to undertake the enquiry officer role. Seconded social work staff in the Forensic Service have also completed a safeguarding competency assessment.

### Adult safeguarding activities / initiatives

- A review of adult and children's safeguarding taking into account the NHS England guidance was undertaken, and it was recognised that both functions were under-resourced. Funding for new posts was identified and it is anticipated that the new team will be in place during 2017 – 18.
- Approximately one third of all clinical staff have undertaken the Prevent WRAP training, and basic awareness of Prevent forms part of the induction for all staff.

### Priorities for 2017 – 18

- Improvements to the clinical record system (Carenotes) with regard to the recording of safeguarding activity including the development of a specific safeguarding flag.
- Improvements to data collection and reporting to ensure data is both more accessible and more accurate.
- Introduction of a new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff.
- Ensuring learning from safeguarding adult reviews and other reviews is prioritised and undertaken.
- Review of Safeguarding Adults Policy, and development of a specific Prevent Strategy.

- Identify safeguarding leads in all care groups and areas.
- Develop consistent face-to-face training to meet Level 3 competency requirements.

### Care for the Carers

97% of the workforce completed safeguarding e-learning training or a more in-depth face-to-face course in 2016 – 17. The remaining 3% of the workforce are scheduled to complete training in 2017 – 18. Additionally, several staff have also attended MCA, DoLS, and mental health first aid training.

### Adult safeguarding activity / initiatives

- Our Safeguarding Policy and Procedures were revised in 2016 – 17 and staff training was delivered on the revised documents, with a particular focus on recognising indicators of abuse and the safeguarding process.
- The Operations Manager jointly facilitated a workshop with ASC on informal carers and domestic abuse at the SAB coercive control and domestic abuse conference in February 2017.

### Priorities for 2017 – 18

- Ongoing training and reflective practice with frontline staff.

### Sussex Community Foundation Trust (SCFT)

SCFT commenced delivery of community nursing services in the High Wealds, Lewes and Havens area of East Sussex in November 2015.

SCFT has designed Level 2 and Level 3 adult safeguarding training packages. 97.1% of staff have completed Level 2 safeguarding training and 88.2% have completed Level 3.

### Adult safeguarding activity / initiatives

- Ongoing support to staff involved in safeguarding processes via the SCFT Adult Safeguarding Line. This provides frontline staff with live supervision to facilitate support to adults receiving SCFT care who are involved in a safeguarding enquiry.

- Designing and embedding a mental capacity assessment tool and best interest decision tool into a ratified document accessible to all nursing and allied health professional staff.
- Partnership working with the Quality and Improvement Patient Safety Leads within the NHS Serious Incident process to support an enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.

### Priorities for 2017 – 18

- Ongoing audit of Making Safeguarding Personal.
- Continue to monitor and develop advice line processes.
- Develop further assurance and governance processes for Section 42 safeguarding enquiries and Individual Management Reviews.

### Clinical Commissioning Groups (CCGs)

Safeguarding training has continued on an upwards trajectory with an e-learning programme rolled out to staff groups requiring Level 1 training. Level 3 training has been delivered by the Designated Nurse to clinical facing staff.

Clinical Commissioning Group	Percentage of staff undertaking training	
	Level 1	Level 3
High Weald Lewes and Havens	89%	100%
Eastbourne, Hailsham and Seaford / Hastings and Rother	75%	89%

The CCGs have worked with ASC in 2016 – 17 to promote access to adult safeguarding training across primary care to enable primary care practices to establish appropriate safeguarding arrangements. A total of 150 members of the primary care workforce have attended sessions.

### Adult safeguarding activity / initiatives

- A stand-alone Domestic Abuse Policy has been introduced, as well as a Domestic Abuse Toolkit for employers.
- The MCA / DoLS policy has been ratified and rolled out across the CCGs, and made available to primary care colleagues.

- Increased awareness of domestic abuse has been achieved with the appointment of a MARAC primary care representative. This representative ensures the appropriate flow of information between the MARAC and primary care. They also attend surgeries to offer domestic abuse awareness training and signposting to local support services. The representative also acts as clinical lead for the IRIS programme in Hastings and St. Leonards GP surgeries.

### **Priorities for 2017 – 18**

- Continue to increase awareness of MCA / DoLS and its application in practice.
- Continue to work with primary care colleagues to promote understanding of safeguarding issues including MCA, domestic violence and abuse, modern slavery, Prevent and self-neglect.
- Continue partnership working to improve the health and wellbeing of adults who may be at risk across East Sussex.
- Continue with the Transforming Care Programme.
- Ensure learning from safeguarding adult reviews and domestic homicide reviews are disseminated across health and social care.

### **National Probation Service**

All operational frontline staff and their line managers across Sussex completed mandatory Ministry of Justice (MoJ) e-learning on safeguarding adults in 2016 – 17.

In 2017 – 18, all frontline practitioners will be expected to attend either a local SAB training event or the MoJ face-to-face training programme.

### **Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)**

Seventy-five CRC staff are based in Sussex, and 100% of the workforce has been trained to an appropriate safeguarding standard over the last three years. This training included:

- Child sexual exploitation
- Domestic violence and abuse
- Female genital mutilation

- Safeguarding adults

### **Adult safeguarding activity / initiatives**

- The safeguarding accountability structure within the organisation has been revised to ensure clear lines of responsibility and a known escalation pathway.
- A safeguarding week to enhance staff awareness and confidence in identifying and managing safeguarding concerns was facilitated.
- Safeguarding policies have been read by all operational staff in supervision and team meetings.

### **Priorities for 2017 – 18**

- Ensure frontline staff have access to SAB training to consolidate prior learning and experience.
- Embed the updated Sussex Safeguarding Adults Policy and Procedures to ensure staff feel confident in managing safeguarding concerns.
- Our Strategic Lead to review how serious case review, safeguarding adult review and serious further offence learning is shared across the organisation and incorporated at local team level.

### **Multi-agency training**

#### **Self-neglect**

It has long been recognised that self-neglect can pose significant challenges to staff. As such, a multi-agency self-neglect training programme was rolled out in 2016 – 17.

Based on recent research which reinforced the need for agencies to work together to support clients, the workshops aim to support staff involved in planning and delivery of interventions. In addition to the benefits to clients, these sessions have highlighted the importance of improved communication and co-operation between services when working with challenging and complex situations.

Five multi-agency workshops were held, with 85 professionals attending from agencies including Adult Social Care, South East Coast Ambulance Service NHS Foundation Trust, probation, housing services, East Sussex Healthcare NHS Trust, and Sussex Police.

## **Human trafficking and modern slavery**

The Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board (SAB) have jointly commissioned 'Human trafficking prevention and identification' training, with this being delivered by A21. This training is designed to educate frontline professionals about the issue of human trafficking, how to identify victims and how to respond and communicate appropriately with them.

There were 14 evaluations of the course (from 26 attendees), and of those, 11 rated the course overall as 'excellent' and three gave an overall rating as 'good'. Twelve said that they had a 'good' level of confidence in applying knowledge / using skills following the course and two rated their level of confidence as 'excellent'. All 14 attendees rated the trainer's knowledge as 'excellent' and all 14 took the time to write comments in the dialogue boxes.

As victims and perpetrators of modern slavery move across local authority boundaries, the Safer East Sussex Team will be identifying opportunities to work collaboratively with other statutory and voluntary partners across Sussex. The focus regionally will be to ensure robust policy and practice including referral pathways. One of the SAB's aims will be to incorporate any updated policy and practice information within the Sussex Safeguarding Policy and Procedures.

The Safer East Sussex Team will be undertaking research to gain a better understanding of this area. Working in partnership with the LSCB and the SAB, the team will explore different sources of information and attempt to build a more robust picture of modern slavery in East Sussex. The focus of this work will be developing information and resources to promote general awareness, and delivering targeted awareness raising activities for specific groups.

In February 2017 there was a range of free training sessions for licensed traders (such as taxi drivers) focussing on child sexual exploitation, rape and sexual offences, and also modern slavery and human trafficking.

## **National Competency Framework for Safeguarding Adults**

This framework was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. It is a national framework to be used across a range of organisations and staff groups. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced.

The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

## 5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children's and Young People's Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities, for areas such as child sexual exploitation, domestic abuse, and modern slavery.

The protocol can be accessed from the [SAB website](#), and it will be reviewed in 2017 – 18.

### Future plans

- Further development of multi-agency training opportunities including Making Safeguarding Personal and coaching skills, and implementation of the SAB training strategy
- Establish local strategic oversight of, and accountability for, the modern slavery agenda. The East Sussex Safer Communities Partnership, along with the LSCB and SAB, will ensure that leadership and accountability for modern slavery is clear, and that information is effectively shared in order to protect vulnerable adults and children from harm.

## Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the County Council and partner agencies to work together to safeguard adults from abuse and neglect.

As with last year, the SAB had a particular focus on ensuring adults who lacked capacity, or had substantial difficulty in understanding the safeguarding process, had appropriate advocacy arrangements in place. This is important to ensure the voice and wishes of adults are central to the safeguarding process even where they may lack mental capacity, and became a duty under the Care Act. The number of adults being supported by an advocate continued to increase in 2016 – 17, with 96% of those lacking capacity being supported by an advocate, compared with 92% in 2015 – 16.

A particular focus for the coming year will be to ensure all adults are asked for their desired outcomes and that these are achieved, wherever possible. The department's client database has been updated so that this data can be captured robustly. Ensuring a high level of compliance relating to outcomes in line with the Making Safeguarding Personal approach (MSP) will be a priority for 2017 – 18.

The SAB was pleased to again have joined with the Local Safeguarding Children's Board and Safer Communities Partnership to host an event for professionals: 'Coercive Control and Domestic Abuse: Impact within the Family'. The crossover between these Boards and the Partnership in safeguarding matters affecting both children and adults continues to be recognised, and the development and implementation of a partnership protocol is evidence of the commitment to work collaboratively to safeguard adults and their families.

The SAB will ensure learning from the first safeguarding adult review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required. This will assist in driving forward the SAB's key objectives, and supporting the vision for the adults of East Sussex to live a life free from abuse and neglect.

## Appendix 1 – SAB Budget 2016 – 17

Income		Expenditure (excluding VAT)	
East Sussex County Council	£66,000	SAB Development Manager	£58,402
Sussex Police	£10,000	SAB Administrator	£10,804
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Independent Chair	£7,275
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£5,000	Training programme (inc. admin. and safeguarding promotional materials)	£12,274
NHS Eastbourne, Hailsham and Seaford CCG	£5,000	Safeguarding Network (venue / reward and recognition payments)	£410
NHS High Weald Lewes Havens CCG	£5,000	Policy and procedures	£2,183
		SAB website	£2,499
		SARs / Multi-Agency Reviews (facilitator and venue costs)	£3,317
East Sussex Fire and Rescue Service (ESFRS)	5,000		
East Sussex Local Safeguarding Children Board (LSCB)	500		
<b>Totals</b>	<b>£106,500</b>		<b>£97,164</b>

## Appendix 2 – Work plan 2017 – 18

### 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	RAG
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 February 18 to ensure priorities and membership can be reviewed  Peer challenge event following completion of safeguarding self-audit tool planned for July 2017.	G
Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.	SAB	July 2017	Review and negotiation of contributions for 2017 - 18 underway.	G
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, with regular feedback to the SAB on progress.	PQA / CCS AN / Ops	October 2017	PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC. SAB to review effectiveness of current chairing arrangements and progress made in October 2017.	G
Peer review to be undertaken to reflect	SAB/	March 18	Scoping underway	G

<p>commitment to continual improvement and transparency. The proposed focus would be wider than the remit of the SAB, covering all section 42 arrangements and how partnership arrangements are working.</p> <p>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.</p>	Ops			
<p>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.</p> <p>This will be evidenced by an open and honest culture, and attendance at learning sessions.</p>	Ops / PQA / Training	Ongoing	<p>Topic based multi-agency workshops have commenced.</p> <p>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.</p> <p>Recruitment of Quality Assurance and Learning Development Officer being planned, shared between East Sussex, and B&amp;H SABs, to focus on implementation of learning and action plan improvements</p>	G

## Strategic Aim 2 – Policies, procedures and Care Act implementation

Action / Measure	Lead	Timescale	Progress	RAG
<p>Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults.</p>	Ops / PQA	October 2017	<p>Sussex wide Self-audit tool agreed by PQA group in April.</p> <p>Peer challenge event being</p>	G

<p>This will be demonstrated by ensuring the self - audit tool to be completed by members is up to 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>planned for July 2017 following completion of safeguarding self-audit tool.</p> <p>Learning from the Multi-agency safeguarding case audit has been taken forward through the PQA, subgroup.</p>	
<p>Review the SAB Information sharing agreement and ensure all agencies sign up to this 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 2017	<p>Review of agreement underway</p>	G
<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	Autumn 2017	<p>Edition 4 of the procedures is underway, planned launch Autumn 17, and will involve a consultation process with professionals and clients/carers subgroup.</p>	A
<p>Embed and raise awareness of the Safeguarding Adult 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 with regional networks.</p>	PQA	July 2017	<p>Monthly East Sussex SAR Panel now in place to consider all SAR referrals.</p> <p>Launch of updated SAR protocol planned for April/May 2017.</p>	G

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 subgroup, 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 via Operational practice subgroup.	G
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### 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	RAG
Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out.  This will be achieved by reflecting the 'story' behind the outcomes in reporting arrangements, such as case audits, and client feedback.	Ops / PQA / CCSAN/TWD	Ongoing	Workshops and training emphasise MSP approach with case study learning.  Multi-agency MSP workshops being developed by TWD subgroup MSP Leaflets for adults and carers being developed through the CCSAN	G
Develop model of resilience to support people post section 42 safeguarding enquiry, promoting opportunities for self-protection.	Ops	October 2017		G
Consider and keep under review opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	January 2018	Data over the past year for referrals to and from Children's Single Point of	G

Peer review being planned will also consider current arrangements and opportunities			Advice (SPOA) and Health and Social Care Connect (HSCC) has been collated. At this point, there is not enough activity to warrant moving resources from Adult services in the Children's Multi-Agency Safeguarding Hub (MASH). This will be kept under review with further data collated to inform future planning alongside integration opportunities as part of the Accountable Care Model.	
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#### 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	RAG
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 increased with involvement in MSP leaflet development	G

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	Updates to SAB and Healthwatch attendance in place.	G
Feedback from CCSAN members to be incorporated into SAB annual report	CCSAN	July 2017	Feedback to be sought	G
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 2017	Website in place – requires further promotion.  Social media to be developed for further community engagement.	G

**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	RAG
Continue safeguarding training and awareness 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 2017 compared with previous year.	PQA/TWD/Ops	October 2017	To date, there have been 150 primary care attendees over 10 sessions. CCG Lead nurse for safeguarding will be visiting GP surgeries to support and monitor training and awareness. Recruitment process of named GP recently completed by CCG.	G
Develop and implement a financial abuse strategy to have an informed and uniformed approach to all	SAB/Ops	July 2017	Campaign to be carried out in May 17.	G

aspects of financial abuse. Undertake financial abuse campaign to raise awareness. Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.				
SAB to take part in roadshow planned by Healthwatch in Summer 2017, as another mechanism to raise public awareness of Safeguarding.	CCSAN	July 2017		G

### 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 consider adopting National Safeguarding Competency framework and/or Health Intercollegiate document, within induction and ongoing supervision arrangements, as evidenced by audit returns.	Ops/TWD	October 2017	SAB members have received the competency framework and encouraged to adopt with staff. Health Intercollegiate document still awaiting publication.	A
SAB members to consider adopting National MCA Competency Framework.	Ops/TWD	October 2017		G
Refresh Training and Workforce development strategy to be in line with developments in policy, and findings from safeguarding case audits.	TWD	October 2017		G

<p>SAB to take forward recommendations from the recent Multi-agency safeguarding audit with a focus on Domestic Abuse. Individual agencies to implement actions on training, awareness and practice. This will be evidenced via future audit activity.</p> <p>SAB to feed audit recommendations into the review of the refreshed DA training programme, in partnership with LSCB and Safer Communities Partnership.</p>	SAB/Training subgroup/PQA	October 2017	To be discussed in April 17 SAB meeting.	G
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**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	RAG
<p>Embed and review the effectiveness of the Partnership Protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children’s Trust and the Health and Wellbeing Board.</p> <p>This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, Modern Slavery and online safety.</p>	PQA	April 18	Partnership protocol now in place. To be reviewed 2018.	G

**Key:** SAB Safeguarding Adults Board; PQA Performance, Quality & Audit Sub-group  
Ops Operational Practice Sub-group; CCSAN Client & Carer Safeguarding Advisory Network  
TWD Training & Workforce Development subgroup

## 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
- Sussex Community Foundation 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 Company
- Homecare representatives
- District and borough council representation
- Plumpton College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)