



## LEAD MEMBER FOR ADULT SOCIAL CARE

**DECISIONS** to be made by the Lead Member for Adult Social Care,  
Councillor Bill Bentley

**THURSDAY, 24 NOVEMBER 2016 AT 2.00 PM**

**CC2, COUNTY HALL, LEWES**

### **AGENDA**

- 1 Decisions made by the Lead Member on 9 June (*Pages 3 - 4*)
- 2 Disclosure of interests  
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- 3 Urgent items  
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
- 4 Annual Report of the Safeguarding Adults Board for 2015-2016 (*Pages 5 - 68*)
- 5 Adult Social Care Complaints and Feedback Annual Report 2015-2016 (*Pages 69 - 98*)
- 6 Any urgent items previously notified under agenda item 3

PHILIP BAKER  
Assistant Chief Executive  
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16 November 2016

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## LEAD MEMBER FOR ADULT SOCIAL CARE

DECISIONS made by the Lead Member for Adult Social Care, Councillor Bill Bentley, on 9 June 2016 at County Hall, Lewes

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Councillor Ungar spoke on items 4 & 5 (see minutes 2 & 3)

### 1 DECISIONS MADE BY THE LEAD MEMBER ON 31 MARCH 2016

1.1 The Lead Member for Adult Social Care approved as a correct record the minutes of the meeting held on 31 March 2016.

### 2 LEARNING DISABILITY DIRECTLY PROVIDED SERVICES' DEVELOPMENT PLAN - RESIDENTIAL SERVICES & SOUTHVIEW DAY SERVICE

2.1 The Lead Member for Adult Social Care considered a report by the Director of Adult Social Care & Health together with comments by the Adult Social Care & Community Safety Scrutiny Committee's Directly Provided Services (DPS) Board.

2.2 The Lead Member for Adult Social Care RESOLVED to:

Agree to the refurbishment of the Hookstead site, subject to formal consents, to create: alternative and enhanced accommodation for clients currently living within the three Learning Disability residential services, and a replacement site for Southview Close Day Service in Crowborough.

Reason

The consultation activity that has been undertaken confirms a high level of support from: clients; their families and carers; and key stakeholders for the proposed plans to relocate services to Hookstead.

The relocated services will deliver revenue savings to the Council of £250,000, full year effect.

### 3 LEARNING DISABILITY DIRECTLY PROVIDED SERVICES' DEVELOPMENT PLAN - LEARNING DISABILITY DAY SERVICES IN HASTINGS AND ROTHER

3.1 The Lead Member for Adult Social Care considered a report by the Director of Adult Social Care & Health together with comments by the Adult Social Care & Community Safety Scrutiny Committee's Directly Provided Services (DPS) Board.

3.2 The Lead Member for Adult Social Care RESOLVED to:

1) Agree to the development of day services on a locality basis in the East of the County, thus:

- Beeching Park, in Bexhill, will provide the main location for day service provision, offering 75+ places;

- Greenwood, in Bexhill, will offer a small day activity programme for up to seven people who would benefit from additional support in a small environment;
- Working Wonders, in St Leonards on Sea, will focus on Skills Development activities for 25+ people;
- The Conquest building, on the same site as Working Wonders, will be released from use by Learning Disability services.

2) Extend his thanks and gratitude to the staff in residential and day services across the county for their ongoing support to clients and their carers, and the considerable assistance they provided in ensuring that clients and their carers understood and were able to take part in the consultation.

Reason.

The services offered on the three different sites will be complementary, whereas currently the services provided at Conquest and at Beeching Park simply replicate each other despite being less than seven miles apart.

The proposals will deliver improvements to the services offered and significant revenue savings to the Council, as well as releasing from use a large building that may be used for an alternative purpose or sold to achieve a capital receipt.

**Report to:** Lead Member for Adult Social Care

**Date of meeting:** 24 November 2016

**By:** Director of Adult Social Care and Health

**Title:** Annual Report of the Safeguarding Adults Board for 2015- 2016

**Purpose:** To present the Annual Report of the Safeguarding Adults Board to Lead Member.

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## RECOMMENDATIONS

**The Lead Member for Adult Social Care is recommended to consider and comment on the contents of the Annual Report of the Safeguarding Adults Board for 2015-16**

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### 1. Background

1.1 The Annual report at Appendix 1 outlines the Safeguarding activity and performance in East Sussex between April 2015 and March 2016.

### 2. Supporting information

2.2 Highlights contained in the Annual Report of the Safeguarding Adults Board (SAB) for 2015- 2016 report are as follows:

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

- In line with the Care Act 2014 recommendations, an Independent Chair was recruited, ensuring an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults.
- A SAB budget was set up for the first time, consisting of financial contributions from Adult Social Care (ASC), Clinical Commissioning Groups (CCGs), Sussex Police and East Sussex Healthcare NHS Trust. This enabled the recruitment of the Independent Chair, the commissioning of an external reviewer for a multi-agency case review, as well as the costs of a learning event on Modern Slavery.
- A Lay member was appointed to increase community links, and transparency of the strategies and plans.

#### **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, with the main focus on the new safeguarding Section 42 duties. Good information sharing at the start of enquiries was evidenced, as well as desired outcomes of the adult and/or their representative being considered. Development areas included ensuring earlier referrals for formal advocacy, a greater understanding of the Multi- Agency Risk Assessment Conference (MARAC) process and keeping communication channels open between ASC and the Police throughout safeguarding enquiries.
- Formerly known as Serious Case Reviews, Safeguarding Adults Reviews (SARs) became a statutory requirement under the Care Act. No SARs were undertaken in this period, however a Multi-agency review (MAR) was undertaken and learning events have taken place across agencies.

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

- A multi-agency workshop was held to focus on the changes needed to safeguarding arrangements across the partnership and work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

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

- Key safeguarding data includes a 43% increase in the number of safeguarding concerns received by ASC compared with last year, reflecting the three new categories included in safeguarding legislation (Domestic Abuse, Modern Slavery and Self-neglect).
- There has been a significant increase in the number of enquiries resulting from concerns raised by homecare from just 12 in 2014-15 to 74 in 2015-16, following the successful awareness raising campaign with this staffing group last year, together with Homecare now being represented on the SAB. Six more enquiries were completed as a result of concerns raised by primary care (40 up from 34) however proportionately this is a 1% drop to 3% of all enquiries from 4% last year. Safeguarding awareness training with primary care began in this period, but remains a priority for 2016-17.

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

- In 86% of cases where there was on-going action under safeguarding arrangements, risk was reduced or removed. This is a slight drop from 93% in 2014-15, however this reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against other quality of life decisions, such as maintaining contact with a family member who was the source of the risk.
- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity in this period was 92%. This is up from 86% the previous year, and compares favourably to the national average of 61% for 2014-15.
- Of the total desired outcomes identified by adults, 99% were either met or partially met through the safeguarding enquiry process. This has increased from 81% last year, suggesting the Making Safeguarding Personal (MSP) approach is becoming embedded into practice, with the adult's wishes being central to actions taken.

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

- In partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Missing People, Modern Slavery and Human Trafficking'. Over 120 delegates attended from a broad range of agencies. The event was timed to tie in with National Safeguarding day (29<sup>th</sup> February) and was part of a week long programme of activities to raise awareness with the public also. A total of 457 contacts were made with the public.

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

- Key training figures from partner agencies are included in the annual report, with a particular focus on Domestic Abuse, harmful practices and Modern slavery.

## **3. Conclusion and reasons for recommendations**

3.1 The annual report shows significant progress in adult safeguarding activity from all organisations and has demonstrated the MSP principles are starting to embed into practice to put adults and their representatives at the centre of decisions and interventions made. The Care Act

2014 has brought many changes to safeguarding practice, representing a fundamental shift from being process driven to a more person centred approach.

**KEITH HINKLEY**  
**Director of Adult Social Care and Health**

Lead Officer: Angie Turner, Head of Adult Safeguarding

Background documents:

None

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## **East Sussex Safeguarding Adults Board**

# **Annual Report**

**April 2015 to March 2016**



You can get all our publications in a format to suit you. If you would prefer this report in an alternative format or language please ask us. Please phone Adult Social Care Direct on 0345 60 80 191.

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## Foreword



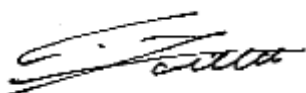
Welcome to the East Sussex Safeguarding Adults Board Annual Report 2015 – 16, my first as Independent Chair having been appointed to the role in July 2015.

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

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

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

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

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

**Graham Bartlett**

Independent Chair, East Sussex Safeguarding Adults Board

## Comments from Healthwatch East Sussex



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

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

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

**Elizabeth Mackie**

Volunteer & Community Liaison Manager, Healthwatch East Sussex

## Executive summary

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

Highlights contained in the report are as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Conclusion**

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

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



# Progress on 2015 – 16 priorities

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

### Independent Chair

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

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

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

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

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

### SAB budget

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

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

- Independent Chair
- SAB Development Manager

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

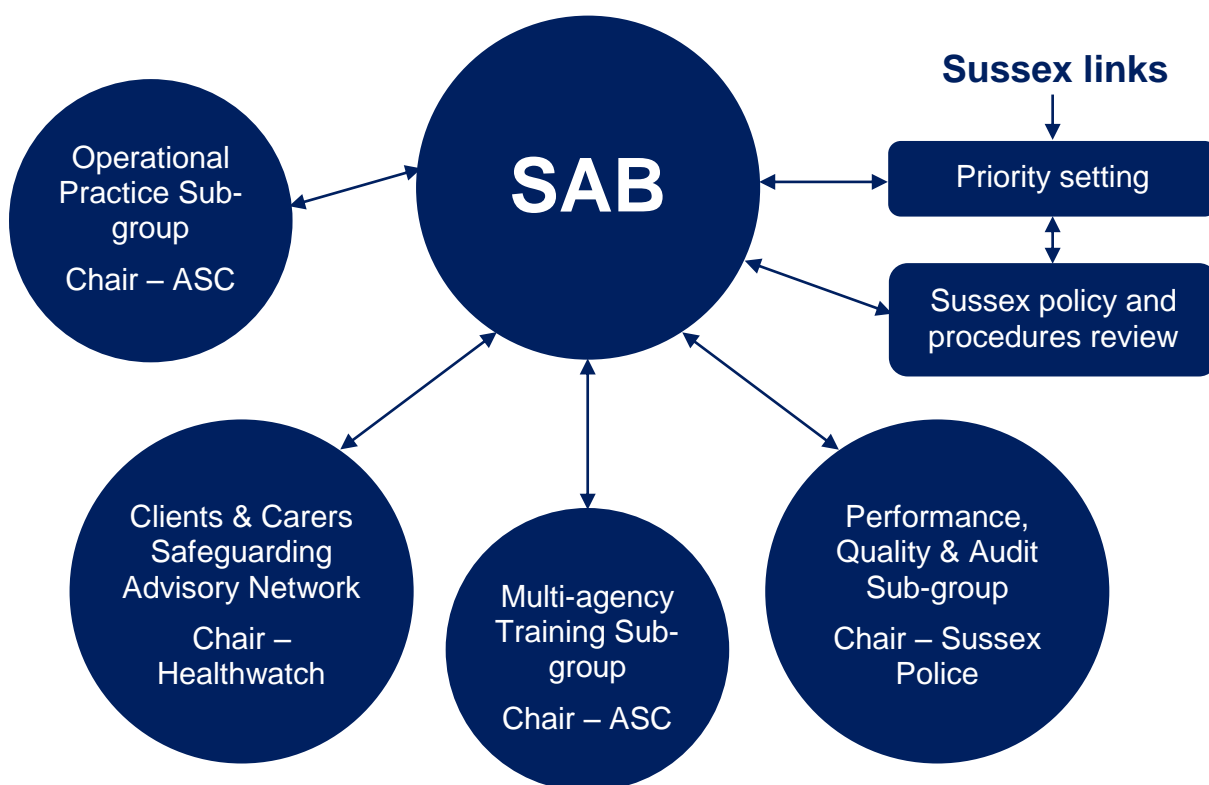
Please see Appendix 1 for more details on the end of year budget.

## Governance and structure of the SAB

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

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

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



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

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

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

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

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

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

## Learning events

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

## Future plans

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

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

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

### Care Act 2014 duties

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

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

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

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

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

The Care Act places statutory duties on SABs as follows:

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

## Fire safety and prevention

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

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

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

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

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

### Next steps

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

## Multi-agency safeguarding audit 2015 – 2016

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

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

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

The key findings were as follows:

### **Strengths**

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

### **Areas for development and learning**

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

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

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

## Safeguarding adults reviews

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

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

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

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



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

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

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

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

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

### Sussex Clinical Commissioning Groups safeguarding standards assurance tool

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

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

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

### Transforming Care Programme

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

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

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

### Future plans

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

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

#### **Domestic abuse**

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

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

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

#### **Prevent and hate crime**

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

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

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

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

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

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

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

### **Serious organised crime (vulnerable elderly)**

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

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

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

### **Street communities**

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

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

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

## Deprivation of liberty safeguards (DoLS)

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

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

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

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

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

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

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

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

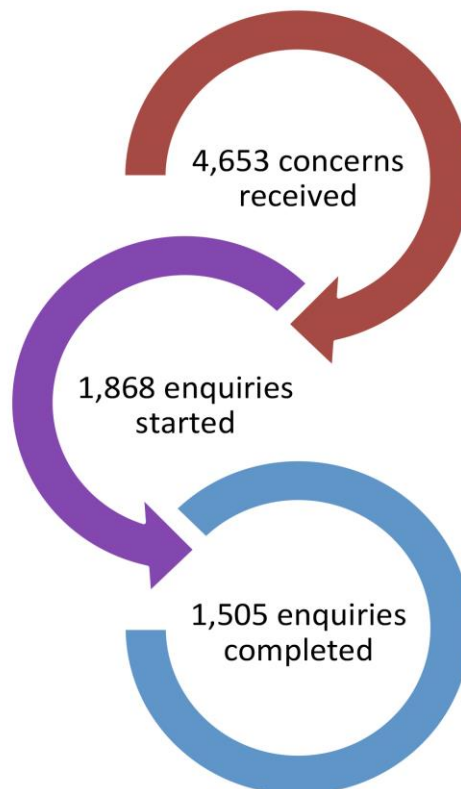
### Next steps

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

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

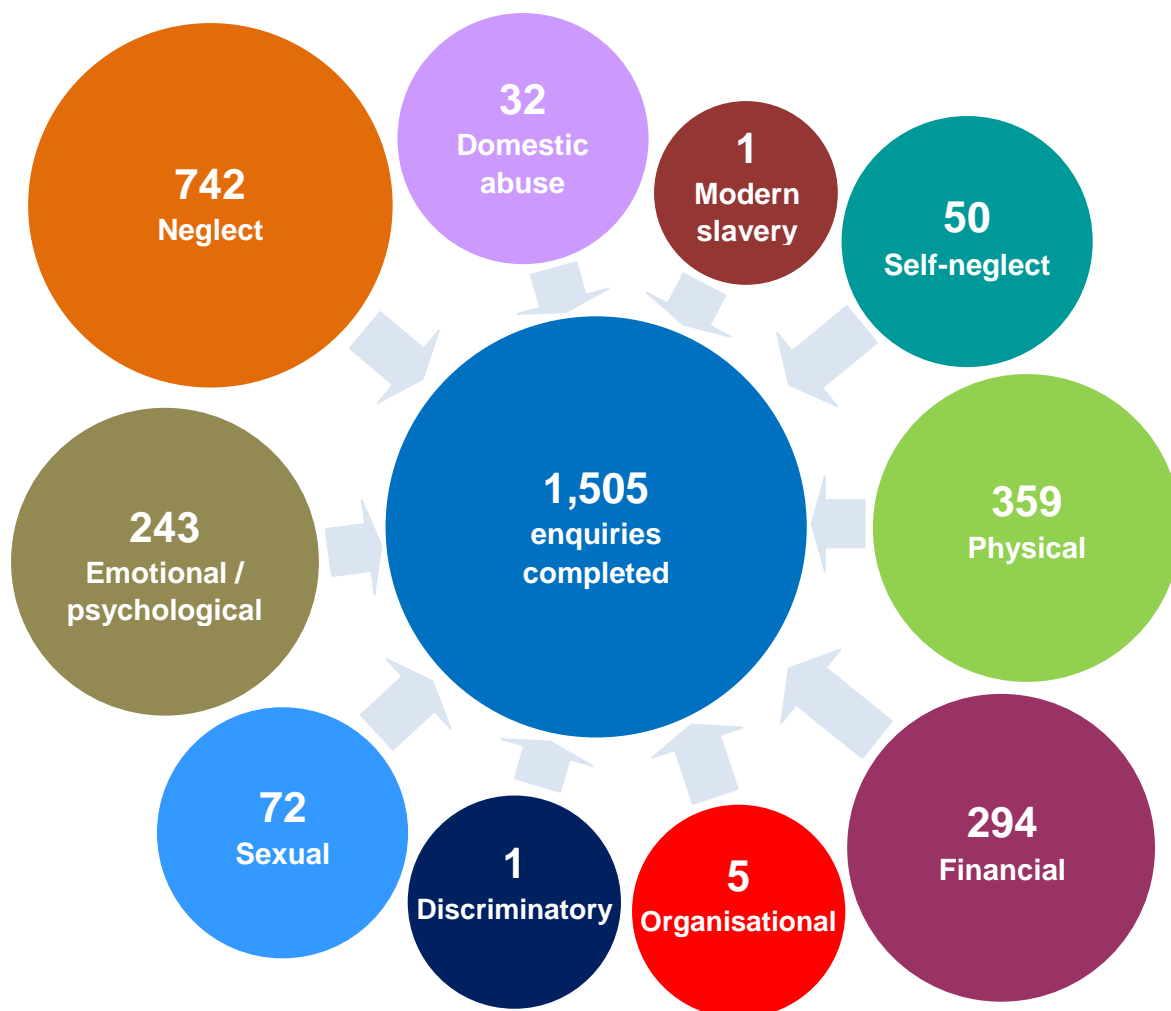
Although these proposals are welcomed, they explicitly state that there will not be a proposal to change the 'acid test' and in combination with the extension of responsibilities to supported accommodation it is unlikely that the final proposals will reduce the demand on local authorities.

### Analysing safeguarding activity



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

### Types of abuse investigated in 2015 – 16



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

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

## Locations of abuse

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

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

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

## Sources of referrals

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



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

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

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

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

### Future plans

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

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

### Quality assurance activity in Adult Social Care

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

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

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

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

#### Strengths

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

#### Key areas for development

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

### **Alice's story**

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

Alice identified her desired outcomes as:

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

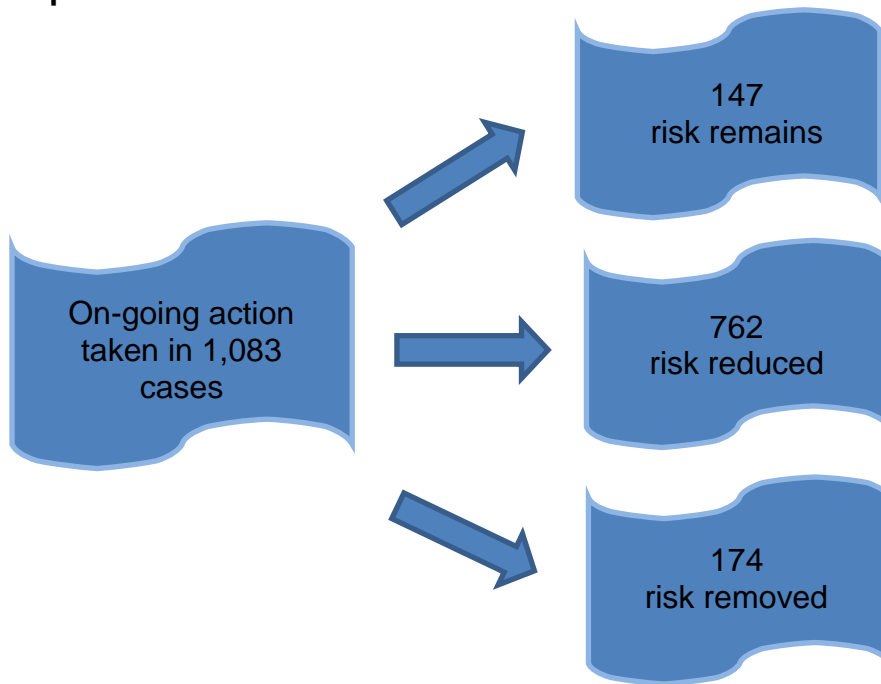
Alice was consulted throughout the enquiry and her desired outcomes resulted in the following safeguards being put in place:

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

### **Analysis of outcome data**

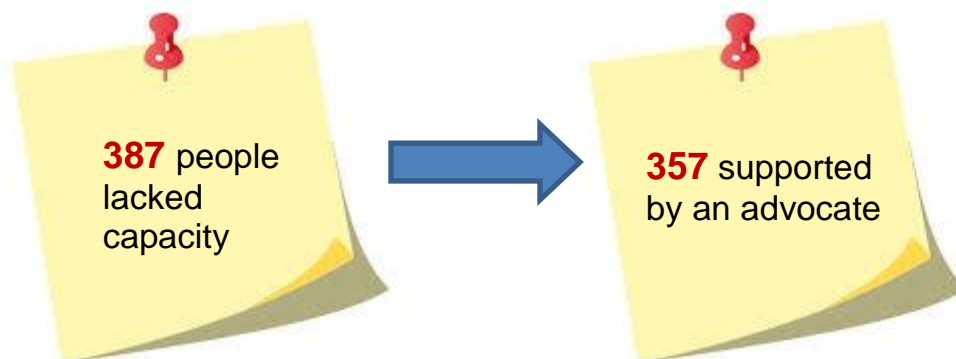
A Safeguarding Performance Quality and Assurance Framework is in place to drive improvements in safeguarding outcomes. The framework includes the collection and review of safeguarding activity data. From this, we can monitor the difference made and identify gaps in service provision.

## Impact on risk



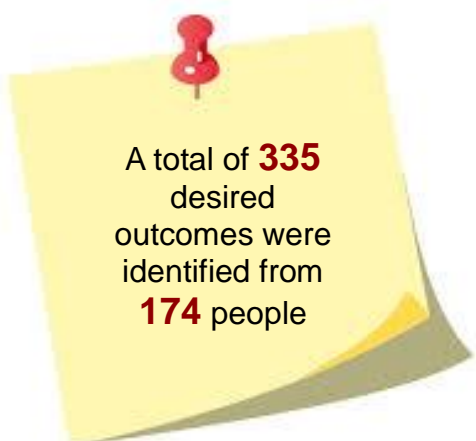
Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **86%** of cases, where there was on-going action under safeguarding arrangements, the risk was reduced or removed. This is a slight reduction from **93%**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

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



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

## Outcomes achieved through safeguarding



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

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

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

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

### **Sally's story**

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

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

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

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

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

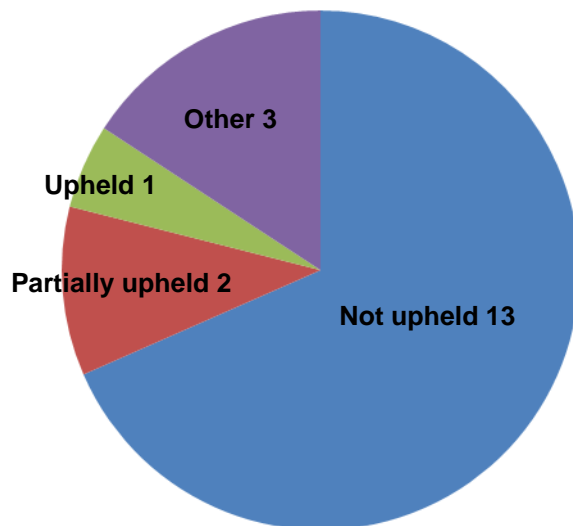
## Learning from complaints

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

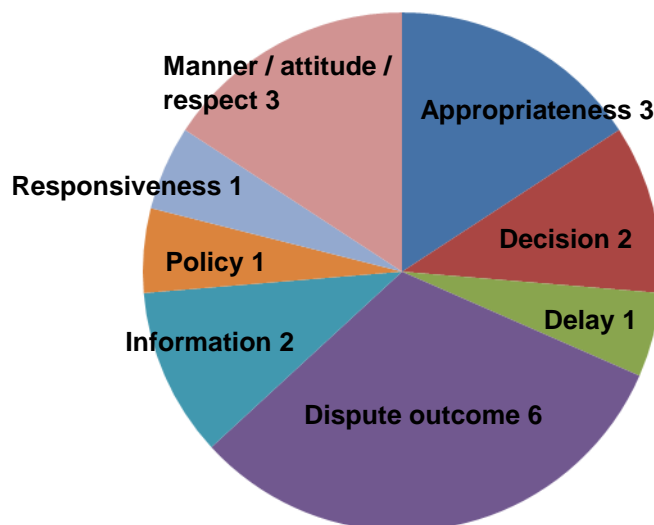
In addition to these 19 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2015 – 16, which was 103 enquiries.

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

### Complaint outcome



### Complaint category



## Key themes

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

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

None of these complaints were upheld.

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

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

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

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

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

## Learning and actions

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



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

### Local Government Ombudsman (LGO) cases

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

### Compliments

The Safeguarding Development Team has received the following feedback:



### Lay members

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

Lay members support the work of the Board by:

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

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

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

Board lay member, 2016

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

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

### Healthwatch roadshow

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

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

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

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

## **Safeguarding conference**

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

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

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

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



## Safeguarding awareness

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



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

## Primary care safeguarding awareness

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

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

## Tackling social isolation to combat scams

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

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

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

### Future plans

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

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

### Adult Social Care and Trading Standards knowledge exchange

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

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

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

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

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

### Priorities for Trading Standards 2016 – 17

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

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

## Key training figures and initiatives

### Adult Social Care training

April 2015 – March 2016

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

### KWANGO safeguarding adults e-learning

April 2015 – March 2016

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

### Sussex Police

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



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

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

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

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

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



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

### **Priorities for 2016 – 17**

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

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

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

Future training plans include:

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

### **South East Coast Ambulance Service NHS Foundation Trust**

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

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

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

## Priorities for 2016 – 17

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

## East Sussex Healthcare NHS Trust (ESHT)

Adult safeguarding continues to maintain a high profile within ESHT.

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

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

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

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

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

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

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

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

ESHT is part of the PREVENT group led by ESCC.

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

Learning that has influenced change in the organisation includes:

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

## Sussex Partnership NHS Foundation Trust (SPFT)

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

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

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

Training figures for 2015 – 16 are as follows:

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

### Adult safeguarding activities / initiatives

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

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

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

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

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

## Priorities for 2016 – 17

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

## Clinical Commissioning Groups (CCGs)

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

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

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

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

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

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

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

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

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

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

### **Future plans and priorities for 2016 – 17**

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

### **Multi-agency training**

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

## Future plans

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

## Conclusion

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

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

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

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

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



## Appendix 1 – SAB Budget 2015 – 16

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

## Appendix 2 – Work plan 2016 – 17

### Strategic Aim 1 – Accountability and leadership

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

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

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

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

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

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

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

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

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

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

## Strategic Aim 3 – Performance, Quality and Audit

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

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

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

## Strategic Aim 4 – Prevention and engagement

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

**Desired outcome for clients: Influence over service delivery**

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

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

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



|  |           |           |  |
|--|-----------|-----------|--|
| Distribute Sussex wide easy read safeguarding leaflet, developed in partnership with the three Sussex SABs and include this resource on SAB Website. | SAB/CCSAN | July 2016 |  |
|--|-----------|-----------|--|

**SAB Priority 4.3 Ensure transition arrangements from Children’s to Adult services, for those at risk of Child Sexual Exploitation, are addressed in a multi-agency context.**

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

**Strategic Aim 5 – Integration/Training and workforce development**

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

**Desired outcome for clients: Consistency received in safeguarding responses**

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

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

## Key

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

## Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

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

**Report to:** Lead Member for Adult Social Care

**Date of meeting:** 24 November 2016

**By:** Director of Adult Social Care and Health

**Title:** Adult Social Care Complaints and Feedback Annual Report 2015-2016

**Purpose:** To provide information about Adult Social Care's performance in listening, responding and learning from complaints and feedback

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## RECOMMENDATIONS

The Lead Member for Adult Social Care is recommended to:

- 1) note the number and nature of complaints made to Adult Social Care
  - 2) note the nature and outcome of complaints to the Local Government Ombudsman
  - 3) note the learning from complaints and progress in the development of improving complaints handling for clients, carers and their representatives
- 

## 1 Background

1.1 The County Council received 995 complaints in 2015/16 of which 387 related directly to Adult Social Care. This represents 39% of the total complaints received. The Adult Social Care complaints process follows the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Figures and a detailed review are provided in the Adult Social Care Complaints and Feedback Annual Report attached as Appendix 1.

1.2 Adult Social Care works with large numbers of people throughout the County. During 2015-2016 18,400 working age adults and older people were supported by services. In addition to all the activity undertaken to ensure peoples social care needs are met, the department undertakes significant activity relating to its duties to safeguard people from abuse. The department also received and responded to over 4,000 reports of concerns about adult abuse.

1.3 The Department strives to provide and commission high quality services that meet the needs and circumstances of individuals and their carers. Sometimes things go wrong, however, and because of the personal and complex nature of our services, it is essential that we take all complaints seriously. For all complaints we aim to identify problems and resolve issues if things do go wrong or fall below expectation, at the earliest point.

1.4 Analysis of information about the complaints and feedback received during the year enables us to reflect, act upon, and improve the quality of services delivered to clients and their carers'. The compliments we receive also provide us with rich and valuable insight about the quality of services and what works well for people.

## 2 Summary

2.1 There was a slight drop (9 fewer) in the complaints received during 2015- 2016 compared to 2014-2015, which represents a 2.3% decrease. There was however a small increase (4%) in the number of complaints upheld or partially upheld and an increase in the complexity of issues where there are a number of elements and services involved. 250 (71%) of the 351 of the complaints with a recorded outcome received a response within the target response time of 10 -20 working days.

2.2 The top three themes of complaints related to:

- **Assessment outcomes and delays**

85 complaints related to assessment functions and 27 (37%) were upheld. Complaints about the outcome of financial and social care assessments however have fallen significantly since last year (75% and 34% respectively). This might be a result of last year's review of the financial assessment process and a more person centred approach to safeguarding, assessment, and care and support planning by social care practitioners.

- **Staff attitude and behaviour**

Of the 49 complaints recorded, 18 (37%) complaints were upheld. Most, related to the manner, attitude or the appropriateness of staff. Often people felt that either their circumstances or views had not been considered appropriately or sufficiently within the care management process.

- **Service provision, quality and delay**

46 complaints were recorded and 20 (43%) of the complaints about the provision of service were upheld.

2.3 Some themes arising from complaints mirrored some of the challenges faced by the department. For example, a 43% increase in complaints was recorded for Strategy, Commissioning and Supply Management. This increase related directly to the services we commission from the independent care sector, including home care and residential care. This reflects the fact that nationally and locally, there are many pressures on the market. Including capacity issues, which can impact on the timeliness of service provision and the level of choice we are able to offer clients and carers. Work is being done at all levels of the market to increase capacity, including increasing the capacity of the Joint Community Reablement Team.

2.4 Some delays in processes were as a direct consequence of implementing the new case recording system for clients and carers. Work is ongoing to ensure the pathways are amended as issues arise.

2.5 Early in the year, the Complaints and Feedback team reviewed the handling of its complaints to ensure the process was client and carer focused. The information leaflet and practice guidance were reviewed with an emphasis upon the use of plain English, a one council approach and resolution focus. This has resulted in fewer complaints about operational services within the year. Managers have appreciated this more proactive support and general feedback has been positive.

2.6 The Local Government Ombudsman writes to the local authority every year with an annual summary of statistics of complaints made to them about East Sussex County Council. This year's annual letter reported that 97 complaints and enquiries were received, of which 51 (52%) were about Adult Social Care. The LGO recognise that the total number of complaints made to them will not in itself provide a clear picture of our response to complaints or the quality of services. Higher numbers of contacts can indicate good signposting within a transparent process. The table below sets out the LGO findings for complaints about Adult Social Care, last year's figures are in brackets.

| Findings | Investigations |            | Closed after initial enquiries | Invalid incomplete | Referred back | Total   |
|----------|----------------|------------|--------------------------------|--------------------|---------------|---------|
|          | Upheld         | Not upheld |                                |                    |               |         |
| ASC      | 19 (15)        | 14 (22)    | 13 (7)                         | 5 (1)              | 15(13)        | 66 (58) |

2.7 It is of note, 15 (45%) of the complaints investigated related to complaints received in the previous year. Of the 66 complaints reported, 50% were investigated and of these, 58% were upheld. This is the first time that the number of upheld complaints is higher than those not upheld.

2.8 10 (53%) of the investigations upheld were in relation to financial assessments. 2 (11%) of the complaints were jointly investigated by the Parliamentary and Health Service Ombudsman and LGO. Both findings identified shortfalls in communication with the client and/or family when being discharged from hospital. The others covered a range of issues including poor service from home care providers and shortfalls in telling people they would pay a financial contribution to their service. Apologies were given in all complaints upheld, with some people receiving financial redress for any distress caused.

2.9 Far more compliments about services were received than complaints, with a total of 2,498; an increase of 45% compared to last year. The comments show that people valued the support they received and in many cases they describe it as life changing. People appear to have particularly valued Carers Services (564 compliments), Learning Disability Directly Provided Services (323) and the support provided by Neighbourhood Support Teams (275).

### 3. Conclusion

3.1 We know it is crucial to have in place an effective, accessible and fair means for clients and carers' comments and complaints to be heard, and resolved wherever possible. The complaints process provides this opportunity and is integral to the statutory function of the department. Regrettably, things do go wrong and with increasingly limited resources prioritised to meet the needs of the most vulnerable, complaints will be made. We are seeing a rise in the complexity of complaints and, at times, have fewer options to meet the desired outcome for the complainant.

3.2 The Department has considered the impact this has on clients, their representatives, staff, operational managers and the council as a whole. There is no easy solution, particularly given the grave financial challenges. It is clear, however, that in these times it becomes increasingly important to support and promote the customer service principles of being fair, open, and timely, and to demonstrate clear and compassionate decision making. We are working closely with partners to make sure we handle complaints well and people feel confident to express their concerns. Our learning from complaints also enables us to examine how we can improve our services.

3.3 During next year, the department will review and monitor the process closely. This will ensure our complaints process remains robust and accessible to people as we work to deliver service changes under the East Sussex Better Together and Connecting 4 You programmes.

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**BACKGROUND DOCUMENTS**

'My expectations for raising concerns and complaints' published by the Parliamentary and Health Ombudsman, Healthwatch England and Local Government Ombudsman (2014)





# Adult Social Care Complaints and Feedback Annual Report 2015 – 2016

**If you have any comments about the content of this report please contact us:**

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## 1. Context

This report provides information about complaints made about or in relation to Adult Social Care during the twelve months between **1 April 2015 and 31 March 2016**. Our complaints process follows the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009.

Adult Social Care works with large numbers of people throughout the County. This year, we supported over 18,400 working age adults and older people through the provision of services. We also provided services to 6,395 carers, including the provision of information / advice and signposting.

The department has lead responsibility for safeguarding adults at risk of harm by others. We received and responded to over 4,000 reports of concerns or allegations of adult abuse during the year.

This year we introduced the key duties of the Care Act (2014), which brought together both new and existing care and support legislation into one new act. The principles of the act are built around people's wellbeing, needs and goals. It was the biggest reform of care and support in a long time. For example, for the first time it set out a national eligibility criteria for care and support services. It also made safeguarding more personal and it put carers on the same footing as those they care for.

We were also in the last year of our three year programme to save £27.8 million. As well as continuing to working closely with health colleagues on East Sussex Better Together and Connecting4you to transform health and social care services.

We always want to provide high quality services that meet the needs and circumstances of individuals and their carers. Sometimes things go wrong and because of the personal and complex nature of our services we take all complaints seriously. We aim to identify problems and resolve issues if things do go wrong or fall below expectation. We try to sort things out quickly and

fairly. We want to learn from our mistakes and will make changes to improve our services.

Analysis of information about the complaints received during **2015 -16** means we can reflect on the quality of the services that are delivered to our clients and their carers. This includes considering how well we listened and responded to people's needs and monitoring the impact of having less money to spend on support and care.

We also report the compliments we receive because they provide us with rich and valuable insight about the quality of our services and what works well for people.

All timescales within this report are in working days.

### **1.1 What is a Complaint?**

The Department of Health Guidance 'Learning from Complaints' (2006) defines a complaint as:

*"An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response."*

### **1.2 Who can make a complaint and how?**

Anyone who receives a service under the Care Act 2014, or anyone who believes they have been unfairly refused a service. Another person can make a complaint on someone else's behalf, if they have the permission or authority to do this.

We publicise information about how to make a complaint in our leaflet "How to make a comment, complaint or compliment" and have an easy read leaflet available called "Are you unhappy about something?"

Complaints can be made in person, by telephone, in writing, by text or email. Complaints can be made directly to the relevant team or to the Complaints and Feedback Team; whichever is easiest.

## 2. The Complaints Process

When you contact the Complaints and Feedback Team with your concerns, we will:

- acknowledge your complaint within 3 working days
- ask you at the outset what you would like to put things right
- agree with you how we plan to respond to your complaint
- arrange for a manager to make enquiries and provide you with a response suitable to your requirements, usually within 10 – 20 working days
- oversee a response that will include a summary of findings and any service improvements, and
- co-ordinate the process by keeping you updated and being your point of contact

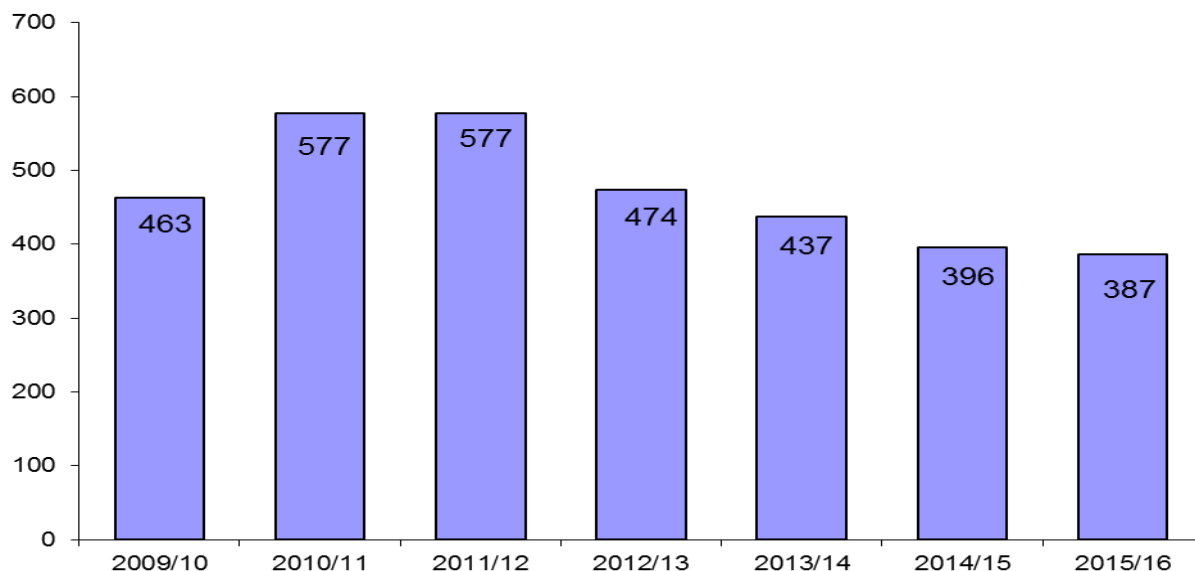
If you are not happy with our final decision or how we have handled your concerns, you can contact the Local Government Ombudsman.

**The Local Government Ombudsman (LGO)** has the authority to investigate when it appears that our own complaints process has not resolved your concerns. People can refer their complaint to the LGO at any time, although the LGO will generally refer all complaints back to us if we have not looked at it in our process first.

## 3. Overview of Complaints

This year we recorded **387 complaints**, compared with 396 last year. This figure is the total number of complaints that we received. Some of these complaints are still live, because they entered our monitoring system before 31 March 2016 and are not yet concluded. Any learning from these complaints will be included in next year's report.

### 3.1 Number of complaints received over the past 7 years



Complaints have consistently fallen in numbers over the past few years. We know working closely with people throughout their contact with us is an important part to achieving successful outcomes for people.

### 3.2 Who Complained?

Of the 387 complaints recorded:

- 66 (17%) were reported by clients themselves, this compares to 80 (20%) of complaints in 2014/15 being reported by clients.
- 321 (83%) complaints were made on behalf of clients, compared to 316 (80%) of complaints in 2014/15 being made on behalf of clients. Adult sons and daughters of clients made the majority of complaints on behalf of their parents; others included spouses, parents, advocates, and other relations. Independent advocacy providers assisted 11 clients to make a complaint directly to us; compared to 10 in 2014/15.

We are not quite sure why there are fewer people making complaints directly. We do know that we have worked closely with people to identify their care and support needs and people have used the appeals processes to problem solve (see page 9). Informally however, we have heard that some people feel afraid their service will be affected, or do not think complaining will make a

difference, and some feel they will not be taken seriously. We have considered this at length and have improved our information about how to complain. We have also continued to review how we help people feel more confident about letting us know when something is not right.

### 3.3 Complaints received by service areas

Adult Social Care (ASC) has different service areas and these are broken down as follows:

- **Adult Social Care Operations** – all the teams that provide and deliver support, including the financial assessment team.
- **Strategy, Commissioning and Supply Management** –interprets national policy locally, commission’s services and oversees the contracts and quality monitoring of purchased services.
- **Planning, Performance and Engagement** –provides support across the organisation including staff and public information, complaints, training, consultations, equality impact assessments and performance data.
- **External Independent Providers** – independent home care agencies, residential or nursing homes and other organisations who provide care.
- **Corporate related complaints** – debt recovery and invoicing of ASC clients.

| Service   | Number of complaints | Upheld and partly upheld | Average time to respond |
|---|----------------------|--------------------------|-------------------------|
| Adult Social Care Operations  | 311 (327)            | 113 = 36%<br>(35%)       | 19 days<br>(17 days)    |
| Strategy Commissioning and Supply Management                              | 30 (21)              | 18 = 60%<br>(33%)        | 11 days<br>(13 days)    |
| Planning, Performance and Engagement                                      | 5 (6)                | 2 = 40%<br>(17%)         | 12 days<br>(16 days)    |
| Independent Providers – home care agencies, residential and nursing homes | 22 (25)              | 10 = 45%<br>(48%)        | 19 days<br>(29 days)    |
| Corporate complaints related to invoicing and debt recovery               | 19 (17)              | 12 = 64%<br>(71%)        | 18 days<br>(22 days)    |



|              |                            |                                  |                                    |
|--------------|----------------------------|----------------------------------|------------------------------------|
| <b>Total</b> | <b>387</b><br><b>(396)</b> | <b>155 = 40%</b><br><b>(37%)</b> | <b>18 days</b><br><b>(17 days)</b> |
|--------------|----------------------------|----------------------------------|------------------------------------|

(Last year's figures are in brackets)

### 3.4 Target response times

351 complaints had an outcome recorded. The target time for responding to complaints is 10 to 20 working days, where possible. This year:

- 126 (36%) of complaints received a response within 10 working days.
- 124 (35%) of complaints received a response within 20 working days.
- 101 (29%) did not receive a response within the timescales; although in almost all cases people were aware that it may take longer to respond.

250 (71%) of these complaints received a response within our target times.

This is an indicator of the commitment of our managers to try to resolve issues as soon as possible.

### 3.5 Comparison with the preceding year

Overall there has been a 2.3% decrease in complaints received regarding Adult Social Care (including external independent providers and corporate related complaints), compared to last year. This represents a decrease of 9 complaints.

We know that our Appeals Processes for our Care and Support Assessments, Financial Assessments and Blue Badge Assessments have had an impact on the number of complaints received. All three appeals processes provide an 'off line' review of decisions, usually supported by more information and discussion with practitioners.

Looking at the previous year's report it's noticeable that:

- Adult Social Care Operations saw an overall decrease of 5% in complaints. This was mainly because of a 75% decrease in complaints about the Financial Assessment and Benefits Team who received 52 complaints less than in 2014/15. We believe this is mostly because of the changes made following a review of the financial assessment process.

- The Neighbourhood Support Teams had a 14% increase in complaints (equating to 13 complaints). One of the themes for the year was communication of information about charges for services, where people felt that they had not been told that there would be a charge for all our non-intermediate care services.
- The Blue Badge Service also had an increase of 13 complaints about eligibility, which is an 87% increase compared to last year.
- A 43% increase was recorded for Strategy, Commissioning and Supply Management. This equated to 10 more complaints received than in 2014/15 in relation to Service Placement and Service Procurement. This reflected the national and local challenges facing home care providers. Work continues at all levels to increase capacity to meet the demand for services.
- There has been a 12% decrease in the number of complaints reported directly to us about independent home and residential care providers. This in part might be because the providers have stronger complaints processes in place.
- 155 (40%) complaints were upheld in full or in part. This represents a 5% increase compared to last year, when 148 (37%) complaints found some fault. Where there was fault we tried to make sure that we apologised for whatever went wrong and put things right.
- It took us 18 days on average to respond to complaints; this is one working day more than the average of 17 working days achieved last year.
- The Local Government Ombudsman received 51 complaints and enquiries about ASC compared to 65 the previous year. This represents a 22% decrease in contacts. It is important to acknowledge that resolving complaints involves time and effort, particularly as complaints are increasingly complex and sensitive. The majority of complaints are resolved and we know that the high level of input by practitioners and their

managers pays off and results in far more satisfactory outcomes for the complainant and the department.

#### 4. Complaints about Adult Social Care Services and Teams

| <b>Adult Social Care Services</b>                    | <b>Number of complaints 2015-16</b> | <b>Number of complaints 2014-15</b> |
|--|-------------------------------------|-------------------------------------|
| Corporate related complaints                         | 19                                  | 17                                  |
| Contact and Assessment Team                          | 8                                   | 3                                   |
| Discretionary East Sussex Support Scheme (DESSS)     | 3                                   | 2                                   |
| Blue Badge Team                                      | 28                                  | 15                                  |
| Continuing Health Care Team                          | 3                                   | 5                                   |
| County Wide Reviewing Team                           | 1                                   | 1                                   |
| Emergency Duty Service                               | 2                                   | 5                                   |
| Financial Assessment and Benefits Team               | 17                                  | 69                                  |
| Hospital Assessment and Care Management Teams        | 33                                  | 31                                  |
| Intermediate Care                                    | 0                                   | 1                                   |
| Integrated Community Equipment Service               | 1                                   | 4                                   |
| Integrated Night Service                             | 0                                   | 0                                   |
| Integrated Community Access Point (ICAP)             | 9                                   | 0                                   |
| Joint Community Rehabilitation Service               | 2                                   | 3                                   |
| Learning Disability - Assessment and Care Management | 14                                  | 21                                  |
| Learning Disability Directly Provided Services       | 12                                  | 11                                  |
| Mental Health Recovery Team (working age adults)     | 14                                  | 8                                   |
| Mental Health Older Peoples Team (over 65 years)     | 13                                  | 13                                  |
| Neighbourhood Support Teams                          | 109                                 | 96                                  |
| Occupational Therapy Reablement Services             | 20                                  | 15                                  |
| Older Peoples Directly Provided Services             | 2                                   | 5                                   |
| Planning, Performance and Engagement                 | 5                                   | 6                                   |
| Safeguarding Development Team                        | 0                                   | 1                                   |
| Sensory Impairment Reablement Services               | 5                                   | 3                                   |
| Service Procurement Team                             | 6                                   | 3                                   |
| Service Placement Team                               | 8                                   | 1                                   |
| Social Care Direct                                   | 5                                   | 1                                   |
| Strategic Commissioning                              | 16                                  | 17                                  |
| Substance Misuse Service                             | 1                                   | 2                                   |
| Supported Accommodation Team / SAILS                 | 3                                   | 3                                   |
| Supporting People                                    | 0                                   | 0                                   |
| Transition Team                                      | 6                                   | 9                                   |
| <b>Total</b>   | <b>365</b>                          | <b>371</b>                          |

#### 4.1 What were the complaints about? *(Last year's figures are in brackets)*

| Complaint Type               | Number of complaints | % of total    |
|------------------------------|----------------------|---------------|
| Allocation of funding/grants | 22 (17)              | 6.2% (4.6%)   |
| Assessment – Blue Badge      | 14 (10)              | 3.8% (2.7%)   |
| Assessment – Social Care     | 57 (87)              | 15.6% (23.5%) |
| Assessment - Financial       | 14 (55)              | 3.8% (14.8%)  |
| Care Plan                    | 15 (12)              | 4.1% (3.2%)   |
| Carers Assessment            | 2 (0)                | 0.5% (0.0%)   |
| Carers Services              | 7 (3)                | 1.9% (0.8%)   |
| Contracts                    | 8 (7)                | 2.2% (1.9%)   |
| Data Protection              | 1 (0)                | 0.3% (0.0%)   |
| Direct Payments              | 5 (7)                | 1.4% (1.9%)   |
| Employee Enquiries           | 1 (1)                | 0.3% (0.3%)   |
| Engagement                   | 1 (1)                | 0.3% (0.3%)   |
| Equipment - Adaptations      | 6 (3)                | 1.6% (0.8%)   |
| Equipment – Daily Living     | 6 (7)                | 1.6% (1.9%)   |
| Hospital Discharge           | 19 (14)              | 5.2% (3.8%)   |
| Information Provision        | 29 (23)              | 7.9% (6.2%)   |
| Initial Contact              | 3 (3)                | 0.8% (0.8%)   |
| Invoicing                    | 21 (15)              | 5.8% (4.0%)   |
| Local Policy                 | 7 (4)                | 1.9% (1.1%)   |
| National Policy              | 4 (0)                | 1.1% (0.0%)   |
| Other                        | 5 (9)                | 1.4% (2.4%)   |
| Provision of Service         | 46 (29)              | 12.6% (7.8%)  |
| Review                       | 3 (5)                | 0.8% (1.3%)   |
| Safeguarding                 | 15 (13)              | 4.1% (3.5%)   |
| Service Environment          | 2 (0)                | 0.5% (0.0%)   |
| Service User Behaviour       | 1 (0)                | 0.3% (0.0%)   |
| Staff Actions/Behaviour      | 49 (43)              | 13.4% (11.6%) |
| Workmanship                  | 1 (0)                | 0.3% (0.0%)   |
| Transition Assessment        | 0 (1)                | 0.0% (0.3%)   |
| Not assigned                 | 1 (2)                | 0.0% (0.5%)   |

## 4.2 Themes of complaints

### 4.2a Assessment

| Complaint Type           | Number of complaints | % of total    |
|--------------------------|----------------------|---------------|
| Assessment – Blue Badge  | 14 (10)              | 3.8% (2.7%)   |
| Assessment – Social Care | 57 (87)              | 15.6% (23.5%) |
| Assessment - Financial   | 14 (55)              | 3.8% (14.8%)  |

*(Last year's figures are in brackets)*

The biggest area of complaints related to assessment, which is 23.2% of all complaints received (85 complaints). Our assessment functions include eligibility assessments for social care support including the value of a personal budget, Occupational Therapy assessments for adaptations and equipment and assessments for the provision of a Blue Badge. Financial Assessments identify how much someone will pay towards their support.

Although still the biggest area of complaints, complaints in relation to assessment have decreased by 44% (67 complaints) from 2014/15. Complaints relating to financial assessment have decreased by 75% (41 complaints), and those relating to Social Care have decreased by 34% (30 complaints)

Overall, 47 (55%) of complaints about assessments were disputing the decision or outcome of these assessments.

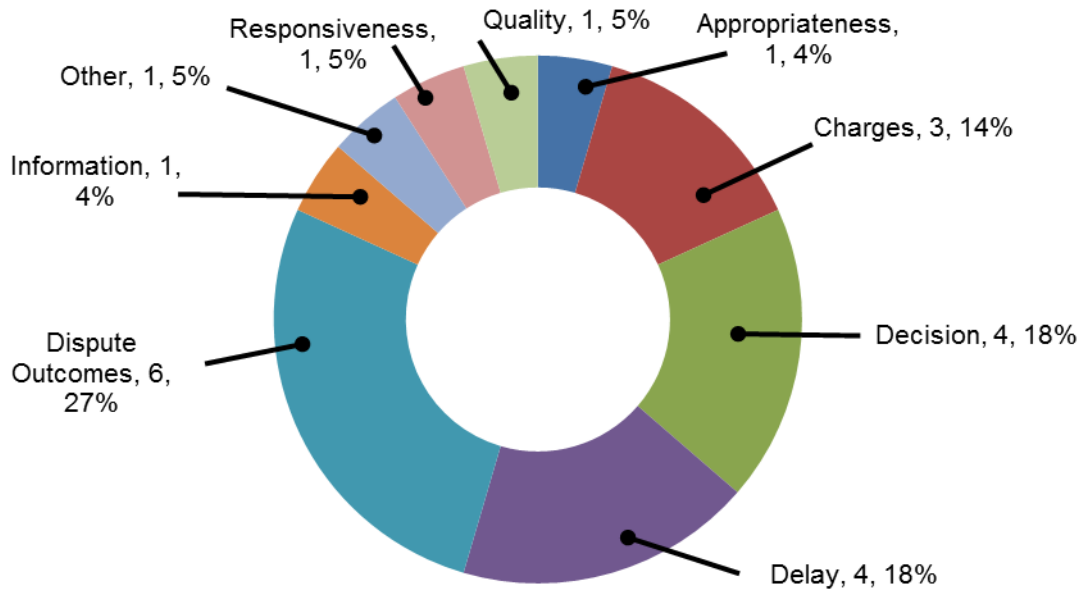
27 complaints (32%) were upheld or partially upheld in relation to assessment.

Of the 27 complaints upheld in full or in part:

- 22 complaints were regarding the social care assessment process. Of these the largest proportion (45%) were disputing the decision or outcome of the assessment. The next largest proportion (18%) were in relation to a delay in the process.

- 5 of these were in relation the financial assessment process. Of these the largest proportion (60%), were about a delay in the process.

The range of issues that were upheld in full or part are shown in the chart below



#### 4.2b Staff actions / behaviour

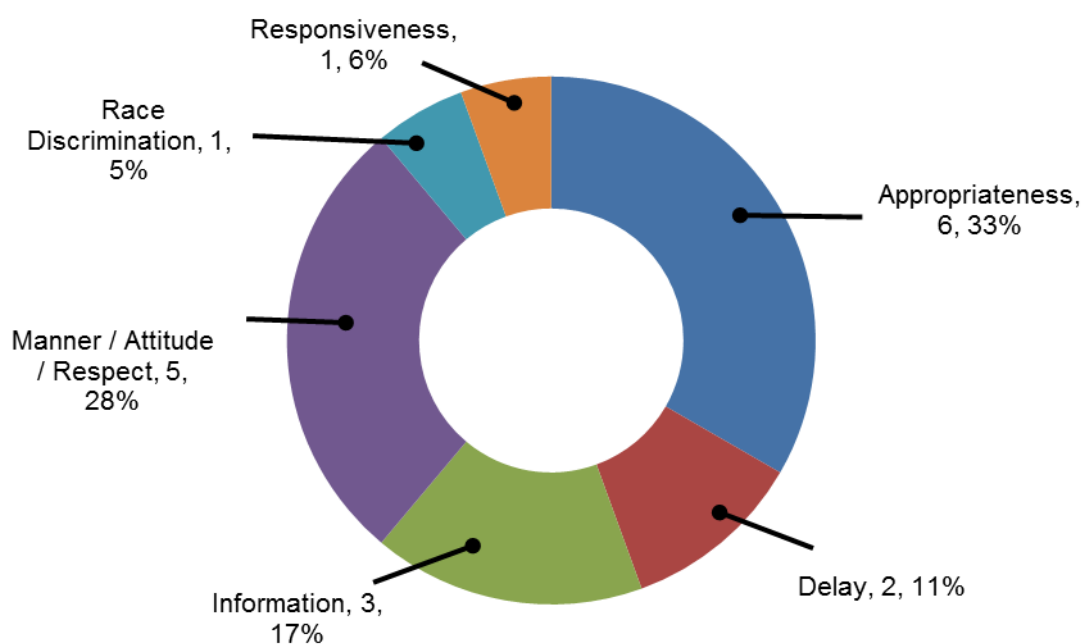
| Complaint Type          | Number of complaints | % of total    |
|-------------------------|----------------------|---------------|
| Staff Actions/Behaviour | 49 (43)              | 13.4% (11.6%) |

The second biggest area of complaints related to staff actions / behaviour, which equated to 13.4% of all complaints received (49 complaints). The highest numbers of complaints received were regarding the manner / attitude and respect of staff (20 complaints), the next highest number were regarding appropriateness of staff (19 complaints). Within both categories many people felt their circumstances and views had not been heard as they would have liked them to have been.

18 (37%) of the complaints about staff actions and behaviour were upheld or partially upheld.

12 (67%) of the complaints upheld in full or part were in relation to the assessment and care management function.

The range of issues that were upheld in full or part are shown in the chart below



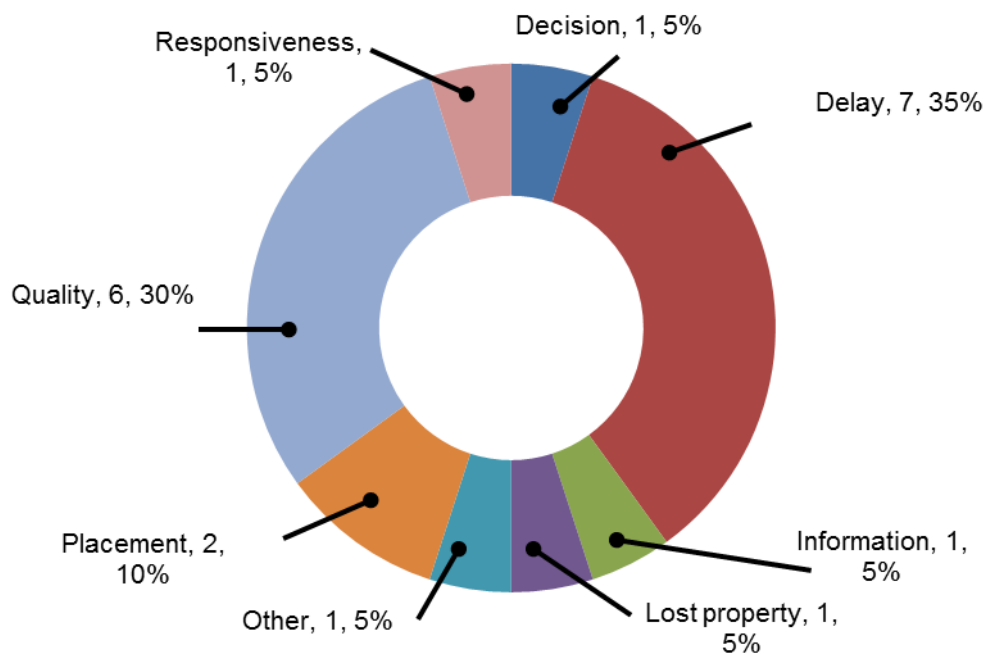
#### 4.2c Provision of service

| Complaint Type       | Number of complaints | % of total   |
|----------------------|----------------------|--------------|
| Provision of Service | 46 (29)              | 12.6% (7.8%) |

The third biggest area of complaints related to provision of service, which equated to 12.6% of all complaints received (46 complaints). The highest numbers of complaints received were regarding a delay in the provision of service (15 complaints). The next biggest proportion were in relation to the quality of service (12 complaints), a quarter of these were about our directly provided services; which include some day services, community support services and residential respite for both our Learning Disability Services and Older Peoples Services.

20 (43%) of the complaints about provision of service were upheld or partially upheld.

7 of the complaints upheld in full or part were in relation to a delay in the provision of service, and 6 were in relation to the quality of the service falling below expectation. The full ranges of issues are set out in the pie chart below.



## 5. Complaints about external providers

Personal budgets are used to pay for support from a range of different external provider organisations, such as home care agencies, day services or for employing a personal assistant. We have a range of information to help people arrange their support directly from these providers. Our Support with Confidence Scheme also offers an accreditation scheme where providers have satisfied both Adult Social Care and trading standards requirements.

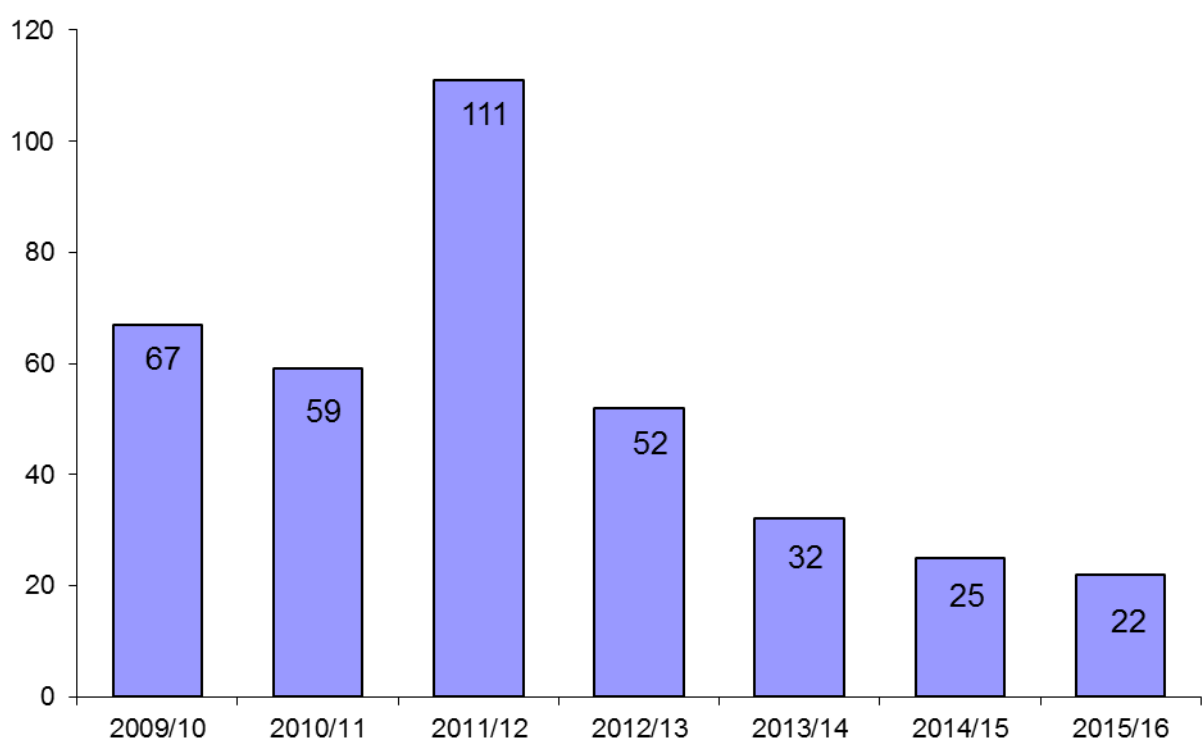
In recent years, external care providers have faced a lot of public scrutiny and some high profile cases have caused national concern about the quality of care services provided. People need to feel confident about when and how to access the complaints process if an external contracted service falls below expectation.

In most cases, people made their complaint directly to their provider. Then, if they were still unhappy about how the provider handled matters, they approached us for support. They did this through a range of avenues,



including: their allocated worker, the review process, the Quality Monitoring Team or directly to the Complaints and Feedback Team. In some instances, reports of concerns or issues were looked at under our safeguarding adults at risk procedures and the complaints procedure was suspended until the safeguarding enquiry was finished.

We have recorded 22 complaints this year, which is a 12% decrease compared to last year (25). The graph below shows the total number of complaints about external providers over the past 7 years. The number of complaints recorded is the lowest number for 7 years.



Of the complaints recorded this year:

- 13 related to independent home care providers
- 9 were about residential care providers

### **5.1 How many complaints about external providers were upheld?**

Out of the 22 complaints received for Independent Providers, 4 (18%) of the complaints were upheld in full, 6 (27%) were upheld in part and 5 (23%) were not upheld. 7 (32%) had a recorded outcome of 'other'. This tended to be a service change or the complaint was withdrawn following discussion and action by the provider.

## **5.2 Response times**

- (29%) complaints received a response within 10 working days
- (29%) complaints received a response within 20 working days
- (42%) exceeded the 10-20 working day timescale

The higher number of complaints responded to outside of our 10 -20 working day target is generally because it can take a little longer to gather and examine the information from the provider.

## **5.3 Types of complaints about external providers**

Of the 10 complaints upheld or partially upheld, almost all were about multiple issues, including:

- the delivery of care falling below expectation
- competency and conduct of staff
- late or erratic calls
- timing of calls and
- lack of communication

The Quality Monitoring Team recorded, supported and monitored the implementation of changes to services or processes.

## **6. What did the department learn from complaints and feedback?**

It is crucial that there is learning from complaints and feedback. Learning can result in improved services and delivery, wherever possible. We have recorded the following learning outcomes:

- 251 for individual staff members
- 192 for the teams
- 105 for the organisation

Here are some examples of actions that were taken as a result of learning from complaints:

- In Learning Disability Services the Panel Chair now checks all letters that are sent to clients to let them know the decision of the funding panel.
- The Accounts Receivable Team has apologised and re-credited people monies when a second payment was taken in error. IT issues were rectified to stop invoices being generated after payment had been made.
- The department has reviewed its policy on the assessment of beneficial interest when a property is jointly owned.
- The Financial Assessment Team with support from the Sensory Impairment Team reviewed the financial assessment process to ensure that people with sensory impairments can understand and engage fully in the process.
- Health and Social Care Connect (HSCC) recommended changes to the urgent referral process to ensure the priority of a referral was picked up appropriately.
- Procedures in HSCC were reviewed to ensure that all staff contacted referrers when a referral was declined.
- The Service Placement Team changed their process to ensure that change in contract requests (novation requests) were not delayed in the event of unexpected staff absence.
- Practice Guidance about Hoarding – Managing Clearances was published for staff.
- Milton Grange made improvements to their laundry service following the reported loss of a residents clothes
- Information for health staff in Hospitals about charges for community and residential services was developed.
- Information about charges for respite was developed for clients who are no longer eligible for an Intermediate Care bed but who remain in the residential respite unit

## **7. Local Government Ombudsman**

The Local Government Ombudsman (LGO) investigates complaints of injustice caused by maladministration or service failure. The LGO does not question whether a council's decision is right or wrong simply because the complainant disagrees with it. The Ombudsman must consider whether there was fault in the way the decision was reached.

The LGO writes to the local authority every year with an annual summary of statistics on the complaints made to them about East Sussex County Council. This year's annual letter reported that 97 complaints and enquiries were received about East Sussex County Council in total. Of these, 51 (52%) were about Adult Social Care. The LGO recognise that the total number of complaints made to them will not in itself provide a clear picture of our response to complaints or the quality of services. Higher numbers of contacts can indicate good signposting within a transparent process.

The table below sets out the findings for complaints about Adult Social Care:

| Findings | Investigations |            | Closed after initial enquiries | Invalid incomplete | Referred back | Total   |
|----------|----------------|------------|--------------------------------|--------------------|---------------|---------|
|          | Upheld         | Not upheld |                                |                    |               |         |
| ASC      | 19 (15)        | 14 (22)    | 13 (7)                         | 5 (1)              | 15 (13)       | 66 (58) |

(last year's numbers are in brackets)

The reason for the difference between the complaints received and the decisions recorded is because 15 of the investigation decisions related to complaints received by the LGO during 2014 -15. These were recorded in last year's report.

10 (53%) of the investigations upheld were in relation to financial assessments, including:

- 4 (40%) complaints decisions identified fault in the way we assessed the market value for jointly owned properties. This led to a review of the policy and some financial redress for the distress caused
- 5 (50%) related to delay and inadequate communication
- 1 (10%) fault in the application of a Deferred Payment

2 (11%) of the complaints were jointly investigated by the Parliamentary and Health Service Ombudsman and LGO. Both findings identified shortfalls in the our communication with the client (and family) when being discharged from hospital

Others covered a range of issues including poor service from home care providers and shortfalls in telling people they would pay a financial contribution to their service. Apologies were given in all complaints upheld, with some people receiving financial redress for any distress caused.

## **8. Other observations**

Nationally there remained a media focus on the quality of Adult Social Care and National Health Services. Concerns about shortfalls in provision and how this affects peoples' choice and wellbeing are reported almost on a weekly basis, with constant reference to the financial challenges facing Local Authorities.

At the beginning of the year we believed it was essential to review our complaints process to ensure that we met the 5 main outcomes identified in the report 'My expectations for raising concerns and complaints' published by the Parliamentary and Health Ombudsman, Healthwatch England and Local Government Ombudsman (2014). These outcomes are:

- I felt confident to speak up
- I felt that making my complaint was simple
- I felt listened to and understood
- I felt that my complaint made a difference
- I would feel confident making a complaint in the future

We found that we needed to really make sure that we placed our clients, their carers and their families at the centre of our process. In a practical way this included always saying sorry if things had gone wrong and trying to achieve an agreed way forward wherever possible. We aimed to provide clear explanations and other alternatives when people's expectations were not met but no fault was found. We improved our information leaflet and are updating practice guidance to help our practitioners achieve resolution where possible, at the same time as being fair and proportionate.

## 9. Compliments

This year we received **2498** compliments; more than ever before.

Compliments provide valuable information about the quality of our services and identify where they are working well. The sincere expressions of gratitude received show how much our services are valued by the people who use them and their families and friends.

| <b>Service areas</b>                                 | <b>Total for 2015-16</b> |
|--|--------------------------|
| Blue Badges  | 29                       |
| Carers Services                                      | 564                      |
| Complaints Unit                                      | 3                        |
| Contact and Assessment Teams                         | 210                      |
| Countywide Reviewing Team                            | 8                        |
| Discretionary East Sussex Support Scheme             | 3                        |
| Emergency Duty Service                               | 1                        |
| Finance and Benefits Assessment Team                 | 30                       |
| Hospital Assessment and Care Management Teams        | 93                       |
| Joint Community Rehabilitation Service               | 243                      |
| Learning Disability – Assessment and Care Management | 26                       |
| Learning Disability – Directly Provided Services     | 323                      |
| Mental Health (over 65 years) and DOLS               | 21                       |
| Mental Health (working age adults)                   | 16                       |
| Neighbourhood Support Teams                          | 275                      |
| Occupational Therapy Reablement Services             | 76                       |
| Older People - Directly Provided Services            | 29                       |
| Planning, Performance and Engagement                 | 5                        |
| Procurement, Payments and Billing                    | 2                        |
| Quality Monitoring Team                              | 39                       |
| Safeguarding   | 0                        |
| Sensory Impairment Reablement Services               | 60                       |
| Service Placement Team                               | 1                        |
| Social Care Direct                                   | 75                       |
| Strategy and Commissioning                           | 0                        |
| Supported Accommodation Team/SAILS                   | 132                      |
| Substance Misuse Service                             | 7                        |
| Transitions Team                                     | 16                       |
| Other  | 0                        |
| External Contracted Providers – Community Services   | 19                       |
| External Contracted Providers – Residential          | 0                        |
| <b>Total</b>   | <b>2498</b>              |

## **9.1 Examples of some of the compliments received**

### **Neighbourhood Support Team**

*"Thank you so much for the amazing level of support you have given G and ourselves. Your kind compassionate attention and the speed with which you worked for G was unbelievable. We can't thank you enough for the very human but professional manner in which you helped and dealt with us."*

### **Sensory Impairment Reablement Service**

*"I would like to thank all the team for making my move a very comfortable experience for myself and my family. I am very appreciative of all your help to make my new home very comfortable and all your assistance to help with the lighting within my apartment."*

### **Joint Community Rehabilitation Service**

*"Thank you for all the excellent care that you gave me. You were all kind and supportive and you helped me to achieve the goals set for managing on my own."*

### **Transitions Team**

*"I'm aware that in your jobs, often you may be at the 'sharp end' of trying to balance the needs of vulnerable young people and the expectations of parents, against a really tight financial background. And as a mum, I can be the first to voice any concerns etc. that I may have (as some of you know!). So, I really feel its right to also voice appreciation for jobs well done and brilliant outcomes.*

*Thanks to each of you, R is living in his own supported living home, with wonderful staff. His transport to his new college is funded and up and running. All of which means he is happy, safe and in experienced hands- which in turn is a weight lifted from myself and our family.*

*So I would like to say a Very Big Thank you, for the will to make it happen and the work that has gone in to creating the perfect package for him, it is much appreciated."*

### **Social Care Direct**

*"Thank you to D for being so calm and considerate when I called about my friend".*

### **Occupational Therapy**

*"K was exceptional and a lovely gentleman. He was caring, empathetic, communicated so well throughout his involvement and was always honest but said things in a nice way.*

*We could not have asked for a nicer person."*

### **Finance and Benefits Assessment Team**

*"I'd just like to take the opportunity to highlight that R was extremely professional and helpful in getting this matter resolved and is a credit to your team – I would like to extend my thanks to him."*

### **Older People's Mental Health Team**

*"Thank you for taking the time to give me a detailed update, and thank you so much for communicating it so sensitively."*

### **Quality Monitoring Team**

*"Our experience of the audit by S was extremely positive. S is clearly very skilled and experienced as both a practitioner and an auditor. As a result she was able to offer both reassurance and good ideas to staff at all levels of the organisation. We appreciated S's professional and flexible approach. For us, this was an opportunity to reflect and develop further, which is a continuous focus for us all."*

### **Sensory Impairment Team**

*"I would like to thank you very much for organising the Room Loop in my home. It is amazing. I can at last enjoy TV again. I had given up on TV and now I am already marking in the TV magazine what I would like to watch. We enjoyed Doc Martin last night so much and I could hear it all without any interference.*

*My smoke alarm, telephone and door alert are all now in great order so I am a new independent woman."*

### **Hospital Team**

*"On behalf of us all I want to thank you for all you have done for C. I know it is your job but you do it with such grace, compassion and humility that you have made a very difficult situation so much easier for us to deal with. Thank you."*

### **Blue Badge Service**

*"I just wanted to write a short note to thank you all for processing my parents Blue Badge so speedily.*

*Also I want you to know just how much this little thing will affect their lives.*

*They will now no longer have the stress of worrying about how to park close to the places they need to get to and this will really help them relax about going out. They both suffer a great deal of pain and just to be able to "pop" out without worry will bring a little bit of quality back to their lives.*

*It is a massive relief to them and we are all so grateful."*

### **Joint Community Rehabilitation Service**

*"Amazing and so patient with my Mother, she would not have recovered so well without your care and encouragement."*

### **Learning Disability Directly Provided Services**

*"Thank you to all of you for giving L a great time when she is in your care. She loves being with you all and we know she is being looked after."*

### **Community Learning Disability Team**

*"Can I just say thank you for all the support that you and your colleagues have given both L and us over the last few years. The service we have received has been excellent."*

### **Deprivation of Liberty Safeguards Team**

*"Many thanks for your diligent work in all of this. I greatly appreciate your attention to detail and your caring role. It's quite something. Anyhow, just*



wanted to say thanks to you for your work in looking out for vulnerable people.”

### **Occupational Therapy Team**

*“I wish to commend H, one of your Occupational Therapy Assistants, whose work in connection with my problem of getting in and out of the bath has resulted in a perfect solution without the need for expensive lifting devices. H showed a complete understanding of my problem and took great care in accurately positioning the necessary grab rails. Please pass on my heartfelt thanks to her.”*

### **LASAR Team**

*“We just wanted to express how valuable E’s visit to us was, what a good service.*

*B and myself have been at the end of our tether so to speak for some weeks now with looking after and caring for my son.*

*We were so impressed with E, apart from being a very pleasant and agreeable young man we found his listening skills and his integrity outstanding and we felt he gave us time to explain the things that were troubling us.*

*He grasped, understood and addressed the problems we were encountering fully and gave good information and advice.*

*He was sensitive and fully conversant with the techniques and methods of helping us to deal with my son and the situation and was excellent in demonstrating the information graphically in his notebook which made it so clear.*

*We will be attending the carers group and other services he informed us about, we just wanted to say a big thank you for your service and especially to E for his caring professionalism.”*

### **Contact and Assessment Team**

*“I was very impressed with how thorough you were and your telephone manner put me at ease and made me feel comfortable talking to you about the issues I was having, which were sensitive. Thank you, it was my birthday yesterday and speaking to you had put me in a good mood for it.”*

### **Older Peoples Directly Provided Services**

*“A big thank you for all your kindness and patience, as well as the care, the happy atmosphere and laughter that see you through the bad times and get give you the confidence to get back home.”*

### **Supported Accommodation Team/SAILS**

*“I am very happy living with B and family. They look after me very well and help me in my everyday life, for personal, social and emotional development. I am part of the family and live happily. I intend to stay with my family for ever.”*

### **Carers Services**

*“J from Carers Breaks was very helpful and supportive, going out of her way to help us. I asked about supper clubs and when Mum returns I will visit with my Mum. I wanted to thank J for all her helpful advice.”*

## **10. Conclusion**

We know it is crucial to have in place an effective, accessible and fair means for clients and carers comments and complaints to be heard and resolved wherever possible. Our complaints process provides this opportunity and is integral to the statutory function of the department.

Regrettably, things do go wrong and with increasingly limited resources prioritised to meet the needs of the most vulnerable, complaints will be made. We are seeing a rise in the complexity of complaints and, at times, have less options to meet the desired outcome for the complainant. We have considered the impact this has on clients, their representatives, staff, operational managers and the council as a whole.

There is no easy solution, particularly given the grave financial challenges. We do know however that in these times it becomes increasingly important to support and promote the customer service principles of being fair, open, and timely and to demonstrate clear and compassionate decision making. We are working closely with partners to make sure we handle complaints well and people feel confident to express their concerns. Our learning from complaints also enables us to examine how we can improve our services.

During next year, we will also need to review and monitor the process closely to ensure we are able to meet the challenges that will arise with our East Sussex Better Together and Connecting 4 You programmes.