

EAST SUSSEX HEALTH AND WELLBEING BOARD

MONDAY, 23 JANUARY 2017

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)
Councillor Bill Bentley, East Sussex County Council
Councillor Pat Rodohan, East Sussex County Council
Councillor Trevor Webb, East Sussex County Council
Councillor Martin Kenward, Rother District Council
Councillor Margaret Robinson, Eastbourne Borough Council
Dr Elizabeth Gill, High Weald Lewes Havens CCG
Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG
Amanda Philpott, Hastings and Rother CCG
Keith Hinkley, Director of Adult Social Care and Health, ESCC
Stuart Gallimore, Director of Children's Services, ESCC
Cynthia Lyons, Acting Director of Public Health, ESCC
Sarah MacDonald, NHS England South (South East)
Julie Fitzgerald, Healthwatch East Sussex

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Sue Beaney, Hastings Borough Council
Councillor Claire Dowling, Wealden District Council
Councillor Linda Wallraven, Lewes District Council
Becky Shaw, Chief Executive, ESCC
Catherine Ashton, East Sussex Healthcare NHS Trust
Siobhan Melia, Sussex Community NHS Trust
Colm Donaghy, Sussex Partnership NHS Foundation Trust
Marie Casey, Voluntary and Community Sector Representative
Katy Bourne, Sussex Police and Crime Commissioner

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 28 November 2016 (*Pages 3 - 6*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 Safeguarding Adults Board Annual Report 2015- 2016 (*Pages 7 - 82*)
– Report by Independent Chair of Adult's Safeguarding Board
- 6 Draft Partnership Protocol for partnerships involved in the safety and wellbeing of the community (*Pages 83 - 102*)
- Report by Independent Chair of Adult's Safeguarding Board

- 7 Sussex and East Surrey Sustainability and Transformation Plan (*Pages 103 - 122*)
– Report by Chief Operation Officer High Weald Lewes and Havens CCG
- 8 NHS Updates
 - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
 - Eastbourne, Hailsham and Seaford CCG
 - Hasting and Rother CCG
- 9 Any other items previously notified under agenda item 4
- 10 Date of next meeting: Tuesday 28 March, 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

13 January 2017

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 28 November 2016.

PRESENT Councillors Keith Glazier (Chair), Councillors Bill Bentley, Pat Rodohan, Trevor Webb; Councillor Sue Beaney, Councillor Martin Kenward, Dr Elizabeth Gill, Dr Martin Writer, Amanda Philpott, Keith Hinkley, Stuart Gallimore, Cynthia Lyons, Jan Stuart-Menteath, and Sarah MacDonald

ALSO PRESENT Councillor Claire Dowling and Becky Shaw

11 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 19 JULY 2016

11.1 The Board agreed the minutes of the previous meeting held on 19 July 2016.

12 APOLOGIES FOR ABSENCE

12.1 Apologies for absence were received from the following members of the Board:

- Julie Fitzgerald (substitute: Jan Stuart-Menteath)

12.2 Apologies for absence were received from the following invited observers with speaking rights:

- Councillor Linda Wallraven
- Catherine Ashton
- Marie Casey

13 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

13.1 There were none.

14 URGENT ITEMS

14.1 There were no urgent items.

15 EAST SUSSEX HEALTH AND WELLBEING STRATEGY 2016-2019, AND UPDATES TO EAST SUSSEX HEALTH AND WELLBEING STRATEGY 2013-2016 ANNUAL PROGRESS REPORT

15.1 The Board considered a report by the Director of Adult Social Care and Health on the East Sussex Health and Wellbeing Strategy 2016-2019 and updates to East Sussex Health and Wellbeing Strategy 2013-2016 annual progress report.

15.2 In response to questions, officers made the following key points:

- The East Sussex Health and Wellbeing Strategy 2016-2019 (HWBS) sets out the vision and priorities of the East Sussex Health and Wellbeing Board (HWB), and is a framework for the commissioning of health and wellbeing services in the county. The detailed plans contained within the Sussex and East Surrey Sustainability and Transformation Plan (STP) are not part of the HWBS.
- East Sussex Better Together constitutes the STP for the Eastbourne, Hailsham and Seaford and Hastings and Rother areas of East Sussex and has been through the decision making processes of East Sussex County Council and the CCGs; figures are widely available relating to its costs and benefits. Connecting 4 You (C4Y) will go through a similarly transparent decision making process for the High Weald Lewes Havens area of East Sussex. The recently published STP document also provides overarching figures.

15.3 The Board RESOLVED to:

- 1) agree the Health on the East Sussex Health and Wellbeing Strategy 2016-2019; and
- 2) Note the updates to East Sussex Health and Wellbeing Strategy 2013-2016 annual progress report.

16 HEALTHWATCH ANNUAL REPORT 2015-2016

16.1 The Board considered a report and presentation by the Director of Healthwatch East Sussex on the Healthwatch Annual Report 2015-16.

16.2 In response to questions from the Board, the following key points were made:

- Healthwatch East Sussex has a project worker whose role is to contact GP surgeries to assist them in setting up Patient Participation Groups (PPGs). This has been very successful overall as most GP surgeries see PPGs as a valuable way of maintaining a public profile and gaining feedback on how to improve their services; a handful of the 77 GP surgeries in East Sussex choose their own method of engaging with the public. When GP surgeries have been reluctant to develop a PPG, Healthwatch East Sussex has raised this with the Care Quality Commission (CQC) to ensure that the issue is raised during a CQC inspection.
- Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) have worked closely with Healthwatch East Sussex and the advocacy group has been enormously helpful with ensuring that GP surgeries adhere to their legal requirement to have a PPG.

16.3 The Board RESOLVED to note the report.

17 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-2017: WELLBEING AND RESILIENCE IN EAST SUSSEX

17.1 The Board considered a report by the Acting Director of Public Health on the Annual Report of the Director of Public Health 2015/17.

17.2 The Acting Director of Public Health clarified in response to questions that:

- it was possible to provide a level of detail at a more local level than those included in the Annual Report; and

- in Hasting, people's satisfaction with the local area as a place to live had seen a significant increase compared to seven years ago. This was an increase not seen in other areas, however, it still has the lowest level of satisfaction and has a long way to go to reach the levels found elsewhere in the county.

17.3 The Board RESOLVED to note the report.

18 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) 2015/16 ANNUAL REPORT

18.1 The Board considered a report by the Acting Director of Public Health on the East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) 2015/16 Annual Report.

18.2 The Board RESOLVED to note the report.

19 NHS UPDATES

19.1 The Board considered verbal updates from the three East Sussex CCGs and an update on the Sussex and East Surrey Sustainability and Transformation Plan (STP).

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- HWLH CCG is part of the Central Sussex and East Surrey Alliance (CSESA) place based plan within the STP footprint. 18 of the 20 GP practices in the CSESA footprint have received a 'good' rating from the CQC, one was rated 'outstanding' and one 'requires improvement' due to extenuating circumstances but is expected to achieve good at a future inspection.
- All 20 GP practices have a Patient Participation Group.
- Three GP practices in Lewes are coming together to create an integrated primary care hub called Lewes Health Hub. The Government will provide some of the necessary funding for it and it will be built over the next few years.
- The Golden Ticket pilot has been evaluated and received very high ratings from patients, is financially sustainable and very efficient. It has recently won a National Association of Primary Care 'innovative pathway of the year' award. It will be rolled out across all GP practices the High Weald Lewes and the Havens area in April and it is hoped it will be scaled up to a national scale in the future.

Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG)

- The CCGs held the first annual East Sussex Better Together Nurses Conferences that included 150 nurses from across primary, community, mental and acute care. Representatives of the Royal College of Nurses and NHS England were in attendance.
- The Chief Nurse has been successful in getting onto the Florence Nightingale Scheme.
- The CCGs were nominated by the Health Service Journal for an award for their Medicine Management Team's work on neuropathic pain management.
- The East Sussex Better Together urgent care redesign involves a large urgent care public survey asking people what they want to see in an urgent care system. 500 surveys have been completed and will inform the work around redesigning urgent care.
- The CCGs have been talking to the Sussex Community Foundation about the importance of overarching community engagement in ESBT, highlighting the work in healthy choices project with Littlegate Farm and the Hastings Furniture Service.

- The CCGs are investing £600,000 for an 18 month Healthy Homes pilot to tackle fuel poverty.
- The CCGs are looking to extend the Healthy Hastings and Rother project into Eastbourne, Hailsham and Seaford due to its impact on communities and individuals.
- A GP federation is up and running in Eastbourne and is working with the ESBT programme to develop and support the primary care clinicians who are under significant pressures.
- The CCGs have developed a clinical leadership forum with East Sussex Healthcare NHS Trust (ESHT) which is designed to help enable the integrated health and social care of ESBT.
- The CCGs have visited most GP practices – one was rated outstanding, most are rated good, but a couple require support. The CCGs are helping the GP practices with visits and other support to get them to a place where they can safely deliver services.
- The CCGs have invested over £1m on healthier lifestyles for nurseries which will provide advice on healthier eating and exercise to embed good habits at a very young age.

Sussex and East Surrey Sustainability and Transformation Plan (STP)

- An update was provided on the STP, including:
 - It is published on all CCG websites
 - It comprises three place-based plans
 - Connecting 4 You and ESBT are the placed-based plans for East Sussex
 - The ESBT programme, which is now moving from the design to delivery phase, forms the STP plan for the Eastbourne, Hailsham and Seaford and Hastings and Rother areas of East Sussex.
 - The High Weald Lewes and the Havens area is part of the Central Sussex and East Surrey Alliance (CSESA) footprint of the STP, which is at a much more developmental stage. The principals and broad models of care reflect the Connecting 4 You programme model of multi speciality community providers, but placed based commissioning and integrated budgets have not yet been finalised in that footprint.

20 DATE OF NEXT MEETING: MONDAY 23 JANUARY 2017, 2.30PM

The meeting ended at 3.40 pm.

Councillor Keith Glazier
Chair

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 23 January 2017

By: Independent Chair, East Sussex Safeguarding Adults Board (SAB)

Title: Safeguarding Adults Board Annual Report 2015- 2016

Purpose: To present the Annual report and recent Safeguarding activity

RECOMMENDATIONS

The Board is recommended to consider and note the report

1. Background

1.1 The Safeguarding Adults Board (SAB) Annual report (Appendix 1) outlines the safeguarding activity and performance in East Sussex between April 2015 and March 2016.

2. Supporting information

2.1 Highlights contained in the 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

- 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.
- 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 client's, carer's, and the local community to be heard in safeguarding policy and practice.

- 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.

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. Recent Safeguarding activity

3.1 Recent safeguarding activity includes:

- a Safeguarding Adults Review (SAR) is currently underway and a learning event will be planned for May 2017 facilitated by lead reviewers with expertise in the area of self-neglect;
- the SAB website is now in place: www.eastsussexsab.org.uk;
- monthly Multi-agency Case Review Panels are convened to consider SAR referrals
- the National Safeguarding Competency framework is in place; and
- a partnership event between the SAB, Local Safeguarding Children's Board (LSCB) and Safer Communities Partnership will be held in February 2017 focussing on Coercive Control and Domestic Abuse.

3.2 The SAB Work plan with progress as of December 2016 is included in appendix 2.

4. Conclusion and reasons for recommendations

4.1 The 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.

4.2 The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

Graham Bartlett

Independent Chair – East Sussex Safeguarding Adults Board

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East Sussex Safeguarding Adults Board

Annual Report

April 2015 to March 2016



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Foreword



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

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

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

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

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

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

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



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

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

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

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

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

Highlights contained in the report are as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

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

Progress on 2015 – 16 priorities

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

Independent Chair

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

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

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

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

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

SAB budget

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

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

- Independent Chair
- SAB Development Manager

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

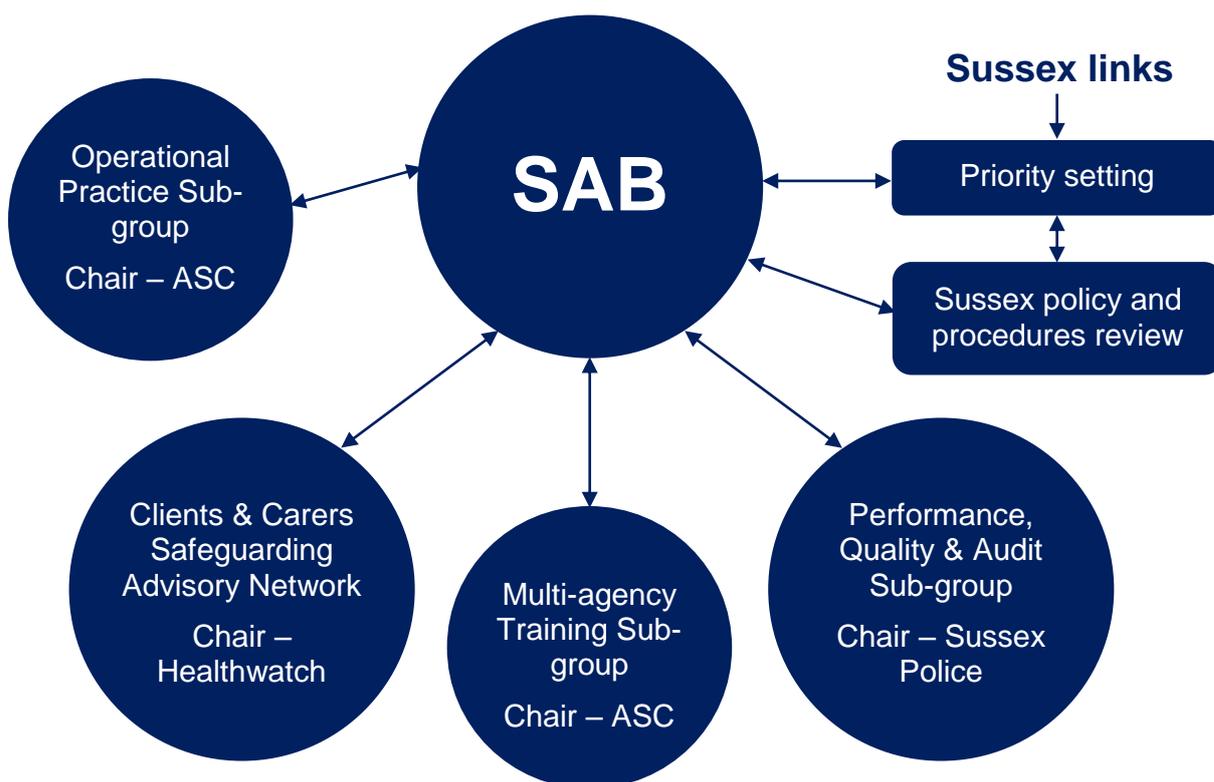
Please see Appendix 1 for more details on the end of year budget.

Governance and structure of the SAB

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

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

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



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

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

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

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

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

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

Learning events

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

Future plans

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

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

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

Care Act 2014 duties

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

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

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

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

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

The Care Act places statutory duties on SABs as follows:

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

Fire safety and prevention

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

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

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

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

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

Next steps

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

Multi-agency safeguarding audit 2015 – 2016

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

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

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

The key findings were as follows:

Strengths

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

Areas for development and learning

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

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

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

Safeguarding adults reviews

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

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

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

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

2.2 Develop clear mechanisms for responding to and monitoring quality concerns

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

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

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

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

Sussex Clinical Commissioning Groups safeguarding standards assurance tool

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

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

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

Transforming Care Programme

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

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

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

Future plans

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

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

Domestic abuse

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

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

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

Prevent and hate crime

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

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

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

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

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

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

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

Serious organised crime (vulnerable elderly)

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

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

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

Street communities

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

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

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

Deprivation of liberty safeguards (DoLS)

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

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

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

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

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

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

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

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

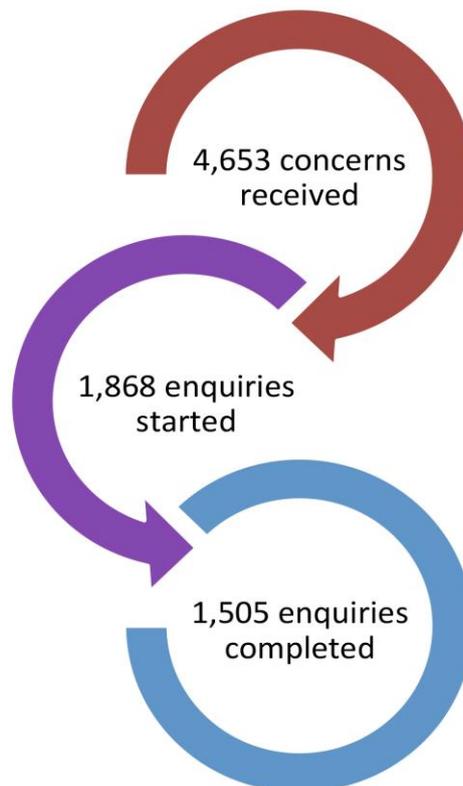
Next steps

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

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

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

Analysing safeguarding activity



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

Types of abuse investigated in 2015 – 16



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

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

Locations of abuse

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

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

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

Sources of referrals

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

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

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

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

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

Future plans

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

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

Quality assurance activity in Adult Social Care

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

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

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

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

Strengths

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

Key areas for development

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

Alice's story

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

Alice identified her desired outcomes as:

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

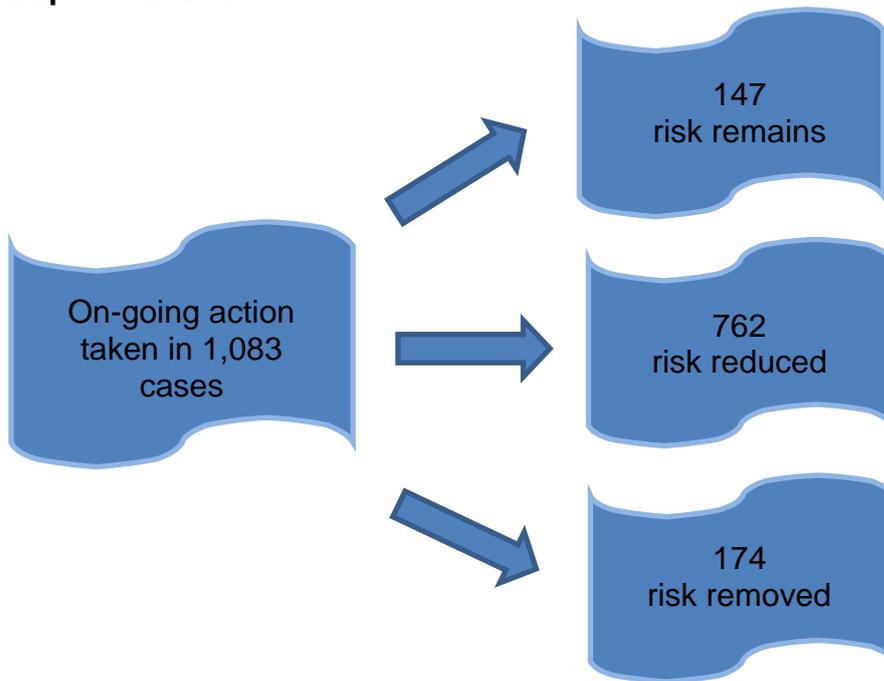
Alice was consulted throughout the enquiry and her desired outcomes resulted in the following safeguards being put in place:

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

Analysis of outcome data

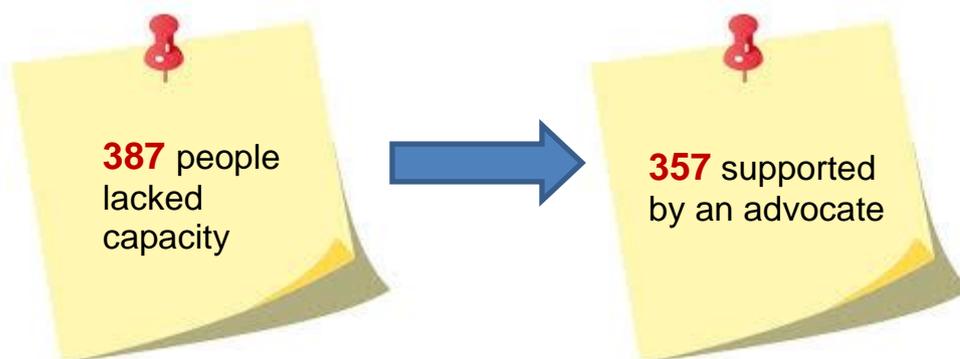
A Safeguarding Performance Quality and Assurance Framework is in place to drive improvements in safeguarding outcomes. The framework includes the collection and review of safeguarding activity data. From this, we can monitor the difference made and identify gaps in service provision.

Impact on risk



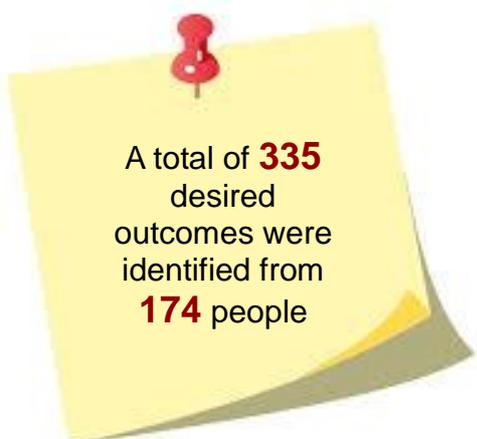
Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **86%** of cases, where there was on-going action under safeguarding arrangements, the risk was reduced or removed. This is a slight reduction from **93%**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

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



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

Outcomes achieved through safeguarding



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

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

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

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

Sally's story

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

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

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

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

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

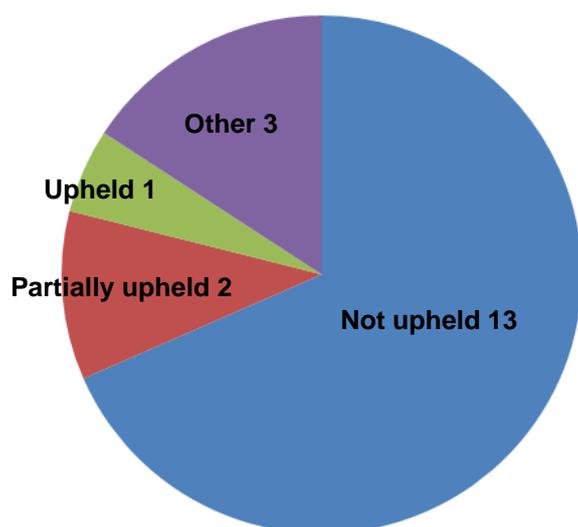
Learning from complaints

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

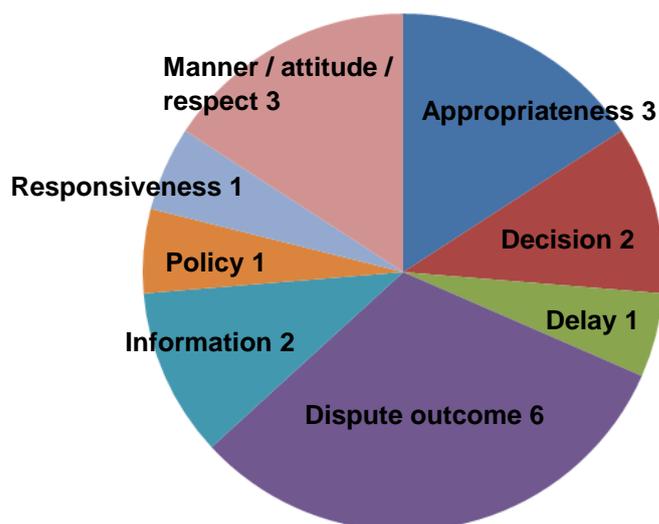
In addition to these 19 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2015 – 16, which was 103 enquiries.

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

Complaint outcome



Complaint category



Key themes

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

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

None of these complaints were upheld.

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

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

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

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

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

Learning and actions

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

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

Local Government Ombudsman (LGO) cases

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

Compliments

The Safeguarding Development Team has received the following feedback:



Lay members

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

Lay members support the work of the Board by:

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

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

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

Board lay member, 2016

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

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

Healthwatch roadshow

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

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

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

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

Safeguarding conference

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

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

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

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



Safeguarding awareness

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



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

Primary care safeguarding awareness

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

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

Tackling social isolation to combat scams

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

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

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

Future plans

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

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

Adult Social Care and Trading Standards knowledge exchange

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

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

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

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

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

Priorities for Trading Standards 2016 – 17

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

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

Key training figures and initiatives

Adult Social Care training

April 2015 – March 2016

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

KWANGO safeguarding adults e-learning

April 2015 – March 2016

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

Sussex Police

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

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

Adult safeguarding activity / initiatives

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

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

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

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

Priorities for 2016 – 17

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

East Sussex Fire and Rescue Service (ESFRS)

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

Future training plans include:

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

South East Coast Ambulance Service NHS Foundation Trust

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

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

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

Priorities for 2016 – 17

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

East Sussex Healthcare NHS Trust (ESHT)

Adult safeguarding continues to maintain a high profile within ESHT.

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

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

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

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

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

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

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

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

ESHT is part of the PREVENT group led by ESCC.

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

Learning that has influenced change in the organisation includes:

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

Sussex Partnership NHS Foundation Trust (SPFT)

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

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

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

Training figures for 2015 – 16 are as follows:

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

Adult safeguarding activities / initiatives

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

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

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

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

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

Priorities for 2016 – 17

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

Clinical Commissioning Groups (CCGs)

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

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

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

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

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

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

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

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

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

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

Future plans and priorities for 2016 – 17

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

Multi-agency training

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

Future plans

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

Conclusion

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

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

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

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

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

Appendix 1 – SAB Budget 2015 – 16

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

Appendix 2 – Work plan 2016 – 17

Strategic Aim 1 – Accountability and leadership

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

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

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

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

Strategic Aim 2 – Policies, procedures and Care Act implementation

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

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

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

<p>date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement.</p> <p>Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.</p>			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 sub-group, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored.
SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns			
Action / Measure	Lead	Timescale	Progress
Review the model of responding to quality concerns initially involving ASC, Health and Commissioners, with outcomes on effectiveness reviewed by the SAB. A successful model will demonstrate relevant partners responding and reacting appropriately to quality concerns alongside established Section 42 arrangements.	Ops	July 2016	Communication with Commissioners and operational representatives at a quality and safeguarding interface workshop.
Address gaps regarding information sharing by agencies, in line with Care Act requirements, by way of developing a Multi-agency data set.	PQA	September 2016	Initial scoping for PQA subgroup in April.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Discussions to be held via PQA sub group and fed back to SAB.

Strategic Aim 3 – Performance, Quality and Audit

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

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

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

Strategic Aim 4 – Prevention and engagement

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

Desired outcome for clients: Influence over service delivery

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

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

Action / Measure	Lead	Timescale	Progress
<p>Continue safeguarding training sessions for primary care, and evaluate impact by way of monitoring safeguarding referral rates. Success criteria would reflect an increase in referrals from primary care from April 2016 compared with previous year.</p>	<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 29th 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	
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SAB Priority 4.3 Ensure transition arrangements from Children’s to Adult services, for those at risk of Child Sexual Exploitation, are addressed in a multi-agency context.

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

Strategic Aim 5 – Integration/Training and workforce development

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

Desired outcome for clients: Consistency received in safeguarding responses

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

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

Work plan 2016-2017

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 as of December 16	RAG
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, regularly reviewing priorities and SAB membership. This will be evidenced by participation, challenge and transparency in SAB meetings and by holding annual Business planning day	SAB	Ongoing	Business planning day held September 2016, with subgroup work-plans updated.	G
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 for 2017-18 underway.	G
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2016	SAB website up and running with documents included for transparency amongst professionals and the public alike.	G

<p>Work of the SAB to be fully informed, owned and driven by a Multi-agency approach, and client experience and voice.</p> <p>This is by way of multi-agency chairing of subgroups, and evidenced by the TOR for each subgroup including 6 and 12 month milestones, with regular feedback to the SAB on progress.</p>	PQA / CCSAN / Ops	October 2016	<p>PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC.</p> <p>SAB to review effectiveness of current chairing arrangements and progress made in October 2016.</p> <p>Work-plans refreshed.</p>	G
<p>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.</p>	SAB	March 2017	<p>The peer review process is progressed via ADASS and we have yet to be advised of their review schedule.</p>	
<p>Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR). Learning from recent Multi-agency review to be carried forward by way of learning events.</p> <p>This will be evidenced by an open and honest culture, and attendance at learning sessions.</p>	Ops / PQA / Training	Ongoing	<p>Topic based multi-agency workshops have commenced.</p> <p>Further roll out to be taken forward by Training subgroup.</p> <p>Learning briefings to continue following any SAR or Multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.</p>	G

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	RAG
<p>Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults.</p> <p>This will be demonstrated by ensuring the self audit tool to be completed by members is up to date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement.</p> <p>Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.</p>	Ops / PQA	October 2016	<p>An updated Sussex wide Self audit tool for strategic and organisational safeguarding arrangements was completed and discussed at the SAB in April 16. The PQA subgroup is reviewing progress made by agencies for amber and red areas identified.</p> <p>Learning from the Multi-agency safeguarding case audit has been taken forward through the PQA, and training subgroups.</p>	G
<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>Majority of SAB members have signed up to the protocol – outstanding actions followed through by PQA subgroup.</p>	G

<p>Sussex Safeguarding Adults Policy and Procedures to reflect up to date guidance, case law and legislation and enable staff to undertake Care Act safeguarding duties effectively. This will be evidenced by feedback gained from professionals and clients.</p>	SAB	March 2017	<p>Edition 3 of the procedures now available online, that include latest Care Act statutory guidance.</p> <p>Edition 4 of the procedures is underway, planned for April 17, and will involve a consultation process from professionals and clients/carers.</p>	G
<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.	G
<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 with regional networks.</p>	PQA	July 2016	<p>Monthly East Sussex Case Review group now in place to consider all SAR referrals.</p> <p>Interim amendments to SAR policy agreed by SAB, while full review of policy underway, led by West Sussex SAB. Expected in Autumn for comment.</p>	G

Ensure the voice and views of clients within safeguarding enquiries are heard, including when client's lack capacity, by way of appropriate Advocacy and support arrangements being in place. This will be regularly monitored via Ops subgroup, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored via Operational practice subgroup.	G
SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns				
Action / Measure	Lead	Timescale	Progress	RAG
Review the model of responding to quality concerns initially involving ASC, Health and Commissioners, with outcomes on effectiveness reviewed by the SAB. A successful model will demonstrate relevant partners responding and reacting appropriately to quality concerns alongside established Section 42 arrangements.	Ops	July 2016	A review of the ASC Quality Monitoring Team has taken place to appropriately respond to Safeguarding Concerns as well as a developmental approach. Multi-agency Quality meeting takes places alongside immediate operational responses.	G
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	Development underway via PQA subgroup.	A

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.	G
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Strategic Aim 3 – Performance, Quality and Audit

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

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

Action / Measure	Lead	Timescale	Progress	RAG
<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	<p>Workshops and training emphasise MSP approach with case study learning.</p> <p>Multi-agency audits to include a focus on MSP – last audit demonstrated the MSP approach was starting to embed more widely in practice with desired outcomes being sought at the start of the safeguarding enquiry.</p>	G
Raise awareness of Network meetings as part of a safeguarding response, evidenced by an increase	CCSAN / Ops	October 2016	Network meetings and referral process was	G

in referrals, and evaluate the impact these interventions make.			discussed at the SAB in April 16 – review to be carried out in Autumn with outcomes to be brought to SAB in January 17.	
Consider opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	October 2016	<p>ASC visited the Children’s Multi-Agency Safeguarding Hub (MASH) in East Sussex to consider opportunities in Adult services, and agreed that referrals from the MASH relevant to ASC would go through Health and Social Care Connect (HSCC) for screening and appropriate action. MASH has been briefed on referral process for HSCC.</p> <p>Data will be collated to inform future planning alongside integration opportunities.</p>	G

Strategic Aim 4 – Prevention and engagement

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

Desired outcome for clients: Influence over service delivery

Action / Measure	Lead	Timescale	Progress	RAG
Clients and Carers to be involved in the work of the SAB, by way of attendance and contribution in the CCSAN.	CCSAN	Ongoing	Healthwatch continue to chair the CCSAN. Carer representation now in place. Client representation to be taken forward by the CCSAN.	A
Client feedback to be obtained and presented to SAB, by way of regular updates from the CCSAN, and Healthwatch attendance at SAB meetings.	CCSAN / PQA	Ongoing	Updates to SAB and Healthwatch attendance in place.	G
Feedback from CCSAN members to be incorporated into SAB annual report and strategic plan that are to be published.	CCSAN	July 2016	Feedback sought.	G
SAB to increase Lay member representation, by way of further recruitment in 2016. This will be undertaken through Healthwatch.	SAB	October 2016	Recruitment of Lay member has occurred.	G

<p>Develop and promote use of website and social media to increase engagement with public and accessibility of the SAB.</p> <p>Success criteria will reflect an accessible and interactive website, and social media linked with all partners for consistent safeguarding message.</p>	SAB	October 2016	<p>Website in place – requires further promotion.</p> <p>Social media to be developed for further community engagement.</p>	G
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SAB Priority 4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Action / Measure	Lead	Timescale	Progress	RAG
<p>Continue safeguarding training sessions for primary care, and evaluate impact by way of monitoring safeguarding referral rates.</p> <p>Success criteria would reflect an increase in referrals from primary care from April 2016 compared with previous year.</p>	PQA/Training subgroup	July 2016	<p>Three training sessions held as of April 2016 with further sessions planned. Update to the SAB to be given in January 2017.</p> <p>Referral rates decreased as of April 16.</p>	A
<p>Continue 'Don't turn your back on abuse' campaign, by way of social media, leaflets and posters.</p> <p>Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.</p>	SAB	July 2016	<p>Safeguarding week from 29th February promoted this safeguarding message and included multi-agency partners.</p> <p>Further campaign being</p>	G

			planned for February 2017.	
Revise SAB web content for clear information for the public.	SAB	May 2016	SAB website to be in place.	G
SAB to take part in roadshow planned by Healthwatch in July 2016, as another mechanism to raise public awareness of Safeguarding.	CCSAN	July 2016	Complete. 105 contacts (conversations and information giving) during the 5 days of the roadshow.	G
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	Complete.	G
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	RAG
All agencies to raise awareness of CSE amongst Adult services staff, by way of briefings and training	Ops	March 2017	Online training for CSE has been circulated again for increased awareness	G
ASC to review its involvement in the Multi Agency CSE (MACSE) group	Ops	October 2016	Following an audit of cases involving transition arrangements from Children's services to ASC, a new post has been created and is	G

situated within Children's services.

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 members have received the competency framework and encouraged to adopt with staff.	G
Training subgroup to oversee and implement training strategy covering new categories in the Care Act, and multi-agency learning opportunities.	Training subgroup	Ongoing	Training subgroup now established. Human Trafficking training promoted.	G
Sussex links to be made by training subgroup for specific topic areas, including self neglect awareness and training.	Training subgroup	October 2016	Self-neglect multi-agency training has been rolled out and well attended and received.	G

<p>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.</p> <p>Refreshed training to include a focus on older people experiencing domestic abuse and appropriate interventions</p>	SAB/Training subgroup	September 2016	<p>Kwango online training being updated, ready for October 16.</p> <p>Updated face to face training to be available from January 17.</p>	G
<p>SAB Priority 5.2 Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams</p>				
Action / Measure	Lead	Timescale	Progress	RAG
<p>Develop protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust Board and the Health and Wellbeing Board.</p> <p>This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, and Modern Slavery</p>	PQA	October 2016	<p>Draft protocol was presented at the SAB in October 16.</p> <p>Being presented to HWB in January 17.</p>	G

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

Report to: **East Sussex Health and Wellbeing Board**

Date of meeting: **23 January 2017**

By: **Independent Chair, Safeguarding Adults Board**

Title: **Draft Partnership Protocol for partnerships involved in the safety and wellbeing of the community**

Purpose: **To present the draft partnership protocol that sets out the relationship and working arrangements between partnerships involved in the safety and wellbeing of the community**

RECOMMENDATIONS

The Board is recommended to:

- 1) Provide comments on sections 4 and 7 of the protocol; and**
 - 2) Approve sections 4 and 7 of the protocol**
-

1. Introduction

1.1 The draft partnership protocol (Appendix 1) is a protocol between the East Sussex Safeguarding Adults Board (SAB), the East Sussex Local Safeguarding Children's Board (LSCB), the East Sussex Health and Wellbeing Board, the East Sussex Children and Young People's Trust, and the East Sussex Safer Communities Partnership.

1.2 The document has been signed off by the other respective Boards and Trusts.

2. Supporting information

2.1 The main purpose of this protocol is to set out the expectations of the relationship and working arrangements between the listed partnerships, all of which are involved in ensuring the safety and wellbeing of the community.

2.2 The protocol covers respective roles and functions, membership of the partnerships, arrangements for challenge and oversight scrutiny.

2.3 The protocol sets out a number of shared priorities where the named Boards will need to ensure that leadership and accountability for issues is clear and that information is effectively shared. These shared priorities include:

- Domestic violence and abuse
- Mental health/emotional wellbeing
- Child sexual exploitation, missing people, rape sexual violence and abuse, harmful practices (Female Genital Mutilation, Forced Marriage and 'so called' Honour Based Violence), human trafficking and modern slavery.
- Financial abuse/scams.

2.4 The protocol highlights that where a piece of work with cross-cutting themes is identified, the other Boards will be contacted to clarify the relevance of the theme for them, and the relevant Boards will then agree:

- Responsibility and accountability for the area of work
- Which Board will lead and how the other partnerships can feed into this

- Information sharing and reporting arrangements

2.5 To facilitate effective information sharing, the protocol outlines that the Chairs and Business managers will receive a copy of each other's agendas and minutes to note relevant recommendations and issues, and that the Chairs or Business managers will formally report their Annual reports to each Board.

3. Conclusion and reasons for recommendations

3.1 The protocol has been developed in partnership by representatives from the LSCB, SAB, Safer Communities Partnership, Children and Young People's Trust, and the East Sussex Health and Wellbeing Board, in order to clarify roles, expectations and joint working arrangements.

3.2 It is proposed that once finalised and agreed, the document is formally reviewed in one year, to ensure priority areas remain relevant and to allow for further joint working opportunities to be identified and effectively progressed.

3.3 The Board is recommended to 1) Provide comments on sections 4 and 7 of the protocol; and 2) Approve sections 4 and 7 of the protocol.

Graham Bartlett

Independent Chair – East Sussex Safeguarding Adults Board



JOINT PROTOCOL BETWEEN:

- East Sussex Safeguarding Adults Board**
- East Sussex Local Safeguarding Children Board**
- East Sussex Health and Wellbeing Board**
- East Sussex Children and Young People's Trust**
- East Sussex Safer Communities Partnership**

Author(s):	Business Managers/Representatives of the Boards
Date Agreed:	
Date to be reviewed:	

1. Introduction

Safeguarding is everyone's business and this document sets out the expectations of the relationship and working arrangements between the above listed partnerships, all involved to ensure the safety and wellbeing of the community. It covers their respective roles and functions, membership of the partnerships, arrangements for challenge and oversight scrutiny. Further details can be found on the respective website for each Board/Trust. This document will be reviewed every year from the date of signing or with any changes in legislation or guidance.

2. Local Safeguarding Children Board (LSCB)

The role of the LSCB is set out in legislation 'The Children Act 2004' and this is explained in government guidance "Working Together to Safeguard Children" (2015).

<http://www.workingtogetheronline.co.uk/>

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals that should be represented on LSCBs. In accordance with national guidance and in order to provide scrutiny the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

The LSCB has a range of roles and statutory functions including developing local safeguarding policies and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described below:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area.
- To ensure the effectiveness of what is done by each such person or body for those purposes.

The main functions through development and application of protocols are around:

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.
- Action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- Training of persons who work with children or in services affecting the safety and welfare of children;
- Co-operation with neighbouring children's services authorities and their Board partners.
- Communication to persons and bodies in the authorities area as to the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.

- Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
- Supporting around Individual Management Reviews and Serious Case Reviews.

Current LSCB Priorities for Business Plan 2015-2018:

- Strengthen the multi-agency response to Child Sexual Exploitation, Missing and Trafficked children
- Strengthen safeguarding in all schools, including Early Years, and Further Education providers
- Strengthen the multi-agency response to children effected by domestic abuse
- Co-ordinate a multi-agency approach to online safety for children and their families

Statutory partners

The LSCB is chaired independently; the LSCB members include:

- East Sussex District and Borough Councils
- East Sussex Children’s Services
- Sussex Police
- Hastings and Rother/Eastbourne, Hailsham, and Seaford/High Weald, Lewes, and Havens CCGs
- Community Rehabilitation Company, and the National Probation Service
- The Youth Offending Team
- CAF/CASS
- Two lay members
- The governing body of a maintained school.
- The proprietor of a non-maintained special school.
- The governing body of a further education institution
- the Voluntary Sector through the Spark organisation

Arrangements in East Sussex

The LSCB Board and the LSCB Steering Group both meet quarterly. These 2 meetings together provide a strategic overview of performance, as well as leadership and direction on partnership issues and safeguarding of children in East Sussex.

The LSCB also has several sub-groups which carry forward the specific functions of the LSCB:

- Quality Assurance and Audit group
- Case Review group
- Training group
- Child Sexual Exploitation, Trafficking & Missing group
- Child Sexual Exploitation Education group
- Child Death Overview Panel (CDOP)
- Pan Sussex Procedures group

- Local Safeguarding Liaison Groups – East and West of the county
- Independent Schools Safeguarding group

The LSCB Annual Report is presented to the Health and Wellbeing Board, the Safeguarding Adults Board, and the Police & Crime Commissioner.

3. Safeguarding Adults Board (SAB)

The Care Act 2014 sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults who may be at risk of abuse or neglect.

These provisions require the local authority to:

- Carry out enquiries into suspected cases of abuse or neglect
- Establish Safeguarding Adults Boards in their area. The role of these Boards is to develop shared strategies for safeguarding and report to their local communities on their progress.

The SAB has three core duties:

- To publish a strategic plan setting out how it will meet its main objectives and what members will do to achieve this. This plan must be developed with local community involvement and the SAB must consult the local Healthwatch organisation.
- To publish an annual report detailing what the SAB has done during the year to implement its strategic plan as well as detailing the findings of any Safeguarding Adults Reviews (SARs).
- To conduct any SAR in accordance with section 44 of the Care Act.

Through the Sussex Safeguarding Adults Policy and Procedures, members of the SAB and the organisations they represent, aim to achieve their commitment to:

- Safeguarding and promoting the independence, wellbeing and safety of adults at risk.
- Raising public awareness of safeguarding.
- Promoting work on the prevention of abuse.
- Tackling abuse in all settings.
- Ensuring that all staff and volunteers understand their roles and responsibilities in respect of safeguarding.
- Involving people who access services and carers in continual service improvements and the management and development of Safeguarding arrangements across East Sussex.
- Contributing and applying learning from SARs.
- Ensuring that staff and volunteers are provided with appropriate training in safeguarding.

Current Core priorities

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

- Ensure section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements
- Develop clear mechanisms for responding to and monitoring quality concerns
- Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people's wishes together
- Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice
- Ensure that people are aware of safeguarding and know what to do if they have a concern
- Ensure transition arrangements from Children's to Adult services, for those at risk of Child Sexual Exploitation, are addressed in a multi-agency context
- Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies
- Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams

The SAB consists of representatives from the following agencies:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Sussex Community Foundation Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- Safer Communities
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Service
- Homecare representatives
- Lewes District Council Housing

- Further Education representative
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)

The SAB meets quarterly and also has several subgroups to carry forward specific functions of the SAB:

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.

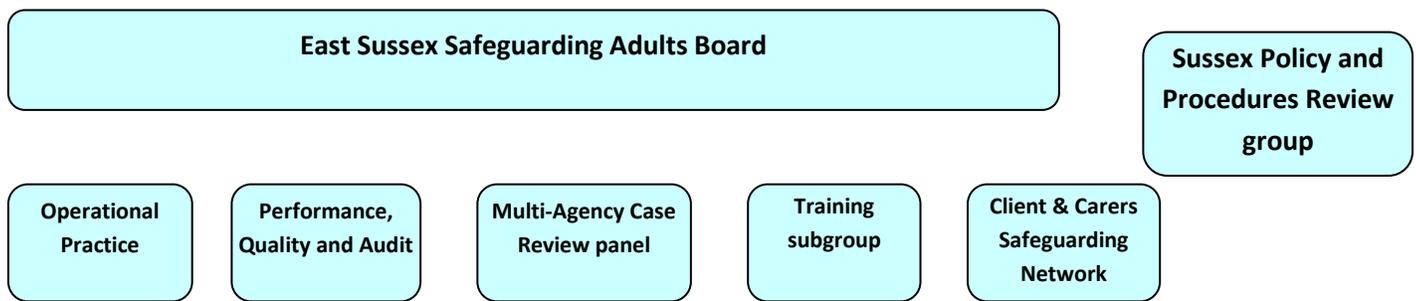
Performance, Quality & Audit Sub-group This group establishes effective systems for monitoring, reporting and evaluating performance across agencies, and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

Multi-agency training and workforce development subgroup: 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.

Clients & Carers Safeguarding Advisory Network (CCSAN) 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.

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.

Multi-Agency Case Review group: considers all SAR referrals and makes recommendations to the chair of the SAB. The panel consists of the statutory partners and is primarily concerned with SAR thresholds and weighing up what type of review will promote effective learning and improvement action. Where the threshold for a SAR has not been met, the panel considers other types of review and learning.



Governance

The East Sussex SAB is independently chaired and is accountable to the East Sussex County Council Scrutiny Committee and through the Lead Member for Adult Social Care. The Board produces an annual report stating what both the SAB and its members have done to carry out and deliver its objectives. This report is sent to the Chief Executive and Lead member, the local policing body, Healthwatch and the Chair of the Health & Wellbeing Board. The report is also accessible to the public on the SABs and Council's website.

4. Health and Wellbeing Board.

The Health and Social Care Act 2012 created a common flexible framework, by requiring the establishment of a Health and Wellbeing Board.

The East Sussex Health and Wellbeing Board is a forum where key leaders from the Health and Care system work together to improve the health and wellbeing of their local population and reduce health inequalities. From April 2013 statutory functions included the development of a Joint Strategic needs assessment and a joint Health and Wellbeing Strategy, to ensure there is a shared and comprehensive understanding of local health and wellbeing needs.

Members include:

- Local GPs
- County councillors
- Local Healthwatch
- Director of Adult Social Care and Health
- Director of Children's Services
- Director of Public Health
- CCG representation
- Invited observers with speaking rights

The Health and Wellbeing Strategy 2016-2019 outlines the vision to protect and improve health and wellbeing in East Sussex and to reduce inequalities so that everyone has the opportunity to have a safe, healthy and fulfilling life. The aim is to deliver a fully integrated health and social care system by 2018. It will ensure people receive high quality and coordinated care, supporting them to live independently and achieving the best possible outcomes. The East Sussex Better Together programme established in August 2014 is a key delivery vehicle for the Health and Wellbeing Strategy. The emerging Connecting 4 You programme for the High Weald Lewes Havens area will also contribute to achieving the Strategy outcome of improving health benefits for the population.

Current Core Priorities

- Integrating health and care provision through accountable care
- Improving access to services
- Improving emergency and urgent care
- Improving health and wellbeing
- Improving mental health care
- Improving primary care
- Better use of medicines
- Better community services
- Ensuring that tackling health inequality is embedded throughout this work

5. The Children and Young People's Trust

The Children's Trust arrangements were introduced in Section 10 of the Children Act 2004 and in East Sussex the Children and Young People's Trust (CYPT) was formed. In 2010 formal requirements to have a Children's Trust were removed in 2010 and are no longer defined in legislation, though co-operation through effective local partnerships to improve children's wellbeing remains in place.

The aim of the CYPT is to improve outcomes for children and young people, particularly those who are vulnerable to poor outcomes.

The CYPP is the over-arching shared plan that the CYPT partners agree for the whole county. It sets out the shared priorities of the Children and Young People's Trust partners to improve the lives of children, young people and their families in East Sussex. The plan describes:

- the aspirations that partners have agreed for all children and young people in the county
- priorities for collective action by partner organisations over the three years of the plan
- how partners will ensure the plan makes a difference and organisations work together as effectively as possible.

Much of the work of CYPT partners is designed to help families address problems which have either been (in part) caused by, or have led to, relative poverty, and to support them in moving out of poverty. The 2015 – 2018 Children and Young People's Plan also constitutes the statutory Child Poverty Strategy for East Sussex. It reflects and takes account of the three core aims of the national Child Poverty strategy namely:

- Tackling child poverty now – helping parents move into work, work enough hours and earn enough
- Supporting families’ living standards – increasing incomes, reducing costs, preventing problem debt, tackling poor housing
- Preventing poor children becoming poor adults – removing barriers to attainment, improving educational outcomes, raising aspirations and improving opportunities

Current Core Priorities

1. Improving the school readiness of young children, particularly early communication, language development and numeracy
2. Helping more parents enter, sustain and progress in work
3. Improving the quality of life of low income families in other ways where possible
4. Maintaining and strengthening early help for vulnerable families; and ensuring effective safeguarding for all children and young people
5. Improving skill levels of young people 14-19, including through better access to a wider range of apprenticeship, vocational training and work experience opportunities as well as a strong academic route
6. Improving support to children, young people and families

Alongside these specific priorities there are three key issues which are very important for the Children and Young People’s Trust partners but which are not covered in detail in this Plan. This is because they are covered in other major plans. These three issues are:

- Child Sexual Exploitation
- Educational Attainment
- Physical health and wellbeing

Membership

The CYPT brings together partner organisations who aim to improve outcomes for children and young people through collaborative working. Member organisations of the CYPT include:

- Sussex Police
- East Sussex Healthcare Trust
- Sussex Partnership Foundation Trust
- East Sussex Fire and Rescue Service
- District and Borough Councils
- Local Safeguarding Children Board
- Education setting members (primary and secondary schools)

- East Sussex County Council
- Youth Cabinet
- Voluntary sector members
- National Probation Service / Kent, Surrey & Sussex Community Rehabilitation Company
- Job Centre Plus
- Public Health

Governance

The CYPT reports to East Sussex Strategic Partnership on an annual basis.

6. Safer Communities Partnership

Community safety continues to remain one of the top priorities for the people of East Sussex. Community Safety Partnerships aim to reduce crime and disorder, re-offending and substance misuse. This co-ordinated approach was encapsulated in the Crime and Disorder Act 1998, which made it a statutory duty for each local authority area to have a Community Safety Partnership and work with “Responsible Authorities”, to formulate and implement partnership plans setting out their priorities and strategies to tackle crime and disorder.

There are five Community Safety Partnerships in East Sussex and this year these partnerships are undertaking trial mergers in response to changes to the Sussex Policing model. The trial mergers encompass:

- Eastbourne, Wealden and Lewes; and
- Hastings and Rother

In addition to these local Community Safety Partnerships there is also a county-wide strategic partnership known as the Safer Communities Partnership. This Partnership is governed by the Safer Communities Board. The Safer Communities Board is also a statutory body and is the county’s response to the Crime and Disorder Act Regulations 2007, which states that: *“for each county area there shall be a county strategy group whose function shall be to prepare a partnership plan for the county area on behalf of the responsible authorities in that county area”*.

The East Sussex Safer Communities Partnership is the key strategic partnership in overseeing the plans to tackle crime and disorder, re-offending and substance misuse which are best addressed together from the perspective of strategy, economy and efficiency. The partnership involves a range of agencies that are committed to ensuring East Sussex remains a safe place for residents and visitors. The Safer Communities Board also has responsibility for the commissioning of services such as domestic and sexual abuse and drug and alcohol services.

The East Sussex Partnerships’ plan is based on a strategic assessment, which sets out an analysis of crime, disorder, substance misuse and re-offending and identifies work streams for joint work.

- When selecting their work streams the partnership also takes into account those of the Police and Crime Commissioner, Sussex Police and District and Borough Community Safety Partnerships.
- The assessment assists the District and Borough Community Safety Partnerships in selecting their local priorities.
- The Safer Communities Partnerships' plan includes the District and Borough plans and represents a plan for the county at both an East Sussex and a District and Borough level.

The Resources and Performance Group within the East Sussex Safer Communities Partnership has responsibility for monitoring performance and delivery against this plan, and is accountable to the Safer Communities Board. This group also fulfils the function of the Drug and Alcohol Action Team Board, Civil Military Partnership, and the Against Scams Partnership.

Current Core priorities

Partners have selected the following priorities and work streams for inclusion in the Partnerships' Plan for 2017-2018

These have been highlighted as posing the most threat, risk and harm to community in East Sussex using the MoRiLE process:

- Serious Organised Crime
 - Identify vulnerable adults at risk of fraud and rogue trading and develop targeted preventative support
 - Begin to explore cyber-crime with a focus on cyber bullying and online safety
 - Explore further opportunities for partners to engage in early preventative work in relation to organised crime and the exploitation of young people, including links to County Lines
 - Gain a better understanding of the risk of modern slavery

Work Streams

In addition to the priorities adopted by the partnership, the Safer Communities Partnership will be working on the areas outlined below:

- Develop a partnership approach to preventing violent extremism by strengthening community resilience and building more cohesive communities
- Biannual Confidential Inquiry into Drug Related Deaths and associated actions
- Production of a Drugs and Alcohol Strategy
- Recommissioning of the East Sussex Drug and Alcohol Service
- Development of a partnership offending plan that looks at areas of concern that have been identified
- Reviewing the local domestic abuse strategy
- Continued delivery of the MARAC and contributing to the delivery of a 'Second Generation' MARAC model
- Piloting the Women's Aid 'Ask Me' safe enquiry scheme
- Ensuring there are consistent care pathways delivered by a skilled workforce in relation to violence and abuse

District and Borough Community Safety Partnerships will work on priorities that are most relevant to their area.

The Board meets quarterly and the Resources and Performance group meets bi-monthly. The partnership has various groups which deliver the work of the partnership and these groups bring together partners, including representatives where appropriate from the Local Safeguarding Children Board and Safeguarding Adults Board, and to progress shared priorities.

<p align="center">Governance / Strategic Meetings</p> <p align="center">Safer Communities Board, Engagement Events (extended Safer Communities Board) Resources and Performance, Prevent Board</p>
<p align="center">Partnership/Operational Meetings</p> <p align="center">Multi-Agency Risk Assessment Conferences, Multi-Agency Risk Assessment Conferences Professionals, Domestic and Sexual Violence and Abuse Oversight Group, Chancel Panel, Integrated Offender Management, Scams Working Group, Operational Offending Group</p>
<p align="center">District and Borough Meetings - Community Safety Partnerships</p> <p align="center">Eastbourne, Lewes and Wealden Community Safety Partnership, Hastings and Safer Rother Community Safety Partnership</p> <p>Operational meetings Joint Actions Groups, Anti-Social Behaviour Risk Assessment Conferences, Road Safety Groups (Hastings Rother and Wealden), Business Crime Reduction Partnerships (Eastbourne and Hastings), Rough Sleepers and Street Community meetings (Hastings and Rother and Eastbourne)</p>

Governance

The Safer Communities Board is chaired by the Portfolio Holder for Community Safety, who is also the lead member for Adult Social Care and the Vice Chair of the Sussex Police and Crime Panel. The Board is accountable to the East Sussex County Council Scrutiny Committee and through the Lead Member for Adult Social Care. The Board produces an annual plan stating what the partnership will focus on in the forthcoming year and what it has done to carry out and deliver its objectives from previous years. This plan is sent to all partner organisations and is also accessible to the public on the Partnerships’ website. The governance of the District and Borough Community Safety Partnerships is carried out in a similar fashion.

The Safer Communities Board and Resources and Performance Sub Group comprises of representatives from the following agencies:

Safer Communities Board
Portfolio Holders with responsibility for Community Safety, East Sussex County Council and the 5 District and Borough Councils
Portfolio Holder with responsibility for Children’s Services, East Sussex County Council

East Sussex County Council
Eastbourne' Lewes and Wealden Community Safety Partnership (3 representatives)
Hastings and Rother Community Safety Partnership (2 representatives)
Police and Crime Commissioner
Chief Superintendent East Sussex
Chief Fire Officer East Sussex
Clinical Commissioning Group (armed Forces representative)
Resources and Performance Group
Portfolio Holders with responsibility for Community Safety, East Sussex County Council and the 5 District and Borough Councils
Eastbourne, Hastings, Lewes, Rother and Wealden District and Borough Councils
East Sussex County Council (including Public Health, Youth Offending Team, Adult Social Care, Children's Services, Communities, Economy and Transport)
Clinical Commissioning Groups (Eastbourne, Hailsham and Seaford; NHS High Weald Lewes Havens; NHS Hastings and Rother
East Sussex Fire and Rescue Service
Sussex Police
Kent, Surrey and Sussex Community Rehabilitation Company
National Probation Service
Office of the Police and Crime Commissioner
Surrey Sussex Criminal Justice Board
Royal British Legion
Ministry of Defence
Civil Military Partnerships Lead NHS Hastings and Rother Clinical Commissioning Group

The voluntary and community sector and service user groups attend an annual meeting of the Safer Communities Board to give their views on what the risk areas are for Community Safety.

7. Ensuring the Boards are working well together

Shared priorities and responsibilities

As set out above, the Boards and partnerships cover a wide range of issues. However there are a number of shared priorities where the named Boards will need to ensure that leadership and accountability for issues is clear and that information is effectively shared. These shared priorities relate to protecting vulnerable adults and children from harm and include:

- domestic violence and abuse
- mental health/emotional wellbeing
- child sexual exploitation, missing people, rape sexual violence and abuse, harmful practices (Female Genital Mutilation, Forced Marriage and 'so called' Honour Based Violence) human trafficking and modern slavery
- Financial abuse/scams

The Boards/Partnerships will work together and take a pragmatic approach to achieve the best outcomes for people and ensure there is no duplication of effort. Each Board/Partnership has the opportunity to input into an area of work where it carries a responsibility or has relevant knowledge and expertise.

The effective links are established for statutory review processes, for example Serious Case Reviews (SCRs), Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs).

Domestic Abuse and Sexual Abuse Management Oversight Group

This group provides strategic and operational oversight of multi-agency responses in East Sussex to Domestic Violence and Abuse (DVA), Sexual Violence (SV) and other forms of Violence Against Women and Girls (VAWG) in East Sussex.

The overarching strategic outcome for the group is that local residents and communities are free from DVA, SV and VAWG by:

- Increasing survivor safety
- Holding perpetrators to account
- Decreasing social tolerance and acceptance
- Increasing people's ability to have violence-free, safe and equal lives.

The group is responsible for:

- Supporting planning for future service delivery by maintaining a picture of victim and perpetrator profiles in East Sussex
- Identifying any emerging risks and issues and agree appropriate actions
- Reviewing and disseminating emerging learning, best practice and national, regional, local policy in the development and delivery of partnership activities
- Developing, coordinating and monitoring the relevant East Sussex Safer Communities Partnership strategy and action plans
- Supporting the delivery of other relevant strategies and actions plans e.g. Child Sexual Abuse (CSA including CSE)
- Overseeing the response to recommendations arising from Domestic Homicide Reviews (DHR) and Near Miss Reviews (NMR)
- Supporting the response to other relevant recommendations from Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR) Reviews or any other relevant review commissioned by a local organisation or partnership
- Monitoring the performance, quality and effectiveness of the Multi-Agency Risk Assessment Conference (MARAC) process and develop and develop, coordinate and monitor a MARAC action plan
- Developing a training plan for the ES workforce based on local needs.
- Assisting in the Quality Assurance of local agency responses to DVA, SV and VAWG and support Quality Assurance in associated areas e.g. CSA

- Maintaining links with the Local Safeguarding Children Board (LSCB) and the Safeguarding Adult Board (SAB) to enable opportunities for shared learning and joint delivery
- Maintaining links with other local and regional forums, including the Pan Sussex partnership structures, to enable opportunities for shared learning and joint delivery.

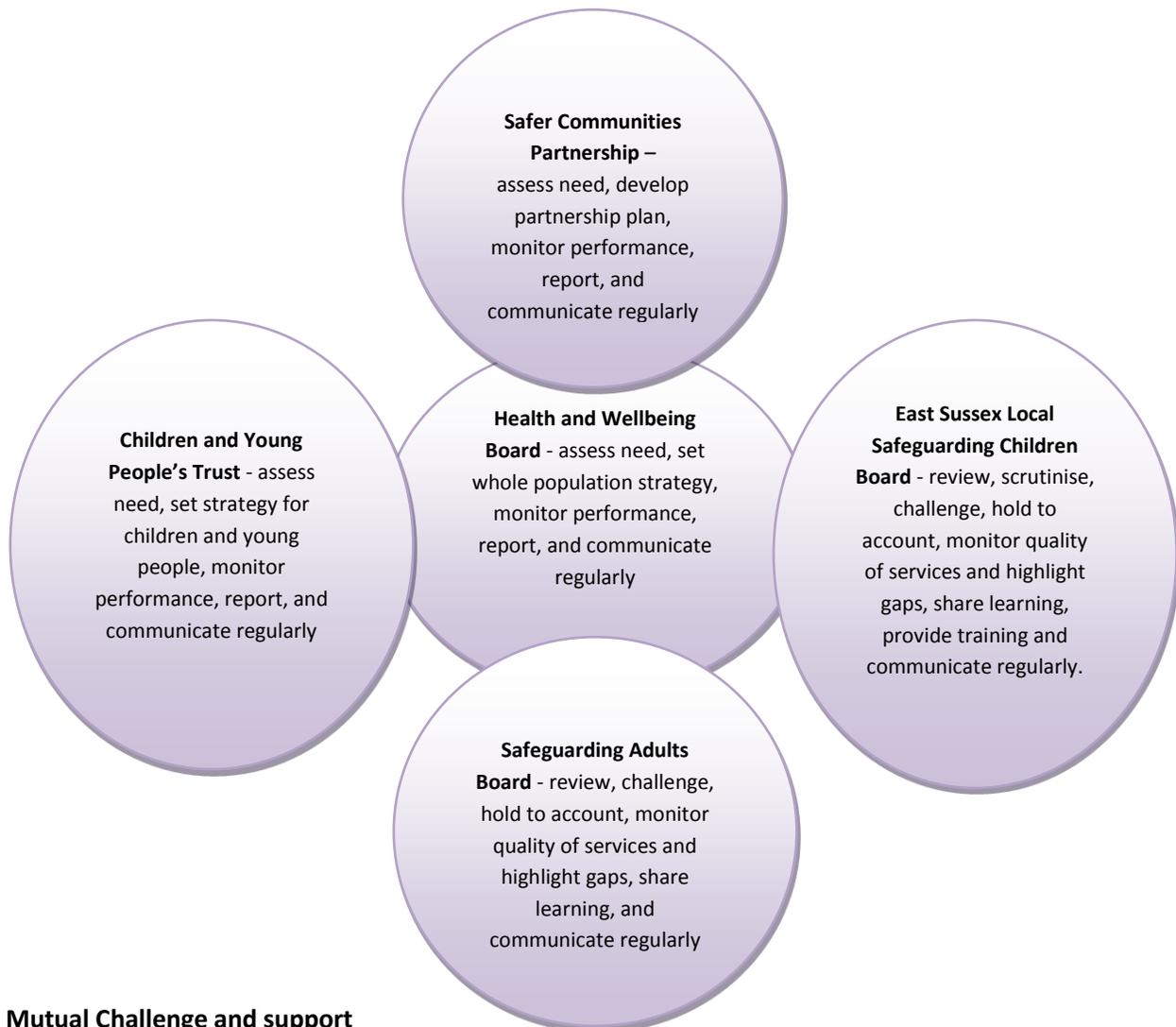
The group is accountable to the East Sussex Safer Communities Partnership Board and will report regularly on progress and escalating issues by exception as required. Representatives from the LSCB and SAB will provide a link to the respective partnerships and report regularly on progress and escalating issues by exception as required.

Leadership and accountability

- The Local Safeguarding Children Board is the statutory lead partnership for ensuring the effectiveness of services that ensure the welfare and safety of children.
- The Safeguarding Adults Board is the lead partnership for ensuring the welfare and safety of vulnerable adults.
- The Safer Communities Partnership has the strategic lead for understanding need, and performance in relation to crime and disorder, re-offending, and substance misuse.
- The Health and Wellbeing Board has the strategic lead for understanding need in relation to the health and wellbeing of the population and for delivering the priorities in the Health and Wellbeing Strategy.
- The Children and Young People's Trust Board takes a holistic view of the child and is responsible for understanding need, developing a broad strategy with partners and monitoring performance in relation to the agreed strategic partnership priorities.

Where a piece of work with cross-cutting themes is identified, the other Boards will be contacted to clarify the relevance of the theme for them. The relevant Boards will then agree:

- Responsibility and accountability for the area of work
- Which Board will lead and how the other partnerships can feed into this
- Information sharing and reporting arrangements



Mutual Challenge and support

The Boards/Partnerships will work together in a way that is open and honest in appreciation of their common goal to achieve the best outcomes for residents in East Sussex.

The chairs or through their direction will provide constructive challenge to each other across the issues identified above. This is to ensure that core priorities and business aims are met, and the commissioning of services is in line with safeguarding practices. The relevant Board will need to be alerted to any issues identified either through the chairs or via a report that is referred if the issue is complex and detailed.

The following routes may be instigated when required:

- A chair can make a formal written request of another chair for information or consideration of an area of concern.
- A chair can make a request of another chair for an item to be placed on a Board meeting agenda to address a particular area of concern.
- A chair can request a meeting between Board representatives to consider and agree a way forward regarding issues that have not been resolved by the above.

Information sharing

Information will continue to be shared across the Boards through consultation on strategies, annual reports, and inspection reports and through shared membership. The following arrangements will promote information sharing:

- The Chairs and business managers will receive a copy of each other's agendas and minutes and note relevant recommendations and issues.
- The Chairs or business managers will formally report their Annual Reports to each Board.

Members who sit on more than one Board are expected to attend meetings regularly. They have a key role in ensuring they represent their organisations and share information on the issues and concerns being discussed at both Boards. They are a key mechanism for linking and sharing information at this strategic level.

There is the following common membership across the Boards:

	Local Safeguarding Children Board	Children and Young People's Trust	Safeguarding Adults Board	Health and Wellbeing Board	Community Safety Partnership
East Sussex County Council (ESCC) Children's services	✓	✓	✓	✓	✓
ESCC Adult Social Care & Health	✓		✓	✓	✓
Clinical Commissioning Groups	✓		✓	✓	✓
Sussex Police	✓	✓	✓	✓	✓
District & Boroughs	✓	✓	✓	✓	✓

Through this protocol Chairs and partners will:

- have an ongoing and direct relationship, communicating regularly;
- work together to ensure that action taken by one partnership does not duplicate action taken by another; and
- ensure that they are committed to working together to ensure that there are no strategic or operational gaps in policies, protocols, services or practice.

Chair
East Sussex
Local Safeguarding Children Board

Chair
East Sussex Health and Wellbeing
Board

Chair
East Sussex Children and Young
People's Trust Board

Chair
East Sussex Safeguarding Adults
Board

Chair
East Sussex Safer Communities
Partnership

Report to: East Sussex Health Wellbeing Board

Date of meeting: 23 January 2017

By: Chief Operating Officer, High Weald Lewes and Havens CCG

Title: Sussex and East Surrey Sustainability and Transformation Plan

Purpose: To provide an update on the progress of the Sustainability and Transformation Plan

RECOMMENDATIONS

The Board is recommended to consider and note the report

1 Background

1.1 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was tasked with producing a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the NHS England Five Year Forward View (5YFV) vision of better health, better patient care and improved NHS efficiency.

1.2 Local health and care systems came together in January 2016 to form 44 STP ‘footprints’. The health and care organisations within these geographic footprints are working together to develop STPs which aim to help drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term. Plans are also expected to demonstrate how the health system will achieve financial balance by 2020/21.

1.3 The NHS shared planning guidance (December 2015) explained that the success of STPs will depend on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government.

1.4 In July 2016 the East Sussex Health and Wellbeing Board (HWB) received a report outlining the purpose and process of developing the STPs. The latest iterations of the plans were submitted to NHS England on 21 October. Most STPs have either already been published, or are in the process of being published. There has been some criticism nationally of the lack of publically available information earlier in the process, for example a recent report by the King’s Fund which also noted the challenging timescale for developing STPs. The Report can be viewed here: <https://www.kingsfund.org.uk/publications/stps-in-the-nhs>.

2 Supporting information

2.1 The local footprint which includes East Sussex is ‘Sussex and East Surrey’. This comprises 23 partner organisations. The nominated Chair for this STP is Michael Wilson, Chief Executive of Surrey and Sussex Healthcare NHS Trust. Wendy Carberry, Accountable Officer of High Weald Lewes Havens Clinical Commissioning Group (CCG) is the nominated Senior Responsible Officer (SRO).

2.2 The Sussex and East Surrey STP was published on 25 November (www.hastingsandrothercccg.nhs.uk/news/sussex-and-east-surrey-sustainability-and-transformation-plan/) and an overview presentation has been provided to HWB (appendix 1).

3. Conclusion and reasons for recommendations

3.1 HWB is recommended to consider and note the report.

Wendy Carberry
Chief Operation Officer

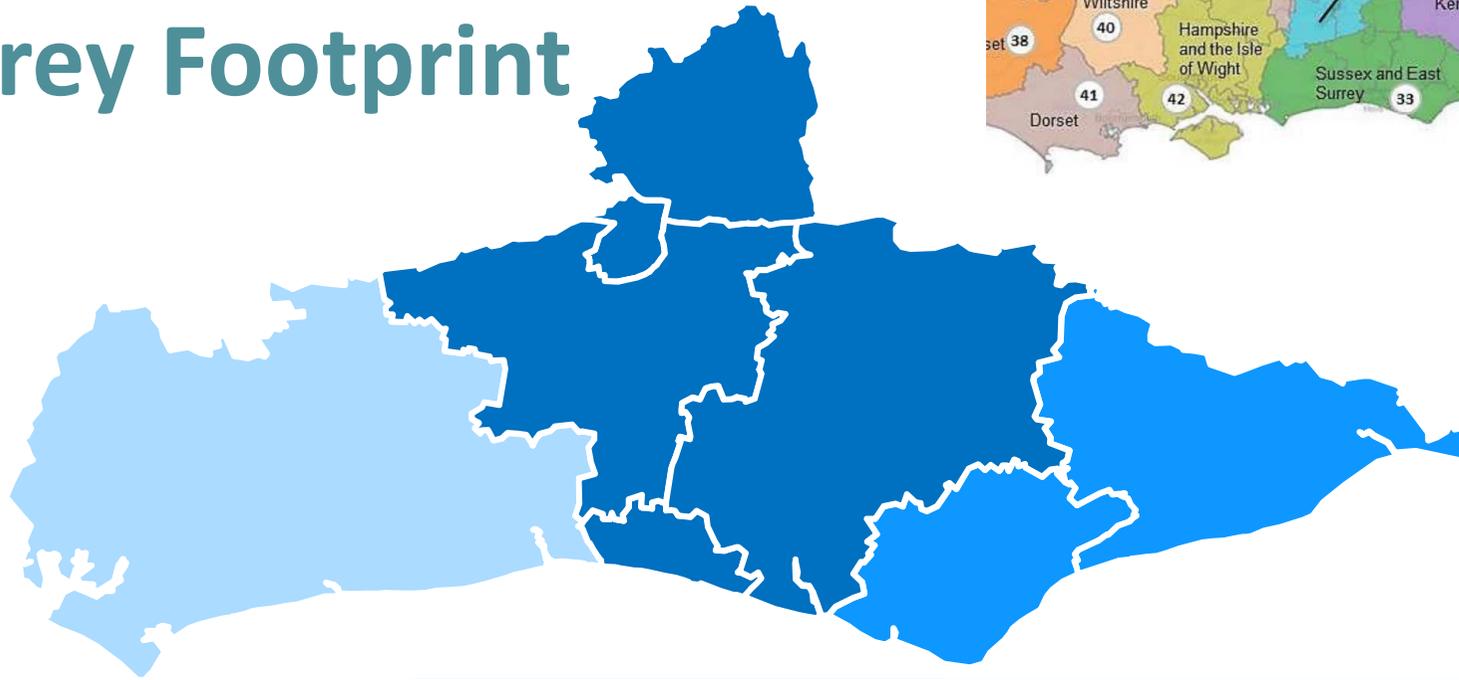
Contact Officer: Harvey Winder, Democratic Services Officer
Tel. No. 01273 481796
Email: harvey.winder@eastsussex.gov.uk

Sussex and East Surrey Sustainability and Transformation Plan

Wendy Carberry
January 2017



The Sussex and East Surrey Footprint



Coastal Care

**Central Sussex
& East Surrey
Alliance
(CSESA)**

**East Sussex
Better Together
(ESBT)**



National context – What challenges are the NHS facing?

- **Health and Wellbeing Gap:** Quality of care can be variable, preventable illness is widespread, and health inequalities are high
- **Care and Quality Gap:** Patient needs are changing, new treatment options are emerging, and people are living longer with long-term conditions
- **Finance and Efficiency Gap:** Health and care funding is not increasing in line with increasing demand



What challenges do we face in our area?

- 2 acute hospital providers, SECamb & 2 CCGs in Special Measures
- Acute hospital deficits at ESHT & BSUHT
- Long waits for planned care services
- Pressures on A&E, 18 weeks, Primary Care
- Pressures on Workforce
- Poor health outcomes (for example cancer)
- Estimated 'do-nothing' shortfall of £865m in 2020/21



The STP is our opportunity to tackle these challenges

The Sustainability and Transformation Plan is our opportunity to work together as NHS organisations and with local communities to:

- improve the health of our population
- improve the quality of our services
- improve our approach to prevention
- make the best use of the resources we have, including estates, workforce and finance

Doing nothing is not an option. As a footprint we are committed to learn from each other to achieve change at scale in order to deliver high-quality, cost-effective healthcare services



Where are we now?

Building from our June submission and feedback from NHS England, we now have:

- Established single system leadership systems across our three 'places'
- Drafted STP-wide priorities: Short-term Winter Plans & medium-term provider sustainability
- Drafted strong place-based plans
- Identified dependencies on key enablers (estates, workforce, digital)
- Full STP submission (October), responding to NHS England feedback
- Preparing for wider engagement, review and support
- Appointed Programme Director to lead delivery of the STP



Our STP-wide Key Principles

1. Full **engagement** of local populations
2. Led by place-based **integrated care** in our 3 'places'
3. Focus on **prevention** and **proactive care** through **multidisciplinary** locality teams supported by a shift in investment towards **Primary Care and Community**
4. All providers in our footprint will **collaborate** to network services, share workforce and balance capacity across the system
5. Move at **pace** and support local organisations to go as fast as they can towards reaching our goals



Our initial STP-wide priorities

We recognise we can do more for our communities, faster, if we work on our priorities collaboratively:

- 1. Urgent and Emergency Care** - Centres networked and linked with an ED and embedded in a primary care community of practice to enable a highly responsive service
 - Define operating model and STP-wide service specification for Urgent Care Centres and work with current providers on rapid improvements
- 2. Frailty** - Co-ordinated care, organised to reflect complexity of needs and treat closer to home
 - Proactive care, integrated locality teams and personal resilience schemes.
- 3. Primary Care** - Strengthened GP services through locality teams (or communities of practice) that co-ordinate care
 - Design primary care models according to the GP 5YFV and deliver the ten high impact changes.

We will lead the STP footprint with three 'Place-Based' plans



Coastal Care

Central Sussex & East
Surrey Alliance
(CSESA)

East Sussex Better
Together (ESBT)

Each Place-Based area will be:

- Defined around local communities, empowered to co-design person-centred services and providing care led by GPs with support from a wide range of professionals.
- Represented through a 'Single Point of Leadership' who speaks on behalf of their place at the STP Programme Executive Group:
 - **Coastal Care** – Marianne Griffiths, Chief Executive, Wester Sussex NHS Foundation Trust
 - **CSESA** – Geraldine Hoban, Accountable Officer, Horsham & Mid Sussex CCG
 - **ESBT** – Keith Hinkley, Director of Adult Health & Social Care, East Sussex County Council

Place-based summary plans



Initial Priorities:

- Develop Local Clinical Networks
- Tackle the challenge of the ageing population
- Redesign urgent care services
- New pathways for planned care
- Targeted service improvements for children to enhance physical and mental wellbeing

Initial Priorities:

- Improve prevention and self care
- Better access to urgent care
- Continuity of care for patients with Long Term Conditions
- Coordinated care for frail and complex patients
- System-wide higher quality and performance

Initial priorities:

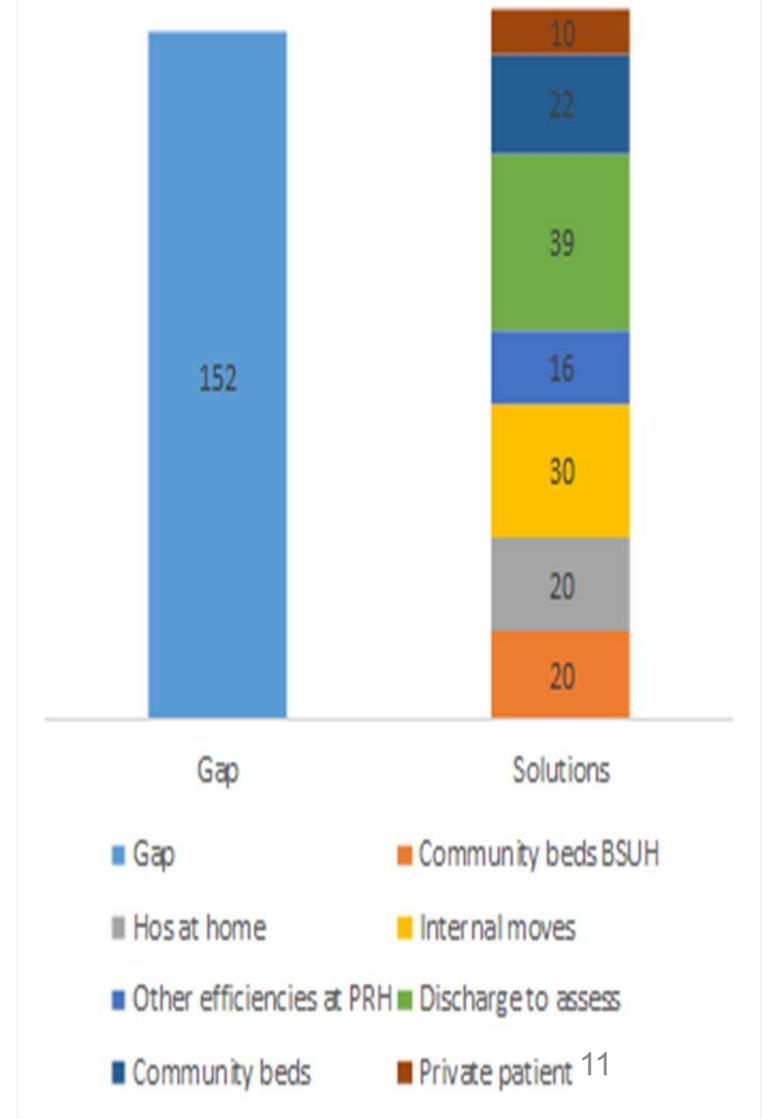
- Develop new Integrated Locality Teams
- Provide streamlined points of access for Health and Social Care services
- Develop new models for GP-led Urgent & Emergency Care
- Increase efforts to prevent illness and to promote healthy living and wellbeing

Immediate action: Winter plans

We currently have a bed capacity shortfall of around 150 beds. We have developed an immediate action plan to prepare for the winter, with particular focus on RSC, Eastbourne and Hastings, the hospitals under most pressure. Our solutions involve:

- Increasing capacity to look after patients at home to speed up discharge from hospital
- Using community hospital beds for patients who no longer need to be in the acute hospital
- Maximising available space at our existing sites

STP bed gap and solutions year 1



Longer-term provider sustainability plans

- As part of our STP we are working together as a footprint to support our acute provider organisations to achieve **sustainability over time**
- Alignment with our AC models will result in **maximised access and use of services** at all sites, including for integrated care models
- Partnership discussions are underway to build on existing and effective **STP-wide networks** to expand the range of services covered
- We will work with Specialised Commissioning to implement transformational **QIPP schemes**
- In the longer-term, we aim to map and deliver **patient pathways for all sites** through networks across sites and providers



STP wide Enablers

Workforce

We have developed a workforce action plan which is in place to:

- 1) Address the immediate workforce shortfall issues across our providers
- 2) Support the plans for winter pressures
- 3) Develop strategic workforce solutions for a sustainable future

We will shortly begin delivery of the plan in preparation for winter

Digital Transformation

We see digital transformation as a key enabler of our STP and aim to take learning from other footprints and implement digital solutions at an STP level to support the digitisation of both the Health and Care professional and the citizen journey.

Estates

Through our 'One public Estate' strategy we aim:

- 1) To drive up the efficiency of the use of estates assets across the whole STP footprint
- 2) To develop and deliver which enable the new models of care to flourish

We have also identified efficiency opportunities that could deliver significant savings, for example reduced running costs anticipated later in the 5 year planning horizon



Communications & Engagement Plan

Stakeholder input is central to reviewing and supporting our STP

- A working timed Communications & Engagement plan is being approved through the STP Board; with buy-in from local Communications & Engagement leads across the NHS and LA.
- Our approach will be to work openly with our communities; establishing meaningful and trusting relationships so that we can tackle the difficult issues together.
- CCGs will manage local engagement in close cooperation with the STP Board and with colleagues in local authority and public health.



Communications & Engagement Plan

Our plan will be delivered in three phases:

Phase one - Supporting publication of the STP:

Laying out the narrative for change and describing how all stakeholders will be involved in co-designing future work. All stakeholders will be informed of publication and on methods to feedback as appropriate.

Phase two – Development of the plan:

We need to continue engagement and dialogue with our communities to help us work to secure all our services over the winter period and to help us continue transforming our model to a patient-centred approach and with a far stronger focus on prevention and better community care.

Phase three - Delivery:

At this stage we expect to have robust channels of communication and to be able to demonstrate effective co-working with our stakeholders



What next?

- Continue/ramp up engagement with all stakeholders in order to best develop and deliver the STP
- Refine and plan delivery of our place-based plans
- Refine and plan delivery of STP-wide work stream plans
- Refine financial estimates
- Implement winter plans to respond to bed capacity shortfalls
- Identify and deliver immediate improvements to begin progress towards the STP

Wendy Carberry January 2017



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