

East Sussex Safeguarding Adults Board

Annual Report

April 2014 to March 2015



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Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2014 – 15.

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

In this, my final report before standing down as Chair, I would like to thank all members of the SAB and all partner agencies for their continuing commitment and work in this area. In particular, my thanks go to the frontline staff in all agencies, including volunteers, who continue to do the best they can to protect people from all forms of abuse.

This report includes contributions from the range of organisations who are involved in safeguarding adults.

During the year, as well as preparing for the introduction of the Care Act 2014, we have responded to the national initiative 'Making Safeguarding Personal' which sets out to develop person-centred safeguarding responses. This approach is to ensure people are in control as much as possible.

Looking to the future, the Care Act has set out responsibilities for protecting adults in primary legislation for the first time. It seeks to ensure there is clear accountability, roles and responsibilities which ensure local partners work together.

The SAB has a clear plan in place to ensure it meets its new responsibilities. This focuses on a range of measures from prevention through to effective and decisive action when things go wrong.

Although a challenging time for organisations, there is a real determination to work in partnership to ensure safeguarding adults remains a priority, and that organisations continue to develop and improve their safeguarding practice.

A handwritten signature in black ink, appearing to read 'K Hinkley', with a horizontal line underneath.

Keith Hinkley
Director, Adult Social Care & Health, East Sussex County Council

Comments from Healthwatch East Sussex



This annual report reflects the commitment shown in East Sussex to collaborative working between agencies to safeguard adults from abuse and neglect, and to take account of the views of people who use care and support services, and their carers, when developing safeguarding policy and practice.

I was delighted when Healthwatch East Sussex was contacted to independently chair the Clients and Carers Safeguarding Advisory Network, and to learn I would be undertaking this exciting role. This Network provides a key mechanism to consult with the local community and I have been encouraged to see the role of Healthwatch grow in developing safeguarding practice and in seeking the views of those who use care and support services.

I look forward to being able to contribute to the safeguarding agenda in the year ahead and to strengthen further the voice of residents in East Sussex.

Elizabeth Mackie
Volunteer & Community Liaison Manager, Healthwatch East Sussex

1. Effectiveness of the Safeguarding Adults Board (SAB)

Peer review

The SAB commissioned a peer review in order to learn from all partners, and to learn about improvements that could be made in adult safeguarding. This was timely given the implementation of the Care Act which placed SABs on a statutory footing.

The peer review took place in May 2014, and focused on:

- how the Board works,
- decision making processes,
- who 'owns' safeguarding in partner organisations, and
- a detailed look at what could make the Board more effective.

The review team found that the East Sussex SAB is an effective Board and is addressing some of the main concerns that place people at risk through:

- raising public awareness,
- supporting training for practitioners and others across a range of agencies, and
- publishing information about risks and where to go for help.

A number of recommendations were made, including:

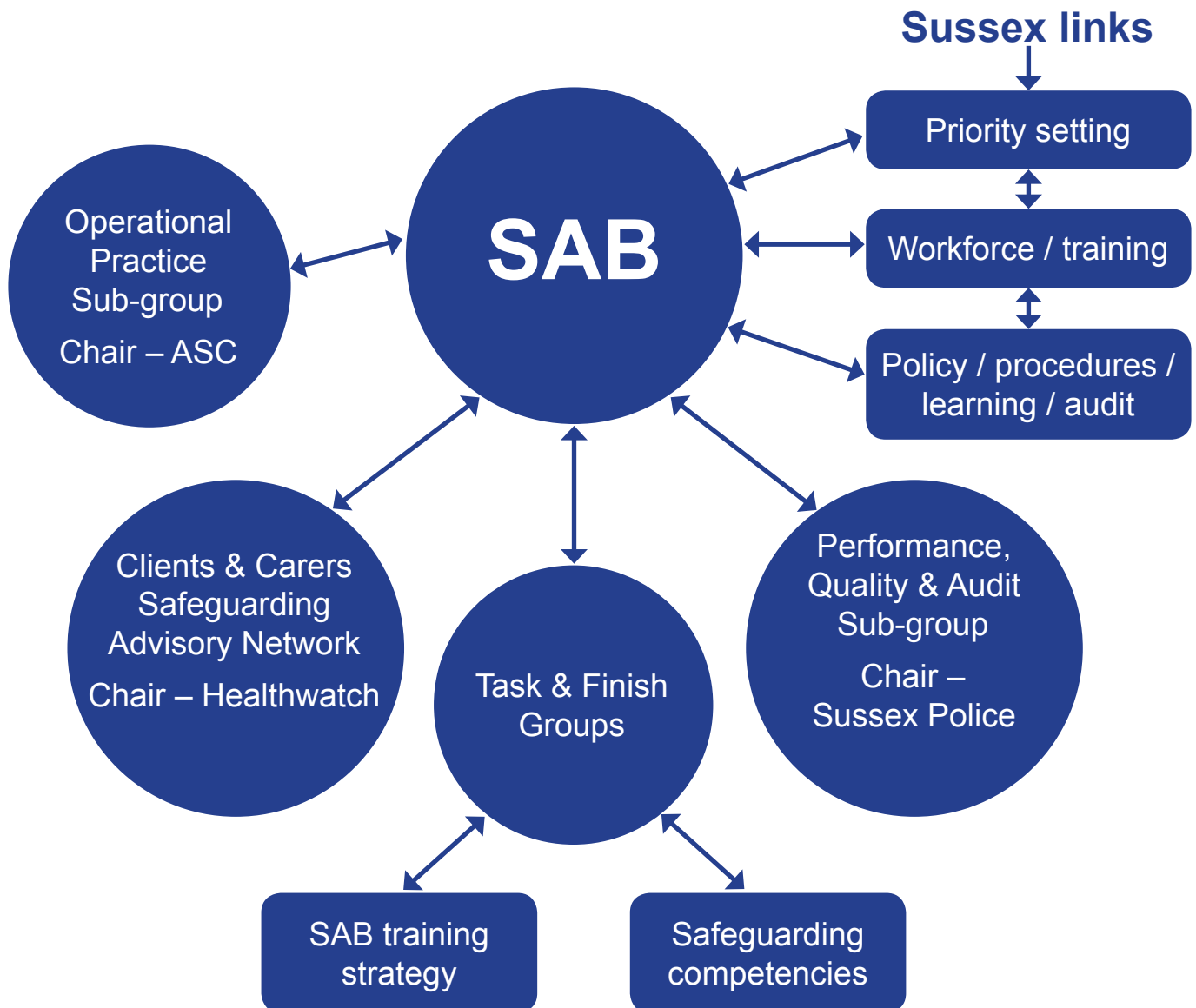
- Consideration of an Independent Chair for the Board.
- Identifying how partners can pool resources to cover an agreed programme of training each year.
- Reviewing the chairing arrangements and set-up of the Clients and Carers Safeguarding Advisory Network to strengthen the voice of clients and carers in safeguarding.
- Ensuring all partners take an active part in the running of the Board and contribute resources, and participate in the development of agendas and the work plan.

The SAB has welcomed these findings and has already started to progress many of the recommendations made.

Governance and structure of the Safeguarding Adults Board

Following the peer review, the SAB's governance and structure has been revised. This is illustrated in the diagram below.

The new arrangements reflect increased participation by partner organisations (a full list of SAB members is included as Appendix 1). In addition, closer links are being established with the Safeguarding Adults Boards of Brighton & Hove and West Sussex, for shared learning opportunities and priority setting, as well as workforce development and training.



Task & Finish Groups These groups translate the priorities of the SAB into outcomes-focused work programmes. The groups are time-limited and undertake a specific task. Currently, there are two groups: one to develop the SAB training strategy, the other is revising the safeguarding competencies.

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.

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.

The network is developing a survey to gain feedback from adults on their experience of the safeguarding process in East Sussex so that improvements can be made, where needed.

The network will play a key role in assisting the SAB to take account of the views of the local community and people who have care and support needs. It will also provide feedback to the SAB on future strategies and work plans, as outlined in the Care Act 2014.



Future plans

- **Recruitment of an Independent Chair of the SAB by July 2015.**
- **Agreement of a budget for the SAB for 2015 – 16, to include financial contributions from Adult Social Care, the Clinical Commissioning Groups, Sussex Police and East Sussex Healthcare NHS Trust.**

This budget will cover multi-agency training and learning opportunities, safeguarding awareness campaigns, the Independent Chair, and costs associated with any Safeguarding Adults Reviews, as outlined in the Care Act 2014, or other case reviews required.

- **Continue to implement the new structure of the SAB, recommended by the peer review, for increased effectiveness in safeguarding governance. This will include Sussex Police chairing the sub-group responsible for monitoring quality assurance across agencies.**

2. Develop a cross system understanding of service quality and avoid service failure

Fire safety

Effective partnership working with a variety of agencies signed up to the Care Providers Fire Safety Scheme has continued across the county. This scheme is run by East Sussex Fire and Rescue Service (ESFRS) as a means by which the service can fulfil its statutory duty to promote fire safety. Ninety four agencies have now signed up to the scheme, resulting in 6,451 home safety visits being undertaken in East Sussex during 2014 – 15, with occupiers being offered fire safety advice tailored to their situation. Of these visits, 91% were delivered to those deemed to be vulnerable in some way.

Multi-agency activity to reduce the risk of fire-related harm in the community remained a key priority for the SAB this year in response to a spike in accidental deaths from fire-related harm in 2011 – 12. In response to this, since January 2013, all clients and carers of Adult Social Care are asked at the point of assessment and review if they would like a referral for a home safety visit by ESFRS. In order to increase the uptake of home safety visits, follow-up calls were made between April and September 2014 to clients who initially declined a visit, with very positive results. Of those contacted, 80% agreed to a home safety visit (147 people), having initially declined this.

ESFRS staff participated in the first national hoarding campaign in May 2014, and actively target hoarders for home safety visits acknowledging the increased risk of fire that hoarding presents.

Next steps

- To continue working with partners to protect those most vulnerable to fire risk through effective data sharing with other agencies, and by sharing information including updating the ESFRS website with information on hoarding, self-neglect, modern slavery and the Prevent agenda.
- Through the Health and Wellbeing Visits project, increase signposting to the relevant source of help for vulnerable adults who have deteriorated since their last visit.

Multi-agency safeguarding audit 2014

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

This year's audit was undertaken by representatives from Adult Social Care, Clinical Commissioning Groups, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust and Sussex Police.

The key findings were as follows:

Strengths

- Effective partnership working in all cases.
- Evidence of consideration of the needs and wishes of the adult and / or their representative in the majority of cases, in line with the Making Safeguarding Personal approach.
- Casework reflected sustained protective outcomes for those at risk.
- In two cases involving domestic abuse, there were considerable joined-up efforts by all relevant agencies to effectively assess risk and offer protective measures, including appropriate persistence where there was initial resistance from the adult.

Areas for development and learning

- Mental capacity assessments require earlier and more comprehensive completion.
- Safeguarding plan reviews need to be routinely undertaken or considered, especially where there has been a great deal of effort during the safeguarding process itself, to try to achieve positive change and protection in the longer term.
- 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.

In light of these development areas, the SAB has agreed the following actions to be implemented in 2015 – 16:

- Continued emphasis on the understanding and application of the Mental Capacity Act in relation to the Making Safeguarding Personal approach, and ensuring suitable advocacy arrangements are put in place where required.
- Continued training on the MARAC process, with opportunities for enquiry leads to shadow these meetings, to ensure referrals and information sharing is routinely achieved.
- Training and awareness raising on the interface between safeguarding and domestic abuse now that this is included as a category of abuse in its own right following implementation of the Care Act.

Serious case reviews

No serious case reviews have taken place this year, and no referrals for consideration of a review were received.

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

Quality monitoring

During 2014, the Quality Monitoring Team worked jointly with the Safeguarding Development Team and the Performance Team to review themes and types of abuse. This joint work has enabled the development of focused safeguarding awareness workshops for community care and support providers.

The Quality Monitoring Team has also been working jointly with Adult Social Care operations and commissioning teams in relation to working age care and support provision, to review performance indicators received from providers relating to incidents, safeguarding concerns and complaints. The team has also worked jointly with colleagues in the Clinical Commissioning Groups (CCGs) to verify information relating to safeguarding concerns, including the monitoring of low level concerns. This work has enabled further preventive measures to be put in place.

The team has also been active in supporting providers in the raising of safeguarding alerts, and in enabling them to implement effective quality assurance systems.

Support With Confidence Approved Trader Scheme

Helping to combat rogue traders, this scheme has 135 members with 61 applications currently being processed. Efforts continue to be made to grow the scheme. These include streamlining processes, for example, introducing new business training workshop days for Personal Assistants and small businesses. These have proved very successful. The scheme will also look to attract new members by promoting itself at events with new partners such as the Job Centre.

Future plans

- **Developing a protocol on how to respond to safeguarding enquiries where there are concerns about the quality of care.**
- **Reflective multi-agency learning sessions from Safeguarding Adults Reviews or case reviews.**
- **ESFRS to work with Adult Social Care commissioners to reduce risks of fire injuries and death by increasing the amount of lifeline devices connected to smoke alarms.**
- **Assurance tool devised by the CCGs will be distributed to CCG-commissioned provider services across the region, to provide, via self-audit and site visits, assurance regarding safeguarding activity and quality. This comprehensive tool will be adapted to gain assurance within primary care.**

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

Homecare safeguarding awareness campaign

Drop-in sessions were arranged across the county to engage with homecare workers and raise their awareness of safeguarding.

These sessions were facilitated by staff from the Safeguarding Development Team alongside staff from Mihomecare and Primecare.

A total of 46 homecare workers attended. Their feedback was that they valued the opportunity for discussion and the quality of interaction with staff was appreciated.

Following this campaign, there has been an increase of 31% in alerts raised by homecare staff compared with last year.

Next steps

- Implementation of safeguarding training tailored specifically for homecare staff (up to this point only generic training has been offered). This training will be available from April 2015.
- Homecare representation at the SAB from April 2015 to ensure closer links are made and facilitate effective information sharing.

Sussex Safeguarding Adults Policy and Procedures and Making Safeguarding Personal

In preparation for the implementation of the Care Act in April 2015, the Sussex-wide policy and procedures for responding to abuse and neglect were rewritten to ensure their compliance with the new legislation. Updates focused on the Making Safeguarding Personal approach, with a stronger focus on the outcomes individuals wish to achieve.

The policy and procedures were developed with the Brighton & Hove and West Sussex Safeguarding Adults Boards for a consistent approach across Sussex.

In addition, the leaflet [Safeguarding and the Care Act – What's the same and what's different](#) was produced to highlight the main similarities and differences in the procedures.

Next steps

- An event to launch the procedures and roadshows for a wide range of staff and agencies to raise awareness of the changes introduced by the Care Act.
- Consultation and feedback on the new procedures to ensure effective interventions for those at risk of abuse are offered.

Stop the Pressure

Effective collaborative work has continued with health colleagues from East Sussex Healthcare NHS Trust (ESHT), and there has been a continued improvement in standards of practice in response to and prevention of pressure ulcers.

This year has seen a particular focus on raising awareness among staff working in residential and community settings to achieve more effective prevention of pressure ulcers in these settings.

Two 'Stop the Pressure' events, led by ESHT, were held in September 2014 and March 2015, with approximately 70 delegates attending each event.

Domestic abuse

East Sussex County Council has demonstrated its commitment to the campaign to end violence against women by achieving White Ribbon status – one of only two county councils to have gained this award.

A key element of the East Sussex Safer Communities Partnership Domestic Abuse Strategy is raising awareness. To this end, East Sussex County Council arranged an event 'Domestic Abuse Hurts Everyone' on 25 November 2014. The event was attended by schools, youth support workers, governors, councillors and local businesses. Attendees were asked to promote the message: 'never commit, condone or remain silent about violence against women'.

In December 2014, an evaluation of changes to the MARAC process found that these changes have led to a more effective process for the safeguarding of domestic violence victims, children and others at risk. A pan-Sussex consultation event will be held early in 2015 – 16 to look at ways of standardising the MARAC process across Sussex.

Prevent

The Counter-Terrorism and Security Act 2015 introduced a number of Prevent duties for local authorities. To ensure East Sussex County Council complies with these new duties, the Safer East Sussex Team is currently working with partners across the south east to:

- establish a Prevent Board,
- ensure panel referral processes are sound,
- support the training of key professionals, and
- prepare guidance for schools.

Since the establishment of the East Sussex Channel Panel (Channel is the name given to the referral and support process) there has been one referral. The individual was not adopted as a case for intervention due to other agency involvement at the time. This referral provided an opportunity to see how the process worked and identify areas requiring further development.

Our guidance 'PREVENT – Supporting Individuals Vulnerable to Recruitment by Violent Extremists in East Sussex' has been shared with partners as well as Brighton & Hove City Council and West Sussex County Council.

Anti-social behaviour and hate crime

New anti-social behaviour tools and powers came into effect in October 2014. These included the community trigger which gives victims and communities the right to require action is taken where an ongoing anti-social behaviour or hate crime problem has not been addressed. To date, no community triggers in East Sussex have been activated.

During Hate Crime Awareness Week in October 2014, the Safer East Sussex Team joined Sussex Police and other partners for a web chat which aimed to de-mystify some of the language and misunderstandings around hate crime.

East Sussex Safer Communities Partnership commissions a victim support service, Safe from Harm, to improve the wellbeing, confidence and resilience of people at risk of harm from anti-social behaviour or targeted harassment. During the past year, 88% of people supported by the service reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end.

Hate crime third party reporting is being developed in partnership with Citizens Advice Centres across East Sussex. These will be independent centres where individuals who do not want to report a hate crime or other incident to the police can report an incident in complete confidence. The centres will also provide advice, guidance and support to the victim.

Deprivation of Liberty Safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement defining deprivation of liberty. Following this judgement, Adult Social Care (ASC) issued guidelines to care homes and hospitals as well as to ASC staff advising them of the new 'acid test' which should be used to determine whether a person is being deprived of their liberty.

As a result of the Supreme Court judgement, there has been a 10-fold increase in DoLS referrals to local authorities nationally. In East Sussex, 166 referrals were received in 2013 – 14, all of which were assessed. In 2014 – 15, East Sussex received 1,493 referrals and has completed 520 assessments.

ASC has considerably increased its resources to complete DoLS assessments. East Sussex is achieving a higher rate of completion than 13 of the 16 authorities in the ESCC comparator group, although 21% of referrals were completed in the final quarter of 2014 – 15. It is expected that referral rates will continue to rise during 2015 – 16 and the DoLS Team has been reorganized to maximize its use of the additional resources allocated to the team.

During 2015, Brighton University will be offering two additional training courses for Best Interest Assessors (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 increased demand for IMCAs, and ASC has funded an increase in capacity in this service. DoLS applications are authorised even if they are not granted and ASC will appoint more Authorisers during 2015 – 16 to meet demand.

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.

The higher profile of the DoLS process and an increase in awareness of issues concerning deprivation and mental capacity, together with changes within the Care Act, has led to an increase in understanding of these issues by providers and assessment staff.

Next steps

- The Law Society has issued guidance on deprivation of liberty and is launching a two year DoLS consultation process. ESCC will be involved in this work with our partners from Sussex and Brighton Universities.

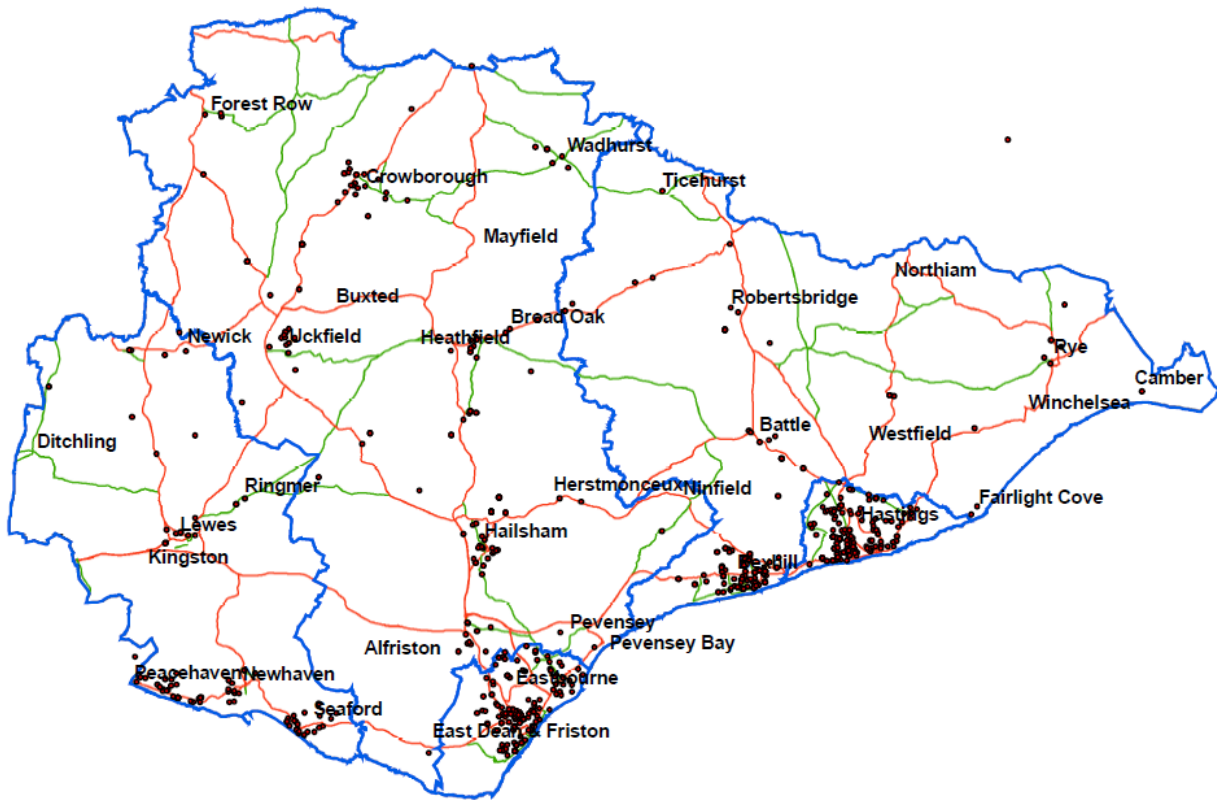
Analysing safeguarding activity



There has been a **10%** reduction in the number of safeguarding alerts received by Adult Social Care compared with 2013 – 14. Much of this reduction can be attributed to the change in the reporting of pressure ulcers. Previously, all grade 3 and 4 pressure ulcers were raised under the safeguarding procedures. However, these are now managed by East Sussex Healthcare NHS Trust as a serious incident, unless neglect is suspected in which case a safeguarding concern will also be raised.

Not all safeguarding alerts received by Adult Social Care require a safeguarding investigation. Recent audit activity indicates that during this period an appropriate balance has been struck between referring cases for safeguarding investigation and resolving the issues through other remedies, including regulation, quality monitoring processes and care management. All of these routes, if used effectively, will safeguard people.

Map showing investigations completed in 2014 – 15



Types of abuse investigated in 2014-15



Note: The numbers of each type of abuse exceeds the total completed investigations as some investigations involved multiple types of abuse.

There has been very little change in the proportion of types of abuse investigated compared with last year. Neglect, financial abuse and physical abuse remain the three types of abuse most frequently investigated. One case of institutional abuse has been recorded. This is a small difference from the previous two years – in both these years, four cases were recorded and investigated.

Locations of abuse



The most common locations of abuse are care homes and the adult's own home.

Within care homes, neglect is the most commonly reported type of abuse followed by physical abuse. This was also the case in 2013 – 14. Proportionately, there has been very little change in levels of neglect within care homes, however, physical abuse has seen a slight decrease from **21%** to **17%**.

Within the adult's own home, the most common type of abuse reported is financial abuse, followed by neglect. Again, this was the same in 2013 – 14. The proportion of financial abuse cases has decreased slightly from **47%** in 2013 – 14 to **44%** in 2014 – 15. Financial abuse remains a key area of focus for the coming year with continued joint working between Trading Standards and Adult Social Care to promote prevention, awareness raising and effective interventions.

Sources of referrals



There has been an increase in the number of referrals from Sussex Police compared to 2013 – 14, from **63** to **72**. This is attributed to the new referral form to Adult Social Care, the Single Combined Assessment of Risk Form (SCARF) which was implemented in August 2014, together with increased training for new staff.

A pilot of an online safeguarding reporting process across the South East Coast Ambulance Service NHS Foundation Trust appears to have had a positive impact on referral rates.

There has been an increase of **31%** in alerts raised by homecare staff compared with this period last year, following the homecare safeguarding awareness campaign. The number of alerts being passed for investigation has reduced, indicating further training is required.

There has been a **39%** drop in the number of alerts received from GPs, with just **27** alerts. Of these alerts, there has been a slight increase in the proportion that have been investigated suggesting greater awareness of what should be considered under safeguarding. However, the very low number of alerts remains a concern and will be addressed through training and raising awareness over the coming year.

Future plans

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

4. Focus on personalising safeguarding outcomes and developing performance measures that focus on quality and outcomes

Quality assurance activity in Adult Social Care

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

Between April 2014 and March 2015, the Safeguarding Development Team undertook approximately **117** audits, both general safeguarding audits and safeguarding plan audits. In addition, threshold audits were undertaken to ensure an appropriate balance was being struck between alerts taken forward for investigation and those where other protective measures were taken.

Feedback from approximately **58** 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 planned and co-ordinated investigations.
- Multi-agency partnership working with good managerial oversight.
- A personalised, Making Safeguarding Personal approach was increasingly evident with adults or their representatives being asked to identify outcomes and the achievement of these, where possible.

Key areas for development

- More detailed recording within assessments of mental capacity and more consideration of referral to advocates is needed in some areas.
- Safeguarding plans to be shared more widely, reviewed more regularly and have clearer timescales for proposed protective actions.

Mark's story

Mark has care and support needs around his substance misuse, and lives in supported accommodation.

Mark's recovery worker raised a safeguarding concern following verbal abuse and threats of physical harm. The police investigated but no further action was taken due to insufficient evidence.

Mark identified his desired outcomes as:

- wanting the abuse to stop,
- wishing to collect his pharmacy prescription at a different time to the person alleged responsible (PAR), so they would be less likely to bump into each other, and
- wishing to move to another area.

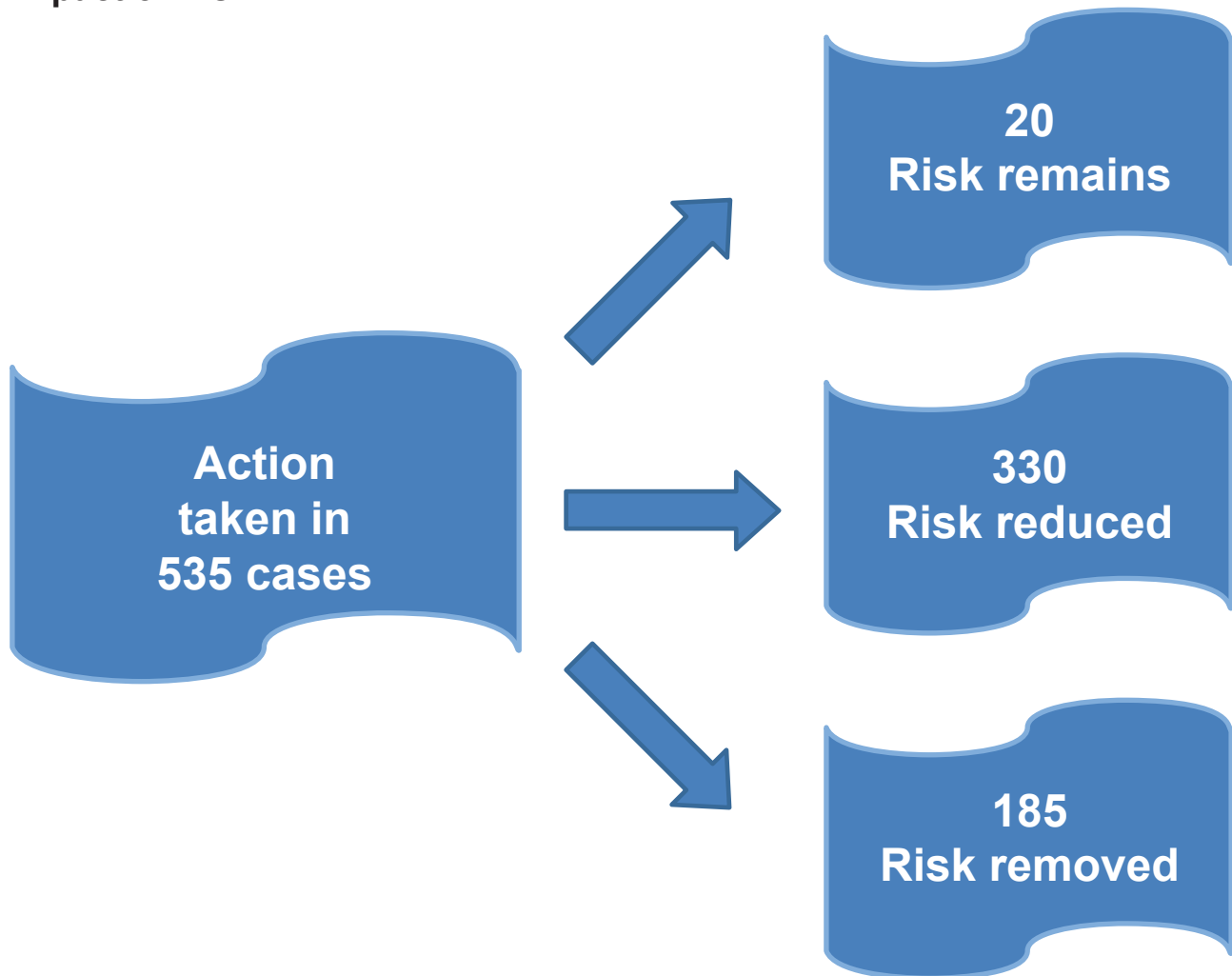
Mark was consulted throughout the enquiry and his desired outcomes resulted in the following safeguards being put in place:

- The police put markers on his address and mobile phone, and issued a Police Information Notice to stop the PAR contacting Mark directly or indirectly.
- His prescription was given at a different time to the PAR.
- His accommodation request was considered by the district council.

Analysis of outcome data

A Safeguarding Performance Quality and Audit 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

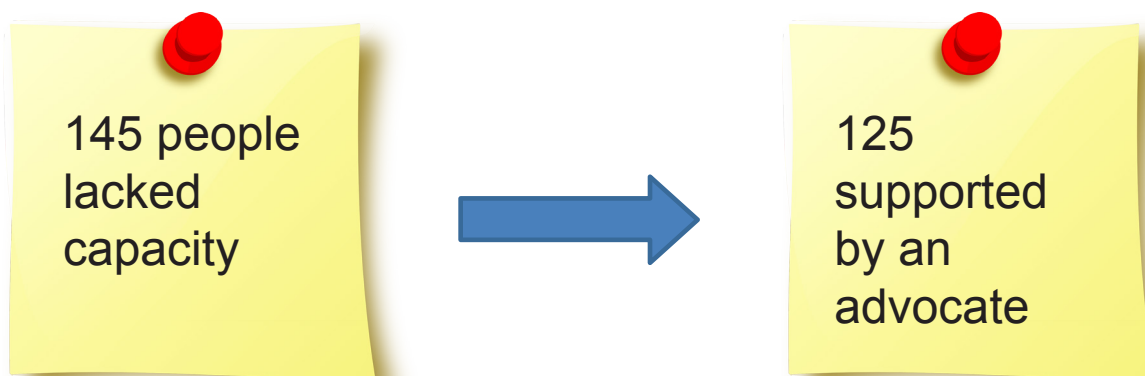


Note There were 66 historic completed investigations where the impact on risk was not recorded.

Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **93%** of cases, where there was action under safeguarding arrangements, the risk was reduced or removed.

There are a number of reasons why risk may remain despite safeguarding interventions. For example, the adult may have chosen not to accept the actions proposed in their safeguarding plan, or has made the choice to balance risk factors with 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



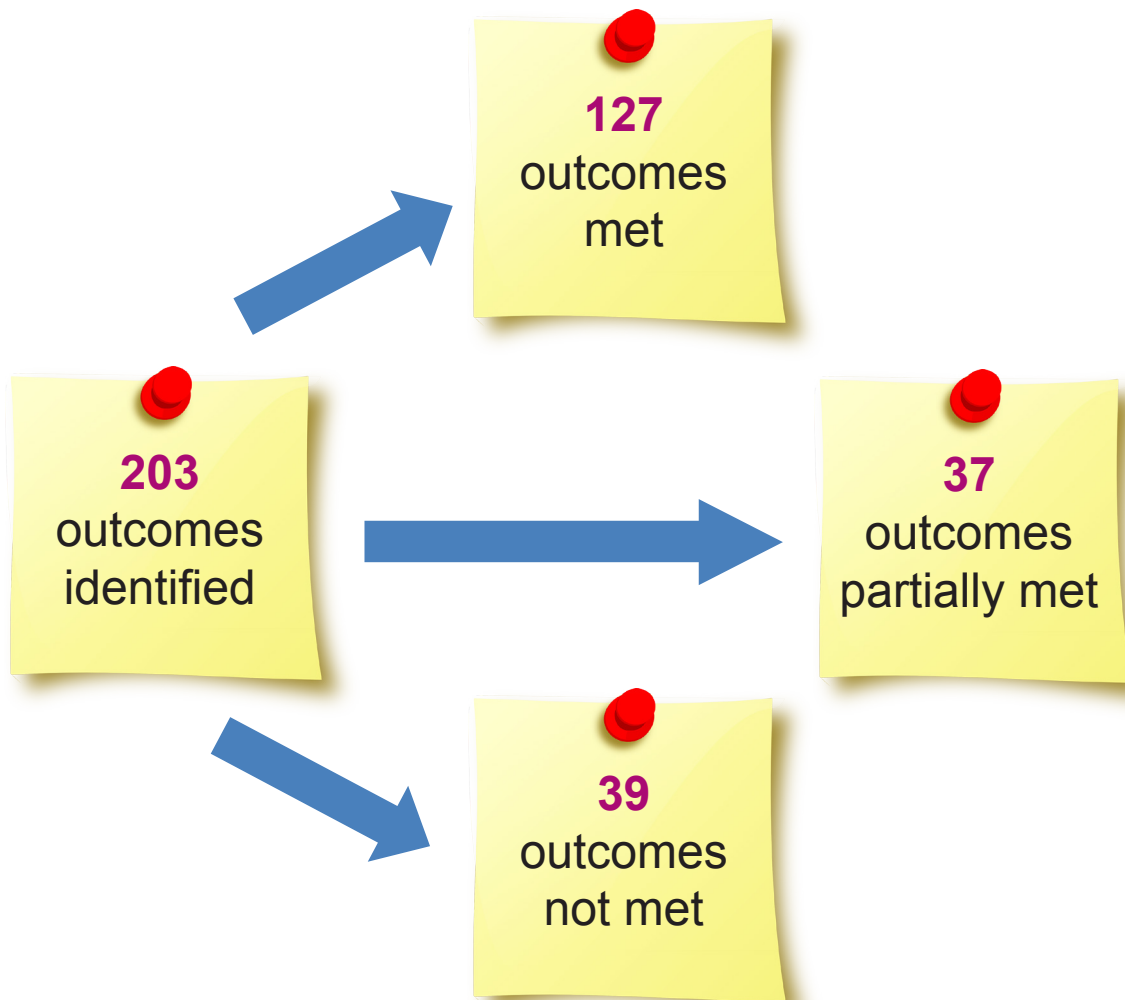
As shown above, the proportion of people receiving support from an advocate, family member or friend where they lacked capacity was **86%**. In 2013 – 14, the national average was **49%**.

Outcomes achieved through safeguarding



Since September 2014, Adult Social Care has been recording the specific outcomes that people have identified they would like to achieve through a safeguarding intervention, captured in the six categories shown above.

It is a priority of the SAB to achieve a higher percentage of desired outcomes, and to ensure data collected captures these desired outcomes in more meaningful ways. This will be done by enshrining the Making Safeguarding Personal approach in safeguarding practice, and by asking adults and their carers or families how effective the support offered has been.



It is promising that in **81%** of cases where desired outcomes were identified, these have been met or partially met.

It is anticipated this percentage will increase as the Making Safeguarding Personal approach becomes further embedded into safeguarding practice, ensuring the adult's views and wishes are central to all 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, our aim will always be to acknowledge and record the adult's desired outcomes, and to be open and honest with the adult or their representative about what is realistic.

Sarah's story

At the start of the investigation, Sarah identified her outcomes as:

- wanting the allegations of financial abuse to be investigated, and
- to be able to manage her own finances.

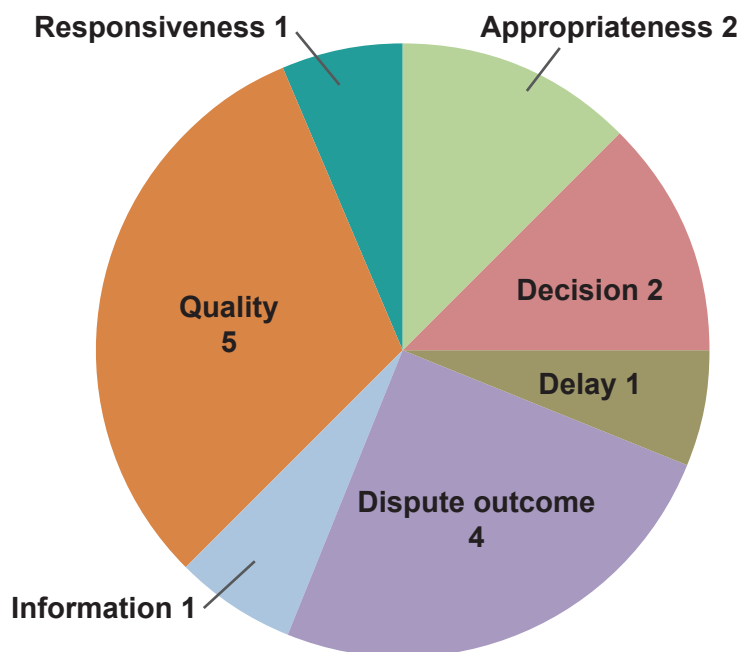
Both of these were met.

Learning from complaints

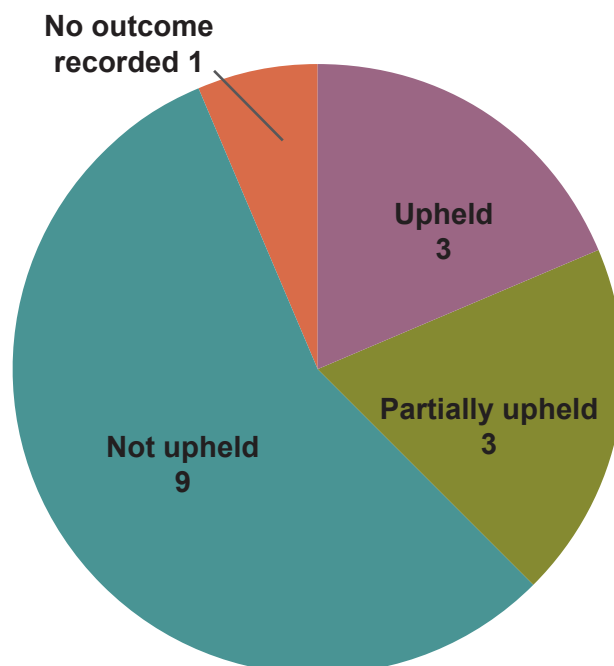
The total number of complaints recorded for Adult Social Care in 2014 – 2015 was 398. Of these, **3.5%** (14) related to safeguarding. In addition to these 14 complaints, two enquiries were received from MPs / councillors. This compares to 16 complaints and one MP / councillor enquiry received in 2013 – 2014.

The Local Government Ombudsman (LGO) has looked at one complaint about a safeguarding investigation. We are still to receive the final decision from the LGO. In 2013 – 2014, we received two complaints from the LGO.

Complaint categories



Complaint outcomes




Learning and actions


- The importance of keeping the adult at the centre of the safeguarding process.
This will be achieved by ensuring the Making Safeguarding Personal approach is embedded in safeguarding practice.
- Ensuring the person thought to be the cause of risk understands the safeguarding process, and is given the opportunity to respond to the concern.
This will be achieved by producing a factsheet for the person or service thought to be the cause of risk, and ensuring enquiries include an opportunity for that person or service to give their views, and respond to the concern.
- Every effort should be made to obtain information about a safeguarding concern when faced with a lack of response from the adult we are concerned about.

Compliments

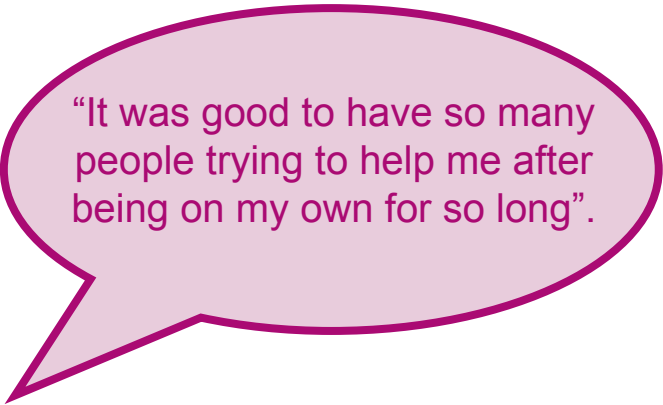
The Safeguarding Development Team has received the following feedback:



The Investigating Officer was “wonderful, kind, thoughtful and a credit to her profession”, and is a “shining star in the world of Adult Social Care”.



“I felt believed and listened to”.
The Investigating Officer
“couldn’t be more helpful”.



“It was good to have so many people trying to help me after being on my own for so long”.

Future plans

- Further development and analysis of safeguarding outcome data, based on client experiences.
- Network meeting pilot. Training has been delivered to a small group of staff members who will facilitate 'family group conference' style meetings as an alternative response to safeguarding issues. These network meetings will provide an opportunity for people who may have been abused to meet with those within their own support networks, such as friends and family, to find solutions together and identify actions to respond to issues and make changes in their lives to prevent future abuse in a supportive context. The pilot will run from June – December 2015.

5. Ensure all people involved in safeguarding have appropriate skills and knowledge

Adult Social Care and Trading Standards knowledge exchange

This project followed the Safeguarding Adults Board's financial abuse awareness campaign in 2013 – 14. The aim was to increase awareness of the functions of both Trading Standards and Adult Social Care within each other's departments to reduce abuse and exploitation from scams and doorstep crime, and achieve more effective outcomes for individuals.

The Safeguarding Development Team and Trading Standards jointly devised a project to enhance those links through the commitment of designated staff members to work together for a fixed period of six months, with the following actions and measures agreed:

- Create guidance for staff and a training offer to raise awareness of Trading Standards and Adult Social Care services and responses.
- Increase understanding by Trading Standards staff of the principles and application of the Mental Capacity Act 2005.
- Achieve a 20% increase in referrals by Trading Standards to Adult Social Care by 30 June 2015.
- Achieve a 20% increase in referrals by Adult Social Care to Trading Standards by 30 June 2015.

The Trading Standards team received training sessions on contractual capacity, which included the Mental Capacity Act, and safeguarding awareness. This has resulted in safeguarding of adults at risk being integrated into all Trading Standards work, especially in relation to scam mail victim visits and doorstep crime incidents.

A 'Trading Standards and Adult Social Care joint working guide' has been produced and a training workshop to support this was devised and delivered.

Building Bridges training is now an on-going feature of Trading Standards work with Adult Social Care. Building Bridges talks are taking place monthly to newly qualified social care staff.

Next steps

- Trading standards officers to complete safeguarding and Mental Capacity Act awareness training yearly.
- Letter template provided by Trading Standards to be used by Adult Social Care staff which individuals can be supported to send to scam companies to cease contact.
- Data analysis for comparison and monitoring of referral rates between the two departments to take place in June 2015.
- Joint Trading Standards / Adult Social Care training will continue in 2015 – 2016 with training being offered to ASC teams who were unable to take up the training in 2014 – 2015.

Development of Scams Team

The National Trading Standards Scams Team was made a core funded national project in April 2014. The team receives funding to focus on intervention, disruption, enforcement and education.

There are currently 151 (74%) local authorities signed up to the project. These authorities receive victim intelligence, and intervene and support victims of mass marketing fraud.

The team has identified 9,500 scam victims with over £11m worth of detriment. The team has saved £1m for consumers in the UK. £200k was returned to victims.

Next steps

- Educate practitioners on how to assist victims of scams, and provide them with workable tools.
- Through effective partnership identify victims of scams and intervene on behalf of the consumer.

Key training figures and initiatives

Adult Social Care training

April 2014 – March 2015

Course title	Number of courses	Number of attendees
SAR Basic Awareness	16	328
Investigating Manager	6	83
Investigating Officer 2-day	6	86

KWANGO safeguarding adults e-learning

April 2014 – March 2015

Organisation	Number of attendees
ESCC	1,053
Hospitals	122
Independent care sector	1,292
Clinical Commissioning Groups	490

Making Safeguarding Personal Workshops

Work to support the progress of the Making Safeguarding Personal (MSP) approach in all adult safeguarding has continued. MSP shifts the focus within adult safeguarding to an emphasis on supporting and empowering adults who have experienced abuse or neglect to identify their desired outcomes. Safeguarding activity is then framed around seeking to meet those outcomes, wherever possible.

In recognition that this change in safeguarding practice affects all partners of the Safeguarding Adults Board, three multi-agency workshops were organised by the Safeguarding Development Team, alongside several held for Adult Social Care staff. Forty five members of staff from partner agencies attended.

These workshops provided tools, knowledge and support to staff to help them develop the MSP approach to increase personalised, outcomes focused safeguarding responses. The workshops were well received and case audits have demonstrated that the MSP approach is beginning to be adopted by staff.

Sussex Police

There has been a particular focus on domestic abuse training, as well as on harmful practices awareness with the following courses being held:

- A female genital mutilation awareness day for front-line officers in February 2015.
- A three-day training course for front-line officers covering forced marriage and honour-based abuse.

Domestic abuse and harmful practices remain priority areas for Sussex Police in 2015-16. There will also be a focus on Care Act awareness, particularly for specialist officers and new officers.

East Sussex Fire and Rescue Service (ESFRS)

External training on awareness of modern slavery has taken place, and further roll-out is planned for 2015 – 16.

Information is now available for all ESFRS staff in respect of rough sleepers and homeless individuals, with referral routes established to homeless organisations. Safety information leaflets have been produced for staff to hand out to rough sleepers and homeless individuals to reduce the risk of fire and harm.

Future training plans include:

- Continuing to provide training for staff on adult safeguarding (refresher), Mental Capacity Act and DoLS, and modern slavery.
- Service-wide training for key members of staff to improve awareness and skills in wellbeing.
- Review of staff competency through training and development.

South East Coast Ambulance Service NHS Foundation Trust

The appointment of a full-time Safeguarding Support Officer at the South East Coast Ambulance Service NHS Foundation Trust has added resilience and capacity to the safeguarding team. This additional capacity has enabled the Trust to have a greater involvement in SAB activities.

A domestic abuse pilot was re-introduced during 2014 – 15, with increased domestic abuse awareness training across the whole Trust. There has been an increase in domestic abuse referrals across the pilot area. Collation and analysis of the data is currently being undertaken. This will include a project review and evaluation to assist the development of a business case for the pilot's sustained continuity beyond December 2015.

The continued roll-out of electronic safeguarding reporting across all Trust sites (including both 111 sites) will lead to improved monitoring and analysis of the information being gathered. This will facilitate greater scrutiny of demographics, and ensure that training needs are identified and mapped to enable targeted training to be delivered in the future.

In partnership with learning and development colleagues, the Safeguarding Team will progress the delivery of Mental Capacity Act training to all clinical staff. This training will include the application of capacity assessments, obtaining consent to treatment and use of control and restraint techniques.

East Sussex Healthcare NHS Trust (ESHT)

Mandatory staff training for the last three years:

Course title	Percentage of total ESHT staff undertaking training	Target for 2015 – 16
Safeguarding adults	73%	90%
Mental Capacity Act	92%	90%
Deprivation of Liberty Safeguards	89%	90%

The MCA and DoLS 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 inclusive.
- Advanced training – This is for Band 8 staff and above, and includes doctors, consultants, managers, specialist nurses and directors.

The safeguarding training includes PREVENT training. ESHT will be part of the new PREVENT group to be led by ESCC.

Domestic violence training has been cascaded to a wider section of staff. The ESHT Safeguarding Lead works with the Local Safeguarding Children’s Board to deliver this training. ESHT is working on achieving White Ribbon status.

Learning that has influenced change in the organisation includes:

- The introduction of an electronic recording system – ‘System One’ – which has led to improved documentation.
- Following a safeguarding investigation for financial abuse, the Patient’s Property and Monies Policy was reviewed. External auditors were commissioned as part of this review. The updated Integrated Patient Documentation will include a section for listing patient’s property as well as the existing patient disclaimer.
- The Situation Background Assessment & Recommendation (SBAR) tool has been implemented to improve communication between wards and departments when transferring patients.
- The Integrated Patient Documentation is currently being reviewed, and will include an updated section on discharge planning. It is hoped that the use of the updated Discharge Checklist will ensure appropriate referrals are made and improve the patient discharge pathway.

Sussex Partnership NHS Foundation Trust (SPFT)

A comprehensive, independent audit of both adult and children's safeguarding was undertaken by Baker Tilly, and completed in October 2014. The report gave an overall rating of amber / green, concluding that the Trust "can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective".

A Care Quality Commission inspection of services in January 2015 provided positive feedback around the systems SPFT has in place to safeguard vulnerable adults. Inspectors spoke to staff across local services to test their knowledge and understanding, and found a good level of assurance. Further work is required to raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards, and to ensure robust recording of mandatory safeguarding training completed by SPFT staff. Both these areas are being taken forward as a priority as part of our improvement plans. The "My Learning" learning management system has been introduced to support completion and recording of all mandatory training for staff.

Adult safeguarding is part of induction training for all staff. This is supported by e-learning modules and training sessions in teams, for example, safeguarding and DoLS training for Secure and Forensic Services. Trust-wide MCA and DoLS training is provided. This has been supplemented by further Sussex-wide MCA / DoLS training through the Joint Health Economy project.

In 2014, SPFT was selected as one of two Mental Health Trusts nationally to host a project led by AVA (Against Violence and Abuse) Stella to improve domestic abuse policy and practice. A Trust-wide steering group has been established with representation across all care groups. Initial training sessions have been provided and a training plan is being developed, including induction training. A comprehensive domestic abuse policy has been drawn up and is currently at the committee approval stage.

The safeguarding lead for SPFT in East Sussex was part of the team which delivered self-neglect training to senior staff in a multi-agency context, and also took part in the multi-agency audit of safeguarding.

SPFT is working closely with ESCC and other key partners to prepare for the implementation of the Care Act 2014. Our Sussex Partnership Safeguarding Adults Policy is being updated to ensure Care Act compliance and to reflect the new Sussex Safeguarding Adults Policy and Procedures. Staff have attended training on the implications of the Care Act for adult safeguarding. SPFT has a strong commitment to Making Safeguarding Personal and this will underpin our approach to training and practice.

Clinical Commissioning Groups (CCGs)

A rolling programme of safeguarding training for both clinical and non-clinical staff has begun. The following staff have so far received training:

CCG	Percentage of staff undertaking training
High Weald Lewes and Havens	34.2%
Eastbourne, Hailsham and Seaford	70.2%
Hastings and Rother	70.2%

Further sessions have been booked, and the training has been revised to reflect Care Act changes and to include PREVENT awareness.

Sussex-wide Mental Capacity Act and Deprivation of Liberty Safeguards training for a multi-disciplinary audience has been developed. This training commenced in October 2014, and 239 healthcare workers across East Sussex have attended either half- or full-day training sessions dependent on their role.

Funding has been secured from NHS England to ensure training is accessible to 'harder to reach' services including primary care where attendance at external training may be an issue. The CCGs will be appointing a trainer who may also monitor or audit provider services' compliance with MCA / DoLS.

There has been continued involvement with Safer Communities Teams regarding domestic and sexual abuse, as well as participation in MARAC Complex Case Planning Meetings. The CCG Domestic Abuse Policy has recently been ratified, and domestic abuse awareness is now included in adult safeguarding training.

The CCGs will contribute to the development of the training strategy and revision of the safeguarding competencies, planned by the SAB for 2015 – 16.

Training for providers

The Quality Monitoring Team worked jointly with training colleagues to develop a training referral process to prioritise training needs identified by the team in discussion with providers during quality monitoring visits.

The team also contributed to the development of bespoke risk assessor and support planning training for providers. This training will help providers to improve safeguarding and incident recording procedures.

Future plans

- **Development of a SAB training strategy in 2015 – 16 to increase multi-agency shared learning opportunities.**
- **Roll-out of Enquiry Officer training for staff involved in safeguarding.**
- **Update safeguarding competencies to reflect Care Act changes, and ensure the competencies are used by staff across agencies in supervision and appraisal processes.**

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2014 – 15, 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 will be placed on a statutory footing for the first time from April 2015, and the development of the SAB budget highlighted in this report will ensure key partners of the Board are able to achieve their objectives.

The Making Safeguarding Personal (MSP) approach that requires the adult to be central to all decisions made and the outcomes to be achieved has started to be implemented well. The multi-agency workshops on the MSP approach that took place this year have ensured a range of agencies in contact with adults who may be at risk of abuse and neglect are aware of the fundamental shifts that are required in safeguarding practice.

The Care Act 2014, to be implemented in April 2015, represents the biggest change in legislation for many years and will require partnerships between key agencies to continue to be fostered, with shared learning opportunities being created.

Safeguarding enquiries will for the first time be a statutory duty under Section 42 of the Care Act, and future data collection and analysis will need to focus on whether adults have been asked what their desired outcomes are and whether they have been met. The East Sussex SAB has already started to collect this data, and has made more meaningful analysis of the data a priority for the coming year.

There will be a new duty to ensure adults who have substantial difficulty in understanding the safeguarding process are offered advocacy, alongside the current Independent Mental Capacity Advocates for those who lack capacity under the Mental Capacity Act. This, too, is a key area of focus in the SAB's work plan for 2015 – 16 (see Appendix 2).

The SAB looks forward to welcoming an independent chair in the coming months, 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 – 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
- Sussex Downs College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England

Appendix 2 – Work plan 2015 – 16

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

Action / Measure	Lead	Timescale	Progress
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, by inviting relevant local representatives as required.	SAB	Ongoing	Homecare represented from April 2015. Consider Further Education representation in line with Care Act recommendations.
Ensure that each member is a champion for safeguarding within their own organisation, as evidenced by signing up to the updated Terms of Reference (TOR) of the SAB.	SAB	July 2015	New members going through this.
Recruitment of Independent Chair in line with Care Act recommendations.	SAB	July 2015	Recruitment process has started.
Agree budget plan with partner contributions and report on budget spend annually.	SAB	July 2015	Core SAB partners have agreed to contribute – to be finalised July 2015.
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2015	Updating of ESCC web pages has started – to incorporate this facility.
Sub-groups have been reviewed for wider partner involvement, and progress of each to be regularly fed back to SAB.	PQA / CCSAN	October 2015	PQA to be chaired by Police.

Action / Measure	Lead	Timescale	Progress
Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR).	Ops / PQA	Ongoing	SAB papers circulated between Sussex Boards and regional learning shared via the Safeguarding Network meeting. Topic based multi-agency workshops agreed via the Operational Practice Sub-group. Learning briefings to be held following any SAR.
All partners to undertake annual self-assessment of strategic and organisational arrangements to safeguard and promote well-being of adults.	PQA	Ongoing	Self-assessment tool to be updated for use by October 2015.

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

Action / Measure	Lead	Timescale	Progress
Ensure SAB members are aware of their responsibilities and implications of the Care Act, as demonstrated through annual multi-agency audit process, and updated internal procedures.	Ops / PQA	November 2015	Launch event April 16th for SAB Partners. Roadshows being planned. SCIE Care Act compliance checklist to be completed by all partners.
Sussex Safeguarding Adults Policy and Procedures have been reviewed to reflect Care Act.	SAB	April 2015	Hard copies will be made available as well as web page.

Annual review of procedures to provide opportunity for changes needed and create audit trail.	Ops / Sussex-wide forum	March 2016	Partners to provide feedback.
Advocacy and support arrangements in place, to be regularly monitored via Ops sub-group.	Ops	October 2015	Commissioning and provider arrangements in place. Referral rates being monitored.

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

Action / Measure	Lead	Timescale	Progress
Virtual Quality Hub being developed to share intelligence and agree quality pathways.	Ops	November 2015	Meeting with CCGs, CQC, ASC, Commissioners being set up to agree pathway from April 2015. Update to be given to July SAB meeting.
Address gaps regarding information sharing by agencies, in line with Care Act requirements.	PQA	July 2015	Progressed through PQA sub-group to enable effective and consistent information sharing arrangements.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Continued discussions held via PQA Sub-group.

Strategic Aim 3 – Performance, Quality and Audit

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

Action / Measure	Lead	Timescale	Progress
Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out. To be demonstrated by case audits, and client feedback.	Ops / PQA	Ongoing	Workshops and training emphasise MSP approach.

Develop safeguarding responses that incorporate client's views through collated outcome data.	CCSAN / Ops	October 2015	Network meetings in the process of being developed as part of safeguarding response. Data on client outcomes has started to be collated for analysis.
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Strategic Aim 4 – Prevention and engagement

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

Action / Measure	Lead	Timescale	Progress
Healthwatch representative chairing CCSAN.	CCSAN	Ongoing	This is now in place.
Client feedback to be obtained and presented to SAB.	CCSAN / PQA	October 2015	Survey being developed through CCSAN to capture client and carer views on safeguarding policy and practice.
Feedback from CCSAN to be incorporated into SAB annual report and strategic plan to be published.	CCSAN	July 2015	Regular feedback sought.
SAB to recruit lay member through Healthwatch, as another mechanism for consultation with local community.	SAB	October 2015	Role description to be developed with Healthwatch.

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
Develop and deliver a targeted awareness raising campaign with primary care.	TFG	January 2016	To be discussed at October SAB meeting.
ASC safeguarding information leaflets have been updated to reflect Care Act changes.	SAB	April 2015	Easy read guides to be developed and shared.

Revise SAB web content for clear information for the public.	SAB	October 2015	Revised web content now live, relevant documents to be uploaded when available. Consider independent SAB website for greater accessibility for all partners and the public.
Healthwatch roadshow planned for September 2015 to involve Safeguarding Development Team to raise public awareness.	CCSAN	September 2015	Scoping has started.

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

Action / Measure	Lead	Timescale	Progress
Safeguarding competencies to be revised and updated for multi-agency use.	TFG	October 2015	Task and Finish Group agreed at April meeting, to be convened by July 2015.
Sussex-wide training forum to be developed with the three safeguarding leads and other agencies as appropriate.	STF	March 2016	To be discussed at October SAB meeting.
SAB multi-agency training strategy to be developed to include new categories in Care Act, link with LSCB training where appropriate, and address training needs identified in annual multi-agency audit.	TFG	October 2015	To be scoped at April Board meeting. Domestic abuse training group includes reps from both adult training and LSCB.

Key

SAB	Safeguarding Adults Board
STF	Sussex Training Forum
TFG	Task & Finish Group
PQA	Performance, Quality & Audit Sub-group
Ops	Operational Practice Sub-group
CCSAN	Client & Carer Safeguarding Advisory Network