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West Sussex  
**Safeguarding Adults**  
Board  
Making Safeguarding Personal

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# **Annual Report** **2019/20**

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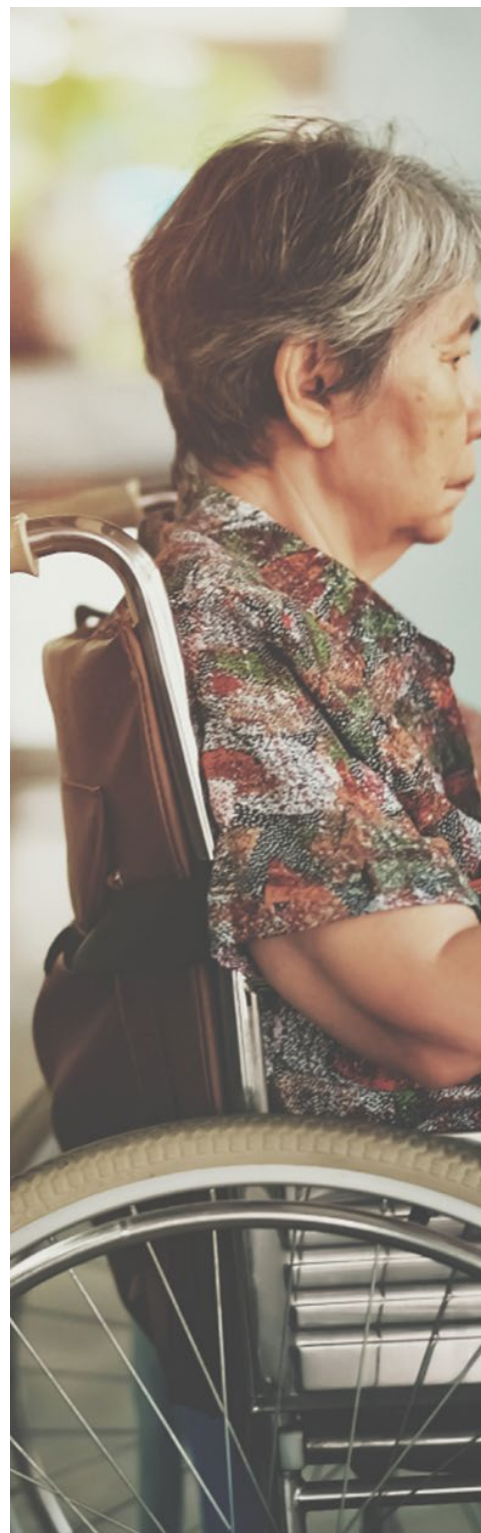
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# Foreword

**This is my second full year as Independent Chair of the West Sussex Safeguarding Board and this report, my third. As well as looking back at a year of challenges, with much more to do, we are undoubtedly looking at a year of progress. I want to thank all our Statutory Partners, all Board Members, the Head of Adult Safeguarding and the Board Support Team for making that possible.**

Having consolidated our structure, we directly serve the vital work carried out in all agencies to protect adults at risk of abuse and neglect and prevent harm; we are compliant with the 2014 Care Act.

Through training and awareness raising, and establishment of the Safeguarding Hub led by West Sussex County Council and the Police; systems responding to safeguarding referrals are no longer inundated and those in need of a safeguarding service receive a timely response. The Hub has had a significant impact on the quality of services provided to adults at risk of abuse and neglect. It demonstrates capacity to make a significant difference through working together.

The work of the Safeguarding Adults Review (SAR) subgroup has been strengthened; the Quality and Performance subgroup identifies progress on SAR outcomes and assesses quality of services;



the Learning and Policy subgroup works to improve practice and; the Quality and Safeguarding Information Sharing subgroup identifies provider agencies in need of support and challenge and acts quickly to reduce harm. I want to thank all Chairs of the subgroups for their hard work, expertise, insight and commitment to improving services and for helping the Board, focus on improvement.

We have used our increasingly well-informed Data Dashboard, with emphasis on senior operational manager narrative, which improved our understanding and analysis of challenges. DoLS assessments completed, (7,790) undoubtedly demonstrate significant progress. We begin each Board Meeting with a presentation of a safeguarding case, with consent from the service user. This retains our focus on the lives of those receiving services. In the coming year however, we are mindful of the need to make improvement in getting meaningful feedback from those who use services.

# Foreword 2

We intend to build on that and the excellent work at our Annual Conference in November 2019, where we heard from voluntary sector agencies, working with some of the most vulnerable and marginalised groups in West Sussex, and from those who use services.

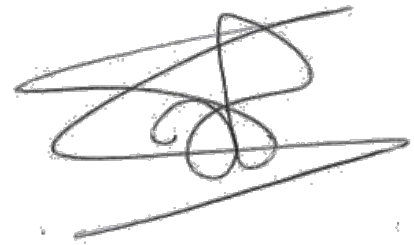
Our Development Day helped us to review our shared priorities, where we've made progress and where we need to work harder. For 2020/21, we retain focus on Homelessness and Safeguarding; Transitions, (Children moving on from Children's Services into receiving a service from Adult Services) and; capturing the voice of those who use services. We have an added priority of focusing on Mental Health and safeguarding. We will carry out multi-agency audits and focus on qualitative information in relation to data, thereby improving our understanding of the quality of services overall.

Over the past year we are pleased to have strengthened our relationship with the Health and Wellbeing Board, West Sussex Safeguarding Children's Partnership (WSSCP), and; Safer West Sussex Partnership (SWSP) by establishing a Collaborative agreement to share and align our work. We continue our work across the region and nationally.

We appreciate the significant support we receive from all agencies. We are aware that resources are stretched, and these are extremely challenging times. We were supported by the

District and Borough Councils, who provided venues for Board meetings. We also want to thank Dame Marianne Griffiths who opened our Annual Conference and generously provided the venue and refreshments and; Natalie Brahma-Pearl, for her work in organising such an excellent, challenging and enlightening afternoon for us, as well as those voluntary sector agencies who provided us with insight into the work they do with those who are vulnerable in West Sussex.

With progress made and the significant challenges of responding to COVID -19; we are, all sectors, moving through extremely difficult times. As a Board and a partnership, we have made progress and are in a better place to respond, not least having demonstrated what can be achieved when we decide, across all sectors, to make progress.



**Annie Callanan**

Independent Chair  
West Sussex Safeguarding Adults  
Board

# About us

**The West Sussex Safeguarding Adults Board was established in 2011 and is led by the Independent Chair, Annie Callanan.**

The Board comprises a core membership of statutory partners from West Sussex County Council (WSCC), the NHS West Sussex Clinical Commissioning Group (CCG) and Sussex Police. We also have a number of other partners (please see Appendix).

Our Board meets quarterly with most of our business delivered through our subgroups. Our duties and functions are set out in the [Care Act 2014](#).

## Our vision

Our vision is for people in West Sussex to live in safety, free from abuse and the fear of abuse. To realise our vision, we will continue to work with our partners and local communities to:

- prevent abuse and neglect from happening;
- identify, report and remove the risk of abuse and neglect;
- place the person and their voice at the centre of any investigations;
- improve community awareness;
- share information and intelligence;
- learn from safeguarding cases to improve practice; and
- reassure our communities.

## Our purpose

The Board has the strategic lead for safeguarding adults in West Sussex, and specifically those adults with care and support needs who may be experiencing, or are at risk of, abuse or neglect.

The Board does this by:

- making sure that local arrangements are in place and that the safeguarding work of all partner agencies is effective;
- improving the way partner agencies and services work together to respond when abuse or neglect has occurred;
- aiming to prevent abuse and neglect from happening;
- making sure that people are always placed at the centre of any investigation where abuse or neglect has occurred;
- ensuring continuous improvement, development and learning which will improve our shared practice; and
- having a three year strategic plan, with annual business plans, to ensure we deliver on our objectives.

# Our aims



# Case study

**This case study highlights the multiple difficulties faced by adults in accessing support, and how safeguarding works within a complex set of circumstances. It also highlights the need for a cohesive, multi-agency approach.**

Adult S was street homeless, a long-term intravenous drug user, living in a tent in the town centre. Adult S had previously lived with his father, who had now entered sheltered accommodation due to ill health. S was not deemed as priority need for housing.

## **How did you become homeless?**

*Circumstances – drugs, family, lack of work.*

## **What was life like on the street?**

*[It is] hard – practically invisible. Allsorts happens you get hit, verbal abuse, they think it's funny to start on you.*

## **What were your thoughts about obtaining housing?**

*Did not think I would be able to get it – when I was first homeless I was working, I went to the council and all they did was give me a list of places to rent.*

The Street Community Outreach Keyworker assisted S to obtain benefits that he could not access due to having no 'care of address'.

Adult S was also assisted to see his General Practitioner (GP) and work with intensive housing brokerage, which led to him securing private rented accommodation.

The financial cost was met by the Street Community Outreach Keyworker's budget, a project funded by the Police and Crime Commissioner to reduce homelessness.

## **How did it feel when you were assisted with housing?**

*Good, things started to improve pretty quickly.*

Two days after S moved into his flat, his father passed away unexpectedly. S told his Street Community Outreach Keyworker that he planned to overdose.

Adult S was then subject to cuckooing. Cuckooing is a form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking.

*Whilst having [my] own roof and front door, things started to unravel . . . other people started coming, I did not feel I could tell the truth – what was happening, [I] did not know which way to turn. Could not say no – was worried what might happen. I lost the flat. I got a criminal record (never had before), [my] health took a dip and I shut myself off – pulled away from keyworker.*



S began to disengage with professionals, where previously relations had been good. This resulted in reluctance of S to let professionals into his home, instead insisting they spoke elsewhere. The police were asked to undertake a welfare visit with the Street Community Outreach Keyworker, where they found him in very poor physical health. He declined going to hospital. The Street Community Outreach Keyworker raised a safeguarding concern and liaised with his GP and drug keyworker.

The Safeguarding concern was assessed as meeting the Care Act 2014 criteria. The criteria is: having care and support need, experiencing (or being at risk of) abuse or neglect and being unable to protect themselves because of those needs.

The Street Community Outreach Keyworker returned to see S and was met with a voice over the intercom that was not S. S eventually came to the door in very poor health. The Street Community Outreach Keyworker informed S that she would call an ambulance and S agreed to go to hospital. S was assessed as needing several weeks stay at the hospital.

After six weeks, S discharged himself from hospital against medical advice. Once S returned to his flat, so did the drug dealers who were cuckooing his flat.

There was a joint meeting held with S's social worker and homeless support worker to speak about housing options.

*I felt listened to. I was not keen on the idea, was not wanting to leave [redacted].*

S spent some time at a care home.

*I decided to give it a good go. Decided not to use heroin whilst there, now nearly clean for 6 months – longest ever in 25 years that I have not used drugs . . . Nice area, quiet, not risk of bumping into anyone. The distance helped.*

### **What are your best hopes moving forward?**

*Staying clean and keep the new flat that I have managed to get via the council. In time, though it's not a good idea would rather be back in the flat [redacted].*

### **What would you like to say about your experience of being supported by Adult's Services?**

*She [the social worker] has been really good. Anything I have needed help with she has tried. Tried to get my health better by arranging GP appointment. I won't be going back to my doctors as did not like him, felt dismissive of me as a drug addict. My social worker wanted to make a complaint as he was rude but I have asked her not to do so. She does not judge me, she always gives me positive feedback to motivate but if she needs to say something she will!! I would tell other people like me – give it a chance – stick with it!*



# Our achievements

**In 2019/20 the Board has had an industrious period of updating systems, processes and procedures to streamline business. We are also recognising the following achievements:**

## **April 2019**

Annual business plan and subgroup workplans in place.

## **May 2019**

Progression of Pan Sussex SAB learning and development strategy.

## **June 2019**

The Quality and Performance subgroup led on a Pan Sussex self-assessment which required agencies to evidence their compliance with the Care Act.

## **July 2019**

Participated in a Pan Sussex Safeguarding Adults Board Challenge Event.

## **August 2019**

Safeguarding Pathway revised.

Collaborative Working Agreement reached with the Health and Wellbeing Board, Safer West Sussex and West Sussex Safeguarding Children Partnership.

Produced guidance on Safeguarding Thresholds for referring concerns.

Relaunched our bi-monthly newsletter for professionals.

## **September 2019**

In September the conversion rate of concerns to enquiry increased. The guidance on Safeguarding Thresholds for referring concerns, and the implementation of the online concern form, were instrumental to this.

## **October 2019**

Secured a move to a more cost-effective website host, and fully reviewed the content and layout.

Reviewed and updated the Safeguarding Adults Review (SAR) protocol and developed tools, including a new referral form, guidance note for referrers, and leaflet for families.

Launched Collaborative Working Agreement

## **November 2019**

Held a Safeguarding Conference for our partners on our three priorities this year with key subject expert speakers on:

- Making Safeguarding Personal;
- Transitional Safeguarding; and
- Homelessness and Safeguarding.

## **December 2019**

Developed an adult, family, friends and carers feedback form for SARs.

Restructured the Board Support Team to reflect the progression required to support Board business.

## **January 2020**

Reviewed the SAR Protocol in terms of Making Safeguarding Personal, General Data Protection Regulations (GDPR), and learning from previous SAR processes.

Led on South East regional SAB meeting.

## **February 2020**

Productive development day covering subgroup activity, strengths, opportunities and barriers, making a difference and agreement on priorities for 2020/21.

Progression of Lay person recruitment.

## **March 2020**

The Learning and Policy subgroup launched a new Training Needs Analysis, to identify requirements and gaps, for the health and social care sector.



# Our subgroups

**The vision and priorities of the Safeguarding Adults Board are delivered by four working subgroups, and a fifth decision-making subgroup attended by group Chairs.**

Our subgroups are made up of partners from across the adult health and social care sector and, police, whose work streams link with the Board’s annual business plan. (\*please see appendix page 36 for board structure)

## Chairs subgroup

Chairs of our subgroups meet with the Board’s Independent Chair ahead of each Board meeting to share progression of subgroup work plans, take decisions on outstanding tasks, and plan for the quarterly meeting.

This group also enables the effective workflow from one subgroup to another and ensures a consist understanding about how the annual business plan objectives are being met.

## Safeguarding Adults Review (SAR)

The SAR subgroup meets monthly, chaired by a representative from Sussex Community NHS Foundation Trust. This year, the subgroup has published two SARs and two multi-agency learning reviews.

Key themes of systems learning have been captured within learning briefings and partners have been asked to give assurance that recommendations from these

reviews have had a positive impact on individual agencies.

Overarching themes for areas of improvements have included: professional curiosity, falls prevention and the impact of ‘long lie’, Making Safeguarding Personal, and information sharing. The impact of these has been evidenced in line with work undertaken by the Quality and Performance subgroup.

## Learning and Policy Development

This subgroup meets bi-monthly and welcomed a new Chair from NHS West Sussex Clinical Commissioning Group.

This year the group has:

- launched a new Training Needs Analysis, to identify requirements and gaps, for the health and social care sector;

- produced a Training Needs Questionnaire for Senior Managers alongside Brighton & Hove and East Sussex Safeguarding Adults Boards; and
- contributed to the establishment of the pan-Sussex self-neglect policies and procedures, including a West Sussex self-neglect briefing.

## Quality and Performance

The Quality and Performance subgroup meets bi-monthly and is Chaired by a Sussex Police representative.

The subgroup leads on multi-agency audits to gain assurance on safeguarding activity across the partnership and, uses a safeguarding data dashboard to consider safeguarding trends, patterns and areas which need further consideration.

This year, the group:

- led on a Pan-Sussex self-assessment which required agencies to evidence their compliance with the Care Act;
- jointly led a pan Sussex challenge and support event in July 2019, where all agencies shared areas of strength and plans for further development;
- led on an overarching safeguarding adults Quality Framework, to ensure that all agencies consistently work together to have assurance that safeguarding adults practice in West Sussex is set at a high standard.

## Quality and Safeguarding Information

The Quality and Safeguarding Information Group meets monthly and has a West Sussex County Council Chair. Its membership comprises a range of senior leads across the partnership.

The group shares, considers and takes collective decisions on known and emerging areas of risk in the provider market to reflect a comprehensive and united multi-agency response.

Over the past year, the group has considered and taken collaborative decisions on a wide range of safeguarding issues. The outcome of this has been enhanced multi-agency working leading to greater shared understanding of issues, and more timely and informed safeguarding responses.

This group has also worked with Healthwatch West Sussex to support the market; including sharing best practice with providers who may be experiencing challenges.

# Board governance

We submit our annual report to the Health and Wellbeing Board which consists of key decision-makers from the health and care sector. The Health and Wellbeing Board gives a voice to communities, involving them in decisions about local health and social care issues.

Our Board is a part of:

- the West Sussex Collaborative Working Agreement including the Health and Wellbeing Board, the Safer West Sussex Partnership and the Safeguarding Children Partnership; and
- the South East Regional Safeguarding Adults Board, including Boards across the South East region.

In addition, our Board maintains links with the:

- National Network for Chairs of Safeguarding Adults Boards;
- Pan Sussex Safeguarding Adults Boards;
- Pan Sussex Modern Slavery Network; and
- The Pan Sussex Honour-Based Abuse Network.





# Board funding

## **In 2019 the Board experienced pressures due to:**

- an increase in the number of Safeguarding Adult Reviews;
- an increase in staffing costs; and
- a change in partner contributions.

In response to the funding needs, and to comprehensively budget for forecasted costs, the Board has implemented a three year budget plan.

This budget plan includes commitment of partner contributions, reflects inflation rises, and incorporates a strategy for covering the cost of Safeguarding Adult Reviews.





# Making a difference

**Our Board partners have shared information, key achievements over the past year, and their future priorities.**

## Healthwatch West Sussex

Healthwatch West Sussex is the independent champion for people who use health and social care services. They are commissioned to find out what matters to local people and community and voluntary organisations. Healthwatch uses this anonymised information, along with their legal powers, to influence change to make a positive difference to the support provided by services.

As gatherers of personal stories, Healthwatch sadly come across people who are at risk of abuse. Staff and volunteers undergo, and regularly refresh, safeguarding

training. Healthwatch report on Enter and View care home visits, where there are concerns for the safety and quality of life of residents.

Through their Independent Health Complaints Advocacy work Healthwatch been able to report to the Board how Safeguarding Adult Review participants are contacted and provide further factual insight, which may not have been known to the review. There has been one such case in the last year which resulted in a review of methods used to make contact and a check on the Learning Review.

## West Sussex County Council (WSCC)

### Achievements

- Review and restructure of the Safeguarding service.
- Improved consistency and efficiency of triaging concerns by new Safeguarding Hub.
- Introduction of the online safeguarding referral form used concurrently with the Board threshold document.
- Provision of telephone consultation by the Safeguarding Hub for partner agencies and providers needing advice.
- Successful working on multiple enquiries to seek assurance and resolve safeguarding and quality issues, to reduce risk.

### Priorities

- Develop training videos.
- Undertake audits
- Gain customer feedback on their safeguarding experience.
- Ensure learning from Safeguarding Adult Reviews is effectively embedded into practice and facilitates organisational change.

## NHS West Sussex Clinical Commissioning Group (CCG)

### Achievements

- Introduction of the Care Home Standards for homes and domiciliary care providers.
- Organisation and delivery of Exploitation and three domestic violence conferences for front line staff, including lived experience speakers.
- Development of an aligned team and systems across Sussex, pooling knowledge, skills and expertise to improve health and wellbeing of the people receiving services.
- Implemented comprehensive training for CCG staff, and across primary care and, delivered bespoke training to WSCC safeguarding team to highlight the role of health in section 42 enquiries.

### Priorities

- Raise awareness of Liberty Protection Safeguards and plan for its implementation.
- Development of transition worker role to address 'think family' and contextual safeguarding issues.
- Engage Primary Care Services in the safeguarding process and learning across the partnership.
- Aligning the CCG safeguarding systems, processes and service, in preparation for the move from three CCGs to one across West Sussex from 1 April 2020.

## Sussex Police

### Achievements

- Lead on the Making Safeguarding Personal presentation at Board conference covering how this is delivered internally, the new Vulnerable Adult At Risk (VAAR) process, and the challenges faced by Police investigating adult abuse.
- In depth analysis of Data Dashboard presented to the Board to review data, enable understanding of patterns and anomalies, and raise questions for discussion.
- Working in multi-agency adult Safeguarding Hub to triage concerns.

### Priorities

- With Sussex Safeguarding Adults Boards, implement an Adult Death Protocol, to design robust investigating and information sharing process for adults where it is suspected that they may have died as a result of neglect or abuse.
- Address the gap for vulnerable care leavers by implementing a protocol for those who do not meet the threshold for adult safeguarding, and to help divert away from criminality.
- To promote professional curiosity around identification of vulnerability.

## South East Coast Ambulance Service (SECAMB)

### Achievements

- Amended the terms of reference to ensure that all serious incidents with a safeguarding theme are submitted to the Designated Safeguarding function at the Trust's lead commissioners.
- Safeguarding supervision policy ratified and bought in line with all NHS commissioned services.
- Worked with other agencies to streamline safeguarding referrals, including labelling referrals with levels of need that are matched to the local thresholds.
- Focused on increasing awareness of domestic abuse via a internal newsletter and, updated resources available to staff on the Trust's intranet pages.

### Priorities

- Embedding a greater understanding of domestic abuse within the service, including development of a draft 'domestic abuse in the workplace' policy.
- Increased Mental Capacity Act (MCA) training and Introduction Prevent Basic Awareness e-learning training. Focus on developing Level 3 Safeguarding Adults training resources.

## West Sussex Fire and Rescue

### Achievements

- 90% of fire service workforce have completed the 3 modules for safeguarding adults, Prevent and safeguarding children.
- Switched to the West Sussex County Council online safeguarding referral form.
- Change of process for safeguarding referrals through the new Joint Fire Control project with Surrey providing an agreed 24/7 service.

### Priorities

- Work with the online safeguarding referral form, giving the fire and rescue service the ability to report to their inspectors (HMICFRS) on safeguarding and welfare concerns.
- To improve the awareness within West Sussex Fire and Rescue Service of the benefits of using the consultation number at the Safeguarding Hub.

## Sussex Partnership NHS Foundation Trust

### Achievements

- Improved quality and accuracy of data following the development of central and local databases.
- Significant improvement in safeguarding training, quality and staff uptake with compliance ranging from 85-95%, including PREVENT.
- Established a single point of contact for all Trust staff and external partners, offering consultations and information sharing in regards to queries and complex cases.

### Priorities

- Introduction of a reflective group supervision for safeguarding team.
- Continued partnership working across Safeguarding Adults Boards with the greater emphasis internally on learning from Safeguarding Adult Reviews, Serious Case Reviews and Domestic Homicide Reviews.
- Improved data collection, analysis and reporting.

## Sussex Community NHS Foundation Trust

### Achievements

- Mandatory level 3 Safeguarding Training for frontline health staff who are involved with adults where there are safeguarding concerns. The 2019/20 target of 65% has been exceeded.
- The Trust's safeguarding advice line has provided 514 staff with advice, which is a 19.5% increase against last year. The advice line supports better outcomes and enables staff to improve their knowledge and competence.
- There has been a total of 537 adult safeguarding concerns raised to local authorities, a 34.25% increase against last year.

### Priorities

- Develop online training for safeguarding level 3 and other relevant subjects.
- Continue to facilitate monthly training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Providing bespoke mandatory MCA and DoLS training will ensure that the most current information will be disseminated to staff.
- Timely and appropriate response to Board requests for information gathering.

## Brighton and Sussex University Hospitals

### Achievements

- Improved escalation of safeguarding through participation in Patient Experience Group and Patient Safety Group.
- Safeguarding leadership in clinical practice to support Multi-Disciplinary Team to ensure good End of Life Care for patients with complex needs.
- Refresh of all safeguarding adults and Mental Capacity Act mandatory training for staff.

### Priorities

- Improvements to patient discharge resulting in reduction of safeguarding concerns relating to discharge.
- Implementation of Level 3 Safeguarding training.
- Implementation of Liberty Protection Safeguards in line with legislative requirements.

## Queen Victoria Hospital (QVH)

### Achievements

- Making effective use of resources for safeguarding, ensuring the development of staff and future planning of resources.
- Quarterly strategic safeguarding group.
- Safeguarding learning and development strategy detailing how the care for patients is delivered in a timely and effective way, whilst learning from past experience.
- Production of leaflets for patients which can be provided in different formats and languages (these will be added to our website as we review and update them).

### Priorities

- Focused review of Mental Capacity Act (MCA) implementation including change over from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards.
- Improved support to patients with a Learning Disability who are likely to have reduced ability to cope independently in the hospital environment, ensuring adjustments are made to aid recovery and enhance the experience of the hospital environment.
- To continue to maintain safe, effective and accessible safeguarding training and updates for all staff.

## Kent, Surrey and Sussex Community Rehabilitation Company (KSSCRC)

### Achievements

- Designed and implemented the Compulsive Obsessive Behaviour Programme, a responsive one-to-one intervention designed to help service users acknowledge, accept and recognise difficult emotions that trigger harmful behaviour and support them to manage this.
- Set up a research department, the first and only unit of its kind in any community rehabilitation company in England and Wales, conducting research regarding probation practice and working with families to support the service user in their rehabilitation journey. Our service users and

their families have contributed to this research with the aim to improve how work with them. The KSSCRC Research Unit also explored the role of the women's lead responsible officer and the impact on both staff and service users.

- Launched a new enhanced 'Through the Gate' service to nine prisons across Kent, Surrey and Sussex, giving offenders additional rehabilitation to reduce their likelihood of reoffending, such as support to find a place to live, get a job, manage finances, address any health or addiction issues and learn new skills.

## National Probation Services

### Achievements

- Development of multi-agency community hubs to support vulnerable women in the community and reduce the prospect of re-offending. Hubs focus on: mental wellbeing; accommodation; debt; childcare; and the impact of domestic abuse.
- Adaption of supervision materials to cater for learning disability service users.
- Development of adult safeguarding checks in Court, to monitor potential issues of exploitation and vulnerability in relation to serious organised crime.

### Priorities

- Reduce the levels of National Probation Service users who are homeless or rough sleeping, in partnership with statutory and voluntary agencies.
- Work in partnership with Adult Social Care to improve multi-agency public protection arrangements.
- Reduce volume of violent crime incidents, committed by adults to adults, as part of the multi-agency violence reduction work.



## District and Borough Councils

### Achievements

- Training to raise awareness of categories of abuse, including modern slavery, domestic abuse, Prevent (extremism), and to raise awareness of the Safeguarding Threshold Guidance.
- Continued development of the Arun Cuckooing Forum. Police and Arun District Council regularly attend together and a case management system has been implemented to share information relating to risk.
- Strong and co-ordinated multi-agency approach to manage known risk and concerns.

### Priorities

- Work with partner agencies to deliver the West Sussex Modern Slavery action plan.
- To work with the Board to highlight safeguarding concerns encountered that relate to mental health and do not reach the safeguarding threshold of the Care Act.
- To work with all partners to reduce harm from serious violence, including victims of domestic abuse and drug-related harm in our locality.



# West Sussex demographic data

## Population

In **2019** the estimated population of West Sussex is **864,653**. This is expected to rise to **997,684** by **2039**.

*The statistics for this are taken from West Sussex Life 2017-2019.*

## Age

In **2019** it is estimated that **201,547** people were over the age of 65. This is expected to rise to **305,193** by **2039**.

*The statistics for this are taken from West Sussex Wellbeing.*

## Unpaid carers

In West Sussex it is estimated that there are **84,500** unpaid carers, with just under **17,000** people providing **50** or more hours of care per week.

*An unpaid carer is anyone looking after another person, who could not manage without help.*

## Census data

The last census, in **2011**, reports that 9,058 people live in communal establishments in West Sussex. At the time, **3,657** lived in nursing homes and **4,728** lived in independent homes.



# Safeguarding concerns

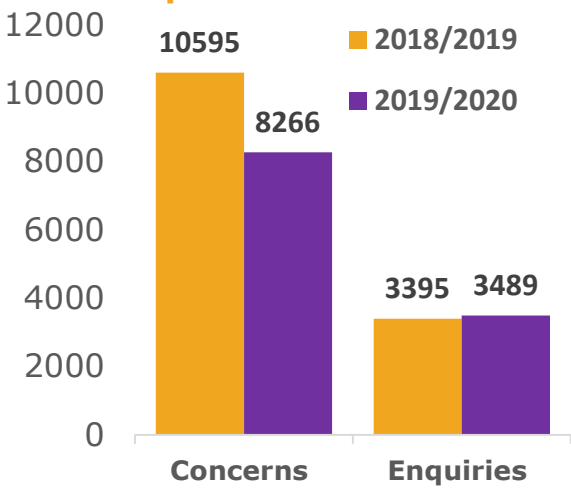
West Sussex County Council is the lead for safeguarding and records all safeguarding data. Concerns about abuse and neglect are reported using an online form and triaged by West Sussex County Council’s Safeguarding Adults Hub.

## Safeguarding concerns

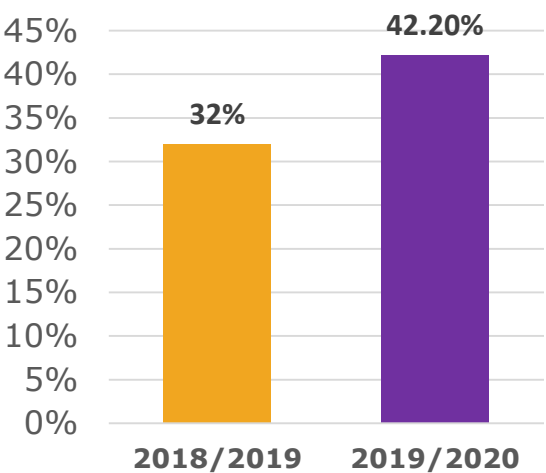
The figures in the graph to the right illustrate that there has been a significant decrease in the number of safeguarding concerns received over the course of 2019/20. There were **8,266** last year compared to **10,595** the year before.

There was a particularly significant decrease in August/September 2019 which corresponds with the implementation of the online safeguarding referral form and Threshold Guidance. Concerns fell from **425** in July 2019 to **246** in September 2019. This reflects more appropriate referrals being made.

Concerns received and enquiries undertaken



Conversion rate



## Concerns which led to an enquiry

Of the **8,266** concerns received, **3,489** proceeded to an investigation, known as a Section 42 enquiry. This represents **42.2%** of concerns.

The conversion rate from concern to enquiry has significantly increased since the implementation of the online form and Thresholds Guidance. This indicates that more appropriate safeguarding concerns were being raised, and that requests for assessment and welfare checks were no longer being raised as safeguarding concerns.

## Type of abuse people experienced

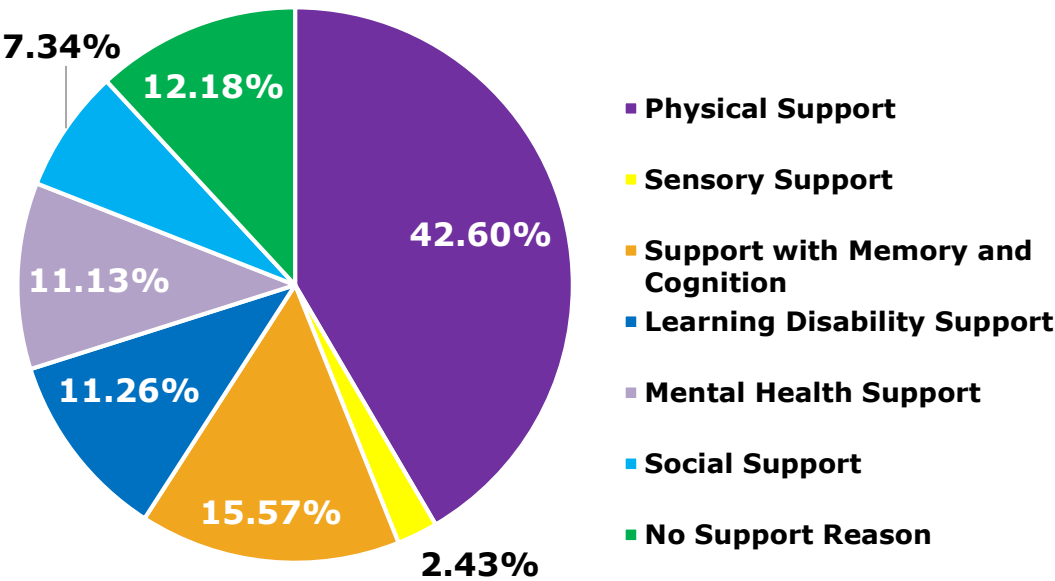
Of the concluded section 42 enquiries, there were **1,499** neglect and acts of omission enquiries, **746** physical abuse enquiries and **279** financial abuse enquiries. Together, these three categories represent **81.3%** of all concluded safeguarding enquiries.

Neglect and acts of omission has been the most common form of abuse over the past three years, and is consistent with the national picture.

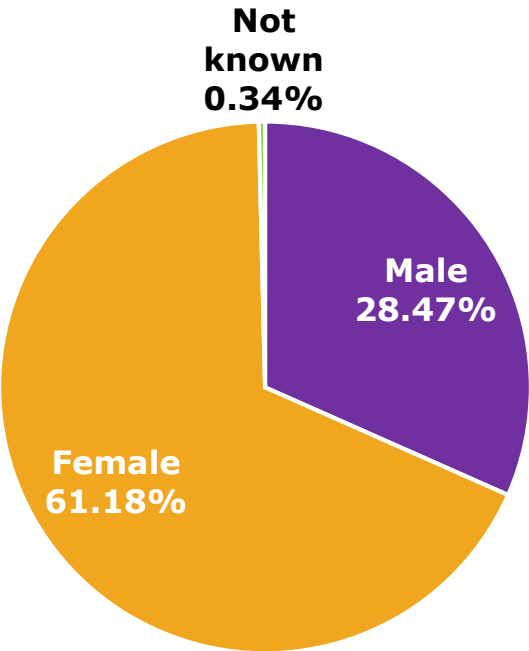
Type of Abuse	Number
Neglect or act of omission	1,499
Physical	767
Financial	279
Psychological	151
Sexual	139
Self neglect	132
Organisational Abuse	106
Domestic Abuse	50
Discriminatory Abuse	5
Modern Slavery	3
Sexual Exploitation	1

## Primary support needs of those safeguarded

Of the concerns received where the section 42 criteria was met, physical support was by far, the most likely primary support group to require an enquiry. This is consistent with last year.



# Who was safeguarded



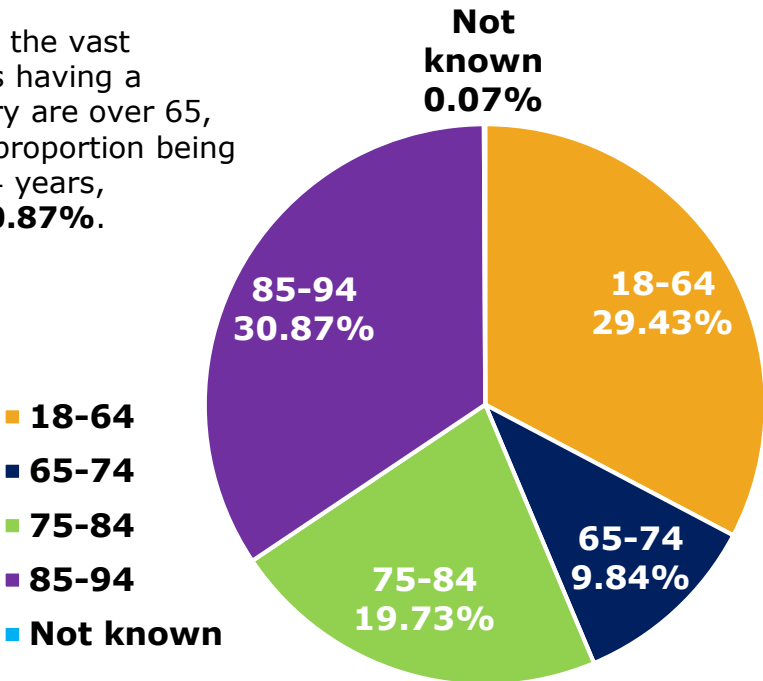
## Gender

Of the Section 42 enquiries undertaken **61.18%** were for women and **28.47%** were for men. There were just 0.34% of enquiries undertaken where an individual's gender was not known.

The data similar to last year where 60.19% were for women, 39.66% were for men and 0.15% where an individuals gender was unknown.

## Age

As with last year, the vast majority of adults having a Section 42 enquiry are over 65, with the highest proportion being those aged 85-94 years, accounting for **30.87%**.



# Who was safeguarded and where they lived

## Ethnicity

The vast majority of safeguarding enquiries were for adults who identified as white, totalling **2,328**. The figures illustrated in the table reflect the overall proportion of people’s ethnicities in West Sussex.

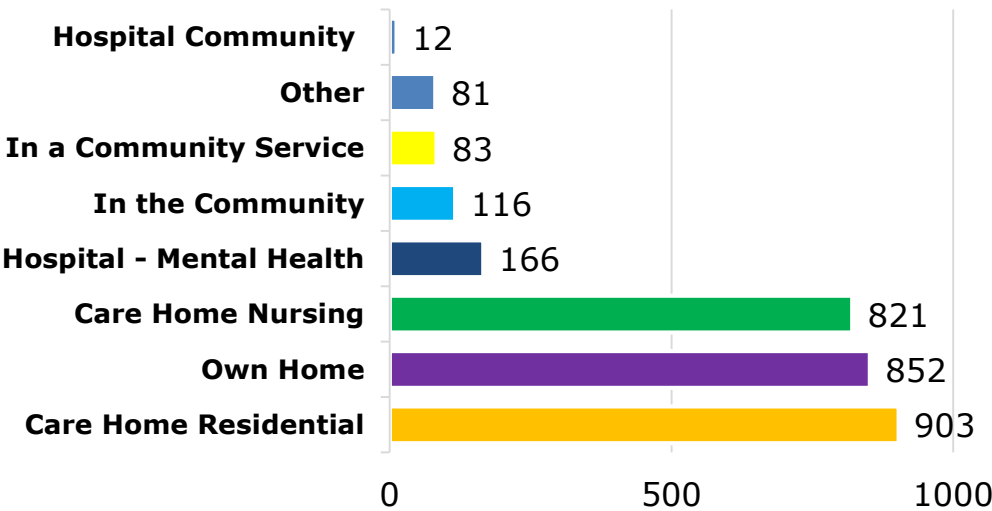
Ethnicity	Number
White	2,328
Not Stated	343
Asian/Asian British	30
Mixed/Multiple ethnic groups	19
Black/African/Caribbean/Black British	17
Chinese or other ethnic group	4
Total	2,722

## Location

For completed enquiries, the most prevalent area where people with care and support needs experienced abuse and neglect was in a Residential and Nursing Care Home. This accounted for **1,724** people.

The next most prevalent area, accounting for **852** of people, were those living in their own home.

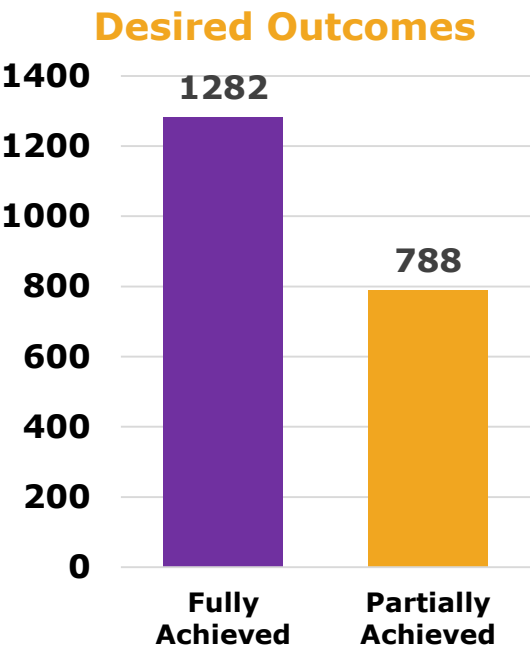
This data is similar to last year and remains an outlier for national data where the most prevalent area is in a person’s own home.





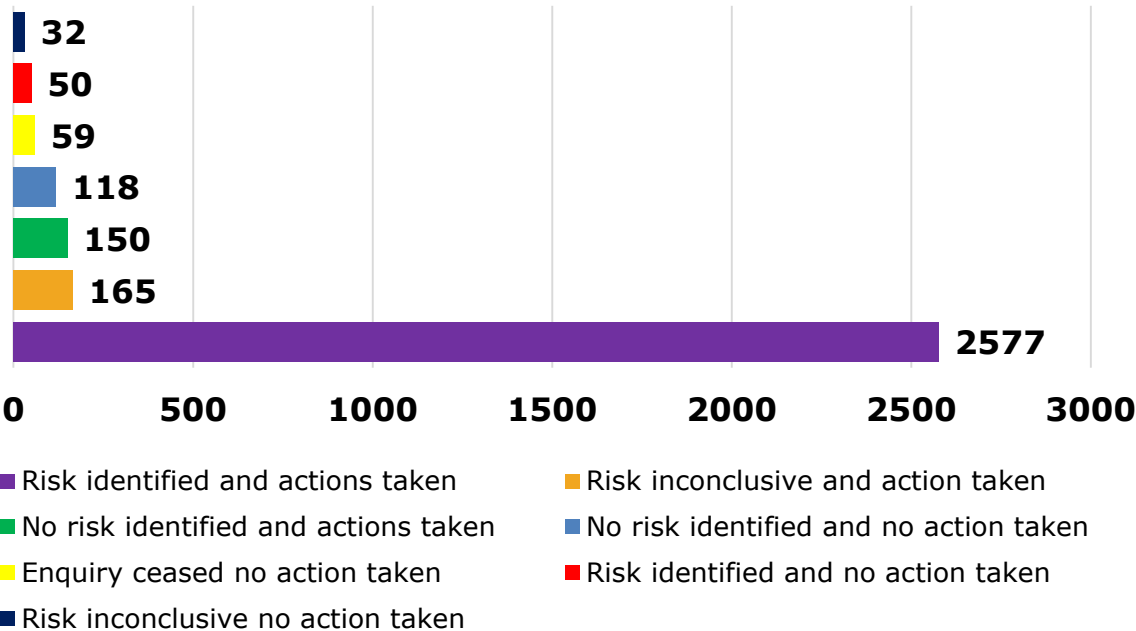
# Making Safeguarding Personal

As part of a section 42 enquiry, people are asked for their desired outcomes. For the **2,074** people who gave desired outcomes, **1,282** had these fully achieved and **788** people had them partially achieved.



# How safeguarding changed risk

Most people where a risk was identified had an action taken to reduce risk (**2577**). For other categories, the figures are much lower. There were only 50 people with an identified risk where no action was taken, the reason for which are varied. This includes adults who have capacity and are choosing to live with risk.



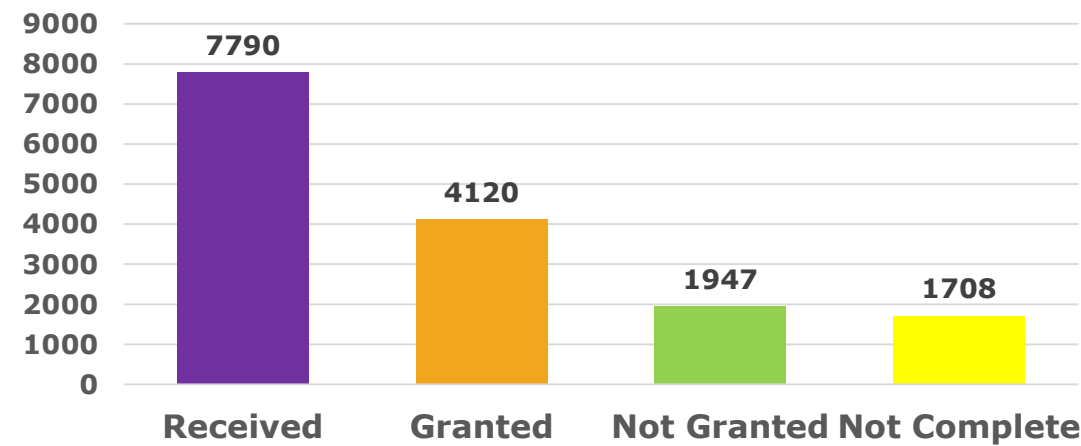
# Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act and is a legal measure to protect people who lack capacity to make decisions about their care and treatment. DoLS has been scheduled to be replaced by the Liberty Protection Safeguards (LPS) in October 2020. However, due to COVID further government guidance on the timescale is awaited.

The LPS will create a difference in administration and practice but the focus remains on continuing to ensure vulnerable people’s care and treatment is in their best interests.

## Referral received with outcome

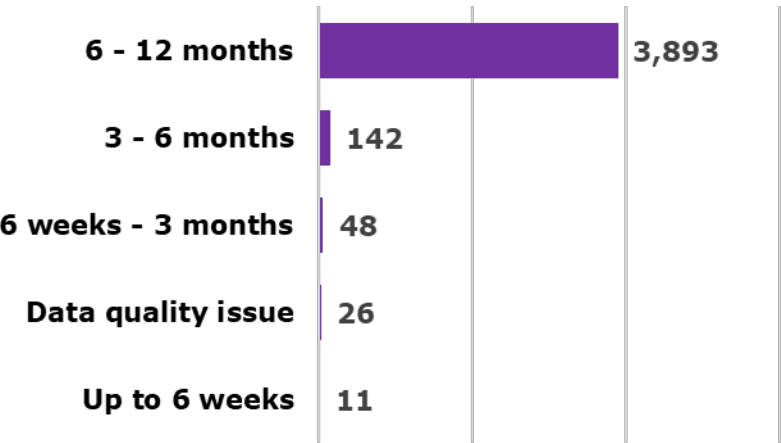
There was a total of **7,790** people who received assessments. Of these assessments, **4,084** were granted, **1,947** were not granted and **1,708** are in progress.



*Note: total number of granted/not granted/not complete does not equal the total referrals received (7,790) as there were referrals received in **2018/19** which were concluded in **2019/2020**.*

## Time period for authorisations

Of the **4,120** referrals granted, the vast majority, **3,893**, were granted for a period of 6 to 12 months.



## Where referrals came from

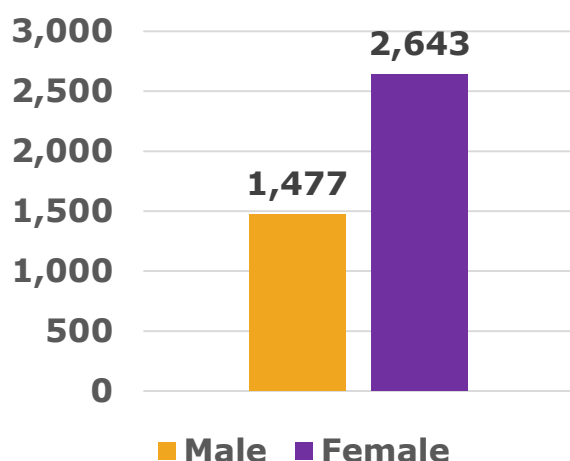
The table below shows that the majority of DoLS referrals were made by social care, accounting for **6,485** referrals.

NHS Hospitals are the second highest referring agency, accounting for **1,004** referrals.

Referral Source	Granted	Not Granted	Not Yet Complete	Total
NHS Hospital	47	829	128	1,004
Independent Hospital	9	9	2	20
Community hospital	43	23	14	80
Hospice	6	16	3	25
Unspecified	112	31	33	176
Social care	3,903	1,048	1,534	6,485
Grand Total	4,120	1,956	1,714	7,790

## Gender

The majority of granted referrals were for females. This is consistent with the national picture as women tend to live longer.



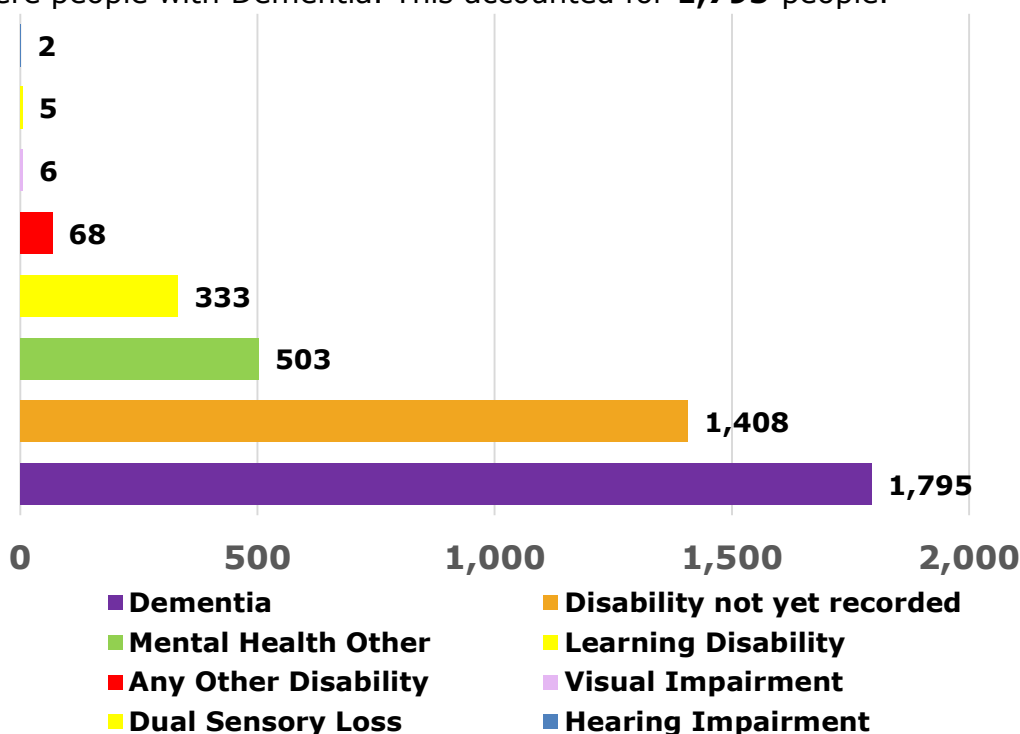
## Ethnicity

The majority of granted referrals were for White people which, reflects West Sussex County's demographic.

Ethnicity	Number
White	3,717
Not Stated	316
Asian/Asian British	24
Black/Black British	20
Mixed/Multiple Ethnic Groups	20
Unknown/Not Declared	18
Other Ethnic Origin	5

## Primary Support Reason for granted referrals

Those individuals who lack capacity to make a decision about their care or treatment largely, have also, recorded their primary support need. The largest primary support need of people requiring a DoLS authorisation were people with Dementia. This accounted for **1,795** people.



# Compliments and complaints

**In 2019/20 the Safeguarding Adults Board received no complaints.**

A copy of our Complaints Process can be found [on our website](#).

The Board is pleased to be receiving acknowledgements from other Safeguarding Adults Boards, as we continue to share our work nationally.

This includes sharing our annual report format, template documents, and tools created in preparation for the recruitment of lay members to the Board.



# Our priorities for 2020/21

**As a Board we will continue to work together to deliver our vision to keep people in West Sussex safe from abuse and neglect.**

In 2020/21 we will continue to place a focus on:

- embedding safeguarding practices and processes that '**capture the voice of the service user**';
- building resilience of those who may be at risk of abuse and neglect, including adolescents who are **transitioning** to adulthood and people with a **Mental Health** condition; and
- working with partners to assist **prevention** and promote the **wellbeing** of those who are **homeless** and experience abuse.





# Safeguarding Adult Review

**A Safeguarding Adults Review (SAR) is a legal duty under the Care Act 2014.**

**The purpose of a SAR is to learn from cases, on a multi-agency level, to prevent similar incidents occurring.**

**The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.**

This year, the SAR Protocol has been reviewed and streamlined to ensure a more robust procedure. The review included: revision of the SAR referral form and professional briefing template; creation of a guidance briefing for referrers; and leaflet and feedback form for families and carers.

These revised documents are being piloted whilst moving towards introducing a Pan Sussex approach with our colleagues in East Sussex and Brighton & Hove Safeguarding Adults Boards.

A process for gaining assurance around multi-agency learning from SARs has also been developed. Learning is shared by the Learning and Policy subgroup, before the Quality and Performance subgroup seek assurance from partners that learning has been embedded in their organisation.

In 2019/2020 the board published two SARs: one in respect of MS, an older woman whose SAR was in relation to neglect; and one in respect of adult B, a woman in her thirties in relation to neglect. Please see the published reports [on our website](#).

The SAR subgroup received **5** referrals in **2019/2020**.

**1** of the **5** referrals met the criteria for a SAR and progressed as a Thematic SAR covering **3** individuals.

The **4** referrals which did not meet the SAR criteria were referred to other agencies for further work.

There were **4** open reviews received prior to **April 2019** which were being progressed last year.

Of the **5** open reviews, **4** were referred by West Sussex County Council and **1** was referred by South East Coast Ambulance Service (SECAMB).

All **5** of the open reviews being worked on in **2019/20** were for concerns about **neglect or acts of omission**.

Of **4** of the open reviews, **3** were for females and, **1** for a male. For the Thematic SAR covering **3** individuals, **2** were male and **1** was female.

Of the **5** open reviews being worked on in **2019/20**, involving a total of **7** individuals, **6** were for people who identified as White British and **1** was for an individual who identified as Black African.

# Report a concern

**If you are concerned that you, or someone you know is being harmed, neglected or exploited, you can report these concerns.**



If you think the danger is immediate, phone the emergency services on 999

- Complete an [online adult safeguarding concern](#).
- Phone West Sussex County Council's (WSCC) Adults' CarePoint on 01243 642121
- NGT Text Relay for people with hearing loss (available as a downloadable App for tablets and smartphones)  
018001 01243 642121
- Write to Adults' CarePoint at Adults' CarePoint, Second Floor, The Grange, County Hall, Chichester, PO19 1RG
- Phone Sussex Police on 101



# Contact us

**If you would like to find out more about this report, or the work of the Safeguarding Adults Board:**

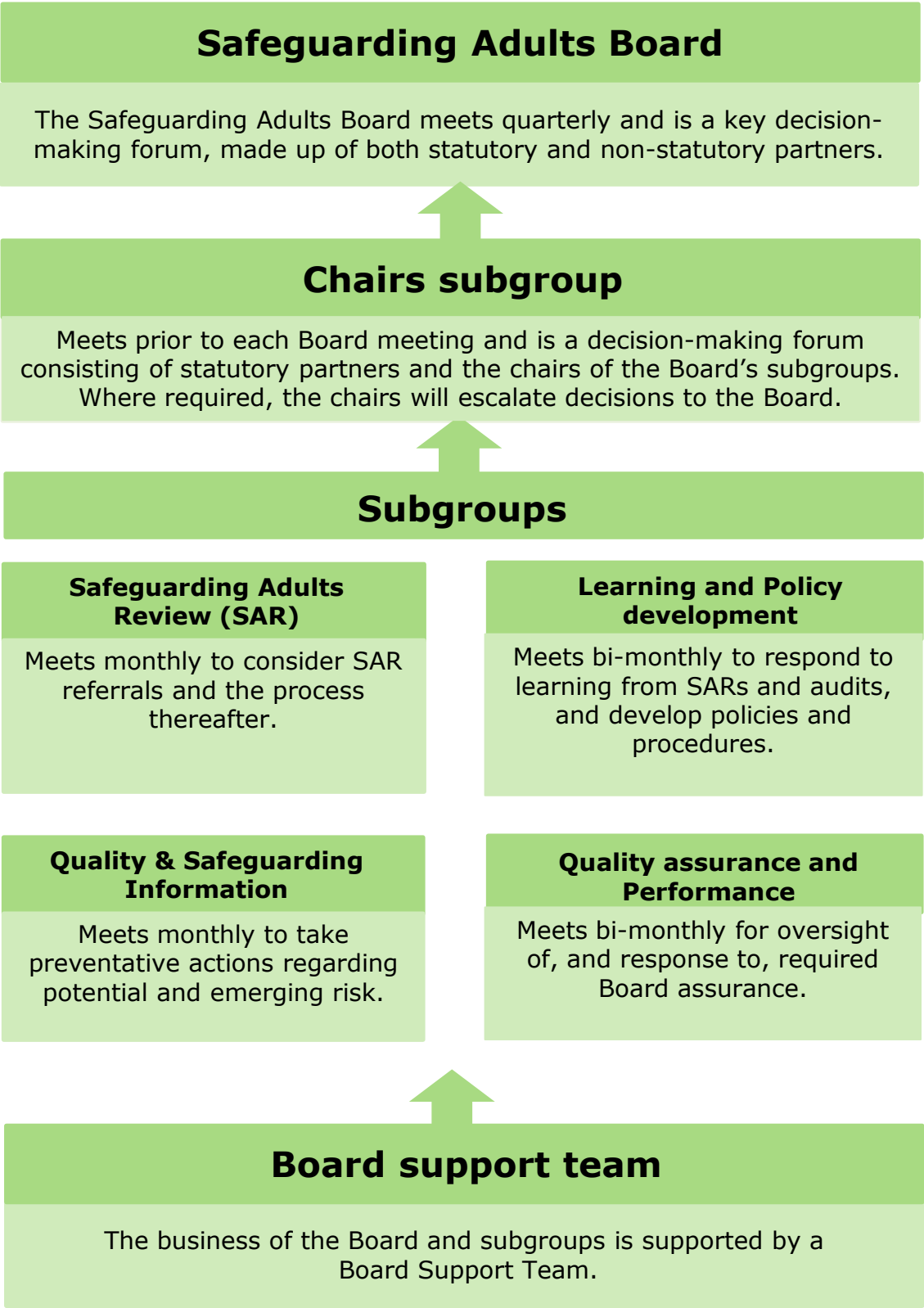
- Email [safeguardingadultsboard@westsussex.gov.uk](mailto:safeguardingadultsboard@westsussex.gov.uk)
- Write to Safeguarding Adults Board, 1st Floor, County Hall North, Parkside, Chart Way, Horsham, West Sussex, RH12 1XH
- Phone 03302 227952

**If you would like to access West Sussex County Council's safeguarding training programme, or would like more information on safeguarding training in general, please [visit the West Sussex Learning and Development Gateway](#).**

Electronic copies of our Annual Report are available [on our website](#).

Further information about DoLS can be found [on the West Sussex County Council website](#).

# Appendix: Board structure



# Appendix:

## Board membership

**The Board consists of the following membership:**

### **Statutory partners**

- West Sussex County Council (WSCC)
- NHS West Sussex Clinical Commissioning Group (CCG)
- Sussex Police

### **Members**

- WSCC Public Health
- West Sussex Safeguarding Children Partnership
- Western Sussex Hospitals NHS Foundation Trust
- West Sussex Fire and Rescue Service
- Care Quality Commission
- NHS England
- WSCC Community Safety and Wellbeing
- South East Coast Ambulance Service
- Probation Services
- Sussex Partnership NHS Foundation Trust
- Brighton and Sussex University Hospitals
- WSCC Lifelong Services
- Sussex Community NHS Foundation Trust
- Healthwatch West Sussex
- District and Borough Councils
- Ford Prison
- Surrey & Sussex NHS Healthcare Trust
- Queen Victoria Hospital
- West Sussex Partners in Care
- Lay persons
- Community and voluntary sector representation

