

EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 26 JANUARY 2016

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier (Chair)
Councillors Bill Bentley, Pat Rodohan, Trevor Webb,
Councillor Martin Kenward, Councillor Margaret Salsbury, Dr Elizabeth Gill,
Dr Martin Writer, Amanda Philpott, Stuart Gallimore, Keith Hinkley,
Cynthia Lyons, Sarah MacDonald and Julie Fitzgerald

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 06 October 2015 (*Pages 3 - 4*)
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 Health & Wellbeing Strategy: 6 Monthly Report (*Pages 5 - 18*)
Report by the Chief Executive, ESCC
- 6 Director of Public Health Report (*Pages 19 - 22*)
Annual report of the Acting Director of Public Health
- 7 East Sussex Better Together Update (*Pages 23 - 32*)
 - Accountable Care Report – Report by Director Adult Social Care, ESCC
 - Commissioning Reform Report - Report by Director Adult Social Care, ESCC
 - Sustainability & Transformation Plan – Oral Update by Chief Officer, Hastings & Rother and Eastbourne, Hailsham & Seaford CCGs.
- 8 NHS Updates (*Pages 33 - 36*)
 - Eastbourne, Seaford & Hailsham CCG – Dr Martin Writer
 - Hastings & Rother CCG – Amanda Philpott
 - High Weald Lewes & havens CCG – Dr Elizabeth Gill (HWLH Sustainability & Transformation Plan presentation attached)
- 9 National and Local Guidance Updates (*Pages 37 - 106*)
 - a) Transforming Care Report on behalf of all East Sussex CCGs – report by Head of Quality Hastings & Rother and Eastbourne, Hailsham & Seaford CCG
 - b) Local Children’s Safeguarding Report – annual report by Local Safeguarding Children’s Board Independent Chair (copy attached)
- 10 Date of next meeting: Tuesday 12 April 2.30pm

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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18 January 2016

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 6 October 2015.

- PRESENT Councillors Keith Glazier (Chair), Bill Bentley, Pat Rodohan, Trevor Webb; Councillor Martin Kenward (Rother District Council); Councillor Mike Turner (Hastings Borough Council); Dr Elizabeth Gill; Dr Martin Writer; Amanda Philpott; Stuart Gallimore; Keith Hinkley; Cynthia Lyons; Sarah MacDonald; and Richard Eyre
- ALSO PRESENT Councillor Margaret Salisbury; Councillor Linda Wallraven; Councillor Claire Dowling; Becky Shaw; Marie Casey.

9 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 7 JULY 2015

- 9.1 The minutes of the 7 July 2015 meeting were agreed as an accurate record.

10 APOLOGIES FOR ABSENCE

- 10.1 Richard Eyre attended as substitute for Julie Fitzgerald.

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

- 11.1 No members declared interests.

12 URGENT ITEMS

- 12.1 There were none.

13 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS ANNUAL REPORT 2014/15

13.1 This item was introduced by Cynthia Lyons, East Sussex Acting Director of Public Health. The JSNA has been expanded to include community assets and resources; 68 JSNAA areas have been updated in the past year; plans are in place to further develop the JSNAA web presence, with a new communications plan, an initiative to increase email alert subscribers, and increasing use of user feedback to drive website improvements.

- 13.2 In response to questions, Cynthia Lyons told members that:

- Community & voluntary sector groups could become involved in needs and asset assessment work via the business planning process.
- Needs assessments employ a variety of engagement tools to ensure that they reach all service users, including those for whom English is not the first language – e.g. talking directly to communities and to representative/advocacy groups.
- The needs assessment process is used to ensure that resources are targeted effectively – e.g. identifying where older people are most at risk of falls and investing accordingly.

13.3 RESOLVED – that the Joint Strategic Needs Assessment & Assets Annual Report be noted.

14 HEALTHWATCH EAST SUSSEX ANNUAL REPORT 2014/15

14.1 This item was introduced by Richard Eyre, East Sussex Healthwatch Strategic Partnerships and Business Development Manager.

14.2 In response to questions, Richard Eyre told the Board that Healthwatch has been working with East Sussex Healthcare Trust (ESHT) for several years, but the relationship has improved markedly in recent months, with ESHT responding more constructively to patient complaints raised by Healthwatch, and beginning to do more in terms of public engagement.

14.3 Amanda Philpott welcomed the input of Healthwatch into primary care, particularly in terms of co-working with Patient Participation Groups (PPGs) and facilitating cross-border conversations with Brighton & Hove. Dr Martin Writer agreed, identifying the Healthwatch survey of access to GPs as an especially valuable piece of work. He added that for maximum effectiveness Healthwatch should work with the CCGs before undertaking further studies so that there was common agreement on methodology.

14.4 The Chair commended Healthwatch for the annual report and for all their impressive work over the past year.

14.5. RESOLVED – that the report be noted.

The meeting ended at 4.00 pm.

Councillor Keith Glazier
Chair

Report to:	Health and Wellbeing Board
Date:	January 2016
By:	Chief Executive
Title of report:	East Sussex Health and Wellbeing Strategy progress report
Purpose of report:	To present a report on progress to date on delivering the East Sussex Health and Wellbeing Strategy 2013-2016

RECOMMENDATION

The Health and Wellbeing Board is recommended to:

- 1) consider and comment on the report; and**
 - 2) agree the proposed amendment and deletion to measures and targets at paragraph 4.1 and 4.2.**
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1. Introduction

1.1 The Health and Wellbeing Strategy (HWS) for East Sussex focuses on seven priorities where the Health and Wellbeing Board believe a more integrated and joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that could be reinvested in service improvements.

2. Format of the report

2.1 This report is for quarters 1 and 2 2015/16 and details progress made over the period April 2015 to September 2015.

2.2 The report format has been amended this time to make it shorter, and more focused on progress and achievements.

2.3 Appendix 1 shows RAG scores against targets at the end of quarter 2. Where data is not yet available the outturn is listed as NA (Not Available).

2.4 Appendix 2 provides detailed outturns and commentary on progress for each of the seven priority areas and work being done towards achieving the final 2015/2016 targets.

2.5 Six outturns were marked as Carry Overs in the annual progress report for 2014/15. These are listed as CO in appendix 1 for 2014/15 with details of the 'Carry Over Outturn' given against the relevant performance measures in appendix 2.

3. Health and Wellbeing Strategy progress overview

3.1 For 2015/16, there are 22 targets reported at quarter 2, of these 8 are scored Green, 6 are scored Amber, 3 are scored Red, 3 are not available and 2 are proposed for amendment or deletion.

3.2 There has been notable progress against the following measures:

1.1b) Reduce the gap in MMR vaccination coverage at District and Borough level from 4.2% in 2011/12

1.2 Reduce the early years attainment gap

2.1 Fewer children needing a Child Protection Plan

2.2 Reduce the number of young people entering the criminal justice system

3.1a) Reduce rates of mortality from causes considered preventable

3.2a) Percentage of the eligible population aged 40-74 offered an NHS Health Check

5.2a) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers entering treatment

5.2b) Report improved outcomes for people with mental health conditions arising from NHS mental healthcare – Numbers completing treatment who have recovered

3.3 Targets scored red are:

4.2 Reduce the rate of older people admitted to hospital due to falls

6.3a) Reduced number of people with long term conditions being admitted to hospital and;

6.3b) reduce the time they spend in hospital.

4. Changes to action plan measures and targets

4.1 The Board is asked to approve the amendment to the target:

3.2b) Increase uptake of NHS health checks – reduce target from 70% to 50%.

The target was set at 50% for 2014/15 and increased to 70% for 2015/16, however, it is felt that in light of both our performance and the performance of other areas nationwide 50% would be a more realistic and achievable target.

4.2 The Board is asked to approve the deletion of the measure:

6.1 Increase the number of Statements (for Special Educational Need and Disability) converted to EHCP's; target 50% converted to EHCP.

This is due to changes from the Department for Education in the way the data is measured and the reporting periods.

5. Conclusions and Next Steps

5.1 Progress has been made towards delivering the strategy and action plan against many priorities and objectives. Challenges still remain in meeting some targets and dealing with some matters of process and data reporting, work to tackle these issues has progressed.

5.2 The next progress report is scheduled for the Health and Wellbeing Board in July 2016 and will cover the final year of the current strategy to March 2016.

Becky Shaw

Chief Executive, East Sussex County Council

Contact officer: Stuart Russell,

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APPENDIX 1: Performance Measures – Outturn Summary

Priority	Ref	Performance Measure	2015/16 Target	RAG				
				Q4 2014/15	Q2 2015/16			
1. Best start	1.1	Increase MMR vaccinations	a) 95%	R	A			
			b) Reduce gap from 4.2%	CO	G			
	1.2	Reduce the early years attainment gap	<=National Average	G	G			
2. Parenting	2.1	Fewer children need a Child Protection Plan	500	G	G			
	2.2	Reduce the number of young people entering the criminal justice system	300 FTE	G	G			
3. Healthy lifestyles	3.1	Reduce rates of mortality from causes considered preventable	a) 10% reduction	CO	G			
			b) Reduce gap	CO	A			
	3.2	Increase offer and uptake of NHS health checks	a) 20% offered	G	G			
			b) 70% received	R	AD			
4. Accidents and falls	4.1	Reduced emergency hospital admissions amongst children and young people for accidents and injuries	4% reduction	CO	NA			
	4.2	Reduce the rate of older people admitted to hospital due to falls	Reduction of 1% per year on 13/14 baseline	G	R			
5. Mental health	5.1	Improve the experience of NHS mental healthcare for people with mental health conditions	'Positive' 80%; 'extremely likely' to recommend 50%	G	A			
	5.2	Improve outcomes for people with mental health conditions arising from NHS mental healthcare	a) Numbers entering treatment – 7,500	G	G			
			b) Numbers completing treatment who have recovered – 50%	G	G			
			c) Waiting times for treatment – 75% within 6 weeks; 95% within 18 weeks	G	A			
6. SEND and LTC	6.1	Increase the number of Statements converted to EHCP's	50% of Statements converted to EHCP	G	AD			
	6.2	Increase the take up of Health Checks for people with Learning Disabilities (LD)	Meet England average (63%)	CO	NA			
	6.3	Reduced number of people with long term conditions being admitted to hospital and reduce the time they spend in hospital	a) 20% reduction in admissions	A	R			
b) 20% reduction in time in hospital			A	R				
7. End of life care	7.1	More people identified as approaching end of life are cared for and die in their usual place of residence	7.1.1) 50.3% die at home	CO	A			
			7.1.2) 75% uploaded to SCR/EPaCCS	R	A			
	7.2	Improve the experience of care for people at the end of their lives	TBC 2014/15	R	NA			
Red	Target will be missed		Amber	Target off track		Green	Achieved or on track	
AD	Target amendment/deletion		NA	Data not available		CO	Outturn carried over to next report	

APPENDIX 2: Biannual Progress Report April 2015 to September 2015

PRIORITY 1: ALL BABIES AND YOUNG CHILDREN HAVE THE BEST POSSIBLE START IN LIFE

Objectives

- High quality, targeted support to all vulnerable parents who need it
- Breastfeeding support for women in the first five days after birth
- Fewer referrals to children's social care
- More families with babies given targeted "early help" support
- Further improvement in the proportion of mothers choosing and able to breastfeed their babies
- Fewer women smoking in pregnancy
- More babies and young children with special educational needs or disabilities have a single plan for health, care and education

Performance Measures

1.1 MMR vaccination coverage for one dose (2 year olds)

2014/15 Target: b) reduce the gap at District and Borough level from 4.2% in 2011/12

Carry Over Outturn: NA b) Data no longer available

2015/16 Target: a) 95% coverage, b) reduce the gap at District and Borough level from 4.2% in 2011/12

Outturn: **Amber** a) Final Outturn 2014/15 = 91.2%, 2015/16 Q1 & 2 = 91.7%
Green b) Gap reduced to 0.3%

1.1 a and b) The Public Health England Screening & Immunisation Team receives practice and CCG level data from NHS England. A report detailing this information is prepared and shared with our CCG colleagues to support our joint efforts to improve MMR uptake in East Sussex.

1.1 b) Hastings And Rother (HR) Clinical Commissioning Group (CCG) uptake for 1st MMR dose – 92.2%, Eastbourne Hailsham and Seaford (EHS) CCG and High Weald Lewes and Havens (HWLH) CCG uptake for 1st MMR dose – 91.9% = gap of 0.3%

1.2 Percentage point gap between lowest achieving 20% in the early years foundation stage profile and the rest

2015/16 Target: Equal to or less than national average

Outturn: **Green** 25.5% gap East Sussex, 32.1% gap England

Commentary

There has been a slight increase in the MMR uptake rate in quarter 2 compared to 2014/15. We anticipate a higher uptake in quarter 3 as the CCG and practice level data available from NHS England has assisted in our efforts to support local strategies to improve uptake. This data will ensure a targeted approach model, promoting partnership working with underperforming practices. This should have a positive impact on the overall immunisation uptake rate among 1, 2 and 5 year olds.

In East Sussex the achievement gap between the lowest attaining 20% of pupils and the median is 25.5%. This is 6.6% better than the England figure (32.1%) and 3rd among our statistical neighbours. East Sussex made the 2nd best improvement on the 2014 Achievement Gap.

PRIORITY 2: SAFE, RESILIENT AND SECURE PARENTING FOR ALL CHILDREN AND YOUNG PEOPLE

Objectives

- More families given targeted early help support
- Reduced rate of inappropriate referrals to children's social care
- Streamlined and coordinated support for vulnerable families

Performance Measures

2.1 Number of children with a Child Protection Plan

2015/16 Target: 500

Outturn: **Green** 464

2.2 Rate of first time entrants (FTE) to the criminal justice system per 100,000 population of 0-17 year olds

2015/16 Target: 300

Outturn: **Green** Provisional Q2: 9 FTE equating to 18 per 100,000 population
Provisional YTD: 48 FTE per 100,000 population

Commentary

It is expected that the target will be met and the focus on this measure will be maintained. The work undertaken last year to address the number of children with Child Protection (CP) plans has had an impact. Work included challenging the ongoing high levels of children with CP plans and agreeing ways to reduce the number of children with a CP plan safely, for example, by working with Independent Reviewing Officers and Child Protection Advisers to reinforce other robust planning mechanisms to safeguard children. Many of these children remain Children in Need (CIN) and continue to be supported by social workers with robust CIN plans.

The rate of FTE to the criminal justice system continues to be low as a result of the continued use of Community Resolution by the police for low level offences and the Targeted Youth Support pathway which sees young people being assessed by the Youth Offending Team and then receiving informal diversion work which prevents them from entering the criminal justice system.

Please note that the numbers are initially low when reported as there is a delay in receiving outcome data from the police. The numbers are updated each quarter for the previous quarter; the final outturn for 2014/15 can now therefore be confirmed as 94 FTE, equating to 188 per 100,000 of the 10-17 year old population.

PRIORITY 3: ENABLE PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES

Objectives

- Fewer young people and adults drinking at increasing and higher risk levels
- Reduction in alcohol related crime
- Lower rates of smoking amongst young people, pregnant women and others in the general population
- Increase in the proportion of the population achieving the minimum recommended rates of physical activity (all ages)
- More people of all ages eating 5 portions of fruit and vegetables a day

Performance Measures

3.1 Age-standardised rate of mortality from causes considered preventable per 100,000 population

2014/15 Target: a) 10% reduction for 2015-17, b) reduce gap between Hastings and Wealden to that measured in 2003-2005 74 deaths per 100,000

Carry Over Outturn: **Green** a) 2012-14 = 159.5 per 100,000 which is a 6% reduction on 2011-13 (170.4 per 100,000)
Amber b) 2012-14 gap between Hastings (222.5 per 100,000) and Wealden (137.2 per 100,000) is 85.3 per 100,000. This is a slight increase on 2011-13 (83.7 gap)

2015/16 Target: a) 10% reduction for 2015-17, b) reduce gap between Hastings and Wealden to that measured in 2003-2005 74 deaths per 100,000

Outturn: **Green** a) Latest data is given above for 2012-14 calendar years

Amber b) Latest data is given above for 2012-14 calendar years

3.2 Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year

2015/16 Target: a) 20% offered, b) 70% received

Outturn: **Green** a) 2015/16 Q1 & Q2 = 11.1% (target 10%)
Amendment b) 2015/16 Q1 & Q2 = 52.6% (target 70% suggested amendment to 50%)

Commentary

The rate of deaths from causes considered preventable reduced by 6% for 2012-14 compared to 2011-13, which is on course for East Sussex to meet the 2015-17 target. However there was a 2% increase in the gap between Hastings and Wealden over the same period. Both areas saw a decrease in preventable deaths over the period; however the reduction was greater for Wealden (145.9 per 100,000 to 137.2) than for Hastings (229.6 to 222.5) therefore the gap increased.

The proportion of people offered an NHS Health check continues to be in line with the target (so that all eligible people are offered a check once every 5 years). The target for the proportion of people taking up their offer of a health check was set in 2013 in line with the national expectation for the then new health check programme, and increased from 50% in 2013/14 and 2014/15 to 70% in 2015/16. In 2014/15 only 16 (out of 152) local authority areas achieved a 70% or higher uptake rate, and of these only 6 offered health checks to the expected 20% of the population (so areas that achieve high take up rates tend to have low coverage). The national average take up rate in 2014/15 (49%) was similar to the East Sussex rate (47%). In quarter 1 2015/16 the national average take up rate was 44% compared with 58% in East Sussex (quarter 1 is often high because people offered a check in quarter 4 may have the check in quarter 1 the following year, and activity tends to increase towards the end of the financial year). In quarter 4 2014/15 many practices in East Sussex offered particularly high numbers of health checks because a financial penalty could have been applied to practices in receipt of a grant for point of care testing equipment who did not achieve their 20% offer target by the end of the financial year.

Proposed amendment: In light of actual performance across the country since the target was set it is proposed that the target for the proportion of people taking up their offer of a health check in 2015/16 remain at 50% which represents an increase on the 2014/15 outturn and is higher than national performance, but is more realistic now that actual performance is known.

PRIORITY 4: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES

Objectives

- Fewer children and young people being admitted to hospital for unintentional and deliberate injuries (including falls, accidents, assaults)
- Fewer over 65's use secondary care due to a fall
- Fewer over 65's use emergency ambulance services due to a fall
- Fewer over 65's with first or preventable second fractures

Performance Measures

4.1 Crude rate of hospital emergency admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years per 10,000 population

2014/15 Target: 4% reduction 2012/13 to 2015/16 (1.35% per year)

Carry Over Outturn: **Red** 2014/15 -3.1% compared to 2013/14 but +4.7% from 2012/13

Data shows a 3.1% decrease on the rate at the end of 2013/14, however this is still 4.7% above the baseline rate set in 2012/13 so we are unlikely to achieve the targeted reduction of 4% between 2012/13 and 2015/16.

2015/16 Target: 4% reduction 2012/13 to 2015/16 (1.35% per year)

Outturn: **RAG - NA** Not available

4.2 Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population

2014/15 Target: Reduction of 1% per year on 2013/14 baseline (2,242 per 100,000)

Final Outturn: Green 2014/15: 2,184, 2.6% reduction on 2013/14

2015/16 Target: Reduction of 1% per year on 2013/14 baseline (2,242 per 100,000)

Outturn: Red YTD: 2,211, 1.2% increase on the end of year outturn for 2014/15, 1.3% reduction on 2013/14 baseline.

Commentary

Children:

In line with recommendations outlined in The National Institute for Health and Care Excellence (NICE) guidelines, on effective ways to address child accidents, multi-agency work to reduce unintentional injury to children and young people continues to be co-ordinated through the Local Safeguarding Children's Board (LSCB) Child Safety Sub-Group, the Safer Sussex Roads Partnership and the East Sussex Road Safety Group. The LSCB Child Safety Subgroup work plan 2015-2017 includes a number of broad actions agreed as part of Outcome 1 "*Accidents to children and young people are reduced*". These focus on strengthening the use and sharing of data on accidents, monitoring the performance and outcomes of accident prevention initiatives, embedding new ways of working with early years practitioners to reduce risk of accidental injury (and expanding to other professionals), and utilising national and local resources/campaigns to raise awareness amongst at risk populations locally.

0 – 5 years accident prevention

The following activities implemented in Quarters 1 & 2 have supported delivery of the LSCB work plan:

0 – 5 Accident Prevention Working Group (APWG):

The 0 – 5 APWG met for the first time in March 2015; a second meeting took place in quarter 2 and the terms of reference were agreed. The group has representation from: East Sussex County Council Children's Services, Children's Centres and Public Health; East Sussex Healthcare NHS Trust Family Nurse Partnership; Health Visiting; East Sussex Fire and Rescue Service; Wealden District Council, and; the Child Home Safety Advice and Equipment Service provider. A detailed action plan will be co-produced during quarters 3 – 4, including actions relating to data collection, sharing and reporting, awareness raising and workforce development.

Data collection and reporting:

A tool to support A&E and Minor Injury Units (MIUs) to collect additional data to understand in more detail the specific causes of child accidents has been developed in conjunction with East Sussex Healthcare Trust (ESHT) Paediatric Liaison Nurses. Analysis of data collected between March 2014 and June 2015 indicates that the largest cause of accidents for under 5s (42% of accidents) was falls involving furniture.

Recent feedback at the 0 – 5 APWG indicates that local data reports have helped raise awareness of the significance of childhood accidents within East Sussex and also inform the delivery and targeting of local initiatives and home safety messages, targeted at the specific causes of accidents. A meeting with the new provider of the MIU service is to take place to determine how the data capture tool can continue to be used by these services.

East Sussex Child Home Safety Advice and Equipment Service:

ESHT Health Visitors, Community Nursery Nurses and Family Nurse Partnership (FNP) practitioners and the Council's Children Centre Keyworkers have continued to refer families with children aged 0 – 2 years to the service which is targeted at vulnerable families who are either identified through the Team Around the Family meeting, are a FNP family or a family with a safeguarding plan.

In May 2015 amendments made to the equipment criteria, which were based on feedback from referring organisations and the provider, facilitated an increase in referrals with the service also being better able to meet families' needs.

The Child Home Safety Advice and Equipment Service contract has been extended until March 2016, with a greater emphasis on working with partners to further increase referrals. An evaluation of the

effectiveness of the amendments made to the service from May 2015 will be used to inform future commissioning of the service from April 2016.

Evaluation of accident prevention training (Child Accident Prevention Trust (CAPT)):

CAPT was commissioned by Public Health to deliver 12 training courses between November 2014 and April 2015; the courses were designed to support practitioners working with families with children under 5 to raise accident prevention with clients, deliver consistent accident prevention messages, and implement home safety checks. 144 staff attended the training.

An evaluation of the CAPT training has been completed with high satisfaction levels reported by those who attended the courses. Of those attendees who subsequently completed a post course follow up survey the majority reported that they were addressing accident prevention either "a bit" or "a lot" more as part of their current role. Given the positive outcomes of the training, Public Health, working with its partners will explore potential future options for extending the provision of accident prevention training to wider staff groups (e.g. practitioners who visit families and carers with children under 5 in the home)

Other

Safety in Action:

The Safety in Action project works with local primary schools and aims to encourage 10-11 year old children to be able to recognise hazards and take appropriate action to help keep themselves and others safe. At a Safety in Action event, children are taught in a practical and interactive way about important safety issues which could not only prevent injury, but even save their lives. Delivery partners include East Sussex Fire and Rescue Service, Sussex Police, the Ambulance Service and Southern Rail, among others. The events have been held in various community locations across the county, with invitations being sent to local primary schools.

Adults:

There was a 2.6% decrease in the falls rate for residents aged 65+ (age and sex standardised per 100,000 of population) in 2014/15 when compared to the 2013/14 baseline. This represents an improvement on the 1% increase previously projected.

There has been a 1.2% increase in the first half of 2015/16 when compared to the end of year outturn for 2014/15; however this is still a 1.3% reduction on the 2013/14 baseline. We will need to check further data before it can be determined whether this increase is an ongoing trend; data from last year demonstrates that fluctuations from quarter to quarter can be a normal variation.

The Joint Community Rehabilitation (JCR) service is offering more clients multifactorial falls risk assessments and interventions. Work is underway to increase capacity over the winter and to reduce waiting lists and times.

The Otago programme ceased at the end of September 2015, although over 400 East Sussex residents took part since its launch in 2013; insufficient people joined and stayed on the programme during the pilot to make it good value for money. Feedback from participants and lessons learnt inform proposals for new strength and balance exercise provision planned from 2016/17. Local leisure trusts are offering self-funding classes in some localities in the interim.

A business case for community therapy (including falls and fracture prevention) from 2016/17 is in the process of being reviewed by East Sussex Better Together governance groups. The proposals aim to significantly enhance quality, capacity and outcomes over the next three and a half years. Key proposals include:

- Increasing capacity
- Implementing a full strength and balance exercise range focused on primary and secondary prevention
- Implementing a Fracture Liaison Service for the whole East Sussex population aged 50+ presenting with a new fracture
- Changes to acceptance criteria to improve access for individuals residing in care homes
- For all of the above to be integrated within the emerging locality teams

An outcome on the business case is expected in November.

PRIORITY 5: ENABLING PEOPLE TO MANAGE AND MAINTAIN THEIR MENTAL HEALTH AND WELLBEING

Objectives

- Earlier identification, diagnosis, support and treatment
- More people using community based support
- More people with more severe mental health needs having a comprehensive care plan
- Fewer incidences of self harm and suicide
- Improved physical health for people with mental health support needs
- Better mental health outcomes and quality of life for carers

Performance Measures

5.1 Percentage of service users responding to new 'friends and family test' survey questionnaires, who report their experience of Trust services was 'positive' and that they would be 'extremely likely' to recommend Trust services

2015/16 Target: 'positive' 80%; 'extremely likely' to recommend 50%.

Outturn: **Amber** Positive 83%, extremely likely to recommend 46.8%

Overall patient experience of Trust services (friends and family test), was 'positive' for 83% of respondents, with 46.8% saying they would be 'extremely likely to recommend' Trust services

5.2 Number of people who have entered and completed treatment and their wait times

2015/16 Target: a) numbers entering treatment – 7,500, b) numbers completing treatment who have recovered – 50%, c) waiting times for treatment – 75% within 6 weeks; 95% within 18 weeks

Outturn: **Green** a) 7,500
Green b) 50%
Amber c) 61% within 6 weeks, 90% within 18 weeks

Achievement of waiting time standards are amber as obtaining sufficient resources including additional psychological therapies staff mean that we may meet the target by the end of the year.

Commentary

Adults:

Having established baselines against new waiting time standards being introduced in 2015/16, modelling work has been completed on additional resources necessary to clear backlogs and meet targets from 2016/17. An application to NHS England (NHSE) was successful in obtaining a £60,000 investment in on-line therapist supportive cognitive behavioural therapies, as an innovative contribution to these initiatives.

Progress is also being made in ensuring waiting times for NICE accredited, evidence-based care is started within two weeks of referral of patients with a confirmed first episode of psychosis.

Through the Better Together programme, we have made it a priority to develop new services targeting those with long term conditions who also have mental health problems, to ensure their higher risk of relapse is managed in a better way.

Children:

Following the publication of 'Future in Mind', a national task force report, there is work underway within the Child and Adolescent Mental Health Services (CAMHS) on emotional and mental health. NHSE has allocated additional investment to all CCG areas to take this programme forward over the next 5 years, following the submission of successful CAMHS transformation plans. East Sussex made a draft submission to NHSE in October and is awaiting feedback.

Our plans outline how we will improve services for children and young people through a whole system approach, strengthening areas of good practice, building on existing strengths, and highlighting where we will channel the additional investment that we will receive.

The East Sussex CAMHS transformation plan draws on our 2014 CAMHS needs assessment, national evidence and local strategies, discussions with key stakeholders (e.g. GPs, LSCB members and other

professionals), consultation with our CAMHS user groups, the youth cabinet and our existing emotional health and well-being group.

The 3 CCG areas in East Sussex will receive 2 investment streams as detailed in the table below; ring fenced allocation for community eating disorders and a separate funding stream for the broader transformation plans.

CAMHS transformation funding for East Sussex CCGs:

CCG Funding streams	Eastbourne Hailsham and Seaford	Hastings and Rother	High Weald Lewes and Haven	Allocation
1.Community Eating Disorders (CED)	£115,298	£112,103	£84,904	£312,305
*2.Transformational Plan Allocation	£288,602	£280,606	£212,523	*£781,731
Total	£403,900	£392,709	£297,427	£1,094,036

*This is subject to NHSE approving our transformation plans

The key areas where East Sussex will be investing our transformation funding are:

1. Increasing Perinatal Mental health provision across the county
2. Expanding the primary mental health workforce, to provide more direct work with children, young people and families and strengthening the links between GPs and schools
3. Supporting young people who present in crisis and to A&E through mental health liaison support to ensure a more responsive services especially out of hours
4. Strengthening mental health expertise to support vulnerable groups such as young offenders, looked after children, care leavers, children who are adopted and those at risk or in contact with the Youth Justice System who have experienced sexual abuse
5. Reviewing current online and digital resources to support children and young people and families access information, advice and guidance

PRIORITY 6: SUPPORTING THOSE WITH SPECIAL EDUCATIONAL NEEDS (SEN), DISABILITIES (SEND) AND LONG TERM CONDITIONS (LTC)

Objectives

- Reduction in the amount of time people spend in hospital
- Earlier diagnosis and provision of personalised care in the community or at home
- More people feel supported to manage their condition better
- Better health outcomes for those with SEN, disabilities and long term conditions (all ages)
- Better quality of life for those with SEN, disabilities and long term conditions (all ages)
- Better physical health outcomes and quality of life for carers (all ages)

Performance Measures

6.1 Proportion of Statements converted to Education, Health and Care Plans (EHCP)

2015/16 Target: 50% of statements converted to EHCP

Outturn: Deletion N/A

Proposed deletion: It is proposed that the measure is removed from the Health and Wellbeing Strategy. Since the measure was set, the Department for Education (DfE) has changed the instruction to local authorities about how to carry out conversions by setting out new priority groups that we will have to target. Before the instruction we could identify and determine which statements we converted and when, this is now set by the DfE. Under the new process, statements of pupils in specific year groups approaching times of transition have to be completed by the close of specific academic years. The

original target was set for the financial year 2015/16, however, with the new guidance, we now have to report on the academic year. We will now need to set a new target for 2016/17 which will measure our progress in the 2015/16 academic year. Between 2014 and 2018 we need to convert approximately 2,778 children and young people's statements to EHCP. Currently the team has completed approximately 144 transfers.

6.2 Percentage of patients on a Learning Disability register in East Sussex GP Practices who have received a Health Check within the financial year

2014/15 Target: By 2016: Meet the England average (65%) revised upwards if the average increases

Carry Over Outturn: Green East Sussex average 70%, England average 63%

2015/16 Target: By 2016: Meet the England average (63%) revised upwards if the average increases

Outturn: **RAG - NA** Data not available on Public Health information site

Sussex Partnership NHS Foundation Trust has provided LD health check refresher training as part of the EHS and HR CCG Membership Engagement Learning Events in September and October 2015. These events were well attended by practice nurses and GPs.

6.3 a) Proportion of people with ambulatory care sensitive conditions admitted to hospital as an emergency; and b) Number of days between admission and discharge

2015/16 Target: By 2016 a) 20% reduction, b) 20% reduction

Outturn: Red a) 6.2% reduction (comparing April to September 2015 activity with baseline data April to September 2012)

Red b) 4.6% reduction (comparing April to September 2015 activity with baseline data April to September 2012)

This target measures people with ambulatory care sensitive (ACS) conditions - chronic conditions such as asthma, diabetes, angina, epilepsy, dementia, chronic obstructive pulmonary disorder (COPD), anaemia, hypertensive heart disease, acute and chronic bronchitis, atrial fibrillation and chronic viral hepatitis B. Active management such as vaccination, better self-management, disease management, case management or lifestyle interventions, can help prevent a sudden worsening of these conditions and reduce the need for hospital admission.

Commentary

Comparing April to August 2015 data (5 months) to April to August 2012 (the baseline year), ACS conditions admission rates have decreased by 1% in East Sussex. The picture varies across the three East Sussex CCGs: EHS CCG admission rates have reduced by 7%, HWLH CCG admission rates by 4%, but the HR CCG admission rate has increased by 7%.

The number of days between admission and discharge (bed days) has increased by 2.2% in April to August 2015 compared to the baseline year of April to August 2012. However, there is significant variation across the main hospital sites: Conquest Hospital (-11%), Eastbourne District General Hospital (+10%), Royal Sussex County Hospital (-5%).

The measure is scored red because given the target is to reduce admissions and bed days by 20% by 2016 it is unlikely this will be achieved.

Additional information

Integrated Locality teams: The implementation of Integrated Locality Health and Social Care teams is progressing as a primary work-stream within the East Sussex Better Together programme, the timescale for these teams to be fully established is April 2016. These teams will bring together community nurses, therapists and social care staff to provide greater integration and coordination of care to meet the needs of local people within a community setting across the eight agreed localities in East Sussex. Alongside the implementation of the Integrated Locality teams, work continues to ensure the foundations for the future service model are fully established. GP practices continue to hold monthly multi-disciplinary meetings to discuss patients who are identified as most at risk of hospital admission.

The Community Geriatrician/Frailty Service: This new service will be supporting patients, their GPs and other professionals in the community to identify and manage older people, those with long term conditions and the frail. The service will care for people in their communities, and reduce their

admissions to hospital by reviewing patients and directing them between primary and acute (hospital) care. This service has commenced in the Havens area and the CCGs are working with local hospital trusts to extend the service by recruiting more Community Geriatricians across the county as soon as possible. Further planning around a potential network of support provided by specialist nurses is also being considered to ensure there are no gaps the services.

PRIORITY 7: HIGH QUALITY AND CHOICE OF END OF LIFE CARE (EOLC)

Objectives

- More people identified as approaching end of life have an advanced care plan
- Fewer people identified as approaching end of life die in hospital
- Staff providing EOLC in community, health and care settings meet the national end of life care core competencies and occupational standards

Performance Measures

7.1.1 Deaths at usual place of residence divided by all deaths

2014/15 Target: Increase by 1% each year from baseline to 50.3% by 2015/16.

Carry Over Outturn: RAG - NA Awaiting data

2015/16 Target: Increase by 1% each year from baseline to 50.3% by 2015/16.

Outturn: **Amber** 49.8% (Q1 data: HR CCG 49.1% and EHS CCG 52.7%, HWLH CCG 47.7%)

7.1.2 Proportion of population on the Palliative Care Register (PCR) whose data has been uploaded to the SCR/EPaCCS

2015/16 Target: 75%

Outturn: **Amber** SCR roll out across all EHS and HR practices is complete. Since October 2015 EOCL data is now auto-populated.

7.2 Improve the experience of care for people at the end of their lives

2015/16 Target: To be confirmed 2014/15.

Outturn: NA Data has not been submitted

Commentary

Summary Care Records continue to be the preferred route to effect sharing of care plans, including palliative care plans and records. The EPaCCS template has been developed and is being reviewed in light of the September 2015 new national guidance for EPaCCS.

GLOSSARY

ACS - Ambulatory Care Sensitive - refers to a range of health conditions where appropriate care may prevent or reduce the need for hospital admission or emergency admission

0-5 APWG - Accident Prevention Work Group - a group aiming to reduce accidents amongst young people

CAMHS - Child and Adolescent Mental Health Service - specialist NHS children and young people's mental health services

CAPT - Child Accident Prevention Trust - a UK leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents

CCG - Clinical Commissioning Group - GP-led bodies that plan and buy a wide range of health services for people in their area; there are three CCGs in East Sussex

CIN - Children in Need - a child who is in need of local authority services to help support their health or development

COPD - Chronic Obstructive Pulmonary Disorder - an ambulatory care sensitive (ACS) condition, see above for definition of ACS

CP - Child Protection plan - a plan drawn up by the local authority. Children are made the subject of a Child Protection plan when they are thought to be at risk of harm

CQUIN - Commissioning for Quality and Innovation - an NHS framework used to secure improvements in quality of services, better outcomes for patients, and strong financial management involving incentives, rewards and sanctions

EHCP - Education, Health and Care Plan - outcome-focussed statutory plans specifying the educational, health and social needs of the child or young person, and the additional support and provision they require to meet those needs; for children and young people aged up to 25

EHS - Eastbourne Hailsham and Seaford - refers to one of three Clinical Commissioning Groups in East Sussex

EOLC - End of Life Care - care that helps those with advanced, progressive, incurable illness to live as well as possible until they die

EPaCCS - Electronic Palliative Care Coordination Systems - enable the recording and sharing of people's care preferences at the end of life

ESCC - East Sussex County Council

ESHT - East Sussex Healthcare NHS Trust - provides NHS hospital and community services throughout East Sussex

FLS - Fracture Liaison Service - fracture risk assessment and treatment for patients with a fracture resulting from a fall

FMS - Falls Management Service - a service commissioned by East Sussex CCG's to help reduce the risk of falls and accidents

FNP - Family Nurse Partnership - a voluntary home visiting programme for first time young mums, aged 19 or under (and dads). A specially trained family nurse visits the young parent regularly, from early in pregnancy until the child is two

FTE - First Time Entrants - first-time entrants to the youth justice system aged 10-17

HR - Hastings and Rother - refers to one of three Clinical Commissioning Groups in East Sussex

HWLH - High Weald Lewes and Havens - refers to one of three Clinical Commissioning Groups in East Sussex

HWS - Health and Wellbeing Strategy

JCR - Joint Community Rehabilitation Service - a rehabilitation and reablement service provided by East Sussex County Council Adult Social Care and the local NHS trust. It provides short term support to people in their own homes to avoid hospital admission or to help after discharge from hospital. The service is time limited with reablement services typically lasting one to three weeks and rehabilitation services usually no more than six weeks

LCS - Locally Commissioned Service

LD - Learning Disabilities

LSCB - Local Safeguarding Children's Board - a statutory body where organisations come together to agree how they will safeguard and promote the welfare of children in their area

LTC - Long Term Conditions

MIU - Minor Injury Unit - an NHS facility dealing with injuries such as broken bones and minor head injuries

MMR - Measles, Mumps and Rubella (German measles), usually used in reference to the combined vaccine that protects against the three separate illnesses in a single injection

NICE - National Institute for Health and Care Excellence - provides national guidance and advice to improve health and social care

Otago - Evidence-based approach for reducing the likelihood of falls in individuals who have fallen or are at risk of falling (in particular for those aged 80+), through delivering specially designed strength and balance enhancing exercises

PCR - Palliative Care Register - a complete register of all patients in need of palliative care or support

PHE - Public Health England - national body responsible for protecting and improving the nation's health and wellbeing, and reducing health inequalities

PHOF - Public Health Outcomes Framework - sets out a vision for public health, desired outcomes, and the indicators that help people understand how well public health is being improved and protected

PSHE - Personal, Social, and Health Education - programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives

PSI - Postural Stability Instructor - professionals who work with frailer older people with a history of falls in the community

QUIT 51 - Specialist stop smoking service - a free national stop smoking service

SCR - Summary Care Record - a copy of key information from your GP record, providing NHS staff with faster, secure access to patient information

SEND - Special Educational Needs and Disabilities - the needs of a child who has a difficulty or disability which makes learning harder for them than for other children their age

SSRP - Sussex Safer Roads Partnership - local agencies working together to help improve road safety for all road users

THRIVE - Three year, multi-agency programme set up in 2012 to ensure East Sussex County Council has a financially sustainable children's safeguarding system which acts in a proportionate, timely and effective way to reduce children and young people's needs

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

Date: **4 January 2016**

By: **Cynthia Lyons, Acting Director of Public Health**

Title of report: **Annual Report of the Director of Public Health 2015-16: Strengthening Personal Resilience in East Sussex**

Purpose of report: **To inform the Health and Wellbeing Board of the Annual Report of the Director of Public Health 2015-16**

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board note the Annual Report of the Director of Public Health 2015-16.

1. Background

1.1 The Health and Social Care Act 2012 stipulates that the Director of Public Health (DPH) is required to produce, and the relevant Local Authority to publish, an annual public health report. Each year there is a different focus for the report. However, a different approach has been taken this year. For the first time, the report this year will build on the report published the previous year.

1.2 The focus for the report this year is strengthening personal resilience thus supporting the County Council's priority outcome of helping people help themselves, informing the community resilience cross-council facilitating programme, the East Sussex Better Together Programme and work outside of that programme within High Weald Lewes Havens Clinical Commissioning Group.

2. Introduction

2.1 The 2014/15 DPH Annual Report, *Growing Community Resilience in East Sussex*, focused on how we can build community resilience by growing the assets of wellbeing across East Sussex. It looked at how we can identify, better understand and support development of existing and potential new community assets. It described how individuals can play a significant role in increasing community resilience and how systematic processes can be used to support this work and monitor its impact particularly in developing sustainability.

2.2 Based on a review of the evidence, this report recommended further work to enhance community resilience which seeks positively to develop, harness and mobilise the assets, capacities and resources available to individuals and communities to enable them to gain more control over their lives and circumstances and to meet primary prevention, health, wellbeing and social care support needs.

2.3 The 2015/16 DPH Annual Report, [Strengthening Personal Resilience in East Sussex](#), builds on *Growing Community Resilience in East Sussex* by focussing on the need to develop and strengthen personal resilience to underpin and support growing community resilience.

2.4 Resilience is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the overwhelming influence of risk factors. Risk factors such as poverty, low socioeconomic status, parental mental health issues are correlated with poor or negative outcomes. Even when these risk factors occur, resilient

individuals avoid the negative outcomes usually associated with those risk factors and develop positive outcomes nonetheless.

2.5 As individuals live and work within communities, personal and community resilience are closely linked. For example, communities provide the social networks and opportunities to build self-esteem and purposeful lives which are essential components of personal resilience. Likewise, communities are dependent on the contribution of healthy, resilient individuals.

3. Content of the Report

3.1 This report starts by explaining what personal resilience is and how it can be developed and supported and then goes on to outline some of the ways in which we are supporting building personal resilience through programmes and services. Each chapter deals with a different area, and there are chapters on primary prevention, protecting health and person-centred care and support.

3.2 The report also emphasises that individuals need to take advantage of the opportunities these services and programmes afford to help them build their personal resilience.

3.3 The report makes nine recommendations for strengthening personal resilience in East Sussex:

1. Reducing health inequalities through the planning and commissioning of services and through the East Sussex Better Together Programme must continue to be a focus of effort as deprivation is a source of vulnerability and lessens resilience.
2. Current practice, which incorporates the following set of evidence based principles, to effectively implement interventions that build resilience should be consistently applied through the East Sussex Better Together Programme:
 - Prioritise positive approaches for wellbeing;
 - Involve individuals and local communities effectively and appropriately;
 - Connect the individual with community and broader society;
 - Recognise that individual and wider resilience is interwoven;
 - Recognise the need to invest, where possible, in wider sources of resilience for a person (community and family);
 - Work in a multi-disciplinary and multi-professional way;
 - Secure sustainability through an evidence-based approach.
3. Commissioners and providers of maternal, perinatal and early years health services and parenting programmes should continue to ensure that services, wherever possible, build resilience through evidence-based programmes of intervention and support.
4. The East Sussex County Council Health Improvement Team need to increase their work with partners to implement effective workplace interventions that promote health and wellbeing and embed action to grow personal resilience through healthy workplace programmes.
5. Continue to take concerted action to address loneliness and social isolation, particularly in older people, through the East Sussex Better Together Programme's Community Resilience workstream.

6. Commissioners and providers of sexual health services need to ensure that services are promoting good sexual health and building knowledge so that individuals can maximise their personal resilience.
7. East Sussex Public Health, NHS England, the CCGs and General Practices need to work closely together to increase access to vaccination and screening programmes and on engagement and understanding of the public on the benefits of these programmes in making them more resilient to disease.
8. The East Sussex Better Together Programme needs to reinforce the current direction of travel for services to be re-orientated to be person-centred, to be patient/ client focused, to promote control, independence and autonomy for the recipient, carers and families, provide choice and be based on a collaborative team philosophy.
9. Robust measures, from routine data sources, need to be identified so that they can be included in the East Sussex Better Together key performance indicators and monitored to assess the extent to which care and support is person-centred.

4. Conclusion and Reason for Recommendation

The 2015/16 DPH Annual Report, *Strengthening Personal Resilience in East Sussex*, builds on the 2014/15 DPH Annual Report, *Growing Community Resilience in East Sussex*, by focussing on the need to develop and strengthen personal resilience to underpin and support growing community resilience.

It will support the County Council's priority outcome of helping people help themselves, inform the community resilience cross-council facilitating programme, the East Sussex Better Together Programme and work outside of that programme within High Weald Lewes Havens Clinical Commissioning Group.

The Health and Wellbeing Board is asked to note the 2015-16 Annual Report of the Director of Public Health.

Cynthia Lyons
Acting Director of Public Health

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 26 January 2016

By: Director of Adult Social Care and Health

Title: Moving to Accountable Care in East Sussex – Next Steps

Purpose: To outline the next steps and key phases for moving to an accountable care model in East Sussex and to highlight the timescales to deliver new arrangements

RECOMMENDATIONS

- 1. Consider and discuss the key phases in the collaborative approach to developing and delivering accountable care in East Sussex**
 - 2. Note the timescales for delivering the new arrangements in relation to the East Sussex Better Together (ESBT) Programme objectives**
-

1. Introduction

1.1 The ESBT Programme Board meeting on 7th October 2015 received a discussion paper on moving to an accountable care model in East Sussex, and how this might support achieving financial and clinical sustainability. This paper outlines the necessary next steps and the collaborative work required to develop an options appraisal and full business case for moving to an accountable care model. The approach is set out under three broad headings:

- A project timeline to deliver the options appraisal and business case by late March or early April 2016, and the phases of subsequent work that would need to be progressed
- A list of the key design criteria to be used in the evaluation of the options and developing the detailed business case and implementation plans for an accountable care model in East Sussex
- Scoping of the key work streams or projects to enable the move to an accountable care model, highlighting where additional capacity or expertise may be required

1.2 The commissioning bodies undertaking this work are East Sussex County Council (ESCC), Hastings and Rother Clinical Commissioning Group (CCG) and Eastbourne Hailsham Seaford CCG. High Weald Lewes and Havens CCG have withdrawn from the ESBT Programme. Any reference in this report to East Sussex CCGs refers only to the two CCGs that are part of ESBT.

2. Background

2.1 Accountable care models are systems in which providers are held jointly accountable for achieving a set of outcomes for the population over a period of time and for an agreed cost. Coupled with transformation of the budgeting and payment mechanisms to global population based capitation and outcomes, this means accountable care in a community based system can positively incentivise the lowest level of effective care and the highest possible quality of care.

2.2 A scoping exercise was undertaken to understand the different accountable care models currently being delivered or developed in this country and abroad, and how these could benefit

East Sussex. The scoping exercise identified that accountable care working within a population-based capitation budget could offer a genuine solution to the longstanding issues faced by local health and social care economies, namely integration and financial and clinical sustainability. There is however no 'off the shelf solution'. New models of care in the NHS Five Year Forward View, as well as the increasing move towards Government and NHS devolution to local areas, offer new parameters and possibilities for local health and social care economies to consider and design bespoke solutions to suit the needs of local populations, on a geographical basis.

3. Timeline and roadmap for options appraisal and business case development

3.1 The high level timeline below sets out the phases for developing the options appraisal and business case for a bespoke East Sussex model of accountable care through to detailed implementation plans.

	Milestone / decision	When by
1	Draft options appraisal and Strategic Outline Case for Accountable Care Model underpinned by global population based capitation, setting out the preferred option for how ESCC and the East Sussex CCGs propose to take forward a single whole system accountable care model to achieve integration by April 2017	March 2016
2	Approval by ESBT Programme Board, Cabinet and CCG Governing Bodies of options appraisal outcome and Strategic Outline Case recommendation of the preferred option <ul style="list-style-type: none"> • Initiation of board level workshops and discussions with providers to co-design and develop the detail underpinning the Accountable Care Model. • Initiation of wider stakeholder engagement and communication plan 	April 2016
3	Approval by Programme Board, Cabinet and CCG Governing Bodies of Full Business Case, key design principles for the Accountable Care Model and final position regarding: <ul style="list-style-type: none"> • Scope of the capitated budget arrangement pooling relevant ESCC and NHS budgets to facilitate the delivery of a single accountable health and social care model in East Sussex • Sign off s75 Agreement setting out pooled capitated budget arrangement • Co-development of high level options for integrated delivery of health and social care services in East Sussex by April 2017, including lead provider arrangements and the level of organisational and structural change envisaged • Contract award and proposed new management arrangement • Robust governance, contractual and financial systems to provide assurance to all commissioning organisations • Consultation with staff, unions and stakeholders (as necessary) in developing the new service model • Outcome of discussions with regulatory bodies; NHS England, CQC, and NHS Improvement (Monitor and the Trust Development Agency) 	November 2016

4	<p>Award contract and new management arrangement for commissioning and delivery of an Accountable Care Model:</p> <ul style="list-style-type: none"> • Outcomes based capitated contract accountable for whole system delivery, commencing on 1 April 2017 for a 'test phase' year • Services are fully integrated with home and community the default care setting to achieve the lowest level of effective care under a capitated budget arrangement • Approval of future commissioning intentions and contract lengths after initial contract and testing phase is complete 	March 2017
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4, Design criteria

4.1 For the purposes of the accountable care options appraisal exercise and business case development it is assumed that all health and social care service delivery will be in scope - primary care, acute and community, mental health, social care and public health. The options for accountable care in East Sussex will be explored fully in relation to how well they can operationalise the greatest levels of integration in East Sussex, the benefits delivered as well as the risks associated with the different ways of delivering a single integrated accountable care model working with a devolved capitated budget. Some possible ways to achieve this can be described as follows (there may be others):

- Providers come together (legal construct unspecified) into a single entity
- Providers come together (legal construct unspecified) but not into a single entity
- Accountable lead provider model

4.2 In order to ensure that there would be clear benefits in moving to an accountable care model, the following design criteria are suggested to test and evaluate the options, with additional weighting being given to ESBT Programme priorities:

- Ability to deliver whole system integration at the scale and pace required to deliver financial and clinical sustainability in East Sussex by 2018
- Ability to incentivise community based prevention and the lowest effective level of care and the highest quality outcomes
- Ability to deliver maximum levels of clinical engagement and leadership across the whole system
- Ability to deliver person centred, integrated care focussed on the whole person
- Impact on patient choice
- Ability to deliver a positive impact on workforce development, recruitment and retention

5. Key enabling workstreams to design and develop a bespoke accountable care model for East Sussex

5.1 To progress to a detailed options appraisal, business case and implementation plans for accountable care in East Sussex, there are specific areas that will need to be worked up in detail to inform business case development and model design. The following key workstreams are set out below as critical packages of work that will require focus and possible additional capacity and expertise.

Communication and Engagement
Purpose: developing and coordinating activity required to communicate and engage with all key stakeholders, including involvement in the design of the solution
Procurement process
Purpose: designing an appropriate procurement and legal process and flexibilities to identify a competent lead provider to work in partnership with commissioners
Governance and organisational construct
Purpose: designing the appropriate accountability and legal arrangements to manage the capitated budget and risk sharing.
Contract design
Purpose: designing and establishing a long-term contract, to incentivise provider engagement in the procurement and future investment
Regulation
Purpose: engaging with key regulation bodies such as NHS England, Monitor, TDA and CQC to secure agreement to the preferred scope of services in the new model
Financial planning
Purpose: Working with service areas and service configuration to develop the financial business case
Payment Mechanisms
Purpose: designing the approach required to move to a population capitation and outcome based model of payment

6 Conclusion and recommendations

6.1 The next steps and criteria set out in this paper are the key elements of a collaborative approach to co-designing and delivering an accountable care model bespoke to East Sussex.

6.2 At the time of writing, consideration is also being given by the ESBT Programme Board to identifying or aligning capacity and resources to enable progression through the key phases of development at the pace required to meet the ESBT Programme objectives.

KEITH HINKLEY

Director of Adult Social Care and Health

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Background documents

None

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Report to:	Health and Wellbeing Board
Date of meeting:	26 th January 2016
By:	Director of Adult Social Care and Health
Title:	Commissioning Reform - delivering a single planning and commissioning process across health and social care
Purpose:	To outline the next steps for moving to a single planning and commissioning process for East Sussex County Council, Hastings and Rother Clinical Commissioning Group and Eastbourne Hailsham Seaford Clinical Commissioning Group

RECOMMENDATIONS

- 1. That the Board note the commitment to establish a single planning and commissioning process for health and social care across East Sussex**
 - 2. Note the timescales for delivering the new arrangements in relation to the East Sussex Better Together (ESBT) Programme objectives**
-

1. Introduction

1.1 The vision for the ESBT Programme is to create a fully integrated and sustainable health and social care economy across East Sussex. It aims to promote health and wellbeing whilst addressing quality and safety issues in order to prevent ill health. As a result the programme is supporting the delivery of an improved patient experience and outcomes for the population of East Sussex. We are now in week 80 of the 150 week programme and we are building on the initial year of design and have moved to a year of delivery. The outcomes of the programme will be delivered through a focus on population needs, better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people that require care and support.

1.2 In order to deliver this vision a wide range of service transformation is being taken forward with a wide range of engagement with stakeholders in East Sussex. To help meet the ESBT goal of clinical and financial sustainability one of the key next steps will be to establish a single process of planning and commissioning of health and social care. This will enable us to ensure a fully integrated approach to setting priorities and making investment decisions.

1.3 The commissioning bodies that will fully align their planning and commissioning of health and social care are East Sussex County Council (ESCC), Hastings and Rother Clinical Commissioning Group (CCG) and Eastbourne Hailsham Seaford CCG. High Weald Lewes and Havens CCG have withdrawn from the ESBT Programme. Any reference in this

report to East Sussex CCGs refers only to the two CCGs that are part of ESBT and have agreed to establish a single planning and commissioning process.

2. Background

2.1 The purpose in establishing a single planning and commissioning process is to ensure the combined annual budget of around £800m of the three commissioning organisations is deployed to deliver the objectives of the ESBT Programme and ensure we achieve the best value for taxpayers' money.

2.2 The key areas of initial work will be:

- Developing a governance process that enables the commissioning organisations to continue to meet their statutory obligations and ensure local and national democratic accountability through the County Council and NHS. This will include setting of policy, outcome measures and investment decisions
- Establishing a planning process that engages fully with all stakeholders and across all partnerships to inform priorities and investment decisions
- Ensuring the commissioning of services supports delivery of the East Sussex Better Programme vision and objectives, including accountable care
- Setting up a performance management process that enables the commissioning organisations to ensure accountability and proper oversight of agreed plans

3. Next Steps

3.1 A project group will be established by the East Sussex CCGs and ESCC to develop proposals for establishing a single planning and commissioning process across health and social care. This will report to the ESBT Programme Board and CCGs and ESCC senior management teams. The proposals will be considered by the ESCC Cabinet and CCG Boards by July 2016 to ensure a fully integrated process is in place for service and budget setting for 2017/18. Further updates will also be made to the East Sussex Health and Wellbeing Board as this work progresses.

4. Conclusion and recommendations

4.1 The paper sets out the intention to establish a single planning and commissioning process across health and social care to support the vision and objectives of the ESBT Programme. This approach will also ensure a fully integrated approach to commissioning is aligned to the development of Accountable Care in East Sussex.

KEITH HINKLEY

Director of Adult Social Care and Health

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*High Weald Lewes Havens
Clinical Commissioning Group*

HWBB update



A year of progress at pace

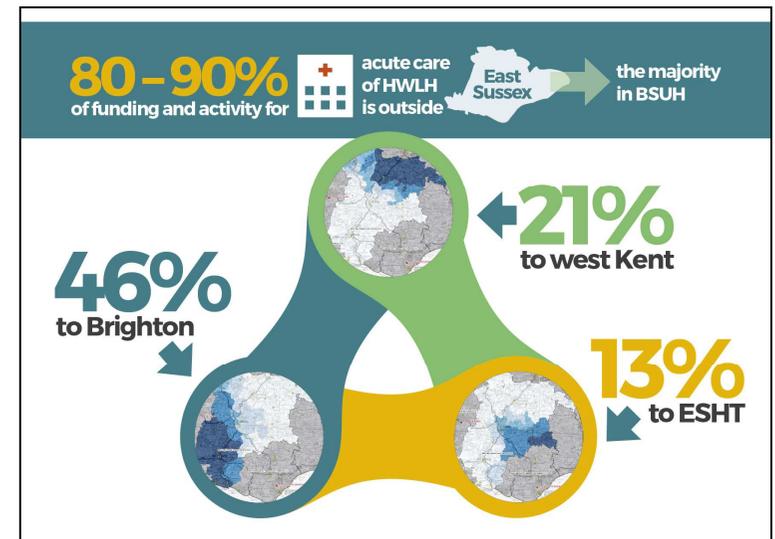
Key milestones

- New Community Services Contract awarded and went live
- 'Golden Ticket' Dementia pilot commenced, supported by Health Foundation award
- Assumed responsibility for commissioning GP Primary care
- New services commissioned in response to GP/patient feedback, including Diabetes, Ophthalmology, Community Transport, Community Geriatrics, Health now APP
- Streamlined point of Access and integrated health and social care teams as part of first phase of ESBT
- £9 million of efficiencies (**not** savings) to maintain and improve health care
- Consulted widely with patients and the public
- Improved Patient Safety
- Actively worked in three health economies, two containing (at times) challenged providers (CQC inspections, referral and A and E waiting times, changes in leadership)
- Named one of top 20 NHS organisations in which to work; CCG of the Year Finalist in the *Health Service Journal awards*



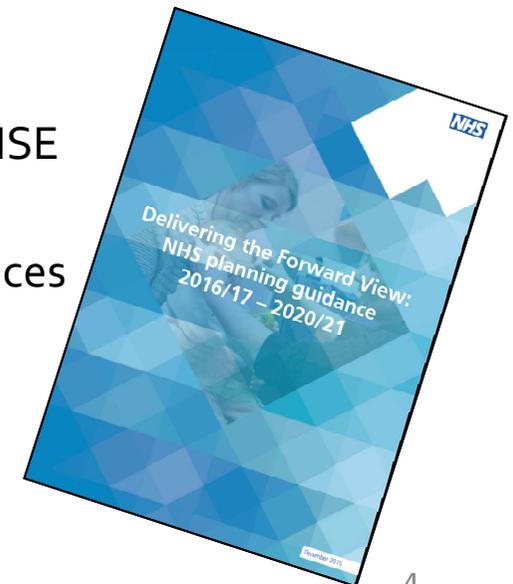
Our Health 'footprint'

- HWLH patient flows requires significant joint working with neighbouring CCGs to deliver integrated health and social care
- The first phase of ESBT has delivered significant improvements for patients across East Sussex. However to go further and deliver the *Five Year Forward View* will require a different approach in HWLH due to the acute patient flows primarily out of East Sussex. A primary focus on ESHT for HWLH patients has the potential to lead to health inequalities for the majority of our patients who attend BSUH and MTW.
- A21 and A23 'corridors' link acute providers and will need concerted joint efforts to transform urgent and elective care
- Programme director for Link 23 appointed
- Withdrawing from ESBT will release operational and strategic capacity and enable focus on development of services around the A21 and A23 'Corridors'. This will form the basis of a five year Sustainability and Transformation Plan (STP) (see next page)



2016/17 Planning

- Establishment of new ways of working with Horsham and Mid-Sussex; and Brighton and Hove CCGs; and ESCC in the light of departure from ESBT...
- ...which will form the basis of our five year Sustainability and Transformation Plan which run from Oct 2016 – March 2021 (Submission to NHSE in June 2016, assessment in July).
- The STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies
- Our operational plan for 2016/17 will cover the following
 - moves towards seven day working and deliver the nine NHSE 'must-dos'
 - four main work streams – Primary Care; Urgent Care; Services in the Community; and Mental Health
 - How we will continue to meet our statutory obligations (financial and otherwise) as an NHS commissioning organisation



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

Date: **26 January 2016**

By: **Head of Quality; Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, and; Operational Lead for Transforming Care; Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG**

Title of report: **Transforming care progress**

Purpose of report: **The transforming care commissioning standards require CCGs to provide regular reports to the HWB on their progress against the Transforming Care agenda.**

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- **Note the update provided regarding the original (Winterbourne) Transforming Care cohort, and the ongoing work against the Transforming Care agenda throughout quarters 1 -3 (April to December) 2015;**
 - **confirm the type and frequency of reporting required going forward.**
-

1. Background

1.1 Our local transforming care programme is overseen by the Transforming Care Programme Board which meets on a six weekly basis. The programme board is attended by lead commissioners on behalf of the three East Sussex CCGs and East Sussex County Council. Monitoring of local progress is against the national programme of transformation as set out in key reports and national guidance:

- Winterbourne View – time for change transforming the commissioning of services for people with learning disabilities and/or autism, a report by the Transforming Care and Commissioning Steering Group, chaired by Sir Stephen Bubb – 2014,
- Transforming Care for People with Learning Disabilities – Next Steps January 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-next-steps.pdf>, and more recently;
- Building the Right Support 2015: <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>. This is the national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Alongside this sits the national service model for commissioners of health and social care services, <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-serv-model-oct15.pdf>, which was also published in October 2015.

1.2. Since 2013 the CCGs have undertaken to identify and review all individuals in inpatient settings with a learning disability and/or autism who display behaviour that challenges.

1.3. The appointment of a consultant Learning Disability Nurse between December 2014 and September 2015 moved this work forward at pace. Over the last year work has focused on ensuring people are in the most appropriate setting to meet their current needs, receiving the right support and where appropriate were supported to move from inpatient services to alternative community settings.

2. Progress against Transforming Care agenda to date

- 2.1 Over 2015 the following procedures have been trialled and local procedure documents drafted to support the local implementation of the national guidance. These documents are due to be approved at the next Transforming Care Programme Board: (21.1.16)
- Blue Light Process
 - Admission to inpatient setting process for agreement to fund
 - Patient Objection Process

In addition, in line with national guidance, the following are also being developed:

- Local CTR procedures, to support the wider roll out of national guidance and embed this in to everyday practice;
- Local procedures for managing the Register of individuals at risk of admission

3. Number of individuals from original cohort remaining in inpatient CCG funded settings

- 3.1 Since May 2013, of the original 17 individuals identified as part of The Transforming Care programme (Previously known as the Winterbourne programme)
- 9 were discharged from inpatient settings and moved on to more appropriate community based provision;
 - 2 were removed from the list as were already in residential settings
 - 2 were readmitted to secure NHSE funded provision
 - 4 currently remain in inpatient CCG funded assessment and treatment units

Between April and December 2015 (quarters 1 – 3) there have been a further 5 individuals admitted to inpatient settings, 4 from East Sussex commissioned placements and another 1 from a placement in East Sussex funded by Surrey.

A breakdown of these figures by CCG are shown in the tables below:

3.1.1 Original (Winterbourne Programme) cohort and remaining active cases:

CCG	Number in Original Cohort	Number Discharged	Active Cases remaining from original cohort
Eastbourne Hailsham and Seaford CCG	2	<ul style="list-style-type: none"> • 1 re-admitted to secure NHSE funded provision Sept 2014 	1
Hastings and Rother CCG	11	<ul style="list-style-type: none"> • 6 discharged to community placements • 1 re-admitted to NHSE funded secure provision • 2 placements were residential not inpatient settings and subsequently removed from the original cohort list 	2
High Weald Lewes Havens CCG	4	3	1
Total	17	13	4

3.1.2 New admissions to CCG funded inpatient settings over quarters 1 - 3 in 2015:

CCG	Quarter admitted	New admissions	Number Discharged
Eastbourne Hailsham and Seaford CCG	Q3	1 from a Surrey funded residential placement in Eastbourne	Ready for discharge and placement being sourced by Surrey
Hastings and Rother CCG	Q1	1	0
	Q3	3	
High Weald Lewes Havens CCG	N/A	0	0
Total		5	0

4. Care and Treatment reviews (CTR) and Blue light processes (pre-admission reviews)

4.1 The development of CTR and Blue light processes nationally has tested and implemented locally. Local procedures are in now process of development and approval in order to provide clarity for individual their families and providers thus ensuring a consistent approach embedded into everyday practice.

4.1.2 CTR and Blue light meetings completed in period are as follows:

CCG	CTR	Blue Light
Eastbourne Hailsham and Seaford CCG	1	2 (for same individual)
Hastings and Rother CCG	<ul style="list-style-type: none"> • 2 complete and • 4 currently arranged for January / February 2016 	1
High Weald Lewes Havens CCG	1	0

5. Risk register:

5.1 Work continues to further develop the register of people at risk of admission continues to ensure robust governance and reporting processes across the 4 organisations and reporting to NHS England. Leads from CCG, Adult Social Care (ASC), Transitions team, and Community Learning Disability Teams (CLDT) will meet in January to review the current register.

5.2. Indicators of being 'at risk of admission' and eligible for inclusion on the register will depend on a number of factors including local community services available, robustness of existing support packages and local risk thresholds.

5.3 Factors that may place someone with autism and or a learning disability and challenging behaviour at risk of admission are likely to include:

- Significant life events and/ or change such as bereavement or abuse.
- Unstable / untreated mental illness
- Previous history of admission(s).
- Presenting significant behavioural challenges.
- Being supported in an unstable environment or by a changing staff team.
- Not being previously known to learning disability services.
- Having no fixed address.

- Being in contact with the Criminal Justice System.
- Presenting 'in crisis' at Accident & Emergency Departments.
- Having no family carers/advocates.
- Having drug and alcohol addiction problems.
- Having no effectively planned transition from Child to Adult learning disability services.
- Being placed in specialist '52-week' residential schools.
- Having recently been discharged from long stay hospital beds.

6. Progress on implementation of national model:

- 6.1 Locally our main challenge is not on closing inpatient services but on
- Development of appropriately robust housing options
 - Development of resilient and robust providers and staff teams, able to effectively support people with the most challenging needs in community based settings.
 - Development of in reach / outreach support for people living in community settings to reduce the need for admission to inpatient services at times of crisis unless this is the only appropriate option to meet their needs.
- 6.2. Proposals for local service developments are discussed initially at the East Sussex Transforming Care Board and taken forward to the East Sussex Better Together Strategic Planning Group for HR and EHS CCG's and to the Governing Body or delegated sub-committee for HWLH CCG.

7. Sussex Transforming Care Partnership update:

The first meeting of the Sussex Transforming Care Program Board took place 10 December 2015. This board was set up in response to the National requirement to progress the Transforming Care Agenda which is set to deliver services to people with Learning Disabilities and Autism. Request for attendance was directed through Sussex CCG Accountable Officers (AOs) and Sussex Directors of Adult Social Care. The Brighton and Hove CCG Director of Clinical Quality and Patient Safety is the nominated Senior Responsible Officer (SRO) for the Sussex CCGs and a Deputy SRO will be nominated from one of the Local Authorities.

- 7.2. The Board will be responsible for ensuring collaboration across Sussex CCGs and Local Authority Partners in order to agree a joint plan to deliver The National Plan to develop community services and close inpatient facilities for people with learning disabilities and/or autism who display behaviours that challenge, including these with mental health conditions ensuring "birth to grave" services.

8. Recommendations

- 8.2. The Health and Wellbeing Board are recommended to:
- Note the update provided on transforming care cohort, and;
 - Confirm the type and frequency of reporting required from CCGs going forward.

Name of person reporting and contact details:

Angela Simons

Head of Quality; Eastbourne Hailsham and Seaford CCG and Hastings and Rother CCG, and; Operational Lead for Transforming Care; Eastbourne Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG.

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

Date: **26th January 2016**

By: **East Sussex Local Safeguarding Children Board**

Title of report: **LSCB Annual Report 2014 - 2015
and Business Plan 2015 – 2018**

Purpose of report: **LSCB Annual Report**

RECOMMENDATIONS

For the Health and Wellbeing Board to note the contents of the East Sussex Local Safeguarding Children Annual Report

1. Background

1.1 The ESSCB is a partnership that works to safeguard and promote the welfare of children in East Sussex by working with, and scrutinising, the work of agencies with key responsibilities for keeping children safe in the county. These include staff working in health, social care, police, probation and education settings as well as voluntary sector organisations working with children in East Sussex. The LSCB focus's on the safety of children most vulnerable and at most risk of harm, and ensures that positive outcomes for children remain a priority.

The purpose of this report is to assess how the LSCB are doing in ensuring local services are keeping children safe. The LSCB does this in three main ways:

- Holding organisations to account at regular Board meetings
- Providing vital training to professionals through the ESSCB training programme
- Driving improved practices by conducting targeted reviews and audits of cases.

This Annual Report includes the new 3-year Business Plan for 2015-18. The new plan has five priorities:

- Tackling Child Sexual Exploitation
- Improving Safeguarding in Education
- On-line safety
- Mental health service provision to those who need it
- Tackling the impact of domestic abuse on children

2. Supporting Information

2.1 The East Sussex LSCB Annual Report is attached.

3. Recommendations

3.1 For the Health and Wellbeing Board to note the contents of the East Sussex LSCB Annual Report.

Reg Hooke, LSCB Independent Chair on behalf of the East Sussex Local Safeguarding Children Board

Contact – Marion Rajan, LSCB Manager – Marion.Rajan@eastsussex.gov.uk

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East Sussex Local Safeguarding Children Board

Annual Report 2014-2015

and

Business Plan 2015-2018



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Achievements and challenges during the year

It is my pleasure to present to you the annual report of the East Sussex Safeguarding Children Board (ESSCB) 2014/15. The ESSCB is a partnership that works to safeguard and promote the welfare of children in East Sussex by working with, and scrutinising, the work of agencies with key responsibilities for keeping children safe in the county. These include staff working in health, social care, police, probation and education settings as well as voluntary sector organisations working with children in East Sussex. We concentrate our attention on the safety of children most vulnerable and at most risk of harm and we ensure that positive outcomes for children remain a priority.

The purpose of this report is to assess how we are doing in ensuring local services are keeping children safe. In a nutshell we do this in three main ways:

- Holding organisations to account at regular Board meetings
- Providing vital training to professionals through the ESSCB training programme
- Driving improved practices by conducting targeted reviews and audits of cases.

The last year of the 2012-15 Business Plan was in 2014-15, and details of how we did are contained in the report. I was delighted to report to people across the county the excellent work of my ESSCB colleagues in making great progress over the three years in a number of respects including child sexual exploitation, improved multi-agency data collection and embedding the learning from several serious case reviews. This placed the ESSCB in a very strong position to develop a new plan.

This Annual Report therefore also includes the new 3-year Business Plan for 2015-18. This was drawn up towards the end of the 2014-15 year and the priorities were set in close consultation with children and young people. I am especially grateful to the East Sussex Children in Care Council and the East Sussex Youth Cabinet for their help in determining what the ESSCB should be concentrating its efforts on. The new plan has five priorities:

- Tackling Child Sexual Exploitation
- Improving Safeguarding in Education
- On-line safety
- Mental health service provision to those who need it
- Tackling the impact of domestic abuse on children

The county faces continuing significant challenge as budget reductions threaten services to children. We will continue to work ever closer with our partners and other LSCBs across the Sussex area to improve the efficiency and consistency with which we all work.

Change will be inevitable in the coming year as agencies respond to reducing budgets. However, professionals working in East Sussex consistently put doing the best for children first. As Chair I will do what I can to help agencies work in ever closer partnership to protect children and to find

new and better ways to provide efficient, effective and accessible services whilst also continuing to identify and mitigate any risk to children's safety.

The Board's ambition is to ensure that arrangements to safeguard children are outstanding. By continuing to work together and engage our whole community I am confident we will achieve this goal.

Reg Hooke,

Independent Chair, East Sussex LSCB



Executive Summary

This has been another very busy year for the East Sussex Local Safeguarding Children Board. The Board has published two Serious Case Review Overview Reports, and worked to ensure that the lessons from these reviews have been integrated into practice, as well as starting on a new Serious Case Review during the last year.

The achievements against the business plan for April 2014 to March 2015 are as follows:

Priority 1 – Provide help directly to families at the earliest opportunity to prevent problems escalating

- Increased numbers of children and families offered targeted early help and family keywork from multi-agency partners
- Improved targeting of early help to ensure fewer families need social work intervention
- Introduced the new “Team around the Family” programme
- Delivered a training programme to Early Help practitioners which is aligned with LSCB training

Priority 2 – Improve the quality of safeguarding data, and disseminate effectively

- Quality performance monitoring embedded, including early help data
- LSCB data analysis ‘Dashboard’ now includes data from several partner agencies

Priority 3 – Improve quality assurance in improving outcomes for children

- Section 11 self-assessment audit (the statutory duty place on agencies to periodically evaluate their effectiveness in safeguarding children) was carried out on a Pan-Sussex basis between April '14 and January 2015. This demonstrated full compliance by agencies
- Further scrutiny of this Section 11 audit was carried out by a LSCB Peer Audit Panel with 5 agencies presenting their returns for detailed examination and challenge
- 6 multi-agency case file audits were undertaken. Some were carried out using an alternative audit style of systems-based methodology, which looks at key practice episodes
- Review of individual serious cases using a range of methods depending on the circumstances of the case, and involving front line workers and family members
- The process for reviewing the cases presented to the Child Death Overview Panel has been stream-lined

Priority 4 – Deliver an effective LSCB Training programme

- An increased range of training has been delivered, which reflects safeguarding concerns both locally and nationally
- There is an increased number of professionals who deliver these courses as part of their work role

- Training Pool Development sessions are offered 3 times a year to support these trainers, and ensure up-to-date safeguarding knowledge across all areas
- New courses offered this year – additional courses with Domestic Abuse as the focus; engaging with fathers/significant males; Communicating Safeguarding concerns; Emotional Abuse and Neglect
- School Designated Safeguarding Leads training has been re-written, with the process re-structured, and new trainers now in place
- LSCB training is linked and has been developed in partnership with THRIVE training for early help services
- Increased use of online safeguarding training, with a new CSE course developed in partnership with a national provider

Priority 5 – Ensure responses to Child Sexual Exploitation(CSE) are well co-ordinated and multi-agency

- A new CSE strategic structure was established in June 2014, with new, extensive CSE Action Plan developed
- The awareness project WiSE (What is Sexual Exploitation)has increased it's capacity to deliver individual work, as well as awareness raising of CSE
- The CSE training has included the delivery of 4 days each of the CSE 1 and CSE 2 courses annually
- There is an additional CSE section for all agencies to complete in the Section 11 audit programme
- A new CSE Assessment and Referral Form is in place, which includes relevant related issues where children go 'Missing'

New Priorities for 2015 to 2016

- Child Sexual Exploitation/Missing/Trafficking
- Safeguarding in Early Years, Schools and Further Education
- Mental Health
- Domestic Abuse
- Online Safety

1. The Local Area Safeguarding Context

1.1 Local Demographics

East Sussex, covering 660 square miles, has an estimated population of 534,402. The area has many affluent areas as well as areas of significant deprivation. East Sussex has 22 lower super output areas among the top 10% of the most deprived in England; 15 are in Hastings, five are in Eastbourne, and two are in Rother.

In 2013 there were estimated to be 117,037 children and young people between 0 and 19 years old, accounting for 21.9% of the total population of East Sussex. The area with the highest proportion of under 20s is Hastings (23.5%) with Eastbourne, Lewes and Wealden all approximately 22%. Rother has the lowest with under 20s accounting for 19.9% of the total population.

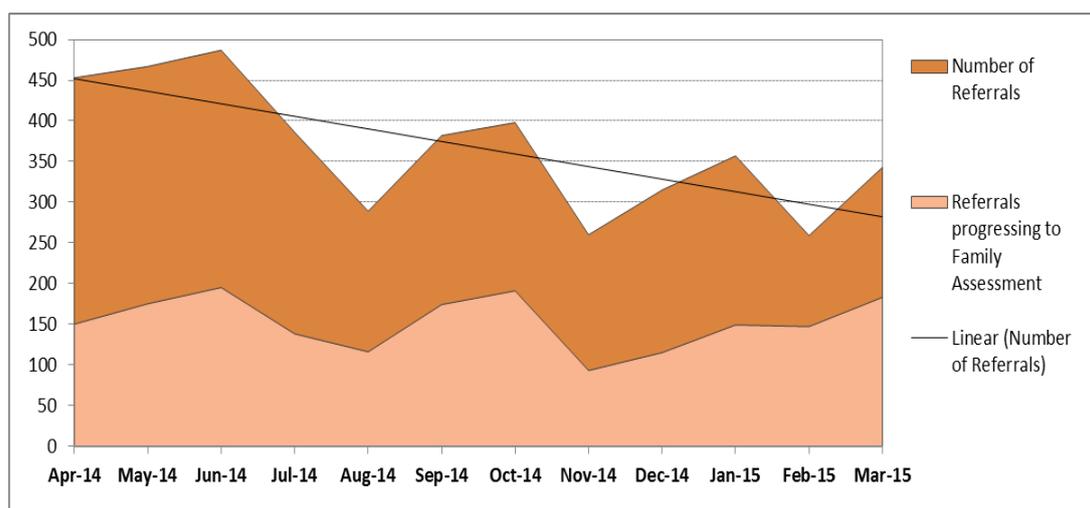
The proportion of children from minority ethnic backgrounds is much lower in East Sussex than the South East and England averages; 11.2% of school children in 2014 were from minority ethnic backgrounds compared to 24% nationally.

The level of child poverty is better than the England average with 17.2% of children aged under 16 years living in poverty. The rate of family homelessness is also better than the England average.

1.2 Vulnerable groups

As in other parts of the country, some children and young people in East Sussex will be vulnerable and at risk of being abused or neglected.

During 2014/15 the number of referrals to Children's Services was 4396, compared to 7430 in 2013/14. The rate of referrals per 10,000 0-17 year olds is 419.5 in 2014/15, compared to 709 per 10,000 in 2013/14.

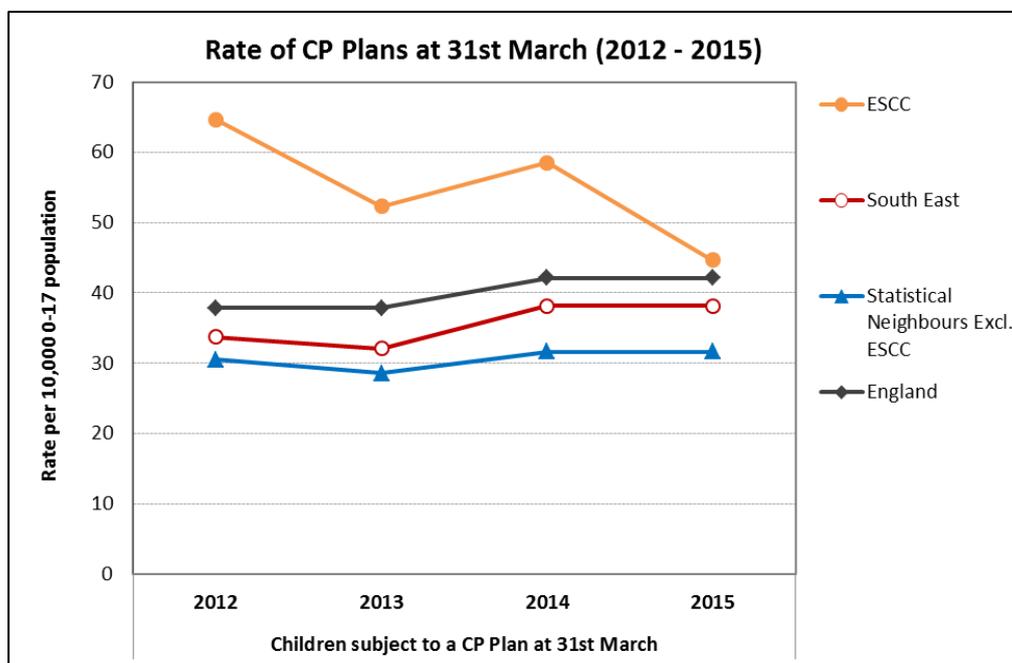


Over the past four years, the rate of referrals received in East Sussex has reduced considerably bringing us more in line with other local authorities that are like us the South East region and the national figures.

Rate of Referrals per 10,000 0-17 year olds				
	2012	2013	2014	2015
East Sussex	1542.2	927.3	709.0	419.5
SN Excl. East Sussex	447.2	411.0	483.1	
South East	544.0	514.4	543.8	
England	533.6	520.7	573.1	

1.3 Child Protection Plans

Children who have a Child Protection Plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns, by whom, and how we will know progress is being made.



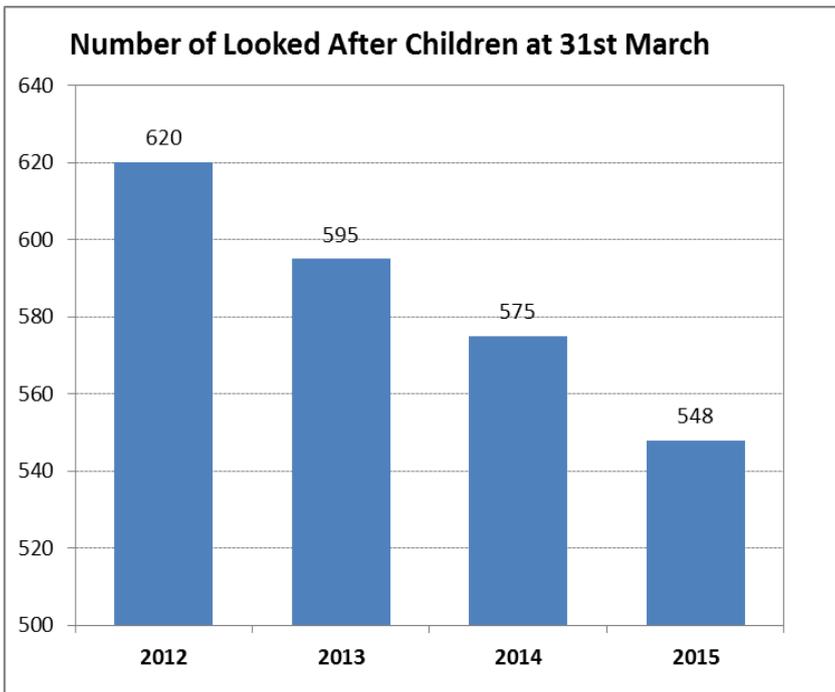
Following a slight increase in Q1, the number of children subject to a Child Protection Plan in East Sussex reduced each quarter throughout 2014-15. The number of children subject to a CPP at the end of March 2015 was 468 compared to 617 at the end of March 2014.

When comparing the rate per 10,000 0-17 year olds with the South East

Region (see chart above), East Sussex has moved from being considerably higher than the region in Q4 of 2013-14 to being almost equal to the regional figure in Q4 of 2014-15. The rate of children subject to a CPP in East Sussex at the end of March 2015 was 44.7 per 10,000 0-17 year old population, compared to 58.9 per 10,000 at the end of March 2014.

1.4 Children in Care

Children in care are those looked after by the Local Authority. Only after exploring every possibility of protecting a child at home or with wider family members will the Local Authority seek a parent's agreement or a court decision to remove a child from their family. Such decisions, whilst difficult, are made when it is in the best interests of the child.



There were 548 children looked after by East Sussex County Council at the end of March 2015; this continues the gradual reduction in numbers over the past four years from a high of 620 in 2012.

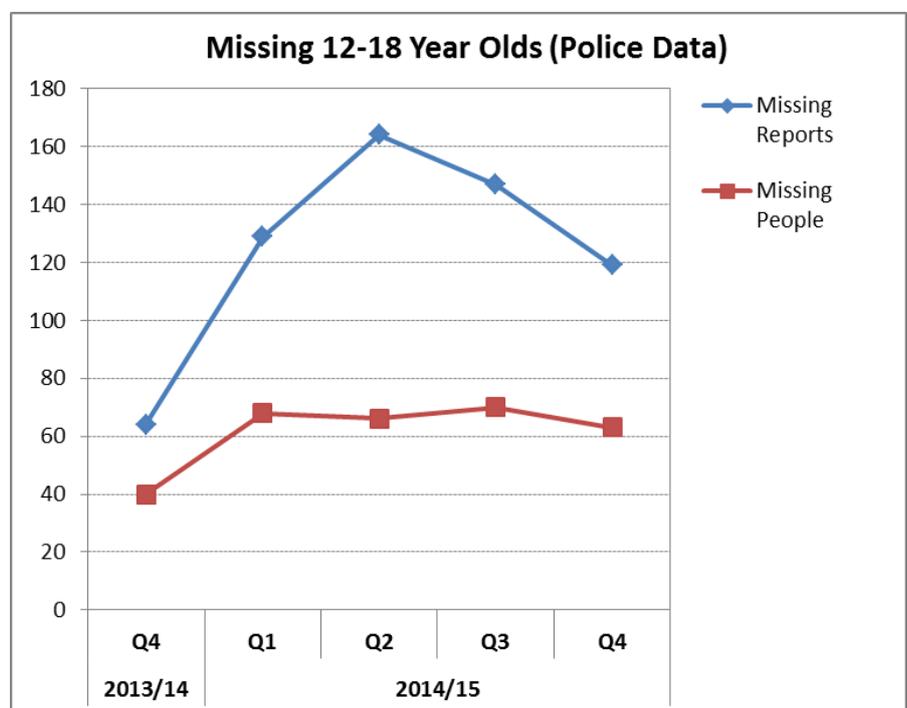
The reduction in the rate of looked after children per 10,000 population aged 0-17 years means the rate in East Sussex is now more in line with the rates across the region and in other authorities that are like East Sussex.. The rate of Looked After Children has reduced to 52.2 per 10,000 population aged 0-17 years at the end of March 2015, compared to

54.9 per 10,000 in East Sussex in 2014 and compared with a South East average of 47.6 per 10,000 in 2014.

There are also a number of children who are looked after by other local authorities who live in East Sussex. While the placing authority retains responsibility for them, services in East Sussex may still support these children. At the end of March 2015 there were 209 children looked after by other local authorities living in East Sussex. However this figure may not be completely accurate as East Sussex relies upon other local authorities to inform us children coming into the area and when they leave.

1.5 Child Sexual Exploitation, Trafficking and Missing children

The Child Sexual Exploitation (CSE), Trafficking and Missing Children Subgroup of the LSCB has taken a lead to improve the identification and recording of children who are vulnerable to being sexually exploited in East Sussex. In order to make a more accurate assessment of CSE within East Sussex, the Subgroup draws in data based on known risk factors and behaviours.



Data gathering, recording and analysis of CSE data has improved during 2014/15 and is set to improve continuously throughout 2015.

Young people who go missing or run away regularly are vulnerable and are at particular risk of sexual exploitation. Going missing may also be an indicator that sexual exploitation is occurring. Data on missing 12-18 year olds is collated by the police. During 2014/15 there were 559 reports of incidents children who were missing.

The number of missing reports, and missing children, during Q4 of 2014/15 was higher than in the same period in 2013/14.

1.6 Elective Home Educated children

East Sussex supports the right of parents to educate their children at home. Home-education is not, in itself, a risk factor for abuse or neglect. However, there is a danger that these children can become invisible to local services and that a small minority of parents may withdraw their children from school as a means of avoiding services. Some recent national serious case reviews have highlighted that, in a small number of cases, elective home education can lead to isolation and to children becoming 'invisible' to the universal services such as schools that would otherwise be in a position to monitor their welfare.

Numbers of children known to be electively home educated				
	Q1	Q2	Q3	Q4
2013-14	456	427	439	479
2014-15	509	491	481	513

The number of children known to the LA as being Electively Home Educated (EHE) fluctuated throughout the year, hitting a low of 464 in October 2014 before increasing to a high of 513 in March 2015.

1.7 Private Fostering

Private fostering is an informal arrangement made between private individuals and is different from public fostering which is arranged by and paid for by the local authority. Any child under 16 who is living for more than 28 days with someone who is not a close family member is privately fostered. Private fostering is a key focus for child protection and privately fostered children can be particularly vulnerable if the local authority is unaware of this arrangement. All professionals working with children have a responsibility to safeguard privately fostered children.

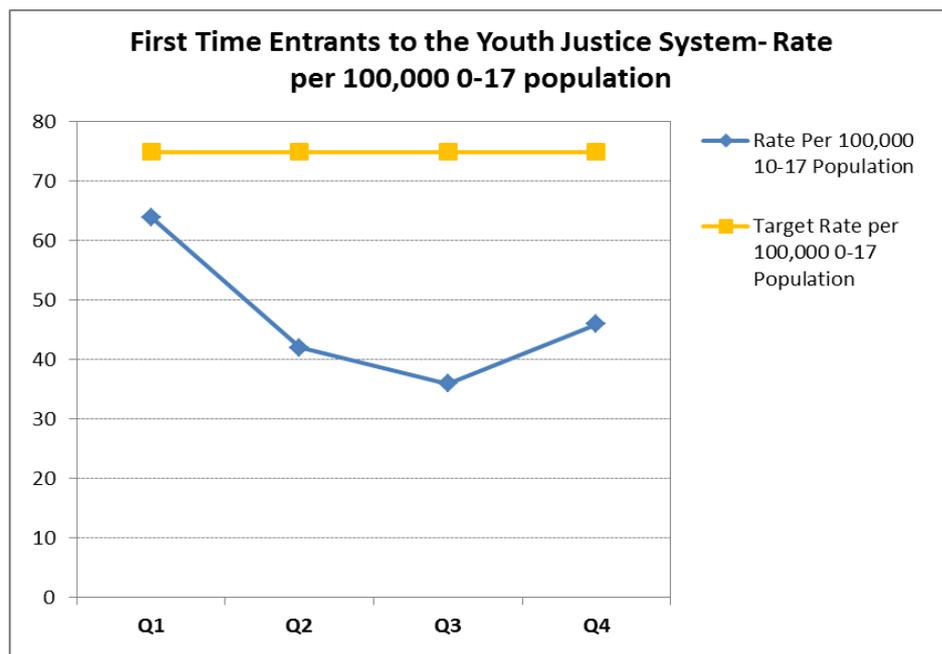
Number of CYP who are Privately Fostered	Q1	Q2	Q3	Q4
2013/14	14	13	14	16
2014/15	12	18	19	23

Since 2010 there has been a consistent number of around 40 children notified as privately fostered; however there has been a drop over the past year. Referrals from maintained schools, the Police and Health are also down. As a result, the LSCB and the Private Fostering Team have been leading an awareness raising campaign to highlight safeguarding issues for privately fostered children and the responsibility of professionals to notify the Local Authority about children who are privately fostered.

1.8 Offending

East Sussex has a target to stop children entering the youth justice system., The target is to keep numbers below 74.9 per 100,000 of the population aged 10-17 years. Throughout the year, the rate in East Sussex has been well below this target. Overall, a total of 94 young people entered the youth justice system for the first time in 2014/15. How does this fit with the 74.9 target given our population?

There were nine young people sentenced to custody in 2014/5. This was an increase on the previous year but is still the second lowest total in the last ten years.



Because of the increased vulnerability of children within the care system to commit offences , a snapshot is taken of the legal status of cases open to the Youth Offending Team (YOT) on the last day of each quarter¹. The percentage of LAC on the YOT caseload fluctuates between 8-15% throughout the year. Not all looked after young people working with the YOT are East Sussex children because the YOT will manage the work with children who offend and who are placed within East Sussex by other local authorities.

1.9 Substance Misuse

Data on numbers of children and young people engaged in specialist substance misuse interventions is provided by Public Health England. There were 153 young people in East Sussex in specialist treatment at the end of March 2015 (including 101 new presentations during the year), a decrease from the 170 young people in treatment in the same period in 2014. The numbers of young people in treatment are down by over 10% compared to 2013/14, compared to only a 5% decrease nationally.

The number of young people waiting no more than 15 days from referral to starting their first intervention remains at 100%. The majority of referrals to drug intervention services come from Children and Family Services (42 of 101 referrals in 2014/15 – 42%), followed by Education Services (22%) then Youth Justice Services (16%).

The average length of time a young person is in specialist substance misuse treatment is 31 weeks; the majority of young people (38%) engaged in treatment during 2014/15 were engaged for between 0-12 weeks.

¹ This is a count of young people rather than interventions so if a young person has multiple interventions open they will only count once.

2. Governance Arrangements

2.1 The East Sussex Local Safeguarding Children Board

The East Sussex Local Safeguarding Children Board (LSCB) is made up of senior representatives, from all the organisations in East Sussex involved in protecting or promoting the welfare of children. The aim of the LSCB is to work cooperatively to safeguard all children in East Sussex and ensure that this work is effective. This requires proactive intervention for children who are abused; targeted work with children at risk of harm; and preventative work within the community, to develop a safe environment for children.

The LSCB was established in compliance with the Children Act 2004. The work of the LSCB is governed by the statutory guidance Working Together to Safeguard Children. The Government published an updated version of [Working Together to Safeguard Children](#) in March 2015.

Key priorities:

The key priorities of the East Sussex Local Safeguarding Children Board are to:

- Ensure children in East Sussex are protected from harm;
- Coordinate agencies' activity to safeguard and promote the welfare of children; and
- Ensure the effectiveness of agencies' activity to safeguard and promote the welfare of children through monitoring and review.

Board structure:

The main Board is supported by a range of subgroups that are crucial in ensuring that the Board's business plan and priorities are delivered. These groups ensure that the Board really makes a difference to local practice and children's outcomes. Each subgroup has a clear remit and a transparent mechanism for reporting to the LSCB, with each group's terms of reference and membership reviewed annually. The key achievements and learning of each of these subgroups during 2014/15 can be found in the next section.

The Board is chaired by an Independent Chair and meets four times a year. The Independent Chair also chairs the LSCB Steering Group.

Major functions:

- Ensure the coordination of child protection activity in East Sussex;
- Evaluate safeguarding activity
- Develop robust policies and procedures
- Coordinate multi-agency training on safeguarding which meets local needs
- Conduct audits and monitor performance of safeguarding activity
- Raise public and professional awareness of safeguarding issues
- Participate in the planning of services for children in East Sussex
- Carry out Serious Case Reviews where abuse or neglect is known or suspected, and there is concern about the way in which agencies worked together
- Provide a scrutiny function for the Children's Trust, in the area of safeguarding
- Ensure that the wishes and feelings of children and young people, and their families, are considered in the delivery of safeguarding

The Board has important links with other strategic partnerships in East Sussex, such as the Health and Wellbeing Board; East Sussex County Council's Scrutiny Committee; the Children and Young People's Trust and Clinical Commissioning Groups.

The LSCB provides important peer challenge on areas of child safety and welfare to these partnerships, to ensure that activity to protect children is effective and coordinated. The LSCB does this by:

- Providing analysis and information on key safeguarding data and activity
- Identifying any issues or areas for improvement which require joint working and action by strategic partners in East Sussex.
- Providing input and comment on the actions plans of other strategic partnerships
- Promoting and raising awareness of safeguarding issues and the work of the LSCB.



This Annual Report will be received by the East Sussex Health and Wellbeing Board; East Sussex County Council Children's Services Scrutiny Committee; the Children and Young People's Trust; the Primary Care Trusts' Professional Executive Committee; and other LSCB member organisations' senior management boards. It will also be presented to the Clinical Commissioning Groups, the Police and Crime Commissioner, and to the Chief Constable.

3 Summary of Activity and Impact on practice and outcomes for children and young people

3.1 THRIVE Project

The THRIVE programme was established against a background of escalating demand and costs for Children's Social Care and the risk that preventative services would need to be ceased to fund statutory services. The final year of the three year programme, which has been overseen by the multi-agency Executive Board, has been completed and a review report presented to the LSCB, with the final review of THRIVE taking place between October 2014 and March 2015. Three key goals were identified in the theory of change as crucial to sustainability:

1. Skilled, confident and proactive workforce
2. Effective, targeted interventions with children and families across the continuum of need
3. Reduced demand for high cost services

Goal 1: Skilled, confident and proactive workforce

The evaluation of goal 1 looked at two areas: a Learning Needs Analysis (LNA) completed by Early Help teams and a survey of social care practitioners.

The LNA was carried out to determine: the extent to which the workforce objective of the THRIVE programme has been achieved; the impact of the THRIVE workforce development programme on the skills and confidence of the early help workforce; and the key priorities for workforce development beyond the end of the programme.

Over 80% of staff rated themselves as confident in 6 out of 8 competency areas, and the confidence levels in all areas have increased since the first learning needs analysis was undertaken in 2012.

	2012	2015
Supervision and Managing Risk	76%	91%
Knowledge and understanding	88%	91%
Safeguarding, assessment, planning and managing risk	84%	88%
Effective communication, engagement and intervention	86%	91%
Confidence using intervention tools	20%	43%
Multi-agency and integrated working	80%	83%
Health and Wellbeing	67%	72%
Children and Young People's Development	79%	84%
Average	72%	80%
Average rise in confidence		8%

In all areas the rate of increase in confidence levels is greater in the group who received training than the group of respondents as a whole. Confidence levels of staff who had attended training, compared to 2012, had gone up in: the use of intervention tools (+47%); child and adolescent development (+18%); goal and outcome planning (+13%); supporting safe change in families experiencing domestic abuse (+7%); and working with parents/carers and young people in a group situation (+11%).

In terms of the THRIVE programme objective to have a skilled and confident workforce it can, therefore, be concluded that the Early Help workforce is more skilled and confident in 2015 than in 2012. There will be continued investment in workforce development to embed the THRIVE way of working, particularly for those staff who have not yet undertaken training and for new staff.

Learning opportunities will also be provided in areas that are considered to be important in supporting effective early help, where the LNA has identified lower levels of confidence. A core curriculum will also be developed for Family Keyworkers who are part of the Troubled Families programme. A range of delivery methods will be used to ensure, in the context of reducing budgets, that workforce development is delivered in the most cost effective way.

Research in Practice was commissioned to measure the impact of the Munro training programme (part of THRIVE), on staff skills, knowledge and confidence of the social work workforce. Two surveys were undertaken, a baseline survey in 2013 and a follow-up survey in 2014. The evidence shows that the training has had a positive impact on practice in East Sussex, and that the programme has led to increased levels of knowledge, skills and confidence in practitioners working with children and families. Overall staff rated their knowledge, skills and confidence as increased with fewer staff rating their knowledge as 'satisfactory' and more rating their knowledge as 'good' or 'very good'. The majority of staff who responded thought that the training had a 'fair' or 'great deal' of impact on their practice.

A key theme from both surveys was the need for time and the opportunity to use the new learning in practice and for good reflective supervision to explore how learning acquired can be implemented in practice. In response to this the programme has been adjusted to include more elements around learning transfer, including after training surgeries to review live cases and re-inforce training.

Goal 2: Effective, targeted interventions with children and families across the continuum of need

In order to evaluate goal 2 a light touch review was undertaken using internal Children's Services evaluators, who had been trained as part of THRIVE, to undertake 10 family interviews with families who had been in receipt of Children's Centre Early Help keywork services and 4 interviews with Targeted Youth Support (TYS) clients. In addition an external evaluation of intensive Family Keywork and service user feedback was used.

The evaluation of the intensive Family Keywork programme involved interviews with practitioners, providers and families, workshops and case file reviews. The evaluation found that: the intensive Family Keywork programme was sustainable; evidence that keyworkers have been able to engage with families in a structured and supportive way providing practical support to families; and evidence of the positive impact of the service on families and their appreciation of the support provided. The evaluation also identified areas for development to improve the impact of the services and outcomes for families, to provide consistency and clarity in approach and intervention.

In addition there were 10 interviews with families who had been in receipt of Children's Centres Early Help Keywork services. Feedback from the Children's Centres Early Help Keywork family interviews supports the conclusion from the evaluation of the intensive Family Keywork programme that the impact on families was clear with the majority of respondents reporting that their issues had been resolved and that the positive improvement had been sustained since exiting the service. However, in just under a quarter of issues presented, respondents stated that they continue to deal with notable challenges. The interview evidence suggests that the Keywork Service delivers interventions valued by the families, and that empower the families to achieve positive outcomes and sustain them.

Service user feedback from 757 young people and parents/carers in 2013 and 2014 and interviews with 4 young people who have been in receipt of TYS Early Help Keywork services is positive about the interaction with the TYS service. 98% of the respondents to the service user feedback survey are generally happy with the TYS service they received. The small interview sample, supported by the more extensive service user feedback demonstrates that the TYS

service is consistently providing an effective service for young people. Whilst it is not possible to directly attribute this to the THRIVE programme, tools and techniques embedded through THRIVE have supported TYS keyworkers to provide effective targeted interventions.

The evidence from both sets of family interviews and the interviews with young people suggests that in principle this goal is being met and the Keywork Service is having a positive impact on outcomes for children, young people and families.

As an addendum to the LNA, the THRIVE workforce was asked to rate any positive and negative impact they felt THRIVE was having on specific areas. 97% of the respondents felt that THRIVE is having a positive impact on outcomes for children, young people and families. 57.7% identified some negative impact, for example a lack of consistency in information sharing across partner agencies and concerns about the reduction in level 2 support. Only 5.8% (20) rated the negative impact as significant and 42% (144) rated no negative impact at all. Respondents felt that THRIVE is having a positive impact on multi-agency working and there was positive feedback regarding whole family working, a shared language and the provision of high quality training.

Goal 3: Reduced demand for high cost services

The cost of Children's Social Care has decreased and the projected increase in demand and associated costs outlined in the business case has been avoided.

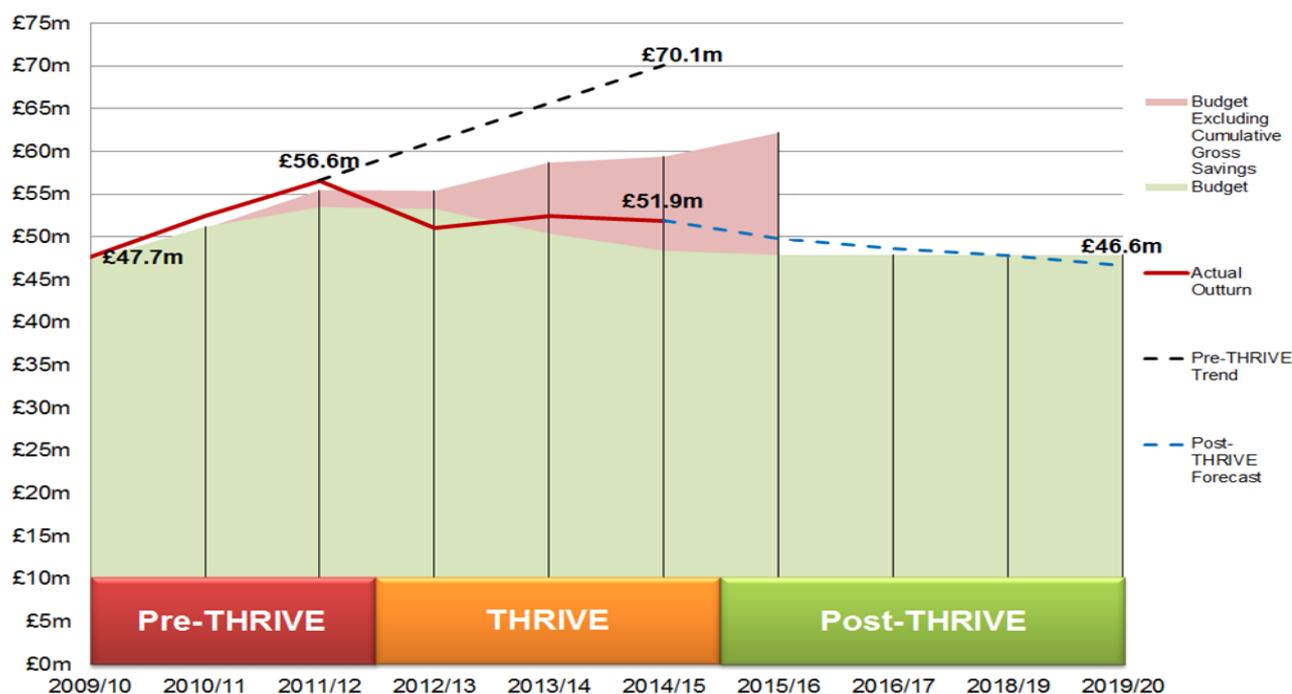
In summary there has been a reduction in the number of referrals, assessments, Child Protection (CP) Plans and care proceedings. More children receiving Early Help services and fewer of these children going on to receive further social work services within 12 months are further positive indicators.

The number of LAC has reduced to 548 from a high point of 620 at the start of THRIVE. Agency placements are being procured more effectively, for example by targeted negotiation with external providers and children in agency placements moving to less expensive in house options as circumstances for the young person change. This has been made possible by an increase in the number of in house foster carers, and effective retention. Ongoing costs of LAC placements have also been reduced through extended family options, an increase in the number of adoption placements and continued focus on children moving to adopters in a timely way.

Within a context of an overall reduction in care proceedings, other savings have been generated by a reduction in the number and cost of supervised contacts, a reduction in the number of parent and baby foster care placements and a reduction in externally commissioned expert assessments.

Through a combination of a reduction in demand, savings made and costs avoided we now have a more sustainable service. Key activities will continue and have been mainstreamed. Key investments will continue as business as usual and £1.2m investment from base budget has been approved on the basis of business cases submitted as part of the Medium Term Financial Plan. This will continue to make the whole system more sustainable and avoid greater costs. Children's Social Care will continue to monitor relevant areas of performance, to develop financial models still further to help us monitor and forecast demand and costs as accurately as possible.

Figure 1. Cost of Children's Social Care from 2009/10 to 2019/20



As a multi-agency system, Children's Social Care will build on the learning from THRIVE to embed what has worked so that more can be achieved despite the diminishing resources available.

Overall it can be concluded that THRIVE has met the three goals set out in the theory of change and has safely and effectively reduced demand and, as a result has both generated savings and avoided costs.

LSCB Sub groups

The East Sussex LSCB has a number of sub-groups that are crucial in ensuring that the Board's business plan is delivered. These groups ensure that the Board really makes a difference. Each sub-group has a clear remit and a transparent mechanism for reporting to the LSCB, with each group's terms of reference and membership being reviewed annually.

3.2 Child Safety Group & Work Plan achievements

The Child Safety Subgroup has a broad agenda and aims to strengthen the preventative work by agencies in keeping children and young people safe and protecting them from harm.

The Child Safety subgroup has its own work plan and, in addition, links to other groups – such as other LSCB subgroups, the Domestic Abuse Steering Group and the Safer Communities Partnership.

During 2014/15 the Child Safety Subgroup:

- Completed its work on strengthening the arrangements to keep foreign students in East Sussex safe. The LSCB has attended the two Overseas Student Advisory Committees in Eastbourne and Hastings to raise awareness of safeguarding issues. Following these visits

there was a significant increase in the completion of the online Child Protection training. Sussex Police has also issued [Think Safe Be Safe](#) briefing for overseas students.

- Has continued to support the work to reduce accidents to children and young people. Data collection on accidents and admissions to hospitals has improved which has been used to inform the commissioning of accident prevention services. During 2014/15 the Child Home Safety and Equipment Service – providing families with children aged 0-2 years with a home assessment, advice and safety equipment – has been extended to 500 families with training provided to staff on these opportunities. A programme of accident prevention training for ESHT and ESCC Children’s Services staff has also been commissioned to help staff confidently raise accident prevention with families. The Child Safety Subgroup will focus on reducing accidents among the under 4s in its 2015-17 work plan.
- Has completed its identified actions to ensure the voluntary and community sector (VCS) are supported in child safeguarding work. A partnership model for delivering key child protection courses to the VCS is now embedded; over 50 staff from the VCS undertook face to face child protection training during 2014/15. Courses included: Introduction to Child Protection; Taking the Lead, a course that has been developed in response to needs identified by managers within the VCS; and E-Safeguarding, again developed in response to priorities identified by the VCS organisation. The staff from the voluntary sector also continue to complete the online introductory Child Protection course, and the Child Sexual Exploitation course. SPARK, which provides infrastructure support to voluntary organisations working with children and young people, promote this LSCB training, and safeguarding information via its fortnightly bulletin, and its annual specialist safeguarding bulletin which goes to over 500 people. The Chief Executive of SPARK now sits on the Board and the SPARK Programmes Manager is a member of the LSCB Steering Group.
- Has continued to raise awareness about the safeguarding of children who are privately fostered, who are missing education, or who are electively home educated. Targeted awareness raising with professionals, training, and discussion at the Board were all undertaken during 2014/15. These vulnerable groups of children and young people will continue to be a focus for the Child Safety Subgroup in its 2015-17 work plan.
- Has continued to strengthen multi-agency working to promote e-safety, and utilise the involvement of young people in informing service developments. Achievements in these areas are highlighted in 3.4 and 3.10 of this document.

3.3 Child Sexual Exploitation/Missing/Trafficking

3.3a Child Sexual Exploitation (CSE)

CSE has continued to be an important part of the work of the LSCB, and to reflect this, the single LSCB sub group has been replaced during this year by a tiered approach to the work in line with best practice advocated by the National Working Group. The CSE structure now consists of the following groups which are all lead by Sussex Police and Children’s Services representatives:

- Gold CSE Group – this is the senior group that oversees the strategic direction, and consists of senior agency leads who can take operational decisions, committing resources when necessary. This group meets quarterly.
- Silver CSE Group – this is an operational group that is responsible for updating the CSE Action Plan, which follows the nationally agreed content; and providing information to the Gold group, particularly escalating any difficulties in delivering the strategy. This group meets 6 - 8 times yearly.
- Bronze CSE Groups – there are two Bronze groups, with one meeting each side of the county responsible for identifying and tracking individual children and young people who are at risk of CSE and/or going missing. Each of these two groups meets monthly.

Questions about each partner agency’s performance on working with young people and their families affected by CSE, were part of the S11 audit which was concluded in January 2015 (see section 4.4 for further details). Multi agency data for CSE is analysed in section 1.5 of this report.

An in depth, multi-agency review of three CSE cases within East Sussex, based on a Partnership Review style of learning about practice on the front line, using a systems-based methodology, has been started during the latter part of the year, and this will be reported upon next year.

The WiSE Project

Since April last year the WiSE Project has continued to provide direct support to young people across East Sussex who are at risk of, or experiencing child sexual exploitation, as well as providing training and professional consultation. WiSE received 114 referrals requesting direct support for a young person. In approximately half of these cases the most appropriate course of action has been to offer professional support and consultation to the referring practitioner, who is then able to work with the young person to reduce the vulnerabilities and risks associated with CSE. The decision to offer professional consultation and joint working is taken when the young person already has a positive relationship with the referrer or other worker involved with them and the worker feels able to take on the CSE work. WiSE works with young people up to the age of 25 years. The age range for referrals this last year has been 12 to 23 years, with most coming from 14 and 15 year olds. Over 90% of the direct and joint work

Case Study – CSE

Amber is 14 years old and was referred to the WiSE project 3 months ago by her Head of Year at her school as there were concerns about some personal images that Amber had been sharing on social media websites. On hearing the details of the case, the initial WiSE response was to suggest to the school that a referral should be made to the social work duty team because there were real concerns that Amber wasn’t safe. WiSE also asked the school to make a referral to the Police so that any potential criminal investigations could also be taken into account.

Once the referrals had been made, Amber was happy to meet with the WiSE worker each week with the first meeting taking place in school. The WiSE worker tried to ensure that Amber felt safe enough to talk about what was going on for her. Amber and the worker have talked through issues such as safe relationships, mobile phone and online safety, body image, and how she feels about herself. Alongside the one to one work with Amber, the social work team has visited her family and offered support and there has been a police investigation into the distribution of indecent images of children under the age of 18.

was with girls and young women. The bulk of the referrals come from Children’s Service teams: Targeted Youth Support, Youth Support Teams, Family Support Teams and Duty and Assessment Teams. WiSE has also received referrals directly from schools, police, CAMHS, Youth Employability Service, housing services and sexual health services. WiSE has delivered 8 training sessions through the LSCB training programme, each one attended by 25-30 professionals. Level

1 covers basic CSE awareness and level 2 looks at the challenges when directly working with young people and how to overcome them, as well as a closer look at the available resources. WiSE also continues to attend team meetings and deliver short awareness raising sessions to teams and organisations across the county.

WiSE is developing a groupwork programme to be delivered at Lansdowne Secure Children's Home and plan to soon have a worker based at the unit one day a week. This will enable direct support to be offered to the most vulnerable young people, as well as information and advice to staff. Other groupwork also continues, including at other residential homes, schools and academies, youth clubs and supported housing projects.

3.3b Missing

Children and young people who go missing from either their home or from the care of the local authority, have additional safeguarding risks, which are both a local and national concern.

During the year up to March 2015, Catch 22, a national charity, provided a mentoring service in East Sussex which aimed at addressing the issues that contributed to a young person going missing, and to promote positive life opportunities to support the young person in changing this behaviour. Catch 22 provided a 24 hour helpline, a Return Home Interview service, and a Mentoring service to these young people.

Young people who go missing from their usual place of residence are very often involved in Child Sexual Exploitation (CSE), so that it is important to combine the support offered to these young people to ensure that they are also supported for issues relating to CSE, with Catch 22 working very closely with the WiSE Project. Data relating to Missing young people in East Sussex can be found in section 1.5.

Case Study - Missing

Martin is 15 and lives at home with his mother. After Martin went missing a referral was made to an independent local voluntary service and a worker went to see Martin to talk about what was happening for him and why he had gone missing. Martin hesitantly agreed to stay and talk to the worker and his time away from home was discussed. Martin and the worker also talked a lot about drug use and his friends who had recently been arrested for an assault. Martin spoke very freely and agreed to continue discussions at another time so he could explore in more depth about keeping himself safe and how he felt at home.

At the same time Martin's mother contacted Children's Services and asked for help as she didn't feel able to cope with Martin. The family was allocated a Targeted Youth Support worker who sees Martin in school to help him sort out his substance misuse, and his mother was given advice about where she can get help to become more confident in parenting a challenging teenager.

Martin and his mother continue to receive some support, Martin's missing episodes have reduced and he is beginning to feel happier, although he knows where he can get help at particularly difficult times.

3.4 Online Safety

The Child Safety subgroup continued to monitor agencies work around online safety in 2014/15.

During 2014/15 East Sussex County Council launched 'Schools E-Safeguarding Support', a comprehensive ICT service available to all schools. As at April 2014, 21 primary schools maintained by the Local Authority were signed up to the service. The service involves loading software onto the schools' network and provides schools with extra confidence as to what is happening on-line by picking up on particular words which are captured on screen shots, and sent to the Schools' Service desk which is staffed by an appropriately trained member of staff who is then able to take action. A half day e-safety training session is also built into the package.

The Schools' ICT service has supported LSCB training on online safety during the year by delivering specific slots on online grooming, within the four Child Sexual Exploitation Level 2 training sessions held this year, and delivering a workshop on e-safety at the Pan-Sussex LSCB conference in January 2015.

Following the success of this support, a member of the Schools' ICT service was seconded to the LSCB, between December 2014 and March 2015 to run a number of e-safety training sessions for schools and professionals. During this time, two full day LSCB training sessions were run with over 40 professionals attending.

The LSCB agreed to make online safety one of their five key priorities for 2015-18 at their Development Day in March. All LSCB agencies would benefit from additional support concerning such issues as cyberbullying, sexting and grooming online.

3.5 Female Genital Mutilation

Female Genital Mutilation is detrimental to the health and wellbeing of women and girls, and has been illegal in the UK since 1985. However, many women from FGM affected communities view FGM as essential to their cultural identity and a religious obligation, and fail to see FGM as a form of abuse. All professionals who come into contact with women and girls at risk of, or affected by, FGM have a duty to safeguard and promote their welfare and to ensure they receive appropriate specialist support and care.

In East Sussex the specialist FGM organisation, "Forward" was commissioned by the LSCB to deliver a one day training session in November 2014 which was targeted at key professionals who would be in a position to take their learning into their agencies to further promote FGM, as well as some agency leads being asked to deliver future FGM workshops. This training increased the knowledge, awareness and understanding of professionals of the practice of FGM among specific local communities.

Since this training, leads from Health, Children's Services, and the Police, along with the LSCB Training Consultant and a retired Midwife with particular expertise regarding FGM, have received further support regarding FGM to enable them to facilitate 4 half day workshops during 2015 particularly for frontline practitioners.

The LSCB has also been involved with the work initiated by Sussex Police regarding "Harmful Traditional Practices" to ensure that there is a Pan-Sussex approach to responding to FGM.

In the year 2015/2016 there are plans to bring training and the awareness raising of FGM to the Designated Safeguarding Leads in schools, particularly targeting schools which may be in areas where FGM could be undertaken.

3.6 Radicalisation

Radicalisation is a growing issue on both a national and local basis. The “Prevent” programme across East Sussex has been developed jointly between the Sussex Police Prevent Engagement Officer (PEO) and the Safer East Sussex Team. Over the past eight months ideas and discussions have been shared on how this agenda is introduced to professionals working across East Sussex.

Work has included training frontline professionals, promoting resilience in communities and embedding the Channel referral process within existing safeguarding arrangements. Above all else the main focus has been to raise awareness across all agencies.

A range of teams within ESCC have had Prevent sessions including Children’s Services Planning Groups, Local Safeguarding Children’s Board, Adult Safeguarding Practice Managers , Libraries, School’s ICT Support Service , Governor Services and Supporting People providers.

The East Sussex Schools’ ICT team has incorporated Prevent into its support to all schools in the County. Information detailing how Prevent should be incorporated into Schools’ ICT policies, especially with regard to e-safety, will be included in the School Support Pack given to schools which access local authority ICT support. Approximately 2/3 schools per week are supported by this team – Prevent information will be passed onto parents, staff and senior leaders as part of their overall e-safety guidance.

Governor Services were very interested in raising awareness of Prevent to individuals who lead, manage and oversee school policies, procedures and school governance. Governor clerks attended several sessions in order to disseminate Prevent information to governing bodies.

Schools are beginning to engage with the Prevent agenda as there are clear links with other strands of work such as hate crime and prejudice based bullying. Terrorist groups need to attract and recruit new people and very often younger people are targeted and are more vulnerable to recruitment, so much work to date has been developed with Children’s Services.

In response to the growing security threat and the need for consistency across the UK, the Government has introduced the Counter Terrorism and Security Act 2015. This legislation has introduced a number of new Prevent duties for local authorities from 2015.

In fulfilling the new Prevent duty, East Sussex County Council will be expected to be carrying out activity in key areas outlined in the East Sussex County Council Prevent Plan 2015/16 which identifies what outstanding actions and developments are required to ensure we are complying with the duty.

The Safer East Sussex Team are currently coordinating the establishment of a new Prevent Board, working with South East region partners to ensure panel referral processes are sound, supporting the training of key professionals and preparing guidance for schools.

The East Sussex Channel Panel has been established, and the role of the Channel Panel is to develop an appropriate support package to safeguard those at risk of being drawn into terrorism, based on an assessment of their vulnerability.

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

With the introduction of the new duties, schools will now need to demonstrate that they are protecting children and young people from being drawn into terrorism and have a number of new duties to comply with including, making sure that staff have training that gives them the knowledge and confidence to identify children at risk of being drawn into terrorism, and to challenge extremist ideas. Home Office approved training sessions have been provided to a number of East Sussex frontline professionals and teams in order to:

- Recognise potentially vulnerable individuals and know when an intervention may be necessary to support them
- Gain an understanding on how to refer vulnerable young people to the Channel process
- Understand the PREVENT agenda and their role within it
- Use their existing expertise and professional judgement to recognise potentially vulnerable individuals and know when an intervention may be necessary to support them
- Develop knowledge of when, how and where to refer concerns about vulnerable individuals

3.7 Independent Safeguarding Schools Group (ISSG)

- At the end of 2013 the LSCB sought a representative from the Independent Schools sector to become a member of the LSCB Board. Bede's School was willing to provide this representation through its Deputy Head and Designated Safeguarding Lead.
- It became apparent that the independent schools in East Sussex did not have a forum where they came together, and there was little opportunity to discuss safeguarding issues, with the Designated Lead in each school acting in isolation from any peer support. Arrangements were made between Bede's School and the LSCB to suggest to all independent schools in East Sussex that it would be helpful to meet together to discuss safeguarding issues that would be of interest to all these schools.
- The first meeting of the ISSG was held in May 2014, with following meetings held in October 2014 and February 2015. A wide range of safeguarding areas have been presented by the specialist leads in East Sussex for their area of work, and whilst formal feedback has not been sought from those attending these meetings, there are many people who attend regularly, and the numbers are steadily increasing, with about 25 people attending each meeting. Many messages have been received in between meetings expressing thanks and gratitude for not only convening these meetings, but also providing an easily accessible advice line for Designated Safeguarding Leads.
- Independent schools have found it extremely useful to be able to meet with the people who have presented items at these meetings, being able to establish direct links with people who are leads in East Sussex in their particular work areas. In between meetings the LSCB Manager acts as a link to any independent school who has a safeguarding question that is not within the remit of the LADO – these are often questions about training, but can be very varied.
- The schools very rarely meet with each other, and have found it very useful to meet colleagues informally and to hear how other schools are tackling particular issues. Many of the schools have taken up safeguarding services and support that have been described at

the meetings, which they may otherwise have been unaware of. The group provides an easily accessible forum for any relevant service to meet with independent schools to discuss any emerging safeguarding issues. The schools are very willing to take turns to host these meetings, with several venues agreed for the next few meetings, with the plan that this group will continue to meet 3 times a year for a morning.

3.8 Short Life Working Groups

A) Improving Child's Plans, strengthening Core Groups and Review Child Protection Conferences Working Group

1. Background

The LSCB mandated a multi-agency group to take forward a proposal for practice improvement that had been developed by Children's Services, aimed at improving the effectiveness of Child's Plans, Core Groups and Child Protection Conferences. Whilst the initial focus was within the realms of Child Protection, this was not seen in isolation, and was intended to be transferrable to Children in Need (CiN) and multi-agency Family Support work.

The short life working group met on 3 occasions in July, October and November 2014, with representatives attending from Health, schools, CAMHS, Homeworks, NYAS, SWIFT, as well as staff from Children's Services Early Help services, and Social Work teams.

2. Progress

- Draft guidance and an exemplar of a "good" Child's Plan were shared and improved.
- The Head Teacher from an Eastbourne primary school drafted an exemplar for a Core Group, which also offered a framework for discussion. This template and approach was piloted for a month at this school.
- The importance of the wording of these templates was discussed carefully to ensure that the language was easily understood, giving clarity to children, young people and their families, assisting with their engagement.
- Emphasis was put on the Plan being owned by the Core Group; being seen as an ongoing dynamic piece of work as opposed to a one-off event.

3. Outcome

The families taking part in the pilot of the Core Group template reported that they viewed the meeting as an "opportunity to have their say", and liked taking away a written document, with the next stage being very clear.

The children and young people were better able to be engaged with the process as it was easier to understand, with a feeling of responsibility, with the focus on developments and progress.

This Core Group template will now be used across the county as from 2015, following the completion of practice guidance notes, as well as both Children's Services and LSCB training.

B) Links between Deprivation and Safeguarding Short Life Focus Group

1. Background

The LSCB Steering Group requested that a short life working group be established to consider two separate recommendations that had come from two local Serious Case Reviews. Both recommendations had a focus on possible differential responses being applied by agencies in the context of social deprivation in different geographical areas in East Sussex.

A short life working group was set up, chaired by the Head of Performance & Safer Communities in Adult Social Care, with representatives from Hastings Borough Council, Health, 2 School Head Teachers, Eastbourne Borough Council, Sussex Police, and the Data Manager, and Operation Manager for the Targeted Youth Support service from Children's Services. This group met for 4 meetings between October 2014 and March 2015.

2. Issues considered

The group explored the assumption that there is a current issue of varying thresholds for the provision of services in East Sussex, and that extensive material poverty in some areas of the county masks poor parenting and subsequent referrals for additional support from welfare agencies.

The group considered several aspects of this issue –

- Geographic area
- Parenting
- Schools
- Professional curiosity
- Supervision of staff involved with Safeguarding
- Auditing

3. Outcome

The group considered several relevant pieces of national research, as well as having access to data about the number of referrals from individual schools, which was over-laid by the deprivation indices.

The group also looked at housing data in terms of social housing stock, which showed a strong correlation between this type of housing and referrals to Children's Services.

There were several recommendations from the group:

- There should be a system to improve the transfer of school records when children come into the county from other local authority areas.
- Designated Safeguarding Leads (DSLs) in schools should have more accessible opportunities for advice and guidance. Linked to this, there should also be improved supervision and support for DSLs.
- When Police make referrals to Children's Services, this referral information should also be sent to the relevant school.
- Further work to be considered about supporting schools in making appropriate referrals to Children's Services, with this data sent out to schools, alongside training to consider discussions about bench marking and thresholds for risk.

3.9 Communications

The LSCB launched its new website in 2014: <http://www.eastsussexlscb.org.uk/>. The website provides an easy reference point and offers a wide range of local and national safeguarding information for professionals and LSCB organisations, and members of the general public.

The new website is mobile compatible meaning that professionals can view information on smartphones or tablets, while on the move. Visitors can also sign up to receive instant updates and latest news alerts by email.

During 2014/15 there were just under 6500 visits to the LSCB's website. Website analytics identify that the website is most commonly used to: access links to the Pan-Sussex Procedures; find out how to make referrals to social care services; access "Working Together to Safeguard Children" guidance; download Serious Case Review reports; and access information about training.



The LSCB continues to make use of social media, with active accounts on Twitter and Facebook. The number of LSCB followers on Twitter continues to increase and can be followed here: <https://twitter.com/EastSussexLSCB>.

The LSCB continues to produce bi-annual newsletters updating agencies on key LSCB developments and news, which are distributed to professionals across all LSCB agencies.

3.10 Lay Members

The role of Lay Members is to act as ambassadors for, and to build stronger ties between, the LSCB and local community by making the work of the LSCB more transparent.

Lay Members support the work of the Board by:

- Encouraging people living in East Sussex to become involved in child safety issues
- Helping people living in East Sussex to understand the work of the LSCB.
- Ensuring that plans and procedures put in place by the LSCB are available to the public
- Assisting the development of links between the LSCB and community groups in East Sussex

During 2014/15 one of the LSCB's two Lay Members needed to step down from his role due to other work commitments. Kevin continues to be involved with the Board on various projects and hopes to return to being a full Lay Member when he is able to commit more time.

Janet has continued to widen her knowledge of local safeguarding issues and find ways of communicating this to interested parties in East Sussex. Janet is a former Head Teacher from the independent sector, with experience in other areas such as the court system, the NHS, national charities and the voluntary sector. Her interests lie primarily in child protection, child sexual exploitation, domestic abuse and aspects of the education system such as home tutoring. Janet

has taken a lead on communications, including updating the LSCB's Twitter page on a regular basis, and is an active member of the Board, Steering Group and the Child Safety Subgroup.

Janet has taken an active role in the recruitment of staff to the LSCB, including being an interview panel member in the recruitment of the LSCB Chair, the LSCB Manager and the new Lay Member. During 2014/15 Janet has also undertaken a number of training courses to improve her knowledge and understanding of missing children, child sexual exploitation and confidentiality in child protection cases. Janet has also attended the East Sussex White Ribbon Day conference in November 2014, on ending violence against women and girls, as well as giving a presentation at the South East Lay Members Conference in Portsmouth regarding the role of a Lay Member.

Lay Members continue to act as rich and vital contributors to the Board in many ways. These include supporting better communication with children and young people on the things that matter to them; keeping the board focussed on the child; and as a source of advice and guidance to the Chair and LSCB Members in their roles. To ensure that Lay Members continue to make this contribution, an additional Lay Member was appointed to the Board in May 2015 following a successful recruitment process.

3.11 Involvement of Young People

Communicating with children and young people about their views on the services that are delivered is key to these services being effective and having a positive impact. The voice of the child needs to be heard in order to shape services to ensure that a difference can be made.

During the past year the LSCB has been involved with young people in a variety of ways, with some examples described here:

- The Independent Consultant for a Partnership Review that was undertaken to consider the safeguarding services and supports that were provided for the "N" family met with each of the 6 children in the family individually in their current placements. The views of the children were very important in informing the Partnership Review Panel about the services they had received, and what improvements could be made.
- Members of the Children in Care Council (CICC) were involved in the recruitment process for the new LSCB Chair, and LSCB Manager, forming a Young Person's Panel and asking the candidates their questions. The Young People were then part of the discussions at the end of the day to agree the successful candidate, when they conveyed their ideas very clearly and thoughtfully about their views.
- A Looked After young person when working as an Apprentice with the Local Authority for a short period, after leaving school, did some art work that was used in the LSCB Newsletter. The young person was keen to show his peer group in a positive and fun way, and he left a large range of designs that could be used for future editions.
- The Lay Member and LSCB Manager have continued to join the CICC meetings on a 6 monthly basis to lead discussions about a wide range of Safeguarding issues. The meeting in February 2015 was particularly productive when discussing the issue of going "Missing", with the young people thinking about why some children and young people may decide to leave their home in an unplanned way, and how support services can be offered to address these issues.
- At the annual LSCB Board Development Day in March 2015, 6 young people joined in the discussions, with 3 coming from the CICC, and 3 from the Youth Cabinet. These 6 young people confidently joined small table discussions, and were able to articulate their views

clearly, which influenced the selection of new LSCB priorities, and some of the work that would be taken forward.

3.12 The Work of the Local Authority Designated Officer (LADO)

The LADO responds to allegations against people who work with children. The number of calls to the LADO service for consultation and allegation management support has shown an increase over the last year. Between April 2014 and the end of March 2015, the LADO has recorded 277 allegations against the children's workforce in East Sussex. The LADO has additionally managed a high number of consultations. These mainly relate to issues which, on consultation, are not allegations, and advice is given and then passed back to employers to manage. These consultations might include advice about training, pupil on pupil bullying, social media/internet safety or resolution of parental complaints.

Between April 2014 and the end of March 2015 some 271 such consultations have been recorded, with many consultations requiring considerable follow-up input from the LADO beyond initial caller contact.

Statistically however, based on these figures, the LADO is currently managing an average of 5 new formal allegation notifications per week. When combined with consultation requests, the figure rises to some 11 new LADO involvements per week. As would be expected, there is a significant drop in allegation referrals during the month of August when the schools are closed for summer holidays to an average of just 2 per week.

The need to more effectively raise awareness of the LADO function, responsibility and role continues to be highlighted as a need across all agency sectors. Whilst it is expected that the LADO will make some headway by continuing to deliver training and undertake some auditing work in the coming year to begin to address this need, the LADO will be looking to continuing support from our colleagues in the LSCB, social care, police and the education sector to support awareness raising and reporting requirements on a continuing basis

Particular concern has been highlighted in respect of allegations against staff working in residential provision in East Sussex and the particular vulnerabilities of children placed as well as of staff caring for them. The allegations made by children with a disability or raised on their behalf needs to be given greater prominence.

Residential establishments need to ensure staff are appropriately trained and supported in their day to day management of children in their care and that care plans for children with known behavioural challenges actively explore and document agreed strategies to manage and respond to their behaviour. This need is relevant to all children in care. Allegation statistics as reported here indicate that East Sussex's children continue to be heard when concerns are raised, and that allegations and complaints are taken seriously and investigated appropriately in line with guidance and procedure.

4. Learning and Improvement

4.1 Training

The LSCB Training Programme continued to provide a wide range of courses throughout the last year, with ongoing work being undertaken to review all courses as well as providing new courses to keep up-to-date with current local and national safeguarding concerns – see 6.3b LSCB Training Plan.

A total of 57 courses were provided last year, with 1114 attendees (see 6.3a in the Appendix). This includes setting up a Pan-Sussex LSCB Conference in January 2015 with West Sussex and Brighton & Hove LSCBs to provide speakers and workshops relating to current safeguarding issues.

A wide range of LSCB agencies attend the training – see the Training Report at 6.3c in the Appendix. All training participants complete an evaluation form which looks at the impact that the training has on frontline practice, with 97% of participants rating their confidence level around the course topic as excellent or good, rising from 51% at the beginning of the course.

The LSCB also uses online training for some subjects, which is particularly helpful when new staff need information before being able to attend a training course. The Basic Child Protection course continues to be well used, and during this last year the LSCB has provided a new online course on Child Sexual Exploitation, which trainers in East Sussex helped to plan. The LSCB also promote a Safer Recruitment online course, and provide access to a Domestic Abuse online course. All these courses provide the participant with a certificate following the completion of a short test on the online learning completed.

One of the key features of the East Sussex LSCB Training programme is that almost all of the training is provided by professionals currently employed by LSCB agencies in East Sussex who are experts in their field. In order to support this Training Pool, there are sessions held 3 times annually to provide the latest information across all aspects of safeguarding to ensure a consistent approach and level of knowledge.

Work has continued on the Training Impact Survey in looking at a particular CSE course delivered, to work with the participants and their managers to consider the learning achieved and the outcome of this when working with children and their families. The report of this work will be available later in 2015.

4.2 Serious Case Reviews

All LSCB agencies can learn from the objective analysis of individual cases that have not gone well. The Case Review group meets monthly to consider cases that have been referred for the consideration of a LSCB lead review. Some cases may meet the statutory criteria to be reviewed as a Serious Case Review (SCR), whilst other cases that may be below this threshold, will benefit from being reviewed as a multi-agency or single agency Partnership Review. All these reviews give insight into how agencies work together to safeguard children, and are a focus for driving improvements and providing transparency about the issues that may arise.

“Working Together 2015” states clearly when Serious Case Reviews should be carried out, and from April 2014 to March 2015 the following work was undertaken:

- The Overview Report for the Serious Case Review for Child H was published in April 2014. This was a young child who was found with extensive and serious bruising.
- Serious Case Review for Child K, a young baby who died – the Overview Report was published in the current year, following court processes.
- Serious Case Review for Child M, a young person who died from a drugs overdose – the Overview Report will be published when the Inquest is completed.
- A new Serious Case Review was started in January 2015 concerning a child, known for the review as Child P, following the child being killed by their father. The work on this review is ongoing.

As well as work on these SCRs, the Case Review Group has also led review work on a family known as the “N” family, with an Independent Consultant commissioned, who met individually with the children and parents from this family, as well as the Partnership Review Panel meeting with the involved practitioners. The LSCB convened a Learning Event in June 2014 which looked at the key learning themes from the review, and provided a forum for the frontline practitioners and agency safeguarding leads to consider the learning and any changes to current practice.

There were also 2 other cases where single agencies were asked to complete Individual Management Reviews to enable the Case Review Group and the involved agency to consider any further action needed.

4.3 Quality Assurance

The Quality Assurance Subgroup is responsible for monitoring and evaluating the effectiveness of the work carried out by Board partners to safeguard and promote the welfare of children, and to give advice on the ways this can be improved. It does this through its annual programme of file audits. During 2014/15 the subgroup held detailed audits on child protection strategy discussions; sexual abuse; Looked After Children’s placement with parents; fabricated or induced illness; and step-down support at cessation of child protection plans.

To support the LSCB in this work, the LSCB has continued to fund support from the Local Authority in quality assurance, performance management and data collection. A new Audit Officer started in January 2015 and continues to support the capacity of the subgroup to undertake audit work and fulfil its scrutiny role on behalf of the LSCB.

Audit reports highlight areas of good practice, as well as any immediate action needed following the audit, and recommendations for individual agencies and the LSCB. These reports are scrutinised by the LSCB Steering Group, to ensure that learning is shared. The subgroup also regularly monitors progress with implementing the recommendations from each audit. This cycle of monitoring and review means that audit activity has a direct impact on policy making and professional practice on outcomes for children and young people.

In all of the audits, there was evidence of effective practice which was improving outcomes for children and families. The audits also found evidence of good communication and joint working between agencies.

Learning points for the LSCB during 2014/15 included:

- Reminding all agencies/professionals working with children of the importance of speaking to children alone.
- The importance of professional curiosity; timely consideration of paediatric assessments; the need to consider a section 47 enquiry when parental resistance is met within section 17 assessments; and use of early arrest of suspected perpetrators when appropriate to ensure positive engagement of victims, within cases of suspected child sexual abuse.
- The importance of communication and careful planning in cases of suspected fabricated or induced illness.
- That the local “step down” process, following a Child Protection Plan, with a robust Family Support Plan, should be recognised as capable of successfully safeguarding children in families with long term complex needs.

During 2014/15 the Quality Assurance subgroup has also:

- Scrutinised Critical Learning Reviews undertaken by the Youth Offending Service in response to serious incidents involving young people engaged with the Youth Offending Team
- Continued development of the LSCB Dashboard, which clearly presents performance information from a range of agencies and outcome data for children and young people.

Case study: Quality Assurance in the voluntary sector

In recognition of the importance of quality assurance and embedding confidence in safeguarding practice and governance, SPARK was funded by ESCC to develop Simple Quality Protects, a robust yet accessible quality assurance scheme targeted at small to medium sized voluntary organisations. This programme was endorsed by the LSCB in 2014. Through this scheme, 20 groups initiated the scheme, with 10 being awarded Bronze level, 3 achieving Silver and 2 Gold to date. As a result of this scheme, groups have developed and/or strengthened their safeguarding policies and practice. SPARK continues to offer the scheme in 2015.

‘... SQP enabled Nutty Wizard to ‘put its house in order’ by updating old policies, creating policies where there were none and introducing more robust procedures and record keeping’, Caroline Smale, Chair, Nutty Wizard

*‘Undertaking the SQP process was invaluable for the Education Futures Trust. As a relatively new organisation, it gave us a structure and a focus that ensured that we worked towards best practice.’
Education Futures Trust*

‘Through the completion of this exercise, Mediation Plus has looked in depth at all its policies and processes and ensured that they are all robust and fit for purpose.....Through completing the SQP we now have a comprehensive resource to guide and support the organisation, its staff, volunteers and clients.’ Mediation Plus

4.4 S11 audit

Section 11 of the Children Act 2004 places a duty on key agencies to ensure that they pay due regard to safeguarding and promoting the welfare of children when discharging their functions. Section 14 of this Act requires LSCBs to ensure the effectiveness of this work, so that for this purpose the LSCB carries out a self-evaluation exercise every 2 years to assess the implementation of the Section 11 obligations. As there are several agencies who work across Sussex, the toolkit used for this audit is jointly agreed with Brighton & Hove and West Sussex LSCBs, and the time frame for the S11 audit is also agreed across all 3 LSCBs.

The toolkit, comprising guidance, the audit tool, and the action plan proforma, was sent out to 23 East Sussex agencies, who all returned their audits, and action plans where relevant. The audit tool was updated from the previous tool used in the 2012/13 audit, and there were additional questions added about working with Child Sexual Exploitation, as well as a question relating to assessing male members of households, which had come from a previous SCR recommendation.

In order to further scrutinise the returned audits, a sample of 5 audits was selected to be presented to a panel of LSCB members in June 2014, when representatives from the relevant agencies talked through their audit returns, demonstrating their evidence for forming their judgements about their safeguarding performance.

The action plans from each agency were tracked at 2 Board meetings with the final report presented to the Board in January 2015. The final S11 audit report showed that there had been improvements from the previous audit: 93% of the measures were “green”, 7% were “amber”, and none were “red”. The recommendations from this audit to the Board were:

1. All agencies reporting deficits in any standard should continue work to meet the measures.
2. All agencies should ensure that they have written E-Safety policies and procedures that are reviewed regularly.
3. All agencies to continue to work towards ensuring E-Safety awareness training is available for staff working with children and young people.
4. All agencies should ensure that their staff involved in recruitment are suitably trained
5. All agencies should ensure that their policies, procedures and guidance reflect the LSCB's priorities for early identification, prevention and disruption of Child Sexual Exploitation.
6. All agencies should ensure that their staff receive training to ensure that they can recognise key indicators of CSE.

The next S11 audit will be sent out for completion in early 2016.

4.5 Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a statutory function of the East Sussex LSCB. The overall purpose of the child death review process is to understand why a child has died and, wherever possible, to identify how future deaths could be prevented. East Sussex LSCB is commissioned to also carry out this function on behalf of Brighton & Hove; therefore this CDOP reviews the deaths of children in East Sussex and Brighton & Hove.

Between April 2014 and March 2015 the CDOP was notified of 42 deaths of children who were resident in East Sussex (26) and Brighton & Hove (16); the number of children who died in East Sussex declined from 2013/14 (36 deaths). During this period the CDOP met 8 times reviewing a total of 47 (31 East Sussex & 16 Brighton & Hove) deaths. There will always be a delay between the date of a child's death and the CDOP review being held.

One of the purposes of the review is to determine whether the death is deemed to have been preventable, and whether there were any 'modifiable' factors that may have contributed to the death. The new Working Together to Safeguard Children 2015 defines modifiable factors as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced. Of the 31 deaths reviewed during 2014/15, of East Sussex children, 7 were identified as having factors which may have contributed towards the death and where action could be taken to reduce the risk of future deaths.

There were no recommendations made to the LSCB regarding the need for a serious case review. The only recommendation to the LSCB, regarding matters of concern about the safety and welfare of children and wider public health concerns, was that the Chair sought assurance that a potential child protection matter was appropriately investigated, regarding a terminally ill child, which was taken forward by the Local Authority.

Of the 287 deaths reviewed between 2008 and 2015, 56 (1 in 5) have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths (36 East Sussex and 20 Brighton & Hove). Of these 56 deaths reviewed during these years, where modifiable factors were identified, 34 related to babies (23 East Sussex and 11 Brighton & Hove). Modifiable factors included inappropriate sleeping arrangements for babies and high risk pregnancies where there were problems with the obstetric and midwifery care. In March 2015, to coincide with the national 'Safer Sleeping Week' run by the Lullaby Trust, the LSCB promoted safer sleeping messages on the LSCB website and twitter pages; circulated guidance to midwives, health visitors and children's centre staff; and supported the roll out of Safer Sleeping training to front line workers, run by the Lullaby Trust.

4.6 Pan-Sussex Procedures Group

The Pan-Sussex Procedures Group amends and develops safeguarding procedures in response to lessons learned from serious case reviews and audits, as well as local and national issues, changes in legislation and any gaps emerging from practice.

The group meets 6 times a year and has a membership drawn from the LSCBs in East Sussex, West Sussex and Brighton & Hove, as well as representation from Sussex Police. During 2014/15 West Sussex chaired this group; East Sussex will next be chairing the group in 2016/17.

During 2014/15 the group:

- Continued to develop shared procedures and guidance responding to missing children, where appropriate.
- Drafted updated and strengthened procedures regarding historical abuse
- Amended wording regarding the use of advocates and supporters in child protection conferences, to ensure that the voice of the child and parents is heard.
- Amended guidance on the complaints process in child protection conferences

5. Evaluation of Board Progress and Future Priorities

5.1 Progress on Priorities in 2014/15

The LSCB Board members had a Development Day in March 2015 in order to review the progress on the priorities from the year 2014/2015, as well as to agree the priorities for the coming 3 years. The details of the progress made on the previous priorities is detailed below, together with a brief outline of the aims of the 5 new priorities.

Priority	Progress
<p>1. Provide help directly to families at the earliest opportunity to prevent problems escalating.</p>	<p>Increased numbers of children/families offered targeted early help and family keywork from multi-agency partners.</p> <p>Improved targeting of early help so fewer families needing social care intervention.</p> <p>High levels of reported improvements for families</p> <p>Introduction of new Team Around the Family mechanism.</p> <p>Publication of guidance for case transfer – “step up” and “step down”.</p> <p>Delivery of training programme, aligned with LSCB training, highly rated by participants.</p>
<p>2. Improve the quality of safeguarding data, increase useful analysis and disseminate the information effectively.</p>	<p>Quarterly Performance Monitoring embedded, including Early Help data.</p> <p>LSCB Dashboard now multi agency</p>
<p>3. Achieve wide recognition of the importance of quality assurance in improving outcomes for children.</p>	<p>S11 audit – full compliance – started April 2014, final update January 2015.</p> <p>S11 Peer audit – 5 agencies discussed their audit returns with S11 Scrutiny Panel – report completed.</p> <p>Multi agency case file audits – planned annual programme – 6 annually. Use of alternative auditing styles through systems-based methodology – key practice episodes.</p> <p>Reviews of individual serious cases using a range of methods depending on the circumstances of the case, e.g. Partnership Reviews. Involving front line workers, as well as family members has been very helpful and powerful.</p> <p>CDOP review of cases – process has been revised and</p>

		developed systematically.
4.	Continue an effective programme of training and workforce development.	<p>Delivered increased range of courses – many running more than once annually.</p> <p>Increased number of professionals in Training Pool who deliver courses.</p> <p>Training Pool sessions run 3 x yearly to support these trainers.</p> <p>New courses relating to – Domestic Abuse; Engaging with father/significant males; Communicating Safeguarding concerns; Emotional Abuse & Neglect.</p> <p>Training Charging Policy updated</p> <p>Rolling programme of Training Impact Surveys started</p> <p>Designated Safeguarding Leads training – course re-written, process re-structured and new trainers in place.</p> <p>Positive evaluations from course attendees</p> <p>LSCB training linked and developed in partnership with THRIVE training for Early Help services.</p> <p>LSCB online CP course usage increased</p> <p>CSE online training available from April 2014.</p> <p>Safer Recruitment online training available from September 2014 – either LSCB funded or self –funded.</p>
5.	Ensure responses to Child Sexual Exploitation (CSE) are well-co-ordinated and multi-agency.	<p>New CSE strategic structure started June 2014</p> <p>WiSE Project – continued work regarding awareness raising for all agencies/services, as well as individual work.</p> <p>CSE Training – delivery of 4 days each of CSE1 and CSE 2 annually.</p> <p>Work with national online training provider to create new CSE online course – in place from April 2014.</p> <p>Additional CSE section for all agencies to complete in the S11 audit.</p> <p>CSE course being scrutinised under current Training Impact Audit.</p> <p>Pan-Sussex CSE Strategy in place</p> <p>CSE Action Plan started in November 2011 completed</p>

		<p>CSE Assessment & Referral Form in place – also includes Missing.</p> <p>Bronze level meetings include both CSE and Missing – discussing individual young people where either or both these factors are an issue.</p> <p>Operation Kite launched in May 2014 by Sussex Police</p>
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Future Priorities for the year April 2015 to March 2016

The Board met in March 2015 to agree the following priorities:

5.2 Priority 1 - Child Sexual Exploitation/Missing/Trafficking

The LSCB will be continuing to work on this priority to:

“Strengthen the multi-agency response to Child Sexual Exploitation, Missing and Trafficked children”.

The LSCB will be supporting the Multi Agency CSE Action Plan that is being developed by the CSE Silver Group. To add to the work of this Action Plan, later in the coming year thematic audits will be conducted into particular areas of work with individual young people where there is involvement with CSE.

The outcomes that will be sought in this area of work are:

- Reduction in the risk and incidence of children sexually exploited, missing, and trafficked in East Sussex.
- Ensure that CSE is embedded into the work of all LSCB agencies
- Disruption of organised crime groups where CSE is an issue
- Improved inter-agency response when there is evidence of CSE
- Better use of CSE data to identify and prioritise support to victims
- Improve the opportunity for young people to raise their own concerns

5.3 Priority 2 - Safeguarding in Early Years, Schools and Further Education

During the next year the LSCB will:

“Strengthen Safeguarding in all schools (including Early Years and Further Education providers)”

The LSCB will support the work undertaken by the Safeguarding leads in the Standards and Learning Effectiveness Service (SLES), to further improve work in this area using a multi-agency approach.

The LSCB and SLES will work on the following areas together:

- Support all schools to complete individual Safeguarding Practice Reviews during 2015/16
- Request schools complete the self-assessment Safeguarding S175/157 audit
- Ensure the Designated Safeguarding Leads training continues to be reviewed and updated
- Recruit to the new post of Schools Safeguarding Officer
- Establish Safeguarding networks within the Education Improvement Partnerships
- Provide School Governors with Safeguarding support and training
- Ensure that all independent schools are linked into the LSCB Independent Schools Safeguarding Group.
- Ensure that all schools are aware of the implications for their children and staff of CSE, radicalisation and online safety.

5.4 Priority 3 - Mental Health

The LSCB will promote and scrutinise work to:

“Strengthen the multi-agency response to mental health issues to ensure safeguarding concerns for children are minimised”

- Develop an agreed multi-agency understanding of the available mental health support for children and young people at an early stage of additional needs being identified.
- Ensure that when a child needs specialist provision at tier 4, mental health support is delivered jointly by the relevant agencies.
- Young people are adequately supported where there are issues of self-harm or suicide

5.5 Priority 4 - Domestic Abuse

The LSCB will support work to:

“Strengthen the multi-agency response to children affected by domestic abuse”

The LSCB will be supporting the current work set out in the East Sussex Domestic Abuse Strategy and Action Plan, and in addition to this will:

- Develop a Domestic Abuse (DA) protocol for schools, along with resources to support this work.

- Raise awareness with the perpetrators of DA of the impact of their abusive behaviour on children.
- Review Children's Services assessment and intervention responses to DA
- Ensure universal services such as schools and youth organisations have access to expertise and support for DA.
- Raise public awareness of DA through campaigns, such as the White Ribbon Campaign
- Further develop the role of the Young People's Advocacy Worker
- Ensure information is available relating to DA in a range of formats and locally used languages.
- Effective interventions for all family members affected by DA are developed within the Early help services.
- Ensure care pathways are in place for children affected by DA, and needing therapeutic support.

5.6 Priority 5 - Online Safety

The LSCB's priority is to:

"Coordinate a multi-agency approach to online safety for children, young people and their families"

The aim of the LSCB's lead on this issue is to:

- Improve children and young people's knowledge and confidence about how to keep themselves safe online.
- Empower children and young people to make better choices online.
- Improve parent and carers' knowledge and confidence on how to help their children keep safe online.
- Improve professionals' knowledge about e-safety and how to support children, young people and parents to keep safe online.
- Reduce cyber-bullying

6. Appendices

6.1 Board Members

East Sussex Local Safeguarding Children Board (LSCB) Members March 2015

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex LSCB CHAIR
Alice Webster	Director of Nursing, East Sussex Healthcare NHS Foundation Trust (ESHT)
Andrea Holtham	Service Manager, Sussex CAF/CASS
Andrea Saunders	Director of Public Protection East Sussex, National Probation Service
Andy Chequers	Head of Customer Services, Lewes District Council
Andy Reynolds	Director of Prevention & Protection, East Sussex Fire & Rescue Service, (ESFRS)
Angie Turner	Head of Adult Safeguarding, Adult Social Care, ESCC
Arwyn Thomas	CEO SPARK – a network for Young People organisations in East Sussex
Ashley Parrott	Head of Quality, High Weald Lewes Havens Clinical Commissioning Group (CCG)
Brenda Lynes-O'Meara	Assistant Director of Nursing, Safeguarding Lead, Practice and Standards (ESHT)
Catherine Dooley	Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services, ESCC
Cheryl Carey	Young Carers Team Leader, CFTC (Care for the Carers), SPARK
Clare Crundall	East Sussex LSCB Administrator
Debbie Barnes	Designated Nurse Safeguarding Children, East Sussex
Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services, East Sussex County Council (ESCC)
Edmund Hick	Child Protection and Safeguarding Manager, Protecting Vulnerable People Branch (PVPB), Sussex Police
Emma Wadey	Director of Nursing Standards and Safety, Sussex Partnership NHS Foundation Trust
Ian Fitzpatrick	Senior Head of Community Services, Eastbourne Borough Council
Jane Mitchell	Safeguarding Children and Vulnerable Adults Manager, South East Coast Ambulance Service (SECAMB)
Janet Dunn	Lay Member, East Sussex LSCB
Jeremy Leach	Principal Policy Adviser, Wealden District Council
Jerry Lewis	Principal Deputy Head Teacher, Bede's Senior School
Jessica Britton	Assistant Director of Quality and Assurance, Clinical Commissioning Group (CCG)
Jo Monnickendam	Safeguarding Co-ordinator, Sussex Downs College
Joanne Bernhaut	Consultant in Public Health, ESCC
Julie Dougill	11-19 Development Manager, Vulnerable Learners, Standards and Learning Effectiveness Service, Children's Services, ESCC
Katrina Lake	Assistant Director Patient Experience, Surrey and Sussex Nursing Directorate Area Team, NHS
Liz Rugg	Assistant Director (Safeguarding, LAC and Youth Justice),

	Children's Services, ESCC
Louisa Havers	Head of Performance, Engagement and Safer Communities, Adult Social Care, ESCC
Malcolm Johnston	Executive Director for Resources, Rother District Council
Marion Rajan	Manager, East Sussex LSCB (job share)
Mark Rist	Temporary Head of Prevention and Protection, ESFRS
Micky Richards	CRI Deputy Director Operations – South
Neil Small	Head Teacher, Castledown Community Primary and Nursery School, Hastings, and Executive Head Teacher, Ore Village Primary Academy
Nicola Maxwell	Acting Director for the East Sussex Local Delivery Unit (LDU) Kent, Surrey Sussex Community Rehabilitation Company (CRC)
Paul Furnell	Branch Lead for Child Safeguarding, Lead for LSCBs, Sussex Police
Peter Joyce	Manager, East Sussex/Brighton and Hove CAMHS
Richard Grout	Legal Services Manager, ESCC
Richard Preece	Executive Headteacher, Torfield & Saxon Mount Federation
Ruth Szulecki	Early Years Development Manager, Standards and Learning Effectiveness Service, Children's Services, ESCC
Sarah Pringle	Head Teacher, Seahaven Academy, Newhaven
Simon Yates	Head Teacher, Chailey Heritage School
Stuart Gallimore	Director of Children's Services, ESCC
Sylvia Tidy (Observer)	Lead Member for Children's Services, ESCC
Tania Riedel	Operations Manager, Youth Justice Team, Children's Services, ESCC
Tracey Ward (Deputy Chair)	Designated Doctor Safeguarding Children, Conquest Hospital, ESHT
Tracy Evans	Head of Housing, Eastbourne District Council
Verna Connolly	Head of Personnel and Organisational Development, Hastings Borough Council
Vicky Finnemore	Head of Specialist Services, Children's Services, ESCC
Victoria Jones	Manager, East Sussex LSCB (job share)

6.2 Budget

Actual Income & Expenditure 2014/15

Actual Income 2014/15		Actual Expenditure 2014/15	
Sussex Police	£12,500	Independent Chair	£17,403
Sussex & Surrey Probation Trust	£5,000	Business Manager	£63,182
CAFCASS	£550	Administrator	£24,813
CCGs	£39,999	Administration	£5,789
CRI	£1,000	Projects	£15,000
East Sussex County Council (includes former CDOP grant, £62k)	£164,200	Trainer	£50,772
Training Income	£16,228	Training Administration	£512
Aurora Academy Trust	£1,000	Training Programme	£26,462
CDOP (Brighton & Hove CC)	£10,000	Serious Case Reviews	£15,000
Action in Rural Sussex	£416	CP Procedures	£7,180
		Child Death Review Panel	£22,052
		IT Software & Hardware	£1,827
Total	£250,893		£249,992

Projected Income and Expenditure 2015/6

Projected Income 2015/16		Projected Expenditure 2015/16	
Sussex Police	£12,500	Independent Chair	£18,000
National Probation Service	£5,000	Business Manager	£64,260
CAFCASS	£550	Administrator	£23,900
CCGs	£40,000	Administration	£7,300
CRI	£1,000	Child Death Review Panel	£20,432
East Sussex County Council (ESCC) – inc CDOP grant	£164,600	Trainer	£51,000
Training Income	£16,000	Training Administration	£2,000
Action in Rural Sussex	£1,000	Training Programme	£29,578
CDOP (Brighton & Hove CC)	£10,000	Projects	£15,000
Aurora Academies	£1,000	Serious Case Reviews	£15,000
		CP Procedures	£3,180
		IT Software & Hardware	£2,000
Total	£251,650		£251,650

6.3 Training

6.3a Training Review

Review of the LSCB Training Plan for 2014-2015

LSCB Training Course Title	Number of courses run	Total number of attendees
Child and Adolescent Development (0-16 years)	2	37
Child Protection in a Multi-Agency Context	1	10
Child Sexual Exploitation 1 – Identification and Intervention	4	84
Child Sexual Exploitation 2 - Working with Young People at Risk	3	48
Domestic Abuse: DASH and Safety Planning – Module 2	3	65
Domestic Abuse - Recognition and Response- Module 1	5	101
Domestic Abuse and the Impact on Children and Young People (2 day course)	2	45
East Sussex Serious Case Reviews – Briefing Sessions	3	44
LSCB : Engaging Fathers and Significant Male Figures	1	20
Fabricated Induced Illness: Challenges and Dilemmas where FII is Present or Suspected	3	68
Female Genital Mutilation (FGM) Awareness Workshops	1	19
Hidden Children – Understanding Private Fostering and Elective Home Education (Home Schooled)	1	13
Hidden Sentence Training – Understanding the Support Needs of Prisoner's Families	1	9
Identifying and Working with Missing and Trafficked Children	1	10
Identifying Child Sexual Abuse	1	16
Impact of Emotional Abuse and Neglect on the Development of Children and Young People	1	22
Introduction to Self Harm, Young People and the East Sussex Multi-Agency Protocol	1	14
Joint Investigation Training (4 day course)	1	72
Living with Parents with Mental Health Problems	1	17
Managing Allegations Against Staff	1	15
MAPPA (Multi-Agency Public Protection Arrangements):Risk Management of Known Offenders	1	8
Pan Sussex LSCB Conference	1	28
Parental Substance and Alcohol Use and the Impact on Children	1	12
Participating in the Child Protection Conference Process	1	28
Responding to Female Genital Mutilation (FGM)	1	25
Staying Safe in Cyberspace	2	40
Taking a Multi-Agency Approach to Assessment and Decision Making	1	16
The Effective Communication of Safeguarding Concerns	2	35
Understanding Mental Health Issues	2	30
Working with Children and Young People who Display Sexually Harmful Behaviours	2	31
Working with Gypsy and Traveller Children, Young People and Families	1	17
Working with Perpetrators of Domestic Abuse and their Families	1	13
Working with Resistance and Disguised Compliance in Child Care	2	39
Young People and Substance Misuse (Level 1)	1	20
Young People and Substance Misuse (Level 2)	1	41
Total	57	1112

6.3b LSCB Training Plan 2015-2016

Detailed in the framework below are the courses that are available to staff from the agencies represented by the Local Safeguarding Children Board. Courses will run from April 2015 to March 2016.

Unless specified, LSCB courses are open to all staff from statutory, non-statutory and private/independent sectors, who work with children, young people and their families or who work with adults who have child care responsibilities

Course Title	Area	Courses Planned	Planned Outcome
A Workshop to Raise Awareness of PREVENT and How and When to Support Vulnerable Young People	SAFEGUARDING	3	PREVENT aims to stop people becoming terrorists or supporting terrorism. All organisations working in partnership to support PREVENT should encourage their staff to be aware of risks of terrorism and be able to report them appropriately. They should be encouraged to consider the risks from terrorism and violent extremism as part of their regular responsibilities.
Achieving Best Evidence – 5 day course : Joint Police and CSD training on interviewing children under Achieving Best Evidence guidelines	ABE	2	To gain experience of interview planning and observation of practice interviews and participation in at least one role-played interview.
Child & Adolescent Development (0-16 years)	CHILD DEVELOPMENT	1	To understand the impact of parenting styles, neglect and abuse on child and adolescent development.
Child Protection Awareness for Private, Voluntary and Community Groups	SAFEGUARDING	2	To enable staff to identify and respond to child protection concerns.
Child Protection in a Multi-Agency Context	SAFEGUARDING	1	To enable staff to learn about the structure, roles and responsibilities of the statutory agencies involved in child protection.

Child Sexual Exploitation 1: Identification and Intervention	CSE	4	To introduce participants to the many different aspects of sexual exploitation and the various forms it can take. To raise awareness about the scale of the issue and demonstrate that all young people can be at risk of CSE.
Child Sexual Exploitation 2: Working with Young People at Risk	CSE	4	The course will cement some of the issues addressed in the basic CSE awareness course and provide workers with the confidence and skills to engage young people and deliver work on the issues involved in sexual exploitation, including healthy relationships, grooming, keeping safe online, self esteem and body image.
Module 1 Domestic Abuse - Recognition and Response	DA	4	This course will give participants a basic awareness of domestic abuse, including contextual information, overview of legislation, identification of abuse and understanding of the dynamics of an abusive relationship.
Module 2 DASH and Safety Planning	DA	4	This course will focus on equipping participants to assess risk of harm using the DASH risk indicator checklist, how to determine changes in risk, how to develop effective safety plans appropriate to the level of risk and how to undertake case management for those experiencing domestic abuse.
Domestic Abuse and the Impact on Children and Young People (2 day course)	DA	2	To enable participants to respond appropriately to domestic violence and understand how children are affected by domestic violence.
Emerging Sexuality in Children and Young People with Additional Needs	CHILD DEVELOPMENT	1	To explore the issues and challenges of supporting disabled young people approaching adulthood with issues around emerging sexuality and a positive sense of

			identity.
Engaging Domestic Violence Perpetrators Effectively in Health and Social Care Work	DA	1	To gain the skills to identify and respond to risk to children and mothers living with a perpetrator of DV.
Engaging Fathers and Significant Male Figures	SAFEGUARDING	1	This one day course is to gain an understanding of the statutory responsibilities in relation to engaging and supporting fathers and significant male figures in a child's life. Why it is necessary and what the benefits are of engaging and developing a father-inclusive focus. It will include identifying some of the barriers that could potentially prevent engagement and consider different ways of dealing with these barriers.
Fabricated Induced Illness: Challenges and Dilemmas where FII is present or suspected	SAFEGUARDING	2	To explore inter-agency responses to concerns regarding FII and learn about the importance of early identification and detailed chronologies when FII is suspected.
Female Genital Mutilation Awareness Workshops	SAFEGUARDING	4	To increase the knowledge, awareness and understanding of professionals of the practice of FGM. To provide greater awareness of the warning signs and risk factors in relation to FGM. To gain information about the safeguarding policies and procedures; law; as well as the challenges and relevant resources in relation to FGM.
Hidden Children – Understanding Private Fostering, Elective Home Education and Education of Sick Children	SAFEGUARDING	1	To learn about policies and legislation in relation to PF / EHE / EOSC and how to identify and respond to the needs of the children who fall into these categories.

Identifying Child Sexual Abuse	CSA	2	To re-acquaint professionals using current research and intervention models with the concept of child sexual abuse and consider practice implications when working with vulnerable families.
Identifying and Working with Missing and Trafficked Children	SAFEGUARDING	1	To understand the risks that young people are exposed to when they run away and why young people run away and the issues. To raise awareness and increase understanding regarding identifying and safeguarding trafficked young people, identifying sexually exploited children and helping the child or young person stay engaged with services.
Impact of Emotional Abuse & Neglect on the Development of Children & Young People	SAFEGUARDING	1	To help participants become more familiar with the impact on children and young people affected by neglect and emotional abuse and the implications of this for decision making about their welfare.
Information Sharing, Confidentiality and Consent in a Child Protection Context	SAFEGUARDING	1	To understand and apply knowledge relating to Fraser Guidelines and information sharing with other professionals with or without consent.
Introduction to Self Harm and Young People and the East Sussex Multi-Agency Protocol	SAFEGUARDING	1	To broaden participants knowledge of self-harming behaviours in children and young people and equip them with the skills and knowledge to undertake effective risk assessments.
Joint Investigation Training, Level 1 (4 day course)	SAFEGUARDING	2	To demonstrate effective communication skills and to be clear about the Police and Social Work role within the JI process and to gain confidence in their approach to integrated working.

Living with Parents with Mental Health Problems	MH	1	To enable participants coming into contact with parents and carers with mental health problems to consider how these impact on children; and to explore relevant practice and research issues within an inter-agency context.
Managing Allegations Against Staff	SAFEGUARDING	2	To assist managers in their understanding and application of child protection and disciplinary procedures and how these two procedures work together when appropriate.
MAPPA (Multi Agency Public Protection Arrangements) Briefings - Risk Management of Known Offender	SAFEGUARDING	1	To enable staff to develop their knowledge of how Multi-Agency Public Protection works in co-ordinating risk management in the community.
Pan-Sussex LSCB Conference	SAFEGUARDING	1	To enable participants to understand current local and national Safeguarding issues. To highlight current Safeguarding practice relating to Child Sexual Exploitation, children who go Missing, Online Safety, Female Genital Mutilation and Child Deaths.
Parental Substance and Alcohol Use and the Impact on Children	SAFEGUARDING	1	To understand the effects, risks and potential harm of substances and alcohol misuse and to provide a range of responses directed both at assisting parents and protecting and helping children.
Participating in the Child Protection Process	SAFEGUARDING	1	To explore the purpose, function and processes of CP conferences, providing them with an understanding of their professional role in relation to conferences and similar meetings.
Rapid Response to Child Death	SAFEGUARDING	½	To provide basic skills needed to carry out inter-agency investigation into an unexpected childhood death in accordance with Chapter 7 guidance.

Safeguarding Children with Behavioural and Mental Health Problems	MH	1	This is an introductory course which will provide workers with the necessary knowledge and skills to work with children and young people with behavioural and mental health problems and to develop effective management techniques.
Safeguarding Children Medicals (Paediatric Assessment) Workshop –Guidance and Good Practice	SAFEGUARDING	1	To identify when to consider requesting Safeguarding medicals, and what type of medical is the most appropriate. To understand what the process is of referral for each medical, both for in-hours as well as out-of-hours services.
Supporting Safe Change in Families who are Experiencing Domestic Abuse	SAFEGUARDING	4	This course will focus on equipping participants to assess risk of harm using the DASH risk indicator checklist including exploring the evidence base for the tool. The course will enhance practitioner confidence in responding to cases of domestic abuse that do not require specialist intervention. The course provides a framework for understanding different stages of abusive relationships and how to intervene at each stage. Delegates will understand considerations for domestic abuse safety planning. A range of tools and resources will be shared with delegates to support their practice.
Taking a Multi-Agency Approach to Risk Assessment & Decision Making	SAFEGUARDING	1	This one day course is to enhance the skills of participants in the assessment and decision making for safeguarding children and how to incorporate those skills into everyday practice.
Taking the Lead in the Private Voluntary Independent (PVI) Sector	SAFEGUARDING	1	Manager's role of designated person within the PVI Sector.
The Effective Communication of Safeguarding	SAFEGUARDING	2	To equip participants with the skills, knowledge and confidence to contact and make

Concerns			referrals to Children's Social Care.
Update on Children & Young People and the MH Act 1983	MH	1	An update on the recent amendments to the MHA 1983 as they impact on children and young people Look at when the Children Act should be used and when the MHA should be used Will consider what are age appropriate services on mental health acute wards? Look at the latest guidelines around 'Informal v formal admission' and consent to treatment for children and young people.
Working with Children & Young People who Display Sexually Harmful Behaviours	SAFEGUARDING	2	To explore the difference between healthy and harmful sexual behaviour and how to assess risk and develop practice interventions which can be applied in a range of settings.
Working with Disabled Children in a Child Protection Context	SAFEGUARDING	1	To identify and understand the complexities of working with disabled children in a child protection environment.
Working with Faith Groups: Developing Cultural Competency whilst Recognising Safeguarding Issues	SAFEGUARDING	1	Develop an understanding of the range of religions practised in East Sussex. Learn about local resources that can help give more information about different religions and the cultural practices associated with them to better understand how to meet people's needs. Develop confidence in being able to better balance different equality and safeguarding issues, including harmful cultural practices, with the need to respect and understand religious and cultural practices.

Working with Gypsy and Traveller Children, Young People and Families	CHILD DEVELOPMENT	2	This session will help participants to understand how to work with Gypsy and Traveller children, young people and families. This will include information and guidance, and identify sources of support within the department to help improve understanding of the specific needs of Gypsy and Traveller families.
Working with Parents with Learning Disabilities	MH	2	To gain a shared understanding of the term "Learning Disability" and look at outcomes for children and families and to explore notions of risk, resilience and competence.
Working with Resistance and Disguised Compliance in Child Care	SAFEGUARDING	2	To identify disguised compliance and manipulation by clients; to practice techniques to address both types of situation; the importance of accessing support in their settings to manage such challenges.
Young People and Substance Misuse Level 1	CHILD DEVELOPMENT	1	The aim of this one day course is to provide substance misuse training to professionals working with young people. Looking at various substances, harm reduction identification and presentation, including the continuum of need, and referral pathway process.
Young People and Substance Misuse Level 2	CHILD DEVELOPMENT	1	The aim of this two day course is to provide substance misuse training to support individuals with substance misuse problems, contribute to their protection and carry out basic substance misuse interventions. Whist also looking at the holistic response to problematic substance misuse needs, such as mental health, sexual health/exploitation, child protection, and the law.
Young People Experiencing and Using Abuse in Peer	DA	3	To understand the gendered nature of DV within this group and to develop good practice

and Family Relationships			interventions for YP and their families.
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East Sussex Local Safeguarding Children Board

**Evaluation of Courses Provided by the
East Sussex Local Safeguarding Children Board**



The LSCB will be providing over 40 individual courses, many of them offered as repeated sessions, on a variety of topics in the current financial year. The courses that have run so far have been well attended by participants from a wide range of agencies from all parts of East Sussex. Between 1 April 2014 and 31 March 2015, 70 course sessions have been delivered, attended by 1114 participants.

Table 1 provides a breakdown of participation by agency.

Table 1: Participation in East Sussex LSCB courses between	
Agency	Number of participants
East Sussex Children's Services:	
Locality Social Work and Family Assessment	187
Early Help Services (TYS and Family Outreach only)	98
Looked After Children's Services	96
Inclusion Support Services	41
Children's Disabilities Service	43
Youth Offending Service	33
Other	99
National Health Service:	
East Sussex Health Care Trust (ESHT)	182
Sussex Partnership Foundation Trust	26
Other NHS agencies	8
Education providers:	
Early Years education providers	63
Secondary schools	49
Primary schools	54
Other education providers	13
CRI	16
Police	20
East Sussex Adult Social Care	10
Housing	6

East Sussex Fire & Rescue Service	1
Surrey & Sussex Probation Service	13
Other agencies	56
TOTAL NUMBER OF PARTICIPANTS	1114

2. Course evaluation by participants

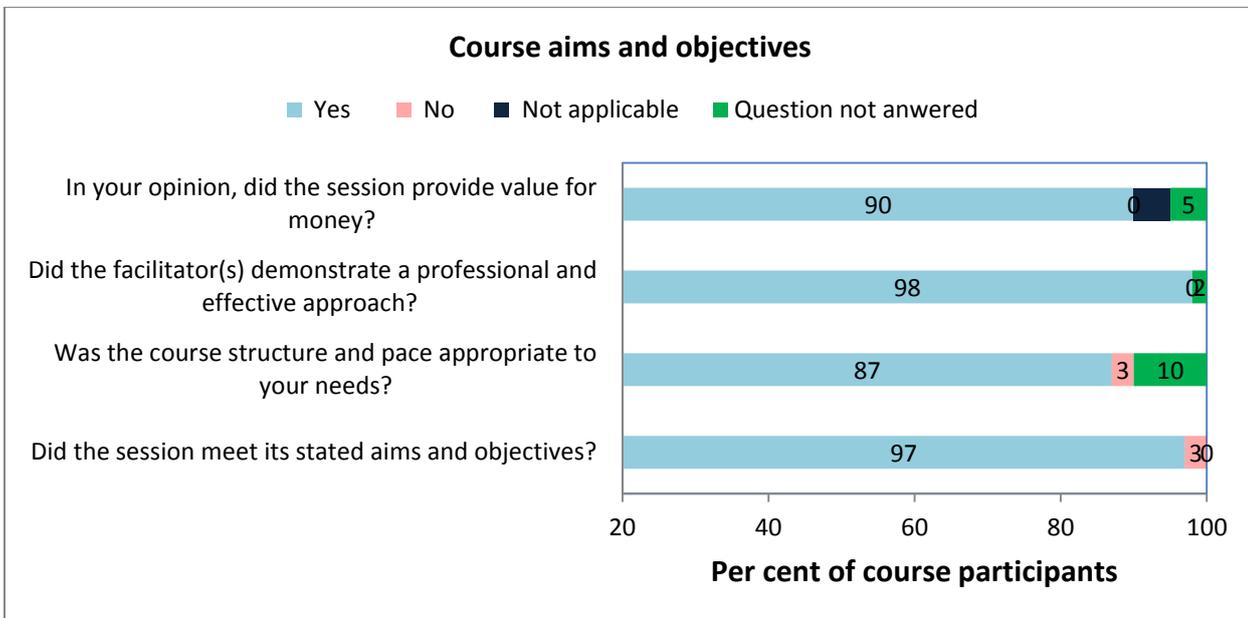
It is a requirement for all participants attending East Sussex LSCB courses to evaluate the course content and delivery. For this purpose, a course evaluation form is distributed to all participants to complete at the end of the session (see Appendix A for a sample course evaluation form).

The following analysis is based on evaluation forms completed for a sample of 9 typical courses provided by the LSCB:

- **Young People and Substance Misuse (Level 2)**
- **East Sussex Serious Case Reviews – Briefing Sessions**
- **Domestic Abuse: DASH and Safety Planning Module 2**
- **Multi Agency Public Protection Arrangements: Risk Management of Known Offenders**
- **Introduction to Self Harm, Young People and The East Sussex Multi-Agency Protocol**
- **Participating in the Child Protection Process**
- **Working with Gypsy and Traveller Children, Young People and Families**
- **Child Protection: Taking the Lead**
- **Responding to Female Genital Mutilation: Training for Frontline Professionals**

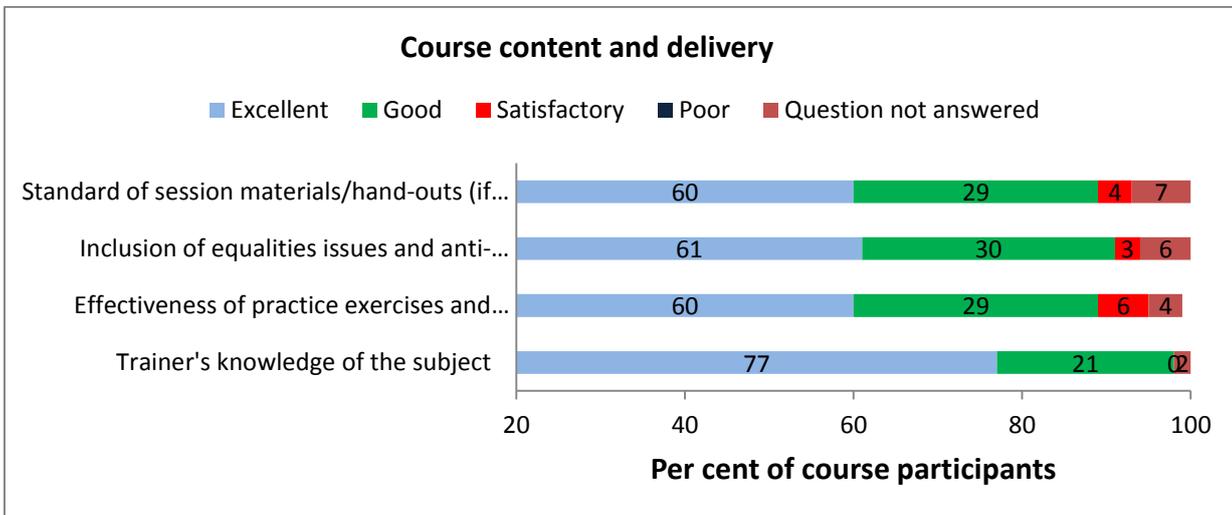
In total 133 staff members (27% of all course attendants from 1 April 2014 to 31 March 2015) from a variety of agencies participated in the above 9 courses.

2.1 Participants' views on course aims and objectives



97% of participants in the 9 courses were of the view that the course sessions met the stated aims and objectives. Responses were overwhelmingly positive about the remaining questions on this area asked in the evaluation form (see Figure 1).

2.2 Participants' views on course content and delivery

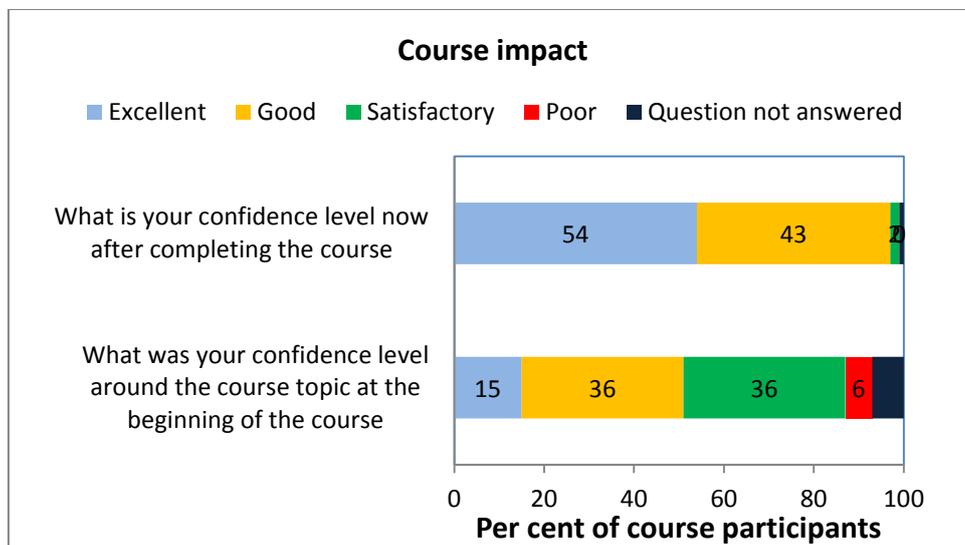


The majority of participants rated the course content and delivery as excellent or good (see Figure 2).

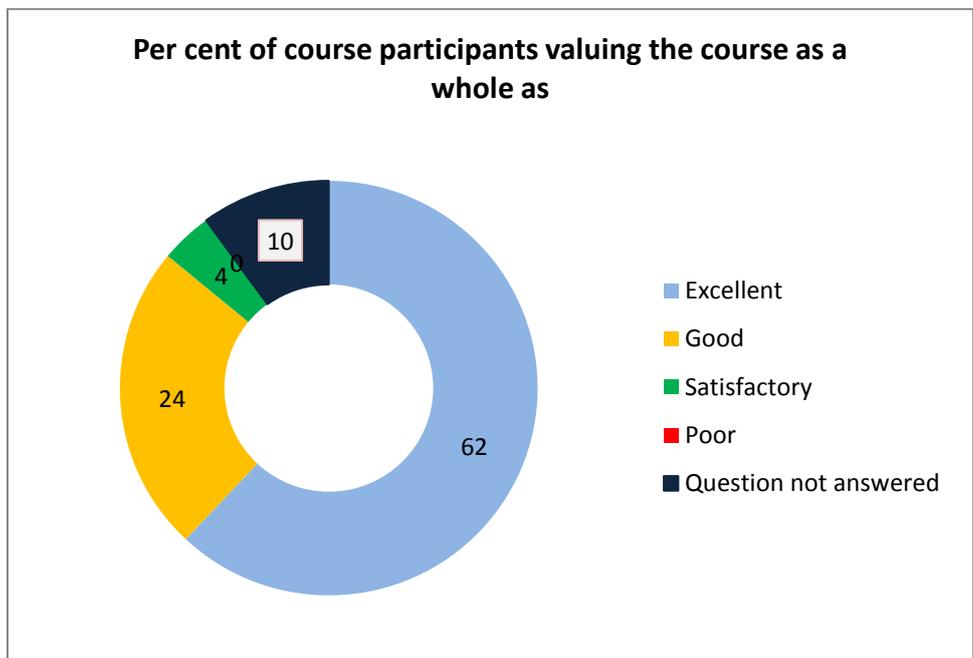
98% of the participants rated the trainers' knowledge of the subject as excellent or good (77% rated this as excellent); 89% of the participants were of the view that practice exercises and presentations were effective (60% rating this as excellent). Similar positive responses were given for the remaining questions in this area.

2.3 Participants' views on course impact

Participants rated course effectiveness highly. At the end of the courses, almost all participants (97%) rated their confidence level around the course topic as excellent or good (1% of participants did not answer this question). This is in comparison to 51% of the participants rating their confidence level as excellent or good at the beginning of the courses.



Participants were also asked to rate the courses overall. 86% of the participants found the courses to be excellent or good (62% rated the courses as excellent).



2.4 Learning outcomes identified by participants:

The following are some learning outcomes identified by participants in relation to their work with children, young people and their families:

-
- Increased confidence when working with families with substance misuse issues.
- Use learning (from SCR Briefing) when supervising staff making S47/17 decisions at strategy meetings.
- Use DASH more often and effectively and will be aware of the 15 high risk factors.
- Feel more confident questioning issues surrounding Domestic Abuse.
- Use multi-agency protocol resources when working with YP who self-harm and their parents.
- Greater understanding of the process and know what is expected of me as a member of the group (in relation to attending CP Conferences and Core Groups)
- Reinforced need to keep child focussed and not be drawn into group dynamics of parental conflict.
- Better insight into the culture of Gypsy and Traveller communities, tools in approaching and working successfully with this group.
- Greater cultural and procedural awareness to pass on to team and wider organisation (in relation to FGM).

Appendix A



EAST SUSSEX LOCAL SAFEGUARDING CHILDREN BOARD

Training Evaluation

Name:..... Job Title:.....	
Agency/Organisation:.....	
Course:	
Date:	Venue:
Facilitator(s):	

The LSCB welcomes your feedback so as to assess course content and plan future training. Please take a few minutes to complete this evaluation form. Thank you.

COURSE CONTENT AND DELIVERY	YES	NO
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1. Did the session meet its stated aims and objectives?		
2. Was the course structure and pace appropriate to your needs?		
3. Did the facilitator(s) demonstrate a professional and effective approach?		
4. In your opinion, did the session provide value for money?		

Comments

.....

.....

.....

.....

Please rate the following by circling your choice of number in the box provided: 4=excellent 3=good 2=satisfactory 1=poor				
5. Trainer's knowledge of the subject	4	3	2	1
6. Effectiveness of practice exercises and presentations	4	3	2	1
7. Inclusion of equalities issues and anti-discriminatory practice	4	3	2	1

8. Standard of session materials/handouts (if provided)	4	3	2	1
9. Pre-course booking administration	4	3	2	1
10. Suitability of the venue and refreshments provided	4	3	2	1
11. What was your confidence level around the course topic at the beginning of the course?	4	3	2	1
12. What is your confidence level now after completing the course?	4	3	2	1

Comments

.....

.....

Learning Outcomes

How will you put learning from this course into practice?

.....

.....

How will your learning improve outcomes for children?

.....

.....

.....

How will you pass on the learning points and knowledge gained to your team/organisation?

.....
.....

What further courses/workshops would you like the ESCC LSCB to provide?

.....

In the future, would you be able to deliver a course on behalf of the ESCC LSCB?

.....
.....

Overall Evaluation

I would evaluate the course as a whole as:

Excellent / Good / Satisfactory / Poor – Please circle as appropriate

6.4 Links to other documents

[Children and Young People's Plan – 2015-18](#)

[East Sussex Health and Wellbeing Board \(2013-16\)](#)

[Sussex Police and Crime Commissioner – Police and Crime Plan 2014-17](#)

[East Sussex Safer Communities Partnership – Domestic Abuse Strategy 2014-19](#)

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