



# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 19 DECEMBER 2017

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)  
Councillor Carl Maynard, East Sussex County Council  
Councillor John Ungar, East Sussex County Council  
Councillor Trevor Webb, East Sussex County Council  
Councillor Sue Beaney, Hastings Borough Council  
Councillor Linda Wallraven, Lewes District Council  
Dr Elizabeth Gill, High Weald Lewes Havens CCG  
Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG  
Amanda Philpott, Hastings and Rother CCG  
Keith Hinkley, Director of Adult Social Care and Health, ESCC  
Stuart Gallimore, Director of Children's Services, ESCC  
Cynthia Lyons, Acting Director of Public Health, ESCC  
John Routledge, Healthwatch East Sussex  
Sarah MacDonald, NHS England South (South East)

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Claire Dowling, Wealden District Council  
Councillor Margaret Robinson, Eastbourne Borough Council  
Councillor John Barnes MBE, Rother District Council  
Becky Shaw, Chief Executive, ESCC  
Catherine Ashton, East Sussex Healthcare NHS Trust  
Siobhan Melia, Sussex Community NHS Trust  
Samantha Allen, Sussex Partnership NHS Foundation Trust  
Mark Andrews, East Sussex Fire and Rescue Service  
Katy Bourne, Sussex Police and Crime Commissioner  
Marie Casey, Voluntary and Community Sector Representative

## AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 20 October 2017 *(Pages 3 - 8)*
- 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
- 5a Support for people with dementia in the East Sussex Better Together area *(Pages 9 - 10)*
  - A Report by the Director of Adult Social Care and Health
- 5b Support for people with dementia in the Connecting 4 You area *(Pages 11 - 16)*
  - Report by Director of Adult Social Care and Deputy Chief Officer, High Weald, Lewes and Havens CCG

- 6 East Sussex Local Safeguarding Children Board Annual Report 2016/17 (*Pages 17 - 66*)
  - Report by Director of Children's Services
- 7 Delivering the Hastings Listening Tour (*Pages 67 - 94*)
  - Report by Executive Director Healthwatch East Sussex
- 8 Care Quality Commission Local Area Review - next steps and timeline (*Pages 95 - 108*)
  - Report by the Director of Adult Social Care and Health
- 9 NHS Updates
  - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
  - Eastbourne, Hailsham and Seaford CCG
  - Hasting and Rother CCG
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER  
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11 December 2017

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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 20 October 2017.

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PRESENT	Councillors Keith Glazier (Chair) Councillors Carl Maynard, Trevor Webb, and Pat Rodohan; Dr Martin Writer, Amanda Philpott, Ashley Scarff, Keith Hinkley, Victoria Spencer-Hughes and John Routledge
INVITED OBSERVERS	Councillor Claire Dowling, Councillor John Barnes, David Kemp and Adam Chugg
ALSO PRESENT	Councillor Sylvia Tidy, Lead Member Children and Families Collin Simmons, 111 Programme Director Graham Bartlett, Safeguarding Adults Board Independent Chair

### 12 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 25 JULY 2017

12.1 The minutes of the meeting held on 25 July were agreed as a correct record.

### 13 APOLOGIES FOR ABSENCE

13.1 Apologies for absence were received from the following:

#### Members

- Cllr John Ungar (substitute: Cllr Pat Rodohan)
- Dr Elizabeth Gill (substitute: Ashley Scarff)
- Stuart Gallimore
- Cynthia Lyons (substitute: Victoria Spencer-Hughes)

#### Invited observers with speaking rights

- Cllr Sue Beaney
- Becky Shaw
- Mark Andrews (substitute: David Kemp)
- Marie Casey (substitute: Adam Chugg)

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

14.1 Cllr Webb declared an interest in item 6 as the Chair of the Kings Road, Central St Leonard's Crime Panel.

## 15 URGENT ITEMS

15.1 There were no urgent items.

## 16 THE NEW 111 MODEL

16.1 The Board considered a report providing an update on the progress of the procurement of a new NHS 111 model.

16.2 The 111 Programme Director provided the following additional information in relation to the NHS 111 contract:

- The new NHS 111 contract will bring the current Out of Hours (OOH) and 111 services under a single contract, which is in accordance with national urgent care specifications.
- The current 111 service signposts patients to other areas of the healthcare system. The new 111 service will be able to provide patients with clinical assessments and book them appointments at urgent care centres and other healthcare services.
- The new NHS 111 service will be awarded as a five year contract with a potential two year extension. The contract is expected to be awarded in August 2018 ahead of a 1 April 2019 go live date. The existing contract covers Kent, Surrey and Sussex whereas the new contract will cover the Sussex area only.16.3 The Board asked several questions and the following answers were provided:
- There is a national requirement that callers to 111 who do not speak English are transferred to someone who speaks their language. This requirement will be written in to the service specification for the new 111 service.
- It is expected that there will be challenges during the transition period from the current to the new 111 contract. In anticipation, there is a permanent transition team in place that will be in post throughout the transition period; plans are being made for all possible eventualities based on experience of in-house and external procurements; and there is an expectation that the transition team will be able to react to emerging challenges during the transition period.
- The NHS 111 contract will be awarded to a single lead provider that will be the only organisation that the commissioners deal with directly. It is possible that this lead provider will employ individual subcontractors to deliver the OOH, clinical assessment and call handling element of the 111 contract.
- Under the current 111 system call handlers often refer high risk groups to an A&E department. Under the new NHS 111 model, however, call handlers will be more responsive to the needs of patients and will be able to refer high risk patients to the most appropriate clinician or healthcare service. Work is underway to identify high risk groups – for example, under 2 year olds, frail and elderly, mental health, and end of life care patients – and identify those clinicians or areas of the healthcare service best able to accommodate their needs.
- In East Sussex NHS 111 will refer patients to those areas of the healthcare system that can provide them with urgent medical care and Health and Social Care Connect (HSCC) will refer patients with more complex needs to services that provide social care, more long-term community health care, or care available outside the NHS. NHS 111 commissioners are working out the best way for NHS 111 to link in with HSCC to ensure that patient flow will work correctly between the two services and patients will be referred to the right areas within the health and care system.

16.4 The Board suggested that the district and boroughs' Council Tax leaflets – which are circulated to all residents on an annual basis – could be used as an effective way of communicating the changes to the 111 service.

16.5 The Board RESOLVED to note the report.

## 17 SAFEGUARDING ADULTS BOARD ANNUAL REPORT

17.1 The Board considered the latest Safeguarding Adults Board Annual Report.

17.2 The Chair welcomed the announcement that £30,000 fines have been introduced for use on rogue landlords who are found guilty of operating illegal houses of multiple occupancy (HMOs). He said that this would be a positive step towards combating modern slavery.

17.3 The Board asked several questions and the following answers were provided:

- The Community Safety Partnership draws together the different services available to children and young people to ensure that they are working together and utilising available commissioned services to their best effect. This is important given the reduction in available resources.
- Domestic abuse refers to physical, sexual or psychological abuse between adults who are either family members or intimate partners; it can take place anywhere, not just in the home. The locations of most types of abuse are recorded as part of the fulfilment of safeguarding duties, however, the locations of where incidents of domestic abuse take place are not currently recorded. This is, however, under review and the model used by Brighton & Hove City Council to target their services based on the location of instances of domestic abuse is being considered for East Sussex to help with targeted preventative work.
- It was confirmed that the Safeguarding Adults Board peer review will be carried out during the 2017/18 financial year.
- The reason why the Annual Report is published in September but reports on the outcome of the previous financial year is that there is a considerable amount of data that needs to be collated from multiple agencies.

17.3 The Board RESOLVED to note the Safeguarding Adults Board Annual Report.

## 18 EAST SUSSEX JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2016/17

18.1 The Board considered the East Sussex Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2016/17.

18.2 The Board asked several questions and the following answers were provided:

- The JSNAA website is open access and users are not required to register. This means that whilst it is possible to tell how many hits each webpage receives, it is not possible to tell who is accessing them. It is not, therefore, possible to determine whether borough and district council housing departments make use of the information on the website. These departments do, however, have a working relationship with Connecting 4 You and East Sussex Better Together (ESBT) where they are informed about core planning and identified priorities of health and social care organisations, which are based on the JSNAA data. This working relationship also includes discussion about district and borough councils' role in developing housing support, extra care housing, sheltered housing and general needs housing.

- Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG) and Hastings and Rother Clinical Commissioning Group (HR CCG) staff have received helpful training from the Public Health Team on the JSNAA.

18.3 There was agreement that the JSNAA was a valuable tool and should be promoted by Members of the Board wherever possible, for example, in discussions with GP's Patient Participation Groups (PPGs)

18.4 The Board RESOLVED to note the Joint Strategic Needs Assessment and Assets (JSNAA) Annual Report 2016/17.

## 19 BETTER CARE FUND 2017/18

19.1 The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2017-19, a summary of the East Sussex plans, and the arrangements for the Section 75 Pooled Budget.

19.2 In response to questions from the Board the following answers were provided:

- The Delayed Transfer of Care (DToC) targets were announced by the Government part way through the financial year in July. There have been significant tensions between the Department of Health, Department of Communities and Local Government, local authorities, and NHS England about the lack of consultation and the deliverability of the targets.
- The targets are extremely challenging and expectations are high for delivery, with the threat of withholding Improved Better Care Fund (iBCF) funding for those local authorities that fail to deliver them.
- Despite the national tensions, the partnerships in East Sussex have been in place for a long time and have not been impacted by the BCF demands – if anything they have made collaboration stronger.
- BCF money is being focussed on supporting independent sector provision by stabilising nursing home capacity and increasing home care capacity, which has helped the discharge arrangements. Patients can be discharged from hospital at the earliest possible opportunity and moved into a nursing home or residential care home bed. From there they can receive reablement services, their care assessment and make a choice about their own care arrangements – rather than receiving them in a hospital bed. This does create capacity pressures in the nursing home sector, so it is important that the patient is moved onto their long term care arrangements as soon as possible. The aim is to sustain this process over the next few months.
- A greater amount of manager and practitioner time is now being spent increasing the pace of discharge of patients. The pace at which people are discharged could pose a potential risk to patients due to the inherent risk in increasing the work rate. The process is, however, being managed as robustly as possible in East Sussex through strong managerial oversight of the discharge process.
- East Sussex County Council (ESCC) is one of the 32 local authorities that has been written to by the Government and warned that funding for 2018/19 may be reviewed if improvements are not made to DToC figures in the next month. This is a disappointing outcome but it is unclear as yet how these sanctions may work in practice. The money could be handed to other commissioning organisations in the area, but the impact of this eventuality would be fairly minimal because where money is spent in the ESBT area has already been agreed by ESCC and the CCGs via the Strategic Investment Plan (SIP).
- Responsibility for DToC is split roughly 50/50 between health and social care. Improved bed management and patient flow in East Sussex Healthcare NHS Trust (ESHT), including discharge to community beds, forms part of the ESBT programme and this will

help to reduce DToC. Patient flow in the Connecting 4 You area is effected by the administrative boundaries of Brighton & Sussex University Hospital NHS Trust (BSUH) and Maidstone and Tunbridge Wells NHS Trust (MTW) and the Connecting 4 You programme is working to tackle this.

19.3 The Board RESOLVED to:

- 1) note the report;
- 2) endorse the East Sussex Better Care Fund Plans 2017-19 and their alignment with the East Sussex Better Together and Connecting 4 You Programmes; and
- 3) endorse the plans to have signed Section 75 Pooled Budget arrangements in place by 30th November in line with BCF planning requirements.

20 NHS UPDATES

20.1 The Board considered updates from the three East Sussex Clinical Commissioning Groups (CCGs).

**High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)**

- Bob Alexander, from NHS Improvement, has been appointed as the Executive Chair of the Sussex and East Surrey Sustainability and Transformation Partnership (STP), initially for three days per week.
- The STP has agreed a Sussex-wide case for change for the mental health service that is designed to improve the quality of care and sustainability of the service.
- A review of stroke services in Kent is underway that is similar to the ESHT and Brighton & Sussex University Hospital NHS Trust (BSUH) stroke reviews. This will have potential impact for residents living in the north of the county and more details will be provided in due course.
- The Connecting 4 You consultant geriatrician post is now operating across the whole of the HWLH area, providing enhanced care services to care homes and the community.
- The Dementia Care Golden Ticket model has been nominated for the HSJ's Innovation Award and the Primary Care Award's Social Prescribing Award. The Golden Ticket has been rolled out to 25% of the population, will be rolled out to 50% by January 2018, and will be rolled out to the whole population by the middle of 2018.

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

- ESBT and its partner organisations have been shortlisted for 4 HSJ awards: ESHT's employment of people with learning disabilities, the iRock young people's mental health service, ESHT's Physician's Assistants, and the award for improving partnerships between health and social care.
- The Secretary of State for Health has written to ESHT to inform the Trust that it has the most improved A&E performance in the country. During the course of October the 4 hour wait time target has been at 90% and in the past week has been at 95%.
- Winter plans have been developed through the A&E Delivery Board and are in place for the winter period.
- The material improvements to patient experience and outcomes in the acute sector as a result of the ESBT programme is leading to increased costs, albeit from a low cost base. The ESBT programme is reducing the rate of increase in patient activity in the acute

sector, but is not yet reducing activity. ESBT is addressing this through its overarching Strategic Investment Plan (SIP).

- Immediate steps are being taken in the Hastings area to ensure that GP practices are strengthened.

The meeting ended at 11.25 am.

Councillor Keith Glazier  
Chair



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

**Date of meeting:** 19 December 2017

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

**Title:** Support for people with dementia in the East Sussex Better Together area

**Purpose:** To provide the Board with information about local arrangements for diagnosis and post diagnostic support for people with dementia in the East Sussex Better Together area.

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## RECOMMENDATION

**The Board is recommended to note the report**

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### 1. Background

1.1 The 'Living Well with Dementia' national strategy was published in February 2009. It set out a vision for transforming dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

1.2 In addition to the information below, the Board will be provided with a presentation on progress against key objectives of the *Living Well with Dementia* strategy in the East Sussex Better Together (ESBT) area of East Sussex.

### 2. Supporting information

2.1 The presentation is split into two parts (1) the importance of obtaining a dementia diagnosis as early as possible, (2) flexible and responsive ongoing support after diagnosis. The presentation will cover the following key points:

- East Sussex has one of the highest numbers of people predicted to have Dementia in the UK.
- Dementia diagnosis across the ESBT Alliance area is provided by Integrated Community Care (ICC), an established group of locally based GPs. The service has been in existence for three years following an earlier pilot period. It is understood to be currently the only fully GP led Primary Care Memory Assessment Service (MAS) in the UK.
- The national target for having diagnosed 67% of the population estimated to have dementia has now been met across ESBT Clinical Commissioning Groups (CCGs) (67.6%), although this does vary between Eastbourne, Hailsham and Seaford CCG (69.5%) and Hastings and Rother CCG (65.8%).
- The ICC MAS has recently been the subject of an academic evaluation the results of which are positive- key findings will be outlined in the presentation.
- 5 working time equivalent (wte) Dementia & Long Term Conditions Community Development Workers are funded through the Healthy Hastings & Rother Partnership and will work in close partnership with the new Dementia Post Diagnostic Support Service.
- Two specialist Admiral Nurses will be recruited from April 2018 to further support the ESBT post diagnostic pathway. Jointly funded between ESCC and Age UK this role will be formally evaluated over a two year period.

2.2 The approach to improving dementia diagnosis rates and the post diagnostic support taken by ESBT CCGs in partnership with ESCC, has been to test and develop new ways of working, and this will continue in to the future as we learn and invest in what works best.

### **3. Recommendation:**

3.1 The Board is recommended to note the report and presentation.

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

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

**Date of meeting:** 19 December 2017

**By:** Director of Commissioning & Deputy Chief Officer, HWLH CCG

**Title:** Support for people with dementia in the Connecting 4 You area

**Purpose:** To update the Board on the implementation of the High Weald Lewes Havens Clinical Commissioning Group's model of Dementia care

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## **RECOMMENDATION**

**The Board is recommended to note the report**

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### **1 Background**

#### **Context**

1.1 A diagnosis of Dementia can be devastating and can severely affect families, relationships and the quality of life that they all experience.

1.2 There are expected to be 2,620 people of all ages living with dementia in the High Weald Lewes Havens (HWLH) area and approximately a quarter of hospital beds are occupied by someone who has a dementia. The total cost of the disease is higher than the cost of cancer, strokes or heart disease combined.

1.3 As with other diseases, it makes a difference if dementia can be identified and treated as early as possible. Evidence also proves that a psycho-social model of support can help people with a diagnosis (and their families) to live as well as possible with the condition; this is why the Department of Health's National Dementia Strategy was titled, 'Living Well'.

#### **The Case for Change**

1.4 Local clinical enquiry, including a Quality Impact Assessment undertaken by the Clinical Commissioning Group (CCG), indicated that the existing dementia pathway fell short of meeting the needs of patients and carers and did not provide adequate support or quality of care. This cumulative picture was leading to dementia patients presenting in acute and emergency settings, in what was considered to be an avoidable poor state of health. As such, the system was viewed as ill-equipped to support patients and carers with dementia.

1.5 Based on these findings, the CCG engaged in an extensive clinical review and stakeholder engagement exercise. It formalised a partnership with Sussex Partnership NHS Foundation Trust (SPFT), Primary Care, Community Services and the Voluntary Sector and established a Clinically-led Committee to support the co-production of The Dementia Golden Ticket model of care. This wholly new approach to dementia care and support involved an extensive re-design of dementia care across the system, with a focus on integrated and holistic care (of both the person with dementia and their family carer), and a shift from Secondary Care interventions to pro-active Primary Care management and post-diagnostic support. It also included a range of psycho-social interventions to help people live with the condition as well as possible for as long as possible.

1.6 Having successfully piloted the model of care at Buxted Medical Centre, the CCG was able to demonstrate with some assurance, compelling evidence that The Dementia Golden Ticket approach improves outcomes for patients and carers, delivers economic benefits to the health and social care system, and is preferred by the workforce (in comparison to the historical dementia pathway).

1.7 Externally, it has been commended as a model of best practice, winning a number of awards and interest continues to grow about its applicability at scale, including nationally.

## **2 Supporting information**

### **Implementation and Mobilisation**

2.1 Further work and refinement, together with the completion of a Primary Care Education package in partnership with Brighton and Sussex Medical School (BSMS), now sees the partnership framework in a state of mobilisation to roll-out the model of care in a phased approach based on 'Waves' of implementation in Primary and Community Care. There is a 2 year incremental model of delivery in Secondary Care due to workforce implications. This approach was approved by the CCG's Governing Body as the most supportive method of rolling out a new model of care and the safest means of managing the transfer of patients from Secondary to Primary Care.

2.2 As of the 02 October 2017, 5 Practices went live with The Dementia Golden Ticket with Wave 2 launching in January 2018 (an additional 3 Practices), with plans for another 5 to roll-out from April 2018. The remainder will come on stream, quarterly thereafter.

2.3 The following services are in place as part of the Dementia Golden Ticket model of Care:

- A new GP referral pathway, making it easier and more streamlined to refer to Secondary specialist services.
- A new Memory Assessment and Management Service undertaking comprehensive assessments and diagnosis in peoples' own homes (carried out by SPFT)
- A Dementia Guide Service, providing contact within 2 days after diagnosis, face to face contact within 10 days and on-going practical and emotional support to the person and family living with dementia. (East Sussex County Council Carers Engagement and Respite Service)
- GP surgeries (signed up to the Locally Commissioned Service) delivering post-diagnosis review within 10 days of diagnosis, 6/12 review meetings and weekly, proactive 'Blip' Clinics. All appointments under the framework are up to 40 minutes long.
- Advanced Care Planning documents have been developed for The Golden Ticket model of care and are mandated to be completed by the GP Practice and Dementia Guide Service, within 6 months' of diagnosis.
- 7 weekly Memory Wellbeing Cafes in Ringmer, Buxted, Crowborough, Peacehaven, Ticehurst, Newick and Uckfield. (Know Dementia)
- 3 Leisure Centres providing weekly Dementia Exercises Classes in Peacehaven, Lewes and Uckfield, rising to 4 in January 2018, to include Crowborough. (Freedom and Wave Leisure)
- 3 Weekly Musical Activity Sessions, in Lewes, Uckfield and Newhaven, rising to 5 localities in 2018. (Know Dementia)
- Free Transport for those people that need it, to access community interventions coordinated by the ESCC Transport Hub.

- 2 hour daily 'Hotline' from Primary to Secondary Care for direct and timely support of the Primary Care workforce. (SPFT)
- 2 half day Education Package delivered in partnership with BSMS, to enable identification of a Lead Primary Care Practitioner and GP for every practice rolling out The Dementia Golden Ticket. Next education package to support Wave 3 scheduled for January and March 2018.

2.4 The Dementia Golden Ticket is providing the following benefits to patients and carers and the health and social care system:

#### **Patient and carer benefit**

- Additional time allocated to this patient group (with appropriate multi-agency support) will help to deliver an enhanced quality of service.
- A shift from acute provision to community-based care, closer to home.
- A model of care which meets the holistic needs of the family situation; improving quality of life, independence and patient and carer experience.
- Patients and carers access good quality and timely information, advice and support, which enable them to self-manage the condition, for as long as possible.
- Carers will receive support, as well as equal access to psycho-social interventions, which enables them to continue in their caring role, for as long as possible.
- Advance Care Planning will be the norm instead of the exception; resulting in improved condition management, and patients and carers having their wishes and preferences respected.
- Practices know their patients (and their families) best and are therefore best-placed to manage their condition.
- Self-reported improvement in patient and carer wellbeing.
- Reduced carer crisis leading to inappropriate admissions to care settings.

#### **Primary Care benefit**

- A Primary Care Practitioner-led service, which would previously have relied on GP appointments, will release GP capacity to see more non-dementia patients. This contributes to Primary Care sustainability in the longer term.
- Meeting the holistic needs of the patient and carer will reduce overall GP consultation time and release capacity back into the practice.
- Practices will have the capability to treat all physical health problems 'through the lens of dementia' and to manage the patients' needs holistically.
- Primary Care staff (and other inter-disciplinary workers) feel equipped and empowered to manage slow declining dementia in the community.
- The system will re-orient from reactive crisis response to planned and proactive care; which will enable practices to re-organise the way they see patients and assist with overall resource management.

#### **Secondary Care benefit**

- Secondary Care resources are aligned to the most specialist and complex case-work; with additional capacity aligned to support Primary Care in a timely and responsive way.
- The new Memory Assessment and Management Service will provide a higher quality comprehensive assessment in peoples' own homes, delivering the diagnosis in the best possible way, e.g. in peoples' own homes.
- The multi-disciplinary specialist team will meet twice weekly, to proactively manage and support the most complex cases.
- The system will re-orient from reactive crisis response to proactive care, which will assist with overall resource management.

### **System benefit**

- Primary Care Review and 'Blip' clinics, utilising the 'eyes and ears' of the community and support circle, will maximise opportunities for preventing deterioration and crisis, and thereby reduce admittance to inappropriate care settings.
- There will be a wider spread of dementia knowledge and awareness.
- Easy accessibility to patient information and ability to share information electronically as part of the integrated team.
- Clarity of roles and responsibilities across multi-agencies in the dementia care pathway will prevent patients and carers 'falling through the gaps' and being 'funnelled' through a system of inappropriate and costly care. This should improve patient and carer experience.
- Patients, carers, and health and social care professionals know where to go and who to contact when the person with dementia and/or carer gets into difficulty. This heightened awareness will result in a proactive, integrated and timely response from services, which will help to avoid crisis and admittance to inappropriate care settings.
- Reduced District General Hospital (DGH) admissions.
- Reduced acute dementia bed admissions.
- Reduced carer crisis leading to inappropriate admissions to care settings.
- Delaying/reducing care home usages (based on standardised national evidence base for earlier intervention). An increase in discharges back to original place of residence.
- In year 1 there is a total anticipated system benefit of £74k, rising to £929k in year 2 and £1,452k in year 3. Not all of this benefit is immediately cash releasing.

### **Governance and Partnership**

2.5 Over-sight of implementation of The Dementia Golden Ticket model of care across HWLH is by an Executive Steering Group for Dementia and a Joint SPFT Implementation Steering Group.

2.6 As ambitions to recruit Admiral Nurses (specialist Nurses of Carers of people living with Dementia) progresses, a partnership Steering Group including multiple Agencies, (including the Voluntary Sector), will be developed.

### **Awards**

2.7 The Dementia Golden Ticket model of care has won the following accolades:

- The National Primary Care Awards 2016 - Winners of 'Pathway Innovation of the Year Award'
- National Dementia Care Awards 2016 - Shortlisted in top 5 for 'Outstanding Dementia Care Innovation'
- The Dementia Golden Ticket Pilot won Gold in the SPFT 'Partnership in practice', award for effective partnership working across groups, within an integrated team, with patients and carers, other teams and organisations. It also won Silver in the 'Team' Category.
- The Dementia Golden Ticket won the Health Foundation's Innovation for Improvement Programme Award.

2.8 It was shortlisted in the Primary Care Team category of The BMJ Awards (22 November 2017) and GP Awards (30 November 2017) for Primary Care innovation.

2.9 The Dementia Golden Ticket has been show-cased nationally and internationally, as a model of best practice.

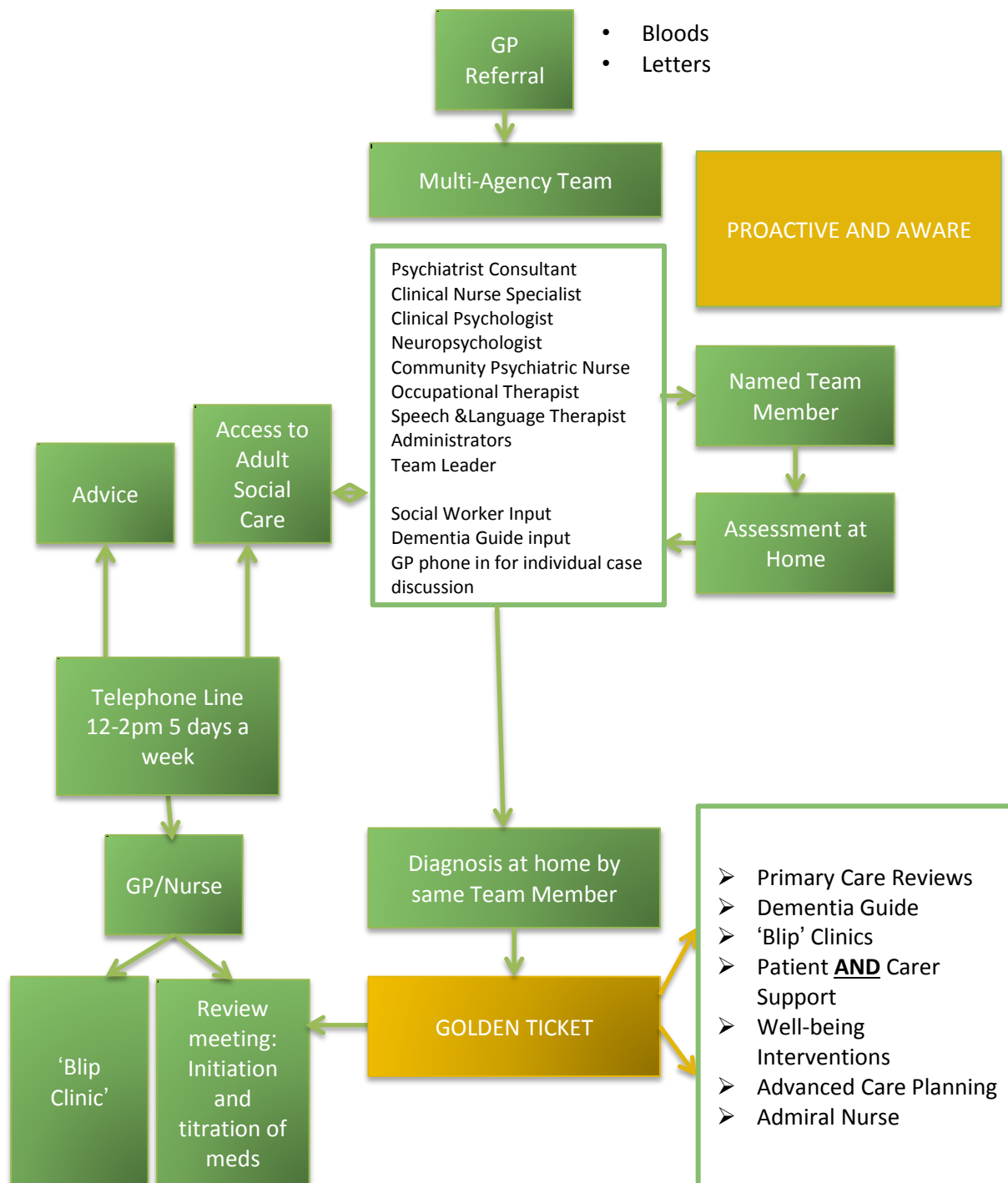
### **3. Conclusion and reasons for recommendations**

#### **3.1 In summary:**

1. There has been an extensive re-design of dementia care across the system in HWLH that:
  - focuses on integrated and holistic care (of both the person with dementia and their family carer)
  - shifts care from Secondary Care interventions to pro-active Primary Care management and post-diagnostic support
  - includes a range of psycho-social interventions to help people live as well as possible, for as long as possible with the condition.
2. Successful piloting in one GP practice and a comprehensive business case, secured commitment and resources to roll-out The Dementia Golden Ticket model of care in 'Waves' within a 2 year period.
3. Externally, it has been commended as a model of best practice, winning a number of awards and interest continues to grow about its applicability at scale, including nationally.

3.2 The Board is recommended to note the report and presentation which describes the CCG's co-production of a new model of dementia care and its respective implementation plan across the HWLH area.

## The Dementia Golden Ticket – Full Model of Care





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

**Date of meeting:** 19 December 2017

**By:** Director of Children's Services

**Title:** East Sussex Local Safeguarding Children Board Annual Report 2016/17

**Purpose:** To provide the Board with an overview of the Local Safeguarding Children Board (LSCB) Annual Report 2016/17

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## **RECOMMENDATION:**

**The Board is recommended to consider and comment on the report**

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### **1. Background**

1.1 Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

1.2 Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are: (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

1.3 Working Together 2015 states it is the responsibility of the Chief Executive to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB. The Lead Member for Children and Families should be a participating observer of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports.

1.4 The LSCB Chair should work closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

1.5 The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and wellbeing board.

1.6 The purpose of this report is to assess how we are doing in ensuring local services are keeping children safe. This is done 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.

### **2 Supporting Information**

2.1 The Ofsted inspection of the LSCB published in January 2014 found the LSCB to be 'good', one of the first boards in the country to receive this grading under the then new inspection

framework.

2.2 The annual report and business plan of the LSCB (**Appendix 1**) is submitted to the Health and Wellbeing Board as part of the accountability arrangements for ensuring effective safeguarding and promotion of the welfare of children and young people in East Sussex. It outlines the work undertaken by the East Sussex LSCB in 2016/17 and covers the second year of the 3 year business plan for 2015-18.

2.3 The key issues addressed by the LSCB in 2016/17 are highlighted in the report's introduction together with the key achievements, future challenges and priorities for 2017/18, including:

- A commitment to listen to children and young people is central to how we seek to improve.
- Emerging challenges and progress made in understanding the risk to groups of children, especially those who are new on the safeguarding radar. These include child asylum seekers, children educated at home and those in language schools
- Significant progress in our priority areas, namely in tackling child sexual exploitation, firmly embedding safeguarding practice in schools, raising awareness of the impact of domestic abuse on children and offering a number of links to resources for staying safe online
- Effective scrutiny of the multi-agency Quality Assurance dashboard and escalation reports to the board
- A significant range and volume of training was delivered reflecting the local and national safeguarding agenda
- Embedding the learning from case reviews
- East Sussex LSCB published 1 Serious Case Review (SCR) in 2016/17. Published in November 2016 the SCR concerns the services provided for a child who is referred to as Child M and was a Looked After Child at the time of her death. Child M was aged 17 in March 2013 when she died as a result of a drug overdose taken while in the company of at least one adult. Child M grew up in Surrey and lived there for the majority of her life. In September 2011, when she was 16 years old, Child M moved to East Sussex.
- The LSCB strongly reinforces the message that safeguarding children is everyone's business, not just the job of professionals
- The LSCB has 2 dedicated, skilled and effective Lay Members, although one retired from the board during this year and a new Lay Member will be recruited.
- The Children and Social Work Act 2017 aims to improve local child safeguarding arrangements by giving greater scope and authority to the key agencies (the local authority, police and health agencies) to determine the best arrangements for local areas.

2.4 The plan has four priorities;

- Tackling Child Sexual Exploitation
- Improving Safeguarding in Education
- On-line safety
- Tackling the impact of domestic abuse on children.

### **3 Conclusion and Reason for Recommendations**

3.1 An effective Local Safeguarding Children Board is in place in East Sussex with an Independent Chair. The business plan for 2015-18 meets the statutory requirements for the LSCB.

3.2 The East Sussex Health & Wellbeing Board is recommended to consider the LSCB Annual Report 2016/17, and to make any constructive observations, comments and recommendations that will assist the LCSB in its future work.

**STUART GALLIMORE**  
**Director of Children's Services**

Contact Officer: Douglas Sinclair, Head of Children's Safeguards and Quality Assurance  
Tel: 01273 481289

Background Documents: None

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# East Sussex Local Safeguarding Children Board

Annual Report 2016-17



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## Forward by Reg Hooke, East Sussex LSCB Independent Chair



It is my pleasure to present to you the annual report of the East Sussex Local Safeguarding Children Board (ESLSCB) for 2016/17.

The ESLSCB 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 that have 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. This report assesses how we are doing in ensuring local services are keeping children safe. We do this in three main ways:

- Holding organisations to account at regular Board meetings
- Providing essential multi-agency training to professionals through the LSCB training programme
- Driving practice improvement by conducting targeted reviews, e.g. Serious Case Reviews and audits

The report is set out in a clear and logical way that I believe presents the reader with an easy to follow account of the complexity and diversity of safeguarding children in East Sussex, and then of the work, and impact, of the Board.

The report shows both emerging challenges and progress made in understanding the risk to groups of children, especially those who are new on the safeguarding radar. These include child asylum seekers, children educated at home and those in language schools. The report also shows significant progress in our priority areas, namely in tackling child sexual exploitation, firmly embedding safeguarding practice in schools, raising awareness of the impact of domestic abuse on children and offering a number of links to resources for staying safe online. Our commitment to listen to children and young people is central to how we seek to improve.

For 2017/18 challenges remain of course. The Children and Social Work Act 2017 aims to improve local child safeguarding arrangements by giving greater scope and authority to the key agencies (the local authority, police and health agencies) to determine the best arrangements for local areas. Whilst never being complacent, there is a strong sense of confidence, for good reason in my view, that our arrangements are robust and provide the County with a rigorous system of scrutiny and challenge that focusses on what is in the best interest of children and families, and what best supports effective front line multi-agency practice.

Finally, I thank the many professionals, volunteers, and leaders who work with such dedication to safeguard the county's children and to help them achieve their potential. East Sussex is a fantastic place to grow up but sometimes children find themselves in difficult situations and it is these professionals who, day in day out, are their unsung heroes.

*Reg Hooke, Independent Chair, East Sussex LSCB*



## Challenge and Change: an effective LSCB raises challenges and ensures positive change.

### Some examples from this year:

- The LSCB wanted to ensure taxi drivers have safeguarding training, in particular relating to child sexual exploitation (CSE). This led to direct communication with the Chief Executives' of each District and Borough Council. A successful safeguarding awareness event for taxi drivers was held in February 2017; further work continues (see page 20).
- The LSCB wanted to optimise the time spent in Board meetings. Using the expertise in the room, Board meetings now include a break-out session to: scrutinise key risk areas such as neglect; give robust challenge to the progress made on the LSCB priorities such as domestic violence; and to open up discussions about key topics such as the future of our LSCB.
- The LSCB wanted to build stronger links with the Children's Disability Service and dedicated time at a Steering Group meeting to reviewing key areas of risk for disabled children. This also resulted in the Operational Manager for the Children's Disability Service becoming a permanent member of the group.
- The LSCB Multi-agency Child Sexual Exploitation Bronze subgroup has demonstrated, through audit work and partnership feedback, excellent oversight, risk assessment, and maturity in practice, for each individual child that is at known risk of CSE in East Sussex.





# 1. Governance Arrangements

## 1.1 Overview of 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. A full list of LSCB Members can be found in Appendix 5A.

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; a further update is expected in the near future as part of the Children and Social Work Act 2017.

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

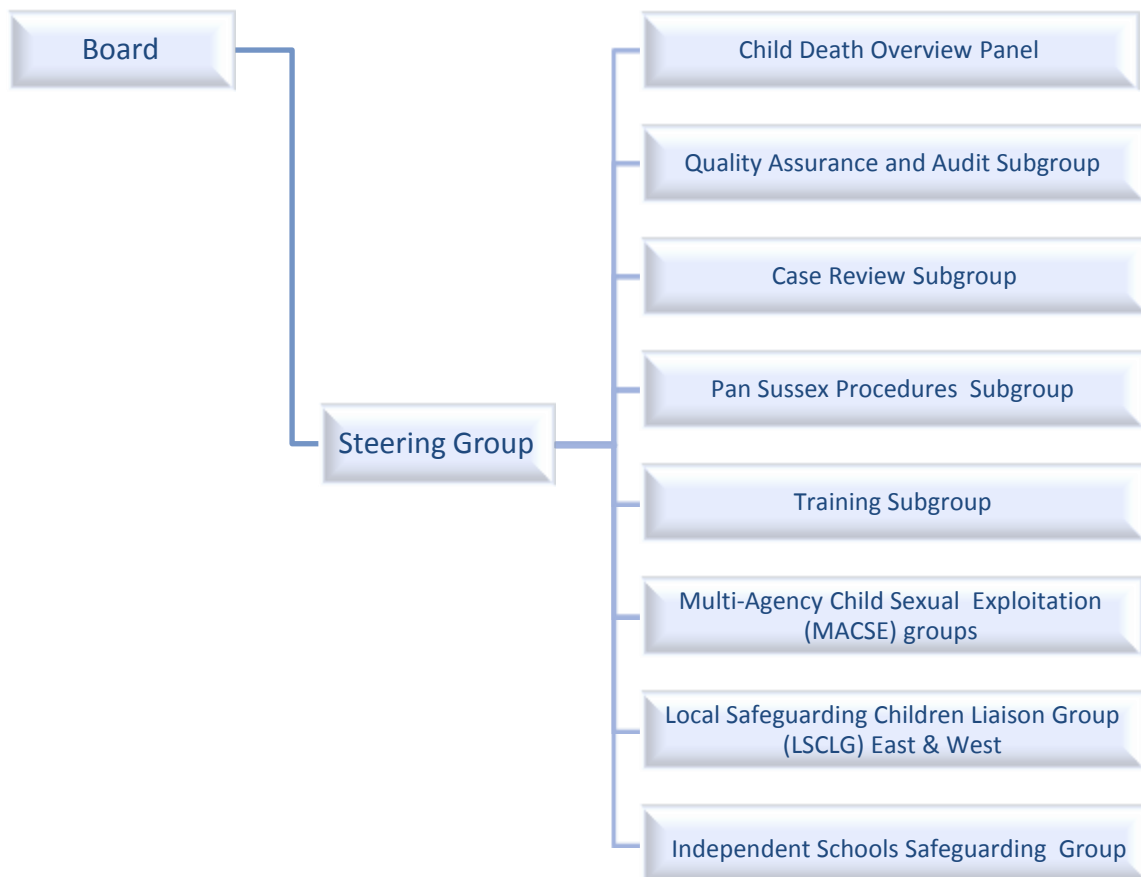
- Ensure children in East Sussex are protected from harm;
- Coordinate agencies' activity to safeguard and promote the welfare of children; and
- Ensure the effectiveness of agencies' activity to safeguard and promote the welfare of children through monitoring and review.

### 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
- Ensure that the wishes and feelings of children and young people, and their families, are considered in the delivery of safeguarding services.

## 1.2 Board structure and subgroups

The Board is chaired by an Independent Chair and meets four times a year. The Independent Chair also chairs the LSCB Steering Group which meets four times a year. 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, and each subgroup's terms of reference and membership are reviewed annually.



### 1.3 Links to other partnerships

The Board has formal links with other strategic partnerships in East Sussex, namely the Health and Wellbeing Board; Adult Safeguarding Board; East Sussex County Council's Scrutiny Committee; the Children and Young People's Trust and Clinical Commissioning Groups. The commitment to these important links is set out in the [Joint Protocol – Partnership Working](#) which was agreed by all relevant Boards during 2016/17 and ensures that strategic priorities are better aligned and focussed on child safeguarding being everyone's business. The LSCB Chair also maintains regular liaison with other key strategic leaders, for example, the Police and Crime Commissioner, neighbouring LSCB Chairs and Government inspection bodies.

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 Safeguarding Adults Board, and other LSCB member organisations' senior management boards. It will also be presented to the Clinical Commissioning Groups, and the Police and Crime Commissioner.

## 2. The Local Area Safeguarding Context

### 2.1 Local Demographics

East Sussex, covering 660 square miles, has an estimated population of 547,797. There are many affluent areas as well as areas of significant deprivation. East Sussex has 19 lower super output areas among the top 10% of the most deprived in England; 16 are in Hastings, two are in Eastbourne, and one in Rother.

In 2016 there were estimated to be 105,873 children and young people between 0 and 17 years old, accounting for 19.5% of the total population of East Sussex. The area with the highest proportion of under 18's is Hastings (22.3%) with Eastbourne, Lewes and Wealden all approximately 20%. Rother has the lowest with under 18's accounting for 18.6% of the total population.

East Sussex is becoming increasingly ethnically diverse. Locally the proportion of school age children from minority ethnic backgrounds increased from 10.4% in 2013 to 12.1% in 2016, but is still significantly lower than the national figure of 26.4% in 2013 and 29.7% in 2016.



'Other White Background' and 'Other Mixed Background' population groups are the two most common BME groups in East Sussex, followed by 'White and Asian', 'Any Other Asian Background' then 'White and Black Caribbean'. This differs from the national picture where Pakistani, African and Indian groups are more prevalent, although the most predominant BME subgroup is 'Other White Background' nationally.

A large proportion of people who define themselves as 'White Other' are Polish, but there are also other European groups and other white migrants. The profile of the 'Mixed Heritage' group is made up of White and Asian, White and Black Caribbean.

3.7% of local children have Special Educational Needs or disabilities which result in an Education, Health and Care plan against an England average of 2.8%, with the biggest proportion within the secondary age group.

The level of child poverty is better than the England average with 17% of children aged 0 - 15 years living in poverty; this is predominantly centred in and around the Eastbourne and Hastings districts. The rate of family homelessness is also better than the England average, based on the last set of data available from East Sussex in Figures (ESIF) which is for 2015/16.

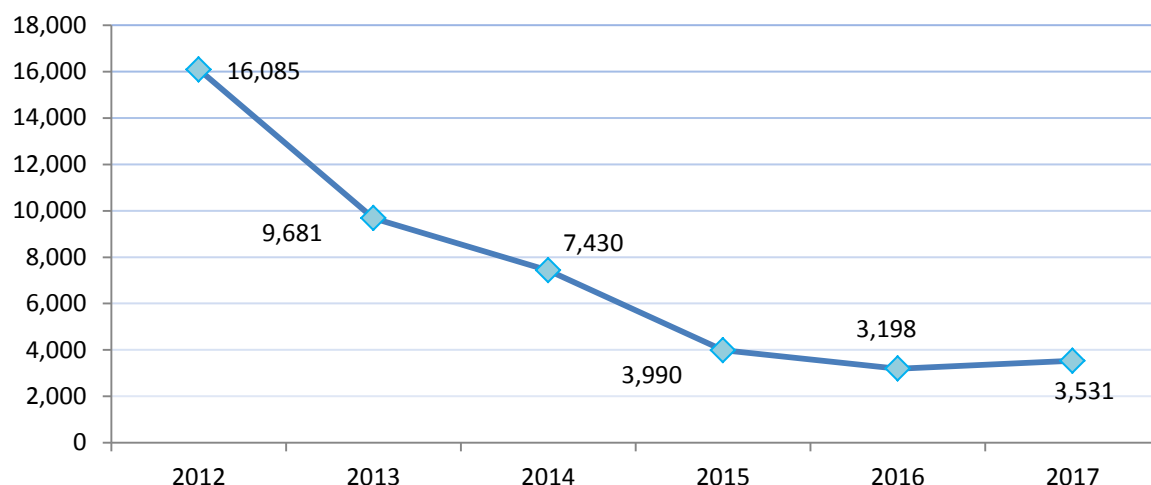
### 2.2 Vulnerable groups

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.

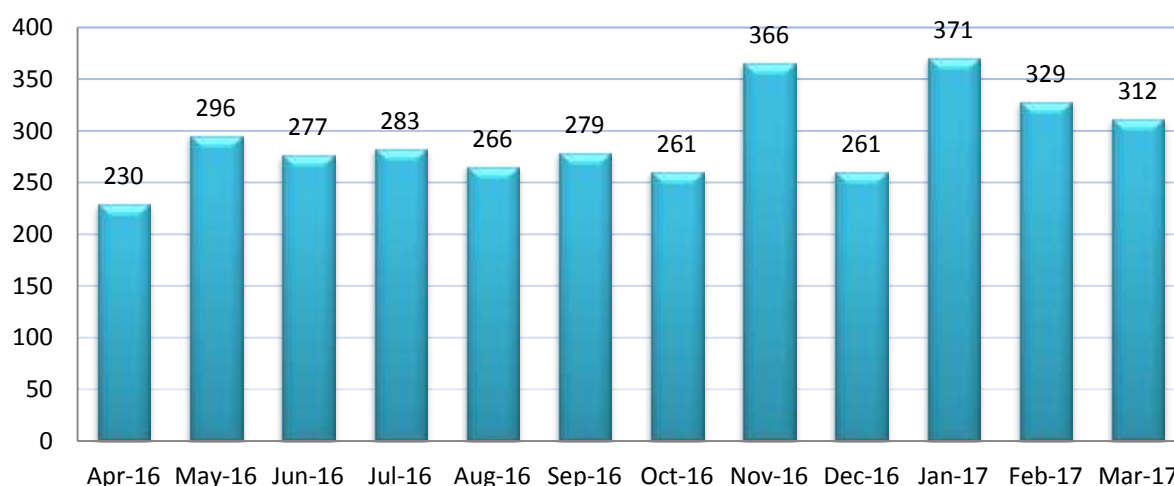
During 2016/17 the number of referrals to statutory children's services rose slightly to 3531 compared to the previous year (3,198). The graph below, however, shows the steady decrease in referrals within

East Sussex. This is the result of an improved early help offer to target families before they develop significant additional needs, and more effective screening of referrals through the Single Point of Advice (SPoA) and the Multiagency Safeguarding Hubs (MASH).

#### Number of referrals to statutory children's services within East Sussex by year:



#### Number of referrals to statutory children's services within East Sussex for 2016/17:



As Early Help services have become stronger, the rate of referrals to social work team received in East Sussex has reduced considerably bringing us more in line with other local authorities that are like us and in line with the national figures.

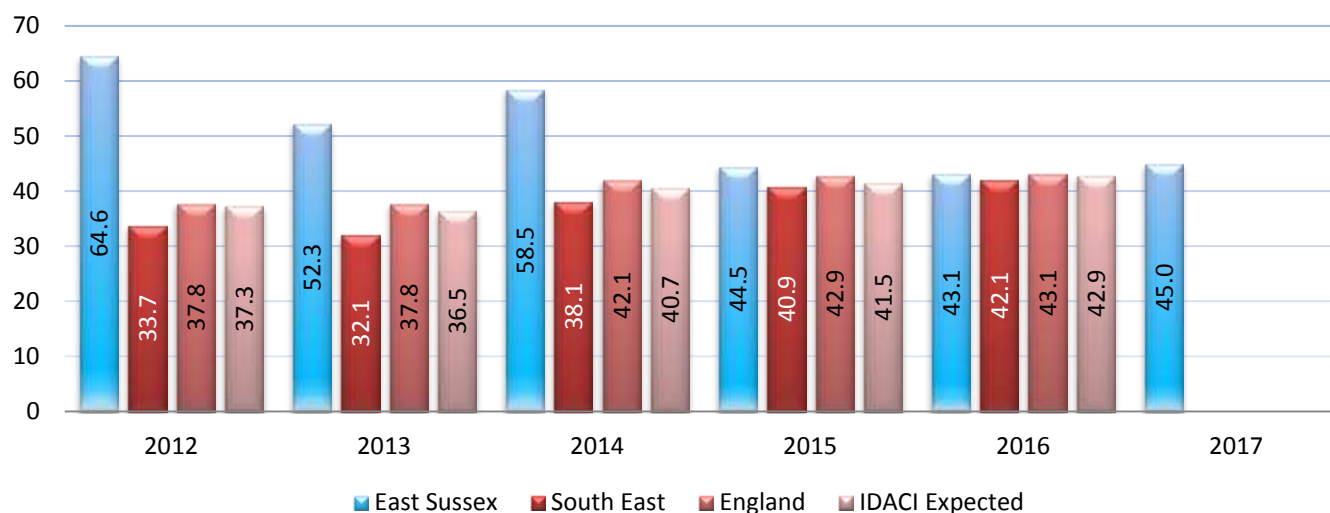
#### Rate of Referrals per 10,000 0-17 year olds:

	2012	2013	2014	2015	2016
East Sussex	1542.2	927.3	709.0	378.6	302.0
Statistical Neighbours excluding East Sussex	447.2	411.0	483.1	469.0	474.0
South East	544.0	514.4	543.8	509.0	509.7
England	533.6	520.7	573.1	548.3	532.2

## 2.3 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.

### Rate of Child Protection Plans at 31<sup>st</sup> March (2012-2017) per 10,000 0-17 year olds:



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 to being equal to the England outturn in 2016. The rate of children subject to a CPP in East Sussex at the end of March 2017 was 45.0 per 10,000 0-17 year old population.

476 children are currently subject to a CPP in East Sussex, compared 462 in 2015/16. In 2013/14 this number was 617. Only those children who really need a protection plan should be subject to that formal process, so Government funding has been used from the Troubled Families initiative to strengthen and increase Early Help services; improved links between Early Help Services and Social Care Teams prevent the need for a protection plan if possible and help maintain improvements in families once the need for a plan has come to an end. East Sussex has experienced rising CPPs during the year and there will be a focus on threshold and duration of plans in the coming year.

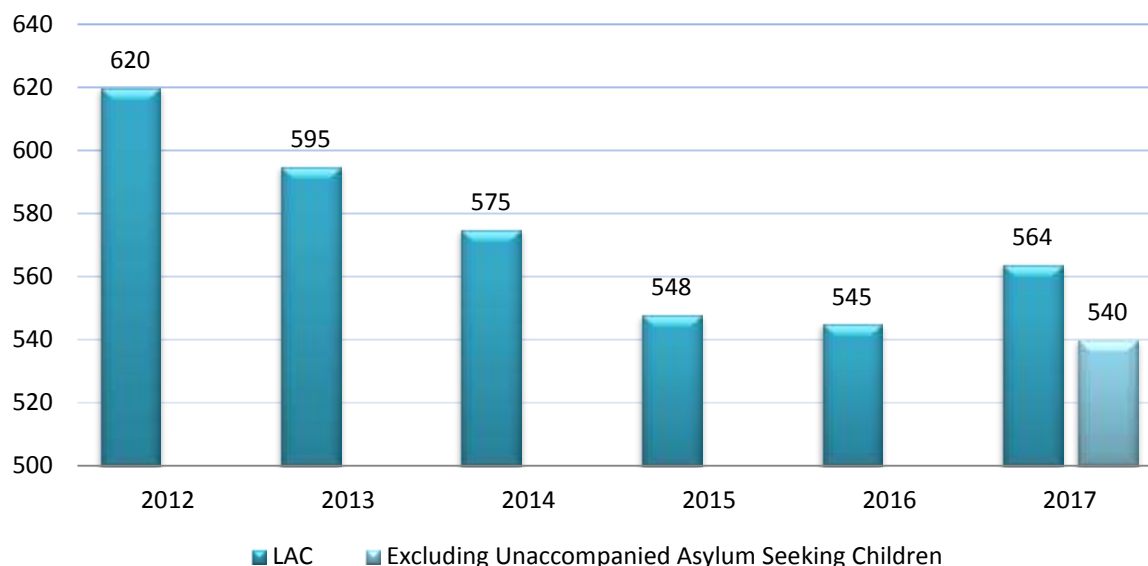
## 2.4 Looked After Children

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 564 children looked after by East Sussex County Council as at the end of March 2017; of which 24 were Unaccompanied Asylum Seeking Children (UASC). In common with many other local authorities, ESCC is committed to accepting the equivalent of 0.07% of our total child population (72

children) as UASC over 3 years, which equates to a further 48 young people (UASC) who will either come to the Council via the National Dispersal Scheme or present spontaneously, for example via the port of Newhaven. The current number of Looked After Children (LAC) excluding UASC is 540 which continues the gradual reduction in numbers over the past five years from a high of 620 in 2012.

#### Number of Looked After Children at 31<sup>st</sup> March (2012-2017):



The reduction in the rate of LAC per 10,000 population aged 0-17 years, since 2012, 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 LAC has reduced to 51.0 per 10,000 population aged 0-17 years at the end of March 2017 (excluding UASC), compared to 51.6 per 10,000 in March 2016, 52.2 per 10,000 in March 2015 and 54.9 per 10,000 in East Sussex in 2014. The South East average for 2016 is 51.5 per 10,000. However the number of LAC has risen over the year with an increased number of care proceedings being issued.

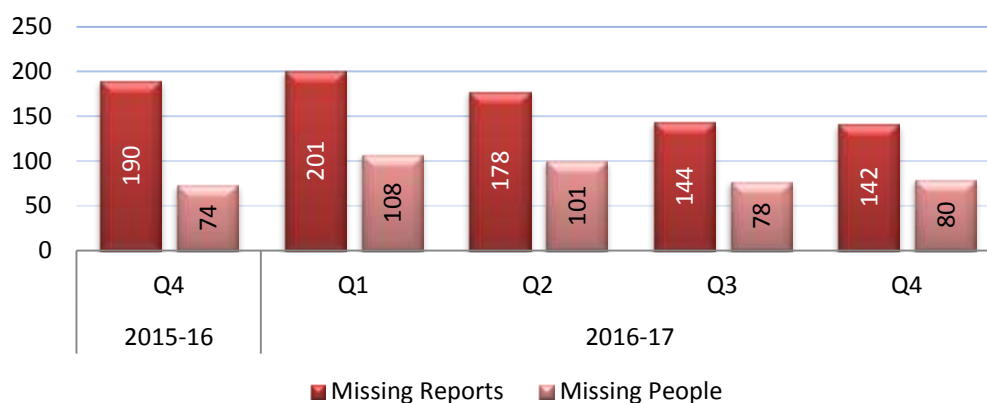
There are also a number of children who are looked after by other local authorities who live in East Sussex. While the placing authority retains responsibility for them, services in East Sussex may still support these children. At the end of March 2017 there were 150 children looked after by other local authorities living in East Sussex. However this figure may not be completely accurate as East Sussex relies upon other local authorities to inform us of children coming into the area and when they leave.

In addition young people who are remanded into care or custody by the criminal Courts now benefit from looked after children (LAC) status.

## 2.5 Child Sexual Exploitation, Trafficked and Missing children

The Multi-agency Child Sexual Exploitation (MACSE) Subgroup of the LSCB, which includes trafficked and missing children, took 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 Child Sexual Exploitation (CSE) within East Sussex, the subgroup draws in data based on known risk factors and behaviours.

## Missing 12-18 Year Olds



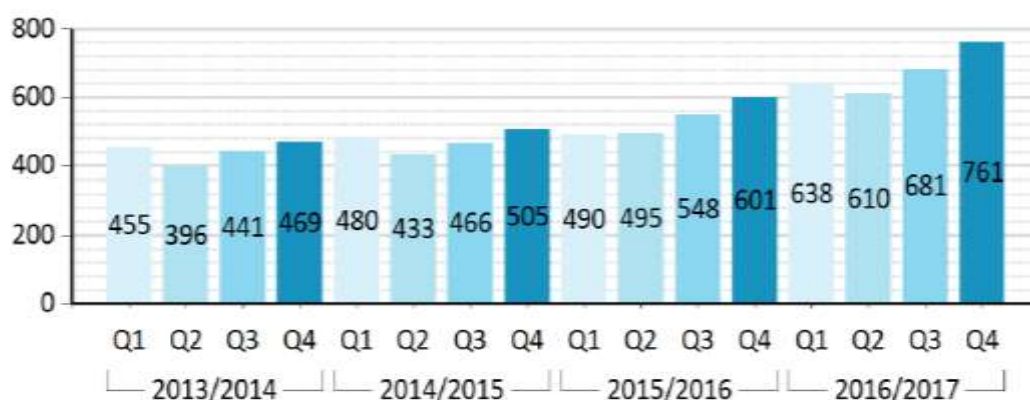
Young people who go missing or run away regularly are vulnerable and are at particular risk of sexual exploitation or of being exploited via other sorts of criminality. During 2016/17 there were 367 reports of incidents of children who were missing, compared to 693 in 2015/16 and 559 in 2014/15.

East Sussex, West Sussex, and Brighton and Hove have jointly commissioned Missing People, a national charity, to provide Return Home Interviews (RHIs) to enable consistency in safety planning and information sharing with Sussex Police.

## 2.6 Electively 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.

### Number of Electively Home Educated Children:



The number of children known to East Sussex as being Electively Home Educated (EHE) rose in the last three quarters of 2016/17, ending on a high of 761 in March 2017. Nationally, there has also been a rise



in the number of EHE children as reported by other local authorities to the Association of Elective Home Education Professionals. However, there is no national data kept on the reasons given for children becoming EHE, or on the percentage increase. In East Sussex, parents are invited to select the reason for their child becoming EHE but they are not obliged to answer this. Where parents do give a reason for EHE, 'parental choice' is the most common answer, followed by 'philosophical and religious reasons', 'waiting for a school of choice', 'unmet special educational needs (SEN)', and 'bullying or friendship concerns'.

For the academic year 2016-17, the number of children who are EHE and also Children in Need was 12; the number of children who were EHE and had a child protection plan was 6; and the number of children who were EHE and had special educational needs was 39.

## 2.7 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. A private fostering arrangement is considered to be taking place when any child under 16, or under 18 if the child has a disability, spends more than 28 days living with someone who is not a close family member.

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 and to notify the Local Authority if they become aware that a child may be being privately fostered. Work is also taking place with local language schools to ensure that they are aware of their obligations to keep children safe.

Number of Children and young people who are Privately Fostered	Q1	Q2	Q3	Q4
<b>2013/14</b>	14	13	14	16
<b>2014/15</b>	12	18	19	23
<b>2015/16</b>	20	22	25	26
<b>2016/17*</b>	25	61	56	30

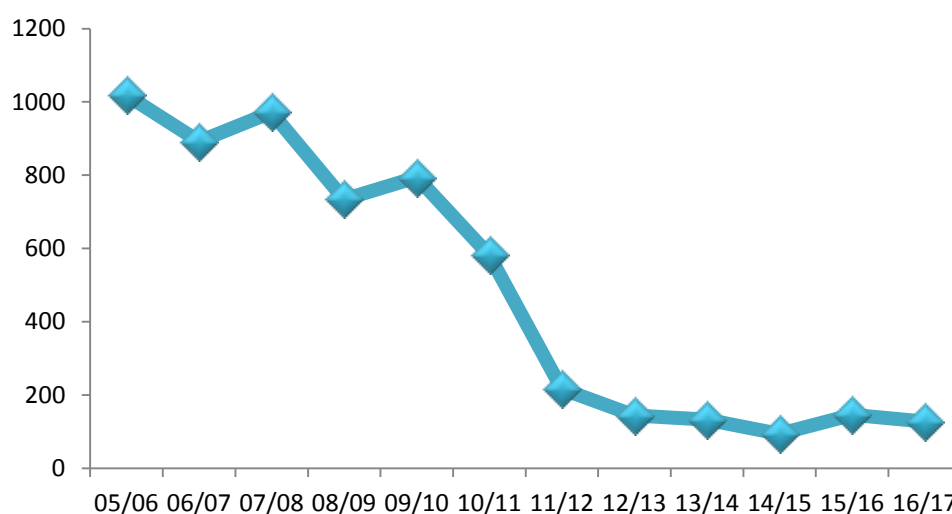
*\* The number open as at the end of each quarter*



## 2.8 Offending

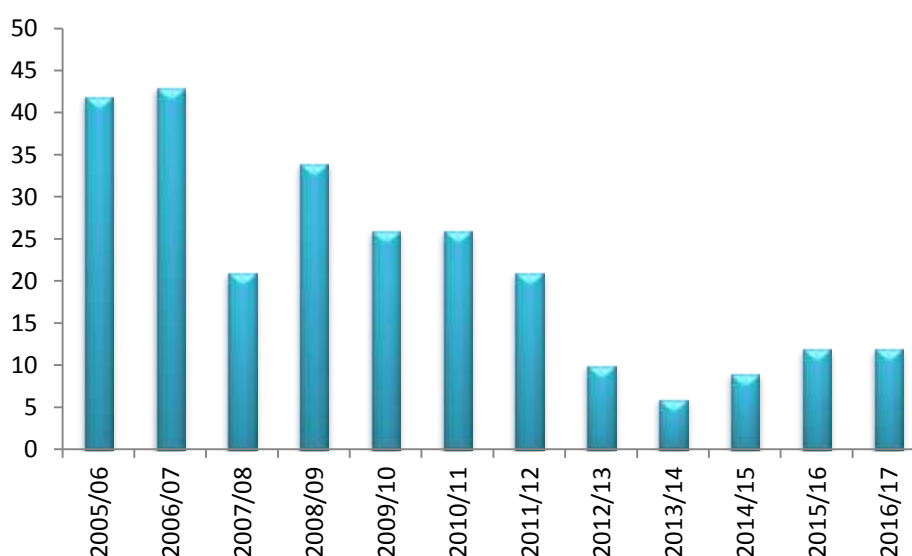
A total of 128 young people entered the youth justice system for the first time in 2016/17, compared to 146 in the previous year. This is a slight reduction on 2015/16, however, since the steep declines seen in 2010/11 and 2011/12 the numbers have remained fairly constant. The steep decline in first time entrants (FTE) from 2009/10 to 2011/12 was largely due to the introduction of a Community Resolution approach within Sussex Police. This has meant that young people can be dealt with without being charged and criminalised. The introduction of a targeted Youth Support service with ESCC also supported these interventions and helped reduce the numbers of FTE:

### Number of First Time Entrants to the Youth Justice System:



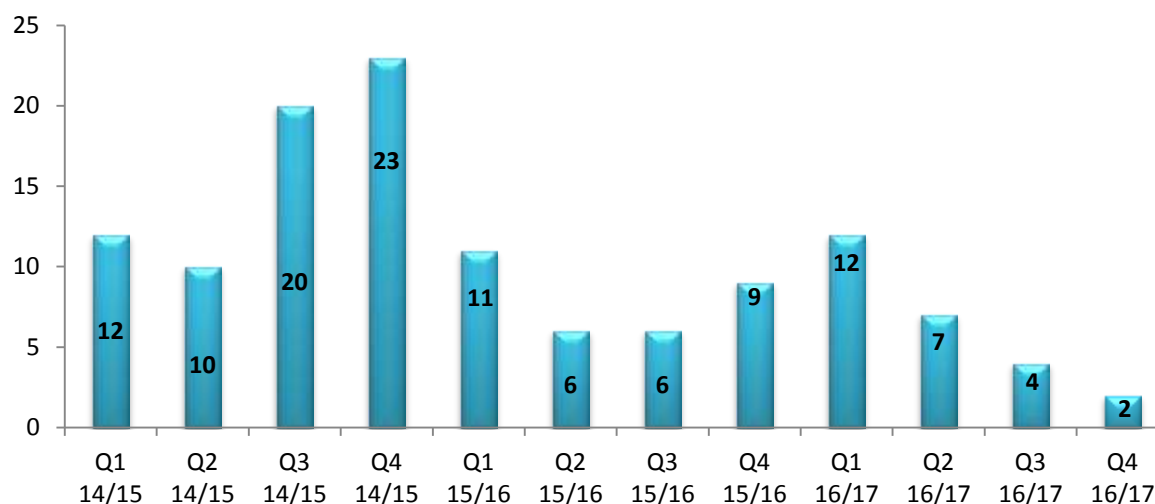
There were 12 young people sentenced to custody in 2016/17. This is the same as the previous year but one of the lowest rates in the last ten years:

### Custodial sentences:

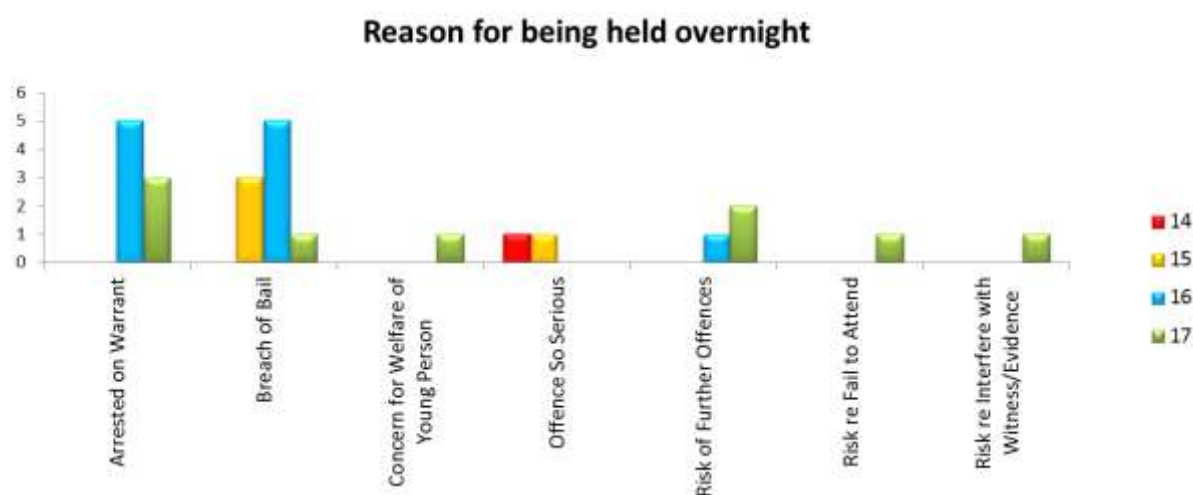


At the end of 2016/17 there had been 25 incidences of young people being held overnight in police custody, a reduction on the previous year (32 in 2015/16) and greatly reduced on the 65 seen in 2014/15:

## Held overnight in custody



Arrested on Warrant, followed by Risk of Further Offences, were the most common reasons for a young person to be held overnight in 16/17. The following chart looks at all reasons by age:

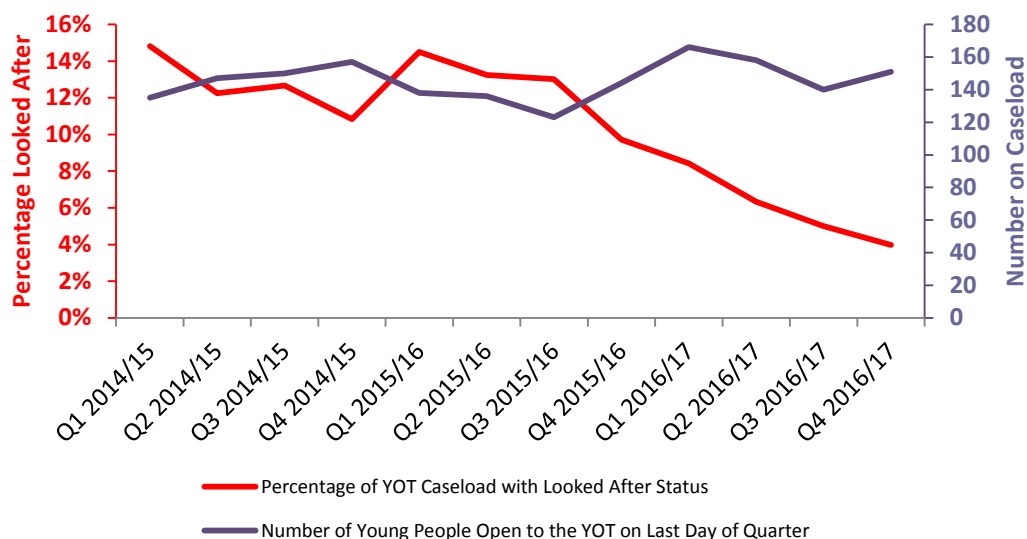


All of the young people who were held overnight appeared in court following their detention.

Because of the increased vulnerability of children within the care system to commit offences, a snapshot is also taken of the legal status of cases open to the Youth Offending Team (YOT) on the last day of each quarter<sup>1</sup>. The percentage of LAC on the YOT caseload fluctuates throughout the year, at the end of Quarter Four 4% of the young people were LAC:

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

## Looked After Status (on last day of quarter)



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.

## 2.9 Substance Misuse

Public Health England produces an Annual Executive Partnership Summary which reports the profile of young people who misuse drugs and alcohol within East Sussex and who are known to young people's Substance Misuse Services. From the 2016/17 summary report there are some activity headlines worthy of note and also some local service characteristics that are highlighted as likely to influence the data reporting:

- i. Nationally the rolling trend since 2013, for young people presenting to treatment services, has seen a steady decline since the revised specialist service thresholds that were proposed within the previous national drugs strategy. However, within East Sussex during 2015/16 there was an increase of 10% of young people in treatment with the local specialist provider and in 16/17 there has been a further 7% increase. This is in contrast to the national picture which reports a 7% reduction in 2015/16 and a 4% reduction in young people presenting for treatment during 2016/17. NHS England and local commissioners do not regard rising treatment presentations as a negative reporting picture, but as a successful feature of a service model that is fully integrated within vulnerable children's services, and which thereby maximises intervention opportunities. The local treatment numbers comprise: 181 under 18's and 15 over 18's, with 132 new treatment presentations in 16/17.
- ii. Although the Children's sector has seen reductions in funding allocations, the local joint-commissioned model of a multi-disciplinary specialist service has minimised the impact. The Public Health funded Education, Support, Behaviour and Attendance Service workers have also increased the screening/referral capacity provided by Schools and Education Support Services. The impact of this is evidenced further by the increase in referrals from Education in 2016/17,

rising from 10% to 30% which is now closer to the national profile of 28%. The main source of referral continues to be Children and Family Services, accounting for 37% of total referral numbers. Young people who are referred are vulnerable in a range of ways: sexual exploitation, self-harm, anti-social behaviour, child of substance misusing parent and domestic abuse, and the local profile shows significantly greater numbers than the national treatment picture reports.

- iii. The number of young people who leave treatment in a planned way is up by 2% to 96%. However, the number of young people successfully discharged from treatment who re-present within six months, has increased slightly to 7 /110 or 6% locally compared to 5% nationally.
- iv. Evidence shows that the longer young people stay in treatment, the greater the likelihood of better outcomes. The new offer to schools, which is targeted at those at risk of exclusion, has changed the profile of young people being worked with and as a result the average treatment length in East Sussex has reduced to 20.9 weeks compared to a national average that remains fairly static at 22.02 weeks. This indicator will need monitoring in future months to ensure that this referral cohort are not presenting again because they are being discharged too soon.
- v. The substance misuse profile is similar to the national report with cannabis and alcohol most commonly reported. However, where East Sussex differs is in relation to the increased reporting of alcohol (62% locally to 49% nationally) ecstasy (22% locally and 11% nationally), and cocaine (18% locally and 9% nationally). East Sussex has a higher rate of young people using more than one substance (87% locally as opposed to 58% nationally) Once again this is likely to be influenced by the local model of service with young people coming to notice via the MACSE process and via the Hospital/A&E admission pathway.

## 2.10 Prevent

The LSCB continues to support the work of the Safer East Sussex Team on *PREVENT*, the strategy to prevent violent extremism. As part of the LSCB training programme, 3 workshops were run in 2016/17 to provide front-line staff with the opportunity to learn more about *Prevent* and to understand their role and responsibilities within it. In addition, there is also an e-learning module available to all staff; this module was designed by the Safer East Sussex Team and Children's Services, to date 1,381 professionals have accessed the *Prevent* e-learning module.



The Safer East Sussex Team is committed to engagement with young people, ensuring that *Prevent* is seen as another key safeguarding area within Schools. Further Education Colleges in particular have been pro-active in undertaking creative work with young people to raise awareness of *Prevent*.

The East Sussex Prevent Board assesses the countywide risk of people being drawn into terrorism and coordinates *Prevent* activity according to section 29 of the Counter-Terrorism and Security Act 2015. The Prevent Action Plan 2016/17 identified a number of areas to prioritise, including: developing and delivering appropriate *Prevent* provision/activities/intervention targeted at vulnerable age groups, most notably those aged 18 and under.

The Safer East Sussex Team continued to deliver the six session workshops on *Think, Protect, Connect* for young people aged 18 and under. These workshops aim to create a safe space for discussion of *Prevent* related issues and to explore identity, group belonging, terrorism, British Values, stereotyping, propaganda and grooming on the internet. As a result of this work, the team has been invited to submit an application to the PSHE (Personal, Social, Health and Education) Association to gain accreditation for *Think, Protect, Connect* as part of their Building a Stronger Britain Together Project. The result of the application is expected in autumn 2017 and if successful will be referenced in next year's LSCB annual report.

An Innovation Small Business Research Initiative Application was submitted to the Home Office in October 2016 which involved re-designing *Think, Protect, Connect* into an 'Autism Friendly' resource and incorporated parent *Prevent* workshops with Autism Sussex. The application was successful and has led to the delivery of the project to six different Schools or organisations between January and March 2017.

Workshops named Xtreme E-safety, which focus on *Prevent*, have also been provided to parents and carers. The consensus of parents and carers who attended the workshops was a need for greater support around their own lack of e-safety knowledge, with a number asking for further information and the possibility of attending e-safety classes. This is certainly a consistent message from parents which the LSCB is aware of and will be giving consideration to going forward in 2017/18.

As well as the *Prevent* work, *Channel* is the national programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. Young people who are referred due to *Prevent* concerns very rarely meet the thresholds for *Channel* intervention in East Sussex. In 2016/17 there were 21 young people referred by East Sussex schools, of which only 2 met the threshold for *Channel* intervention; of these two cases, one related to Islamic interests, and the other related to extreme right wing views.



### 3. Evaluation of Board progress on 2015-18 Priorities

#### 3.1 Strengthen the multi-agency response to Child Sexual Exploitation

The LSCB's priority to strengthen the multi-agency response to child sexual exploitation has made further progress in 2016/17.

**The five key aims of the LSCB's lead are to:**

- Reduce the risk/incidence of children sexually exploited, missing and trafficked in East Sussex
- Ensure that CSE is embedded into the work of all LSCB agencies
- Disrupt organised crime groups linked to CSE
- Improve inter-agency response when there is evidence of CSE
- Improve the opportunity for young people to raise their own concerns

**Progress made in 2016/17 includes:**

The Multi-agency Child Sexual Exploitation Subgroup (MACSE Silver) continued to meet regularly; it is a well-attended group which focuses on a robust action plan which is divided in to four strands of work: Prevent, Prepare, Protect and Pursue.

Sussex Police commissioned an independent evaluation of their comprehensive Sussex-wide CSE campaign that focused on raising awareness of CSE. This campaign was referenced in last year's annual report as it had recently been launched in response to direct feedback from children and young people about the need to raise awareness that CSE 'could happen to you'.

The awareness campaign, which included television spots, radio interviews, newspaper articles, social media posts (Facebook and Twitter), and outdoor media such as the 'transvision' screen at Brighton Station (picture below), achieved wide ranging coverage across Sussex.





The evaluation summary stated that campaign made a significant impact on the resident population, and raised awareness of CSE allowing people to understand more about how CSE is conducted by perpetrators. Of people surveyed, 76% demonstrated unprompted recall of the campaign; 90% stated the campaign was relevant and thought provoking, and 75% stated it was impactful and informative.

Missing People has provided a successful service in the first year of their three year pan-Sussex contract, 1719 missing episodes were reported to them, and they offered a Return home visit to 95% of the children and young people referred to them. 73% of repeat missing children received a return home interview. Missing People has also provided a 24/7 Runaway Helpline for children and young people. This work contributes to improving the outcomes for vulnerable children.

The MACSE Bronze operational group, which identifies children living in East Sussex who are at risk of being sexually exploited, and ensures risk reduction plans are in place, has considered 126 new referrals of which 30 are still subject to a MACSE plan.

In January 2017, a day-long audit was completed on CSE cases. This involved members of the LSCB Quality Assurance (QA) Subgroup and members of MACSE Bronze working together to deep-dive in to CSE cases. The findings included:

- The auditors recognised a significant improvement in practice within agencies and noted the strength of the MACSE Bronze group in providing excellent oversight, co-ordination and expertise in identifying concerns which others may have missed, producing clear plans and mobilising resources.
- There was good evidence of a culture change within agencies with regard to CSE demonstrated by lower tolerance of concerning adult behaviour, more professional curiosity to enter and look around a property and good police response to vulnerable children with mental health problems.
- Individual risks associated with CSE were described clearly in Early Help records and accompanied with specific actions in the plan to address individual aspects of risks of CSE.
- On more than one occasion there was evidence of professionals going over and above the call of duty to respond to CSE concerns and to persist with real tenacity to engage a child at risk and provide dedicated and skilled professional points of contact.

As the year has progressed the MACSE Bronze operational group has demonstrated that all agencies have become more aware of issues around risks of wider exploitation and involvement of children in drug use and supply within organised crime groups. This has involved proactive and effective cross-boundary practice with other Local Authorities and police forces.

SWIFT (Specialist Family Services) - a therapeutic service for children who have experienced sexual abuse, has supported 164 children through the year. The feedback from children and parents about this service is very positive:

*"My worker really helped me get through the hard times and she really listened to me".*

*"SWIFT has been an important part in mine and my daughter's recovery. Staff are very knowledgeable, non-judgemental, good facilitators and good listeners. I don't know what I would have done without this service."*



## Spotlight on other CSE awareness raising work in East Sussex

### February 2017 Amex Conference for Taxi Drivers

A two day event was held in February 2017 aimed at taxi drivers and local community businesses such as licenced premises and hoteliers, in recognition of the important role that they can have in the identification of children who are at risk of becoming victims of exploitation. This was part of a wider strategy of targeted work by the licensing leads for Lewes, Wealden, Eastbourne, Rother and Hastings Councils, Children's Services, and the Safer Communities Partnership.

The event was attended by over 400 taxi drivers and consisted of 4 half-day workshops. During the workshops targeted messages were delivered to the audience about how they could help identify children at risk of sexual exploitation, and children and adults at risk of modern slavery as well as showing how taxi drivers could intervene in potential incidents of sexual violence. Information was also provided regarding the reporting of incidents or concerns witnessed.

As part of these events, the YMCA - WISE (What is Sexual Abuse) Project, and Safer Community Officers, provided the licensing teams with information packs in order for them to distribute to the local taxi firms who may have been unable to attend the workshops. The packs include an offer to provide additional training sessions for drivers/firms who were unable to attend.

Feedback and evaluation of the event has been used to inform further work. There are plans to run a similar event for local hoteliers in July 2017.

### Chelsea's Choice



Chelsea's Choice is a 40 minute production provided by AlterEgo Theatre Company (pictured left); it is innovative and powerful in highlighting to young people, aged 12 years and over, the serious and emotional issue of child sexual exploitation. The production shows how young people, boys and girls, are groomed by adults for the purposes of sexual exploitation.

In 2015/16 the LSCB and Eastbourne Borough Council arranged for AlterEgo to show the production in 9 schools across Eastbourne. This was very well received and in 2016/17 the LSCB worked with all five district and borough councils to enable more schools across the county to see the production. Although the planning and resource for the events took place in 2016/17, the performances took place June 2017. A summary and impact

evaluation of this important awareness-raising event will be included in next year's annual report. As in 2015/16, WISE (What is Sexual Exploitation), whose logo is pictured right, were fully involved in supporting schools and pupils after each performance of Chelsea's Choice.





## 3.2 Strengthen Safeguarding in all schools (including Early Years and Further Education providers)

The LSCB's work on the priority to strengthen safeguarding in all schools (including Early Years and Further Education providers) is well underway, led by the Standards and Learning Effectiveness Service (SLES).

**The four key aims of the LSCB's lead on this issue are to:**

- Ensure that schools are aware of the implications for their children and staff of CSE, radicalisation and online safety
- Support all schools to complete individual Safeguarding Practice Reviews
- Ensure the Designated Safeguarding Leads' training continues to be reviewed and updated
- Ensure that all independent schools are linked into the LSCB Independent Schools Safeguarding Group

**Progress made in 2016/17 includes:**

Schools and academies in East Sussex have demonstrated an increased commitment to improving safeguarding, demonstrated by attendance at relevant training, requests for support, training and intervention work within schools, and readiness to participate in Designated Safeguarding Lead (DSL) networks which are now operating across the county.

The current OFSTED common inspection framework retains a significant focus on safeguarding and there is an additional element in the new judgement on 'personal development, behaviour and welfare'.

New services for schools have been developed by SLES and include a 'Whole School' safeguarding training package, suitable for all staff, and specifically focussed support visits such as record keeping. These services are offered on a traded basis, but are fully funded by SLES where there are significant safeguarding concerns.

The Safeguarding Practice Review provides an externally moderated view on the standards of safeguarding in a school; it covers subjects such as record keeping, reporting concerns and safer recruitment. The reviews also include the voice of children in relation to safeguarding by listening to what children have to say about their school. To date, 90 schools have undertaken a full day review – either at the request of SLES as part of a wider package of support, or at the school's request as part of a traded service.

SLES has taken steps to ensure that safeguarding is a core element present in all school improvement work – for example the Primary Leadership Programme. Monthly monitoring meetings of all schools and academies now always consider standards of safeguarding alongside other concerns such as head teacher absence or a drop in standards. These meetings often trigger funded visits to schools or safeguarding practice reviews where concerns are identified. The SLES safeguarding team also work closely with the Early Years Team in order to ensure coherence of strategies and approaches.

The training programme for Designated Safeguarding Leads (DSLs) has been improved and strengthened. SLES has worked with all schools to establish formal DSL networks. These now operate

within the 9 existing School-to-School support alliances (Education Improvement Partnerships) and are very well attended. The aim of the networks is to identify strengths and weaknesses within schools, facilitate professional development, and build capacity for school-to school support in safeguarding practice. The networks are also an effective way to share safeguarding information e.g. via regular newsletters.

A Section 175 schools safeguarding audit took place; this involves schools completing and returning a self-evaluation form. Returns from the audit are collated and analysed, with a report produced and presented to the LSCB. Where the audit information identified weaknesses in schools safeguarding practice, this information was used to target briefings for Head teachers, Governors and DSLs throughout the year, as well as to inform training.

SLES updated the Whole Governor Body Training programme in safeguarding and produced checklists and reporting formats for Governors to assist with safeguarding. There has also been training on the 'single central record' for Governors, school business managers and DSLs and this has been well attended and received.



### **Spotlight on Schools Safeguarding Annual Conference 19<sup>th</sup> January 2017**

The Standards and Learning Effectiveness Service (SLES) held their second annual safeguarding conference for Schools in January 2017. The event was very well attended by Head teachers, Deputy Heads, Designated Safeguarding Leads (DSLs), and LSCB members.

The conference focused on: improving safeguarding practice in East Sussex Schools; the voice of young people in relation to safeguarding; a DfE presentation about implementing 'Keeping Children Safe in Education 2016'; and online safety within schools.

The feedback from the conference attendees was very positive, evidencing that the conference had a real impact on contributing to keeping children safe in schools. A Deputy Head Teacher wrote: "thank you for arranging for me to attend the fabulous conference yesterday. The sheer number of people who attended and the quality of the presentations was incredible, and these things do not just happen by themselves without a lot of time and preparation, so please do pass thanks on to everyone concerned".

### **Independent Schools Safeguarding Group (ISSG)**

The ISSG began in May 2014 in order to share safeguarding information with independent schools. This group is growing and demonstrates the increasingly effective engagement with the independent education sector in East Sussex. The ISSG met in May 2016, October 2016, and February 2017, and covered topics including: fabricated induced illness; Prevent (preventing violent extremism); work with local language schools and foreign student exchange programmes; LSCB training courses available and how to book; Child and Adolescent Mental Health Service (CAMHS) overview and service updates.

### 3.3 Strengthen the multi-agency response to children affected by domestic abuse

The LSCB's work on the priority to strengthen the multi-agency response to children affected by domestic abuse made good progress during 2016/17.

**The five key aims of the LSCB's lead on this issue are to:**

- 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

**Progress made in 2016/17 includes:**

The East Sussex protocol for recognition and working with domestic abuse in schools continues to be disseminated in local schools through the DSL networks. To support implementation a Domestic Abuse specialist from within Children's Services is working with the DSL network, the SPOA (Single Point of Advice) and the MASH (Multi-agency Safeguarding Hub) to implement the protocol and ensure that referral pathways to access support are understood.

In order to build upon the dissemination of the protocol and improve confidence and skills of staff, the training leads have participated in a multi-agency thematic review of all DVA (domestic violence/ abuse) training, to ensure training better enables local practitioners to recognise the dynamics and complexity for families affected by domestic abuse and be better equipped to intervene.

Work is also ongoing to improve and enhance skills to work with perpetrators as well as victims.

All agencies have maintained their focus upon the delivery and oversight required to deliver an effective Multi Agency Risk Assessment Conference (MARAC) to high risk families. This year the Office of the Police Crime Commissioner commissioned an independent Pan Sussex 2<sup>nd</sup> Generation MARAC Review which demonstrated that East Sussex is working well. However, there has been a 29% increase of referrals to MARAC which is a stark indicator of how many lives are affected by domestic abuse in East Sussex.





## Spotlight on Coercive Control and Domestic Abuse Conference 14<sup>th</sup> February 2017

In February over 170 staff, across a wide variety of partner agencies, attended a conference on coercive control and domestic abuse. The conference was led by the Safeguarding Adults Board (SAB) in partnership with the LSCB, and East Sussex Safer Communities Partnership.



The conference particularly focused on the impact that domestic abuse can have within the family. The keynote speech was delivered by Jane Monckton-Smith (pictured left with Reg Hooke and Graham Bartlett), a former police officer who lectures on criminology at the University of Gloucestershire. Jane's expertise is in the area of homicide and violence, particularly when linked to domestic abuse.

After a lively question and answer session delegates moved on to a series of workshops which included: learning lessons from serious case reviews about children; children's lived experience of domestic abuse, and protective behaviours work. There were also opportunities to network and visit information stands. In the afternoon delegates watched a powerful drama production 'Behind Closed Doors' which involved an adult couple with a baby, and covered risk factors within domestic abuse and coercion and control.

The feedback from staff who attended the event was extremely positive with all who completed the feedback from rating the conference as good or excellent. Within the comments in the feedback form it was clear that staff felt motivated to take back what they had learnt to their teams and colleagues, that it would inform any training that attendees were responsible for, and that staff had clear ideas about how it would influence their practice going forward.

**SAB** East Sussex Safeguarding Adults Board

**LSCB**

East Sussex Safer Communities Partnership

Spot the signs and take action  
14th February 2017

### Coercive Control & Domestic Abuse: Impact within the family

**Coercive control is largely invisible. It can happen gradually, forming a pattern of behaviour which can be difficult to spot.**

Controlling and coercive behaviour in an intimate/family relationship is now a criminal offence.  
Come along and find out how to recognise the signs and risks associated with coercive control.

This whole day event includes:

- Keynote speaker Jane Monckton-Smith on coercive control and recognising risk
- A powerful drama production 'Behind closed doors'

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

The LSCB's work on the priority to coordinate a multi-agency approach to online safety for children, young people and their families made further progress in 2016/17 with the key aims being:

- Improve children and young people's knowledge and confidence about how to keep 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

#### Progress made in 2016/17 includes:

Further work to the LSCB website was completed to ensure it remains useful and up to date. The LSCB website provides guidance and signposting to national resources related to [online safety](#), including a resource guide for professionals, and a resource guide for parents/carers. National organisations



such as the NSPCC provide excellent guidance and awareness campaigns (pictured above) related to staying safe online and cyber bullying – the LSCB signpost to these resources as they are user friendly and keep up with latest developments in an area of safeguarding that evolves very quickly.

*[extract from LSCB website]* There are a number of excellent resources for parents. The NSPCC has recently launched their campaign '[Share Aware](#)' to help your child stay safe on social networks, apps and games. Their downloadable '[A parents' guide to being Share Aware](#)' is particular useful for parents of children aged 8-12, who are starting to do more online.

The [Parent Zone](#) website is a useful resource for parents and families dealing with many difficulties that are thrown up by the pace of technological change, "providing them with the knowledge to make the most of the digital age, creatively and confidently".

[Internet Matters](#) is an independent, not-for-profit organisation that provides information, advice and guidance on how to keep your children safe online. The site also includes advice for what you can do on a range of online safety issues, such as cyberbullying, sexting, coming across inappropriate content, and online reputation.

The LSCB also has a thriving Twitter account which is supported by an apprentice in the Equalities and Participation Team within Children's Services. The apprentice is 18 years old and brings valuable experience of using social media, particularly from a young person's perspective. The LSCB uses Twitter to post awareness raising messages about online safety, for example, we tweet about the national safer internet day, and anti-bullying week.

From a poll tweeted by the LSCB in April 2016, we know that around 75% of our followers are professionals, and around a further 15% are parents/carers, so whilst Twitter it is a useful means of communicating safeguarding messages, we know that we do not reach many young people this way.

This highlights the challenge for the LSCB to reach children and young people directly to ensure they have the knowledge and confidence to keep safe online. However, the LSCB does have a significant role in ensuring professionals who work with children and young people, have the knowledge they need about online safety to support children, young people and parents to keep safe online. To achieve this, the LSCB has:

- Continued to run training courses for professionals on safeguarding in a digital world
- Contributed to the new Online Safety Guidance and Model Policy for Schools which was produced by SLES and launched in January 2017
- Ensured online safety is covered within the section 11 safeguarding audit which concluded in 2016/17
- Attended a national event on the latest on child online safety in the UK, technology, education and policy priorities

In February and April 2017, Sussex Police held two events on 'Youth Produced Sexual Images' (Sexting). The LSCB promoted this event to Board members, and to East Sussex Schools. The events, which were pan-Sussex, focused on national guidance on the police response to sexting, and a related training package for Schools and professionals dealing with this type of incident. Attendees learnt about the different types of devices being used by young people for sexting, discussed the definition and prevalence of sexting, used case studies to look at appropriate decision making, and considered the different referral pathways and powers professionals have in relation to viewing and deleting images.

The events were attended by school staff representing 87 different Schools, 19 other professionals, and 23 police officers from various departments. The feedback from these events was very positive, for example, one attendee wrote: *"the idea of bringing schools and the Police together in room to listen and discuss this issue was inspirational"*.





## 4. Impact of Board Activity during 2016/17

### 4.1 Voice of the Child

Making sure that we hear what children think is central to all the work the LSCB undertakes. Last year, in 2015/16 the LSCB undertook a consultation exercise with young people which focused on the LSCB priority areas. The outcome of this consultation, and related presentation (see link below), which captures the wide ranging views that young people have about safeguarding, has proved a useful tool to show at other forums to ensure the voice of the child is kept at the heart of service planning and delivery.

[Voice of Young People – Consultation on LSCB Priorities.](#)

In 2016/17, Maria Bayne, Lay Member, returned to the Children in Care Council (CICC) with a young person friendly version of our last annual report, so that we could let the CICC know about the work the LSCB has completed in the past year. The young person version of the annual report is mainly a tool to begin what are often interesting and thought provoking discussions with young people. Some of the messages that Maria Bayne brought back included:

- Young people only want to see information about safeguarding online; they find Facebook, YouTube and Instagram the best places for information. This discussion arose from exploring the CICC awareness of the poster campaign that was led by Sussex Police to raise awareness of CSE. The CICC young people said they were not aware of the posters, even though one was behind them on the wall. This is a pertinent reminder that young people literally see information differently from practitioners.
- Young people think that it is their parents and carers who need more education about online safety
- Young people are generally not aware of what a Designated Safeguarding Lead (DSL) is and would not seek out that member of School staff if they wished to talk about a concern; they would go to a known teacher, Year Head etc.
- Young people would like more road safety awareness and road safety measures
- Young people want better support in schools for mental health issues

During 2016/17 the LSCB has facilitated young people taking part in the section 11 pan-Sussex Challenge day (see page 31 below), and has also gained a valuable perspective from involving a young person in assisting with LSCB communications on Twitter (see page 26 above).

Whenever a report is presented to the Board, or to the Steering Group, the report front-sheet requests a dedicated section in how children have been involved in the work to be presented.

The LSCB recognises that more work is needed to ensure that children are heard in our work. Plans are already underway to explore how we can involve children and young people in planning our future business priorities and work will begin in 2017/18 on this. We also know, from regular discussions with the CICC and Youth Cabinet this year, that young people don't want the LSCB to attend their meetings to "keep saying the same thing" which is their perspective on the annual attempt to share with them a

young person friendly LSCB annual report. It is clear that the LSCB need to dedicate further time to explore and re-think how best to make these links

## 4.2 Lay Members

Lay members are a critical part of the Board. They act as ambassadors for the community and the LSCB by building stronger ties between the LSCB and local community, making the work of the LSCB more transparent. The lay members also act as a further independent insight on behalf of the public into the work of agencies and of the Board. 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

East Sussex LSCB strives to have at least two Lay Members. During 2016/17 there were some changes:

In May 2016 Maria Bayne joined the LSCB as a new Lay Member and has brought with her knowledge and skills in relation to safeguarding international language students, as well as enthusiasm for all aspects of online safety, and talking to children and young people about safeguarding (see Maria's statement below for more details).

Joan Eades, who joined the LSCB as a Lay Member in May 2015, informed us, in August 2016, that a change to her commitments meant she was no longer able to continue in her role.

We also said goodbye to Janet Dunn, who joined the LSCB as a Lay Member in 2012 and after 5 years of loyal support to the Board, Janet informed us she would need to end her role in order to take on another role.

The LSCB are actively recruiting new Lay Members to join Maria in this vital role.

### Statement from Maria Bayne – Lay Member:

"My name is Maria; I am originally from Russia but have been living in the UK for 17 years now. I have twin daughters who are 13 years old. I work in an international language school in Eastbourne as a Group Operations Manager and I am also a Designated Safeguarding Lead.

I became involved with safeguarding about 10 years ago when it was still in its infancy in our sector. Having started from scratch and having to create appropriate policies and procedures, I have become very passionate about, and keen to further my knowledge in, child protection and safeguarding.

When I joined the LSCB a year ago, as well as sharing my experience and knowledge of safeguarding international language students, I wanted to understand how the Board works and what its involvement was in the statutory sector.

It has been a very interesting time and I can say that just about now, after attending a few workshops and meeting the Children in Care Council in April, I am starting to appreciate the scale and the volume of



work that all of the agencies involved with LSCB put in so that the children in East Sussex can feel safer and be protected from harm. I am looking forward to my next year and contributing to the on-going projects on online safety and raising awareness of the work LSCB does in the community.

#### Statement from Janet Dunn – Lay Member:

2016/17 has continued to raise a number of challenging but interesting issues for Lay Members; I have had the opportunity to attend an audit on cases of abuse which proved useful in understanding context, cause and the work of professionals. Similarly, the Serious Case Reviews have added a further dimension to acknowledging the importance of safeguarding procedures and the need to update practice in the light of cases of domestic violence and neglect, for example. Such work underlines the need for community awareness of safeguarding concerns and the willingness to be vigilant and report worries.

This approach has been further emphasised by the priority for the Board in raising awareness of CSE. I have enjoyed working with the Children in Care Council and Youth Cabinet in exploring the perceptions of young people on the meaning and effects of CSE and putting in place information and training to assist them and adults in recognising what does happen and what may constitute CSE.

After five years as a Lay Member I have decided the time is right to step down and would recommend others to apply for this vital and fascinating role.

### 4.3 Quality Assurance

The QA 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 regular scrutiny of multi-agency performance data and inspection reports, and through an annual programme of thematic and regular case file audits. The group meets 6 times per year and is made up of multi-agency partners, which includes representatives from NHS organisations, Sussex Police and East Sussex Children's Services.

The Forward Plan of thematic audits reflects the LSCB priorities, learning identified in Serious Case Reviews and issues identified from performance information. For each audit, up to 6 cases are randomly selected to capture learning from different teams across the county, different age groups, gender, and also to include cases of children with disabilities. The audit tools used capture reflective and qualitative responses and focus on the impact of work upon children.

During 2016/2017 the QA Subgroup carried out thematic audits on neglect, domestic abuse, CSE, children missing from education, and one case file audit of a random selection of cases subject to a child protection investigation. Of the eighteen cases that were audited during this year, 13 were graded *Good*, 3 were graded as *Requires Improvement* and 2 as *Inadequate*. The percentage of cases audited in the year that were graded 'Good' was 72% which represents a sustained significant improvement compared to 36% graded 'Good' looking back to 2014/2015.

### **Impact of the work of the QA Subgroup during 2016/17 included:**

- Following the launch of the Neglect Strategy by the Principal Social Worker in November 2016, the QA Subgroup held a multi-agency learning event focused on neglect in December 2016. The aim of this event was to ensure that the needs, actions and desired outcomes for each individual child in large sibling groups are identified and clearly documented in cases of neglect
- Professionals within Sussex Police have been trained in enhanced interviewing skills to reduce the time children have to wait for a specialist interview and so increase the percentage of children who progress through the investigation
- The use of therapeutic intervention was reviewed to ensure that child victims of sexual abuse do not experience unnecessary delays in accessing direct therapeutic work
- The Sussex Paediatric Sexual Abuse Referral Centre, (SARC), produced an information leaflet for parents and children to explain what a health assessment or forensic medical entails and the wider benefits for a child who has experienced sexual abuse. The aim is to increase the number of children who benefit from these holistic medical assessments
- Sussex Police, Border Force, and Children's Social Care met to share practice and ideas on safeguarding unaccompanied minors entering the country and the management of their mobile phones. This will help professionals within Sussex Police, Border Force, and Children's Social Care to respond in a more coordinated and effective way when unaccompanied children enter the country

### **In relation to the audits completed in 2016/17, the auditors found that in the majority of cases:**

- Agencies worked well together and with children and families
- Social work assessments were analytical, considering the history, siblings and wider factors
- Children's views and wishes were recorded and used to inform planned work
- There were improved outcomes for children as a result of intervention from professionals
- Professionals had a clear understanding of the longer term nature and risks of neglect
- There was improved representation of the School Health Service at strategy discussions
- Step Down to Early Help Services helps to ensure that professionals have a higher level of long term engagement after the end of a child protection plan

### **During 2016/17, auditor made a number of recommendations to improve outcomes for children; these include:**

- The need to consider any risks posed by a parent's current choice of partner in cases where there has been domestic abuse in a previous relationship
- The need for social workers to be aware that health services are provided by a range of different organisations which do not have shared access to records

- Health Visitors and the School Health Service should ensure they share records they receive from key professionals

**During 2016/17 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 this service
- Scrutinised audits of safeguarding practice completed by individual agencies and a multi- agency domestic abuse audit
- Continued development of the LSCB Dashboard to include a broader range of key multi-agency safeguarding data
- Welcomed LSCB Lay Members to attend and scrutinise the work of the group



**Spotlight on the Section 11 Audit**

Section 11 of the Children Act 2004 provides the legal framework to ensure that all agencies recruit, train, and monitor staff effectively to safeguard the children they come in to contact with. Section 14 of this Act requires LSCBs to evaluate the effectiveness of this work; therefore the LSCB carries out a self-evaluation exercise every 2 years referred to as the Section 11 audit or s11. 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 latest section 11 (s11) audit was completed during 2016/17. Twenty-four agencies completed the self-evaluation exercise, five more than last time. Analysis is undertaken to identify areas of strengths or areas of concern based on the responses provided by each agency. The section 11 audit is supported by a pan-Sussex challenge day and an East Sussex Peer Review event.

The pan-Sussex challenge day took place in June 2016 and was a full and interesting event where representatives from the three LSCBs, together with young people from the East Sussex Children in Care Council (CICC), were able to explore and investigate the self-assessment answers of the invited agencies. Where applicable, professional challenge was given about the ratings a particular agency may have given themselves, and action plans were subsequently updated. The contribution of the CICC members was particularly valuable at this event.

In September 2016 East Sussex held a Peer Review day. Four partner agencies, including East Sussex County Council Transport Services, were invited to discuss their completed audits with a small panel of LSCB Board members. This approach ensures that there is robust challenge and follow-up to the use of the self-evaluation tool.

In the section 11 audit there are nine different areas or standards, each with several sub measures or questions, relating to safeguarding children that agencies are required to report on. For example:

- *Senior management commitment to the importance of safeguarding and promoting children's welfare*

- *Service development takes account of the need to safeguard and promote the welfare of children and is informed, where appropriate, by the views of children and families*
- *Safer recruitment and allegations management.*
- *Information sharing and data management.*

A detailed final report of analysis from the section 11 audit (s11) was presented to the LSCB Board in October 2016. Key headlines included that:

- All 24 agencies completed and returned audit tools and action plans.
- Agencies reported that they were compliant with 84% of the measures
- The compliance rates have improved overall since the last s11 audit
- Compliance on responsibilities for online safety and child sexual exploitation has improved
- Many agencies felt that the s11 audit process had helped them to reflect and develop good procedures and policies. However, feedback was also given that agencies would have found it useful to have 'round the table' discussions to clarify the questions and requirements – this feedback will be incorporated in to the planning for the next s11 audit.
- Some questions attracted high levels of 'not applicable' responses. In some cases agencies did not take into account the occasional contact they have with children and/or their families and/or did not see that they had a role to play in, for example, identifying unreported cases of private fostering. This was explored further during the pan-Sussex Challenge day and the East Sussex Peer Review day.
- During the next s11 audit process the LSCB consider running discussion workshops for agencies to ensure there is greater clarity and consistency in completing the audit, for example, identifying good practice and when 'n/a' responses are appropriate.
- The s11 audit was an opportunity to remind agencies to ensure all contractors and commissioned services are compliant with s11 requirements
- The Police and Crime Commissioner Youth Commission offered support to agencies to capture and incorporate the views of children regarding their safeguarding children policies and procedures.
- Agencies were reminded that their data sharing arrangements should meet Government guidance for secure data storage and effective safeguarding, however brief, or occasional, their involvement with children, young people or their families may be.
- Agencies were reminded to ensure that they have the policies and procedures in place to support the Prevent agenda and thereby satisfy their statutory obligations.
- A digital audit tool is being designed for the next Section 11 audit in order to make it more user friendly.

## 4.4 Serious Case Reviews

The LSCB Case Review Subgroup meets monthly and is a well-established and well attended group where cases are considered in detail and decisions are made about whether a Serious Case Review (SCR) or other type of review is required under guidance set out in Working Together 2015.

Cases considered by the group are referred in by group members, professionals from partner agencies, or are identified by the Child Death Overview Panel (a panel that reviews every child death to identify learning or if there were any modifiable factors, see section 4.6) or via the audits undertaken by the Quality Assurance Subgroup.

Between April 2016 and March 2017 East Sussex LSCB published one SCR – Child M. The SCR concerned the death of a 17 year old girl who died as the result of a drug overdose in 2013 in the company of at least one adult. This was the final of a series of overdoses which had resulted in hospital admissions and serious health concerns from the age of 15. Child M grew up in Surrey and lived there for most of her life. From the age of about 13 Child M is known to have used alcohol, prescription medication and banned substances. Her use of drugs and alcohol led to her being targeted by Mr C, an adult who was 7 years older than her and whom she came to view as her boyfriend. Mr C had mental health problems and a chronic pattern of addiction with convictions for the supply of banned substances. He repeatedly sought Child M's company and supplied her with drugs. Child M moved to East Sussex at the age of 16.

The themes of this SCR include: exploitative relationships; working with children who abuse drugs and alcohol and are resistant to attempts by family and professionals to support them to change their behaviour; working arrangements in cases where services are being provided for adults and children; work with children who move either in a planned way or go missing across local authority boundaries; and work with 16/17 year olds, including issues of consent and ability to make important decisions in this age group.

The learning and recommendations from this SCR include:

- Better sharing of information at the point of referral and case transfer
- Improved risk assessment, including the recording of risk assessments
- Policy and practice in relation to young people who repeatedly go missing
- The response of acute hospitals to contact with young people who overdose
- Health provision for looked after children
- Improving responses to the needs of children who are being treated in Tier 4 psychiatric inpatient units
- Use of language by professional when a relation is an exploitative one (i.e. Mr C was referred to as Child M's boyfriend by agencies – this had an impact on perception of risk)

The themes and learning from this SCR are disseminated in several ways by the LSCB: presentation to the two Local Safeguarding Children Liaison Groups (LSCLG); highlighting the SCR on the LSCB website;

sharing the SCR with the NSPCC library repository; incorporating themes and learning across all LSCB training; providing 2 hour SCR learning briefing sessions as part of the LSCB training offer.

The Case Review group also considered a number of other cases which did not meet the threshold for a Serious Case Review but required multi-agency consideration to identify relevant learning. One case involved a large family with issues of long term neglect in the context of parental learning difficulties and variable engagement with the support offered. As a result of the oversight of the Case Review group a multiagency learning event was held in December 2016 which brought together front line professionals and their managers working with this family. The event was facilitated by senior managers from partner agencies and the Principal Social Worker. The new East Sussex Neglect Tool was presented, and following multi-agency discussion individual plans were developed to meet the needs of each child in the family. This event was well received and resulted in better multi-agency understanding and joint working in the management of this case.

## 4.5 Training

East Sussex LSCB provides a thriving training programme which is well respected by partner agencies. During 2016/17 the training programme continued to offer a wide range of courses. The LSCB Training Subgroup meet regularly to review the training programme, and to analyse key data on which courses ran, numbers of attendees, evaluation of the training (feedback), details of courses that were cancelled and so on.

The LSCB training offer is planned and delivered by the LSCB Training Consultant alongside a 'pool' of experienced practitioners who give their time and expertise free of charge. Only a small number of external trainers are commissioned to provide courses for which they are experts on. The training pool, which delivers the majority of LSCB courses, is a valuable resource and mutually beneficial to the training programme and to the practitioners who deliver training as they are able to gain new skills alongside their day to day practice.

To support the training pool, three development sessions were held during 2016/17; this provided an opportunity to share knowledge and information, look at local and national developments, and ensure that the training pool is thanked for its contributions throughout the year.

The LSCB Training Consultant has been working alongside Children's Services Workforce Development, SWIFT and CAMHS colleagues to help design and deliver a range of training courses focussing on the following four Thematic Learning Pathways: Mental Health, Domestic Abuse, Substance Misuse and Child Sexual Abuse.

The joint work has resulted in several new courses being offered through the LSCB training programme, for example a successful two day programme: Adopting a Whole Family Approach to Domestic Abuse and Promoting Safety - Professional Level Workshop.

Between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017, 65 training courses were delivered, attended by 752 participants from a variety of statutory, private and voluntary agencies.

The following analysis is based on evaluation forms completed for 10 typical courses provided by the LSCB, which are:

- Managing Allegations against Staff
- Working with Resistance and Disguised Compliance in Child Care
- Neglect – Using Tools to Assess Parents’ Ability to Make Positive Changes for Their Children
- Understanding Safeguarding in a Digital World
- Impact of Adult Mental Health on Children and Young People
- Parental Drug and Alcohol Use and the Impact on Children
- The Effective Communication of Safeguarding Concerns
- Working with Parents with Learning Disabilities
- Adopting a Whole Family Approach to Domestic Abuse and Promoting Safety
- Developing a Positive Approach to Bullying Behaviour: A Safeguarding Approach

In total 324 staff members (49.92% of all course attendants from 1 April 2016 to 31 March 2017) participated in the above 10 courses. 97% of participants in the 10 courses were of the view that the course sessions met the stated aims and objectives.

95% of the participants rated the trainer’s knowledge of the subject as excellent (56%) or good; 93% of the participants thought practice exercises and presentations were effective (44% rating as excellent).

Participants rated course effectiveness highly. At the end of the courses, almost all participants (90%) rated their confidence level around the course topic as excellent or good. Participants were also asked to rate the courses overall. 97% of the participants found the courses to be excellent (65%) or good.

Feedback from the training provided is reviewed by the Training Sub-group and any learning identified is used to inform future training and service delivery.



### **Spotlight on Human Trafficking Training**

During 2016/17 the LSCB ran a new course on Human Trafficking Prevention and Identification. Nationally this is a high profile subject and the LSCB had identified that across a range of professionals, knowledge and understanding of the scale of the problem is still at a relatively low level.



The LSCB, in partnership with the Safeguarding Adults Board (SAB) joint funded an expert, Charlie Blythe, Director from the A21 Campaign, to deliver this training. Two 2 hours workshops were offered in the hope that a ‘briefing’ style session, as opposed to a full day training commitment, would enable



more practitioners to attend. The workshops ran at full capacity (26) with more practitioners on a waiting list for a future date.

There were 14 completed evaluations about the course, and of those, 11 rated the course overall as 'Excellent' and 3 gave an overall rating as 'Good'. 12 said that they had a 'good' level of confidence in applying knowledge/using skills following the course and 2 rated an 'excellent' level of confidence. All 14 rated the trainers knowledge as 'Excellent' and all 14 took the time to write comments in the dialogue columns.

The more detailed responses related to 3 questions that focussed on:

- a) Putting learning into practice
- b) Improving outcomes for children
- c) Passing on learning to your team/organisation

Examples of comments from 5 of the participants include:

- 'Having a clear idea about the National Referral Mechanism for reporting suspected Modern Slavery'
- 'Deeper understanding of the types of human trafficking and the wider impact on our country. I will be able to share this knowledge with Foster Carers and colleagues'
- 'To be able to identify and engage people who may be at risk or a victim of trafficking'
- 'Feeling more comfortable to ask relevant questions'
- 'I have completed a session for my team using the information from the course to raise the subject amongst the specialist nurses'

## 4.6 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 determine whether a death could have been prevented; that is whether there were modifiable factors which may have contributed to the death and where, if actions could be taken through national or local interventions, the risk of future death could be reduced. East Sussex LSCB is commissioned to also carry out this function on behalf of Brighton & Hove, and this CDOP reviews the deaths of all children in East Sussex and Brighton & Hove.

Between April 2016 and March 2017, the CDOP was notified of 32 deaths in total; 21 deaths were children resident in East Sussex, and 11 deaths were children resident in Brighton & Hove. The number of children who died in East Sussex decreased significantly since the previous year when there were 48 deaths notified (33 in East Sussex and 15 in Brighton & Hove). During this period, the CDOP met 9 times, reviewing a total of 35 (22 East Sussex & 13 Brighton & Hove) deaths.



The CDOP run by East Sussex LSCB is well attended. There is a strong commitment from the Chair and multi-agency panel members to carefully consider the information presented about each child death as this can make a real difference to keeping children safer and informing future practice.

The opportunity to provide the panel function for Brighton and Hove LSCB widens the learning and knowledge sharing about child deaths, particularly where there may be preventable factors.

If, during the process of reviewing a child death, the CDOP identifies: an issue that could require a serious case review (SCR); a matter of concern affecting the safety and welfare of children in the area; or any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area, a specific recommendation is made to the relevant LSCB.

There were no recommendations made to the LSCBs regarding the need for a serious case review. The following recommendations were made regarding matters of concern about the safety and welfare of children, and wider public health concerns:

- The LSCB should ask all member agencies to review the information they provide to parents about feeding young children to ensure that it includes reference to the need for supervision of young children whilst eating and highlights the risk of choking from certain foods.
- The CDOP is concerned regarding a problem with the coronial process namely that the parents had not been informed of the date of the post mortem and that almost a year after the death the GP had still not received a copy of the post mortem or the cause of death. The CDOP recommends that the chair of the LSCB raise these concerns with the coroner in Southwark.

Of the 22 deaths of East Sussex children reviewed during 2016/17, four were identified as having potentially modifiable factors where action could be taken to reduce the risk of future deaths. In summary, the relevant preventable factors related to foetal anomaly scanning arrangements and practice in the East Sussex Hospital Trust, service provision for adolescents who abuse drugs, service provision within the East Sussex Hospital Trust for a boy suffering from a viral illness and the need for supervision of children whilst eating to avoid choking incidents.

One of these deaths occurred three years ago and was the subject of a serious case review. The two deaths in ESHT were investigated as serious incidents. There are action plans in place to respond to the service limitations in all four deaths.

## **4.7 Pan-Sussex Procedures**

### [Child Protection and Safeguarding Procedures Manual](#)

The Pan Sussex Procedures Group amends and develops safeguarding policies and procedures in response to lessons learned from serious case reviews and audits, as well as local and national issues, changes in legislation and any key practice developments. The procedures are a vital tool for

professionals working across all agencies, and there are additional benefits from having this resource shared across Sussex and the three LSCBs.

The group meets four times a year and has a membership drawn from key agencies across the LSCBs in East Sussex, West Sussex and Brighton & Hove. In 2016/17 East Sussex successfully Chaired the group and undertook any necessary updates, uploads and actions on behalf of the three LSCBs; the Chairing of the group is taken in turns and has passed to West Sussex for 2017/18.

During 2016/17 updates, or new sections included: breast ironing; historical abuse allegations; honour based violence; and managing allegations against people who work with, care for, or volunteer with children.



#### 4.8 Local Safeguarding Children Liaison Group

The LSCB runs two Local Safeguarding Children Liaison Groups (LSCLG), in order to cover the East and the West of the county. The groups each meet bi-monthly, membership is thriving and represents a range of front-line practitioners and managers across partner agencies. The group aims include:

- To promote positive working relationships, effective communication, and information sharing between agencies.
- To ensure the LSCB priorities and related action plans are implemented, and learning from audits and serious case reviews is disseminated across partner agencies, particular front-line practitioners

- To allow a safe forum for professional challenge and case discussion in order to learn, develop and improve practice and information sharing
- To consider the voice of the child in all discussions and topics considered by the group; the group is attended by representatives from the Youth Advocacy Service (Change Grow Live), and the Independent Chairs for looked after children
- To consult with partner agencies about the LSCB training programme and training needs

#### Impact of the LSCLG groups in 2016/17 (written in consultation with group attendees):

- Positive and purposeful engagement from all agencies in the group has provided a dynamic forum for disseminating learning, sharing information, strengthening inter-agency partnership and raising awareness of the five LSCB priorities. Members cascade information within their agencies and bring case examples for professional discussion, challenge and curiosity
- Strategic developments resulted in improved communication between Children's Services, paediatricians and GPs
- Re-establishment of children's social care input to junior doctors training in paediatrics
- Strengthened communication and referral processes between child health and the Emergency Duty Service
- Clarification of thresholds, referral pathways and services provided through the new SPOA and the Health Visiting and Family Keyworker Service
- Improved understanding of safeguarding practice in cases of suspected female genital mutilation (FGM), through sharing of new practice guidelines around strategy discussions
- Learning from the SCR on Child M; useful presentation from the LSCB Manager and then facilitated discussion
- Raising awareness of LSCB training opportunities relevant to the topics discussed at LSCLG resulted in improved attendance at LSCB training events

Examples of feedback from group attendees:

*"The LSCLG is an opportunity for schools to meet other services in a multi-agency team and share information enabling us to be better equipped to safeguard children. This group gives us the chance to gain a better understanding of other services and how they work and develop a more strategic approach to safeguarding. It has then enabled us to share information across the DSL network which benefits all secondary schools and their pupils in the Eastbourne and Hailsham area. There is no other format where such a wide range of professionals get an opportunity to work together to improve the safety of children and develop practice". KG*

*"The LSCLG provides a forum for professionals from a wide range of safeguarding roles to meet together and support each other through some of the challenges that this type of work presents. The group is a*

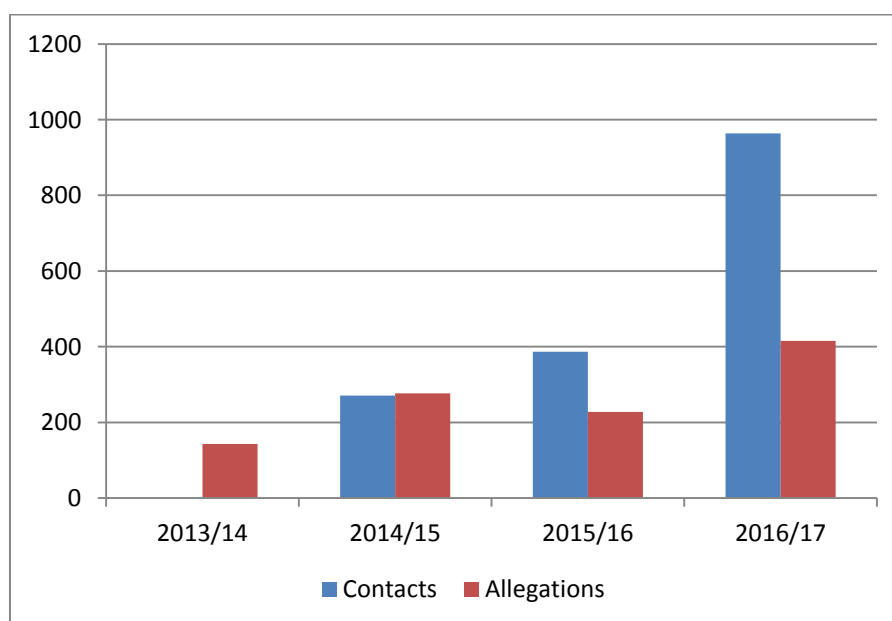
*fantastic resource and we learn a lot from our wider community. The group really demonstrates that safeguarding is everyone's business and avoids the dangers of working in isolation and adopting a blinkered view". SC*

*"I have found the group invaluable for raising current safeguarding issues within health and sharing concerns/receiving advice from multiagency partners. A recent example of this was a discussion around which templates to use for chronologies. My team had experienced difficulty in merging chronologies when agencies were using different templates. We were able to have a discussion around the issue at the LSCLG and move towards resolving it much quicker. Additionally the group provides the opportunity to network with other agencies and to be more aware of services and procedural updates". MZ*

## 4.9 Local Authority Designated Officer (LADO)

The LADO responds to allegations made about people who work with children. There were a total of 1,380 recorded LADO contacts in 2016/17, which is an average of 115 contacts a month or 27 new contacts per week. This includes all contacts which were classed as 'advice' and those which were signposted elsewhere. There were a total of 964 new consultations and 416 formal referrals during the period April 2016 to March 2017. Other consultations which did meet LADO threshold included 78 complaints linked to schools, 235 fostering applicant/placement checks, and requests for advice to agencies around social care thresholds, training, social media and internet safety.

### Number of LADO contacts within East Sussex for 2016/17:



Included in the overall consultation numbers, 58 contacts were passed to the East Sussex Adult LADO, and 20 of those resulted in a referral and joint working as the adults had links across the adult and children's workforce. A further 57 adults were referred to LADOs in other areas. Of those, 15 adults had some links to East Sussex and ongoing information sharing has been required. In all cases there was an initial East Sussex LADO evaluation prior to passing on and agreeing lead responsibility.

Work has continued with a number of agencies across the county including Taxi Licensing Teams and Language Schools to develop greater awareness of safeguarding.

There has been an increase in complaints involving Education staff and concerns about inappropriate use of physical interventions and restraints, resulting in Police and Internal Investigations. These have been discussed with the School Safeguarding Officer.

Issues around Education staff and the use of social media and their understanding of reporting peer to peer abuse have also impacted on contact with LADO, School Safeguarding and Social Care. A number of allegations have featured online offending and inappropriate use of social media. A recent education publication has highlighted that 47% of staff report online abuse from parents and young people, and it is important that these areas are addressed through training and support to Designated Safeguarding Leads. Joint work has been undertaken with SLES to develop a more robust Code of Conduct and to raise awareness in training of the need for professionals to keep themselves safe on line.

Another key area of concern has been around the lack of information through the Disclosure and Barring Service (DBS). A total of 52 adults who came to attention over the last 12 months have had a referral or concern raised about them in the past. Several adults who were dismissed as a result of an investigation where conduct and safeguarding was a concern were referred to DBS but nothing was recorded on their record and subsequent DBS came back clear. When attempts have been made to discuss the need for information sharing with DBS they have taken the view that they do not fall within the group of agencies required to share information with the Local Authority and that LADO is not part of an agency entitled to information. A request can be made for DBS to consider the need to share information but all attempts made this year have been declined and this needs to be taken up with DBS as there is a risk that unsafe adults will continue to find ways to work or volunteer with children.



## 5. Appendices

### (5.A) Board Membership

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex LSCB CHAIR
Alice Webster	Director of Nursing, East Sussex Healthcare NHS Foundation Trust (ESHT)
Alison Eaton	DCI, Sussex Police
Allison Cannon	Chief Nurse, NHS Hastings & Rother CCG
Andrea Holtham	Service Manager, Sussex CAFCASS
Andrea Saunders	Head of the National Probation Service, Sussex
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
Ashley Parrott	Head of Quality, High Weald Lewes Havens Clinical Commissioning Group (CCG)
Brenda Lynes-'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
David Kemp	Head of Community Safety, ESFRS
Debbie Barnes	Designated Nurse Safeguarding Children, East Sussex
Debbie Piggot	KSS, CRC – Head of Service, Assessment & Rehabilitation
Diane Hull	Executive Director of Nursing, Sussex partnership
Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services, East Sussex County Council (ESCC)
Fraser Cooper	SAB Manager, ESCC
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

Jason Tingley	Head of Public Protection, East Sussex Police
Jeremy Leach	Principal Policy Adviser, Wealden District Council
Jerry Lewis	Principal Deputy Head Teacher, Bedes Senior School
Jo Monnickendam	Student Services Manager, Plumpton College
Joan Eades	Lay Member, East Sussex LSCB
Liz Rugg	Assistant Director (Early Help & Social Care), Children's Services, ESCC
Malcolm Johnston	Executive Director for Resources, Rother District Council
Maria Bayne	Lay Member, East Sussex LSCB
Marian Trendall	Deputy Director Social Work, Sussex partnership
Micky Richards	Change Grow Live, Director Operations
Pat Taylor	Strategy & Commissioning Lead for Community & Partnership
Paul Furnell	Branch Lead for Child Safeguarding, Lead for LSCBs, Sussex Police
Peter Joyce	Manager, East Sussex/Brighton and Hove CAMHS
Richard Green	Deputy Head Teacher, Chailey Heritage School
Richard Grout	Legal Services Manager, ESCC
Richard Preece	Executive Head teacher, Torfield & Saxon Mount Federation
Ruth Szulecki	Early Years Development Manager, Standards and Learning Effectiveness Service, Children's Services, ESCC
Sally Williams	Manager, East Sussex LSCB
Sarah Pringle	Head Teacher, Seahaven Academy, Newhaven
Simon Yates	Head Teacher, Chailey Heritage School
Stuart Gallimore	Director of Children's Services, ESCC
Sylvia Tidy	Lead Member for Children and Families, ESCC
Tania Riedel	Operations Manager, Youth Justice Team, Children's Services, ESCC
Tracey Ward (Deputy Chair)	Designated Doctor Safeguarding Children, Conquest Hospital, ESHT
Verna Connolly	Head of Personnel and Organisational Development, Hastings Borough Council
Vicky Finnemore	Head of Specialist Services, Children's Services, ESCC
Victoria Spencer-Hughes	Consultant in Public Health, ESCC

## (5.B) LSCB Budget

### Actual Income and Expenditure 2016/17:

Income 2016/2017		Expenditure 2016/2017	
Sussex Police	£12,500	Independent Chair	£18,300
Probation (NPS and KSS CRC)	£3,934	Business Manager	£71,694
CAFCASS	£550	Administrator	£21,041
CCGs	£40,000	Administration	£3,857
CRI	£750	Child Death Overview Panel	£23,279
East Sussex County Council (ESCC) – including CDOP grant	£166,400	Trainer	£52,583
Training Income	£12,338	Training Administration	£450
CDOP (Brighton & Hove CC)	£10,000	Training Programme	£14,358
LSCB brought forward from 15/16	£13,186	Projects	£15,000
		Serious Case Reviews (and contingency - not used)	£34,706
		CP Procedures	£3,342
		IT Software & Hardware	£1,048
<b>Total</b>	<b>£259,658</b>		<b>£259,658</b>



## Projected Income and Expenditure 2017/18:

Projected Income 2017/2018		Projected Expenditure 2017/2018	
Sussex Police	£12,500	Independent Chair	£19,200
National Probation Service	£1433	Business Manager 1.4 FTE	£79,263
Kent, Surrey and Sussex (KSS) CRC	£2,500		
CAFCASS	£550		
CCGs	£40,000	Administrator 0.8 FTE	£20,324
Change Grow Live (CGL)	£750	Administration	£5,200
East Sussex County Council (ESCC) – incl' CDOP grant	£168,000	Child Death Overview Panel	£37,000
Training Income	£7,500	Trainer	£53,563
CDOP (Brighton & Hove CC)	£12,500	Training Administration	£800
		Training Programme	£24,018
		Projects	£17,500
LSCB brought forward from 16/17	£35,736	CP Procedures	£1,500
		IT Software & Hardware	£1,000
		Serious Case Reviews incl' contingency	£22,101
<b>Total</b>	<b>£281,469</b>		<b>£281,469</b>

## (5.C) Links to other documents –

[East Sussex Health and Wellbeing Strategy \(2016-19\)](#)

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

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

[East Sussex Safeguarding Adults Board - Annual Report 2015-16](#)

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<b>Report to:</b>	<b>East Sussex Health &amp; Wellbeing Board</b>
<b>Date of meeting:</b>	<b>19 December 2017</b>
<b>By:</b>	<b>Executive Director, Healthwatch East Sussex</b>
<b>Title:</b>	<b>Delivering the Hastings Listening Tour</b>
<b>Purpose:</b>	<b>To inform the Board of the information gathered about health and care services in the Hastings area during the Healthwatch East Sussex Listening Tour</b>

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## **RECOMMENDATIONS**

**The Board is recommended to note the report**

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### **1. Background**

1.1 Healthwatch East Sussex (HWES) has many tools and resources available to engage with local people and in the past, has been creative in how it engages the community. One example involved taking a decommissioned London Red Bus around the county in 2015 and 2016 on a whistle stop tour to raise the profile of Healthwatch, gather people's views and provide opportunities for partners to 'come on-board' and talk to local people.

1.2 This was deemed successful for two years. However, with the health and care landscape on a huge change agenda as part of the NHS Five Year Forward View and other reforms, a refreshed approach was required. HWES identified the need to build a more sustainable programme of community engagement that reached deeper into local communities and aligned itself more to some of the gaps and barriers to accessing local services people encounter.

### **2. Supporting information**

2.1 A comprehensive programme of engagement was developed and delivered using a variety of methods. Every opportunity was maximised to engage with local people by:

- handing out surveys.
- having one to one conversations
- providing details on how to access HWES services; and
- signposting people to our online platforms for sharing feedback.

2.2 Surveys – a total of 237 completed surveys were received from over 800 printed/handed out as a result of face to face interactions with local people. This equates to an approximate 30% response rate. When it was not always possible for people to take a copy of the survey, they were signposted to complete the online version or complete a Speak Out form. A total of 108 online entries were submitted and a further 18 Speak Out forms were received.

2.3 To help draw the conclusions and shape the recommendations, a Listening to Hastings Feedback event was hosted on the 29 November to share the emerging headlines contained in this report and secure the commitment and suggestions from local people/leaders to continue the discussions.

2.4 The final version of this report will be made available publicly in January 2018 and will be supported by individual reports from each activity (where applicable). The result of the independent evaluation of the Hastings Listening Tour is also being made public.

### **3. Recommendations**

3.1 The Board is recommended to note the report.

**JOHN ROUTLEDGE**  
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December  
2017

## Listening to Hastings

***A Healthwatch East Sussex (HWES) draft report on what people told us about health and care services in the Hastings area during our Listening Tour in October 2017.***

**“It takes a minute to feedback, but the difference could last a lifetime”**

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# Background

The purpose of the Hastings Listening Tour was to gather and share community input and views into how local health, care and well-being services are meeting the needs of local communities. An independent evaluation of the Tour was commissioned to help inform future Tours in other areas of East Sussex going forward

Healthwatch East Sussex has many tools and resources available to engage with local people and in the past, has been creative in how it engages the community. One example involved taking a decommissioned London Red Bus around the county in 2015 and 2016 on a whistle stop tour to raise the profile of Healthwatch, gather people's views and provide opportunities for partners to 'come on-board' and talk to local people.

This was deemed successful for two years. However, with the health and care landscape on a huge change agenda as part of the NHS Five Year Forward View and other reforms, a refreshed approach was required.

HWES identified the need to build a more sustainable programme of community engagement that reached deeper into local communities and aligned itself more to some of the gaps and barriers to accessing local services people encounter.

## Objectives

In collaboration with local people, statutory, public, voluntary sector organisations and community partners, to enable local people to have access to safe and effective health and care services when they need them; especially where there are high levels of health inequalities and diverse socioeconomic communities.

**Through** creating simple but insightful evidence to help decision makers understand unique challenges each area has and the views of local people.

**By** providing opportunities that enable HWES to work with local people to create local solutions.

### **The formal remit of local Healthwatch; its role in tackling health inequalities**

From its inception, local Healthwatch has been given a role in helping to tackle health inequalities. This model of community engagement will assist HWES to build knowledge about health inequalities generally and how they are experienced by local people. It can use its influence to help shape local policy and practice, as well as encourage action that will help tackle health inequalities, by local groups and by local and national bodies.

# Delivering the Listening Tour

A comprehensive programme of engagement was developed and delivered using a variety of methods.

These included:

- **'Here to Listen'** sessions – these were 'pop up stands' in community locations such as community centres, public areas and sessions added on to existing events. These included events for people with learning disabilities, Parent and Toddler groups, Women's Hour, Adults using mental health services, mental health awareness sessions with young people and other public events.
- **Focus Groups** – two sessions bringing together diverse members of the community to talk about specific concerns HWES already knew about:
  - a) mental health awareness amongst young people not in education, employment or training;
  - b) to better understand the extent of social isolation in the local area (predominantly but not exclusively experienced by older people).
- **'Walking the Patch'** – two early morning and two-night time engagement sessions saw HWES staff, partners and volunteers going out into the community to engage with people whose voices are seldom heard at different times of the day and night and at locations they frequent.
- **Commuter Runs** – reaching the working population, two days were identified to focus on opportunities to gather feedback from the working population (those leaving Hastings and those coming into to work in Hastings). This was achieved by having a visibility at early morning and evening commuter runs from Ore, Hastings and St Leonards Stations. Surveys were handed out with free post envelopes and volunteers boarded trains at Battle station to support the return journeys.
- **Working with Partners** – opportunities were built into the programme for partner organisation to become involved as part of their remit in engaging with local people. A Lead Inspector from the Care Quality Commission (CQC) joined the night time activity in Hastings town centre and also joined HWES in a night time enter and view activity at the Accident and Emergency department at the Conquest Hospital. In total, representatives from five organisations, supported numerous activities.
- **Enter and View activity;** Maternity services, Conquest Hospital. HWES's trained authorised representatives visited the maternity unit on two occasions as part of enter and view activity to engage with women and their partners' families using the service. Prior to the enter and view activity, residents were encouraged to complete an online survey capturing local people's views on using the service.



- **Social Media** – the listening tour was supported by online platforms including Facebook, Twitter and the HWES website for communicating information about the tour and for people to share their feedback, A combined social media reach of 68,500 views was achieved, with the targeted ‘call for action’ on maternity services generating the most reach of 36,000 views.

All the above methods are available to HWES to not only promote the range and reach HWES can achieve, but also the model of delivering a community listening tour. Every opportunity was maximised to engage with local people by:

- handing out surveys.
- having one to one conversations
- providing details on how to access HWES services; and
- signposting people to our online platforms for sharing feedback.

## Observations and findings

### Emerging trends and themes across all the activities

**Surveys** – a total of **237 completed surveys** were received from over 800 printed/handed out as a result of face to face interactions with local people. This equates to an approximate 30% response rate. When it was not always possible for people to take a copy of the survey, they were signposted to complete the online version or complete a Speak Out form.

A total of **108 on line** entries were submitted and a further **18 Speak Out** forms were received.

#### What people told us - positive feedback:

- Pharmacy services, well received including access, advice and online repeat prescriptions where offered.
- Some good experiences of getting appointments e.g. at opticians for an individual with a learning disability.
- Some good experiences using mental health services.
- Acknowledgement of TEXT reminders for appointments where offered.
- Staff in general across services; – ‘helpful’ and ‘understanding’ (whilst acknowledging the difficulties facing staff).
- Some good examples where people have been involved in decisions about their care.
- ‘Specialist services’ e.g. Multiple Sclerosis Nurse, Screening services and Diabetic services

#### Not so good feedback:

- Appointments, predominantly GP access and waiting times.
- General trend to go to Accident and Emergency (A&E) department over trying to get a GP appointment.
- Access to appointments for people who work out of the area.

- Long waits for mental health services – generally good once you can access the service.
- Medication – some delays with prescriptions.
- GP closures/relocation issues.
- Registering with a GP; and
- Access to appointments for those with mobility needs and those using public transport.

### **Some barriers people reported**

- Waiting times and accessing GP appointments (predominantly).
- Long waiting times for hospital appointments.
- Registration with a GP.
- Discharges – examples of medication being incorrect.
- Access to mental health services, long referral times.
- Waiting lists and time to diagnosis; and
- Access to services by a member of the transgender community.

### **Suggestions - what people would change**

- GP appointment access, waiting times and better systems to enable patients to see the same GP.
- Access to mental health services/referral process.
- Transport links and parking facilities.
- Better use of technology – Skype, on line appointment.
- Gender specific clinics; and
- Carer support needs.

It is no surprise that access to GP services generated the most, largely negative feedback from the Hastings area given all the recent challenges and changes. However, in Rye, people mostly spoke about good and excellent GP services with Ferry Road Practice receiving particularly positive mentions.

HWES also heard from diverse groups of individuals during the listening tour how access to GP services has particular impact based on their (and some people who support them) experiences. Examples included:

*One group of young people spoke about the importance to:*

- Build a relationship with their GP.
- To see the same GP.
- Have time to talk about their problems; and
- Not always being offered medication as the outcome of a consultation.

Several spoke about not trusting the medication being prescribed as not enough time was allocated to explain to the young person, what the medication was for. Other young people in the group spoke about avoiding the GP system and would choose going straight to A&E as their preferred option, if they needed help.

Care workers supporting people with multiple, complex health needs described a system that had many challenges and barriers for their clients to access routine GP and hospital appointments i.e. for Diabetic clinics.

*Other examples included:*

- Challenges for clients registered with the Special Patient Scheme
- Alcohol dependent clients presenting at A&E in crisis
- Individuals living in St Leonards on Sea who require alcohol screening prior to receiving prescribed medication having to travel to Hastings due to no pharmacy in St Leonards offering this service. (a greater problem over the weekend period).

Individuals with reduced mobility also spoke about some of the challenges they encounter, as too did young parents (mostly young Mum's with another school aged child) and people working out of the area.

## **Feedback gathered from other activity**

### **Focus Group**

A small number of individuals and community group representatives came together to explore the best ways to generate local discussions on social isolation. All attending recognised this issue is widely and frequently discussed, however they also highlighted that conversations are not always maintained.

The topic of social isolation is a peer led project initiated by HWES volunteers who are out and about in their local communities and networks. From their interactions and local information gathered, they concluded that many conversations on social isolation begin in primary care and are not exclusively applicable to older people.

In order to test this theory, the volunteers drafted a survey (with the support of HWES Evidence and Insight Manager), as a starting point to clarify if and how frequently, conversations about feeling socially isolated happen in primary care settings for practice staff. However, due to pressures and demand around the capacity of practice staff, this did not generate the opportunities for engagement anticipated.

To maintain the conversations, HWES will look to identify other partners and organisations it can work with to ensure these conversations are maintained.

### **Walking the patch**

To have a truly 'around the clock engagement' programme was a key focus of the listening tour. It enabled the team and our partners to be where local people go at times of the day (and locations) that were especially challenging for them.

Two research activities to walk the patch identified groups of individuals and locations that would provide good engagement opportunities as well as useful sites to display information about Healthwatch and to develop sustainable community relationships for the future.

During the early morning and night time sessions, the team engaged with very diverse individuals, with over half willing to take a survey and/or talk about their experiences. Conversations were often lengthy and in some circumstances, individuals shared very detailed accounts of their experiences.

We observed a good example of positive citizen involvement that involved two residents volunteering informal support to homeless people on a weekly basis. They were very keen for HWES to return more frequently, as several of the homeless and rough sleepers are ex-service personnel that would welcome more dialogue.

There were other examples shared and observed of how homeless people and rough sleepers often require urgent acute intervention, because primary care pathways and preventative services do not always work for them.

### **Working with partners**

HWES supported by Peers in Partnership (PiP) co-hosted/delivered two sessions to gather peoples feedback on local adult mental health services. Some of the key themes that emerged were the need for:

- Health and care services to engage more male clients and provide services that meet their needs/preferences.
- GPs, Pharmacies and some practitioners to provide more information on the side effects of prescribed medication; and
- Services that supports clients before their health deteriorates/reaches crisis.

A second session with young people not accessing education, training or employment was co-hosted at Sussex Coast college.

Other sessions in the community were supported/hosted by representatives from the following organisations:

- Sussex Partnership NHS Foundation Trust
- SeAp – providing NHS Independent Health Complaints Services
- East Sussex Healthcare NHS Trust;
- East Sussex Fire and Rescue Service
- The Bridge Community Centre
- Fulfilling lives project, Hastings

### **Enter and View; Maternity services at the Conquest Hospital**

Over two sessions, authorised representatives from HWES visited the Maternity Unit to speak to women and their partners/families about their experiences using the service. HWES undertook a similar activity in March 2016 and was keen to follow up those visits in 2017 as part of the listening tour.

During the visits, a total of **17 women** were spoken with. Most shared positive experiences during this time frame. Some comments gathered include:

- *'...care worked well, taking care of me and the baby. Staff friendly and helped with breast feeding'*
- *'same midwife from start to finish was excellent'*
- *'perhaps more knowledge of special diets for women who have diabetes'*

HWES was especially pleased to receive feedback that women were getting help with breast feeding, as previously this was not always the case. Also, appearing in feedback from the last activity was more consideration/knowledge of special diets for women who have diabetes, which will be taken forward.

Prior to this enter and view activity a 'call for action' was run for 14 days asking people who had used the service during a specific timeframe to complete an online survey. A total of **133 responses** were received. HWES will work with East Sussex Healthcare NHS Trust in the form of a working group to assess all the on-line responses and report separately.

## Conclusions

**A vast amount of rich information was gathered by HWES during the listening tour. It is critically important that on behalf on local people, HWES uses its influence to ensure the rich data is shared appropriately with those who provide, plan and pay for local services and that any recommendations made are followed through.**

To help draw the conclusions and shape the recommendations, a Listening to Hastings Feedback event was hosted on the 29<sup>th</sup> November to share the emerging headlines contained in this report and secure the commitment and suggestions from local people / leaders to continue the discussions.

The event was well attended with a good mixture of statutory, voluntary and local representation including: Sussex Police, Hastings and Rother Clinical Commissioning Group (CCG) voluntary sector representatives and some local people.

### Key themes from the feedback event include:

- HWES to share the feedback it has gathered with organisations and review long term, has anything changed because of this activity? for example:

*We Heard...*

*We did...*

*This Happened...*

And report back frequently to people!

- Build on contacts already made, some protected characteristics missing
- Work with other organisations to ensure better information is available in the community.

- Professionals should be where people are.
- Publishing the results of the listening tour is essential, people will feel it is worthwhile giving Healthwatch their opinion.

### Learning for Healthwatch East Sussex

- Build on contacts already made, some protected characteristics missing
- Work with other organisations to ensure better information is available in the community
- Professionals should be where people are
- Publishing the results of the listening tour is essential, people will feel it is worthwhile giving Healthwatch their opinion

The final version of this report will be made available publicly in January 2018 and will be supported by individual reports from each activity (where applicable). The results of the independent evaluation of the Hastings Listening Tour is also being made public.



With special thanks to the service users who provided such valuable insights.

## Contact us

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## Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

A final version of this report will be publicly available by January 2018 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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# East Sussex Community Voice (ESCV)

## Delivering Healthwatch East Sussex

### Evaluation of Hastings Listening Tour: Pilot

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Independent Reviewer  
mtc<sup>2</sup> Ltd

1 December 2017



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## Executive Summary

The Hastings Listening Tour (HLT) organised by East Sussex Community Voice (ESCV) delivering Healthwatch East Sussex is a part of longer-term local community engagement activities with the aim to collect a wide range of community views and experiences on health and social care services. The previous 'Big Red Bus' tours had been deemed to be successful but a refreshed approach was required in response to a new model of working.

Based upon a similar activity in Healthwatch West Sussex ESCV designed the Hastings Listening Tour as a pilot to be run in June/July 2017. The experience gained from that would inform further tours in other parts of the County over the next two years. However the lead-in period coincided with bidding for the new Healthwatch contract and, more significantly, a change of senior personnel. As a result it was decided to reschedule and undertake the pilot in October 2017.

The main strategic objectives were to:

- arrange for both formal and informal opportunities for engaging with local people
- establish links with local businesses, services, groups and organisations raise awareness of Healthwatch and how it would amplify local voices through
  - Positive communication, social media, local press articles/editorials and distribution of marketing material i.e. leaflets, posters and merchandise.
- have a physical presence in a variety of forums
- walk the patch and undertake research

with the outcomes to:

- receive evidence and insight to share with the public and key strategic partners locally and nationally.
- raise awareness of the Information and Signposting service, what it offers and how to access it.
- drive an increase in contact from individuals with the feedback centre and the information and signposting services.
- promote, increase and sustain the number of Healthwatch Champions active in their local communities.
- establish effective channels of communication and amplify local voices
- gather usable evidence on new models of care i.e. detailed accounts that really shows an individual's experience, good and not so good and the opportunity to collect greater community insight
- present the benefits of community insight gathered by an independent organisation
- provide local views on specific topics to support the development of services
- establish and support a long-term and sustainable Healthwatch Champions Network made up of people and community groups/organisations within the area
- create simple but insightful evidence to help local decision-makers understand any unique challenges each area has and the views of local people
- provide opportunities that enables Healthwatch to work with local people to create local solutions
- ensure the Healthwatch East Sussex brand and its services becomes well known to local people / groups / organisations in each borough and district, especially to people who may not normally come across it
- demonstrate excellent partnership work between ESCV, public sector and voluntary and community sector colleagues, ensuring we make best use of specific local community knowledge for the benefit of the people of East Sussex

## Headline Findings

- Within the national context, the Listening Tour is an innovative and ambitious community engagement model which enabled Healthwatch to engage with sections of the community hitherto unheard and unseen
- The team actively pulled together at a pivotal point to ensure completion of activities and the overall success of the model
- Every activity raised awareness of Healthwatch East Sussex whilst the tour as a whole provided opportunities for round the clock community engagement
- The strategic objectives as stated were mainly achieved
- The project strengthened existing partnerships and developed new ones
- Rich data in relation to otherwise hard to reach groups was gathered
- A change in leadership at a critical stage of the project hampered decision making and planning

## Evaluation Conclusion

ESCV are a small, dedicated team and this was an ambitious project which stretched their capacity to its limits. Despite the difficulties encountered, in essence the pilot achieved its aims and the team should be commended for their achievement. The model is yet to reach its full potential however and should the recommendations in this evaluation be followed there is every indication that this will occur.

## Headline Recommendations

Should there be agreement that the model will be replicated in other areas of the County the following should be taken into account:

1. Ensure there is a project manager identified at the time of project conception and initiation with the expertise and protected time to effectively plan
2. Ensure comprehensive project planning tools are utilised to their full effect
3. Identify and allocate adequate resources to enable the project to meet its full outcomes and objectives
4. Identify quantitative as well as qualitative outcomes for a more robust evaluation
5. Model a 'whole team activity' approach for the period of the tour with clearly defined roles, responsibilities and a pro-active approach to encourage innovation, ensure flexibility and the ability to respond to opportunities and challenges
6. Further strengthen partnership working with new and existing partners and community groups so they are fully engaged from the outset and can provide additional support/resources
7. A more comprehensive marketing and social media strategy to be devised and implemented for pre, post and during the tour
8. Ensure there is appropriate training provided in marketing and promotion and 'on-street' engagement for those who do not have a high level of experience in these areas.

## Evaluation methodology

This report was based upon interviews with 8 staff and volunteers, consultation with partner organisations via an on-line survey and follow-up contact when required, an on-line survey to volunteers, observations of four Listening activities, a post-pilot feedback event, sight of social media posts during and post project, observation of the back office IT system and document review of material supplied by the project leader, and 21 research documents including regional and national reports relating to community engagement.

## Community engagement

### The national picture

With the emphasis from central government for local devolution and significant impacts on delivery of services, including changes to health and social care, there is a national drive to have more effective community engagement. There are a range of models which are being explored across the country of which the Listening Tour is one example

Extensive studies in Scotland have resulted in the 'Seven National Standards'<sup>1</sup> and in relation to planning where partners are involved in the activity, the following points are essential:

- a. Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore.
- b. A clear and agreed engagement plan is in place.
- c. All available information which can affect the engagement process has been shared and used to develop the community engagement plan.
- d. Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered.

Listening tours have been widely used by a variety of organisations from politicians to scientific bodies, from international health researchers to designing neighbourhood plans, each with their own interpretation of how they should be structured, implemented and the results distributed. The Hastings Listening Tour sits well then in the national scene of community engagement. What makes it stand out however is its emphasis on first using transects mapping and then operating within the identified area with a range of activities. Transect has been used for environmental studies around the world but research has been unable to identify where this approach is being used within the health arena outside of Sussex. This makes the Hastings Listening tour an innovative interpretation of what constitutes a Listening Tour.

## Planning

The project was first considered by the Volunteer and Community Liaison Manager as a means of better engaging with the local community and fulfilling the demand for a refreshed approach. Long-standing relationships with partners meant that their opinions could be taken on board. The manager took under consideration the experiences of Healthwatch West Sussex and used this as the basis for the East Sussex pilot. This was raised at a team day where the principles and expected implementation was outlined. This phase was planned well.

The reasonable expectation was that this would be a 'whole team activity' similar to that within West Sussex and resources would be forthcoming with volunteer and partner involvement. The transect activity (walking the patch beforehand) was an essential factor in the project definition and

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<sup>1</sup> <http://www.voicescotland.org.uk/Seven-NS/planning/>

planning and played a significant role in identifying appropriate 'walking routes' and locations for community engagement.

All acknowledged that this was an ambitious undertaking and relied on having sufficient capacity. Volunteer involvement was lower than anticipated and whilst some partners came on board at an early stage they did not necessarily cascade the information to the relevant attendees in a similarly timely fashion. In other instances the project activity within the first few days identified additional partners and they were therefore understandably 'late' in their engagement. Whilst capacity issues challenged the detailed planning of the pilot, nevertheless a comprehensive engagement programme was put together and resourced.

*"HWES are usually good at planning such events and this was no different, save the last minute cancellation of the original schedule."* Partner comment

*"They came up with a really diverse and inclusive programme."* Partner comment

### Communications

When undertaking evaluations the issue of communications invariably arise and this project was no exception. There were regular briefings to the team and partners and 'job descriptions' were readily available. Whilst this information was generally well received it did not always translate into clear operational communications across all organisations. Some considered it

*'very well planned, effective and worthwhile process'*

whilst others were less clear about their role.

*'Communication could be improved as I didn't receive all the information in advance and so could not promote and encourage engagement'. Partner comments*

Sharing information in a timely manner within any organisation can be problematic in periods of high activity. All participants have a role to play in ensuring that there is clear communication within and between the partnership.

### Delivery of the project

Without question the tour schedule was imaginative and comprehensive. The pilot intelligently covered a wide variety of areas, social groups and ages engaging with individuals, community groups and partners. They went beyond the 'usual suspects' approaching the private sector with the commuter engagement for example. The tour also importantly stepped outside of the working week to engage with sections of the community who would otherwise not have been reached and showed flexibility by cancelling when required (eg a forecast of exceptionally bad weather) and adding events when new opportunities arose.

*'I'm very pleased with what's been going on. Research in the evening and early morning is vital. Everyone wants to work 9-5 and they don't see the pressures on services out of hours'. Partner comment*

### The schedule

As a pilot some activities were inevitably more worthwhile than others in terms of numbers. However this pilot's focus was not solely on numbers and there will always be a variation in

outcomes with such a large range of events. The dilemma facing any community engagement event was nicely reflected in the following statement:

*'Connecting with the public on health and social care issues can be a bit 'hit and miss' sometimes. You're never quite sure what to expect, particularly if the focus of the event is not about your service or health and social care generally.'* Partner comment

In previous years ESCV have engaged with the community via the Red Bus tours. This had the advantage of being in a fixed spot, with an identifiable contact point, easily promotable and partners could utilise traditional methods of interaction through leaflets and conversation.

*'The Red Bus Tour's effectiveness was very much connected to the appropriateness of the venue provided to HWES.'* and

*'...is great for publicity/visibility, but not always a great environment for conversations about sensitive topics.'* whereas

*'A more intensive period of activity in an identified location at different times and in varied venues must be a better way to truly engaging with communities'.* [Partners comments]

Regardless of the numbers engaged, it should be emphasised that every activity achieved at least one of the outcomes required within the project brief and the quality of the information obtained and decisions about how that information is disseminated is the true test of the pilot.

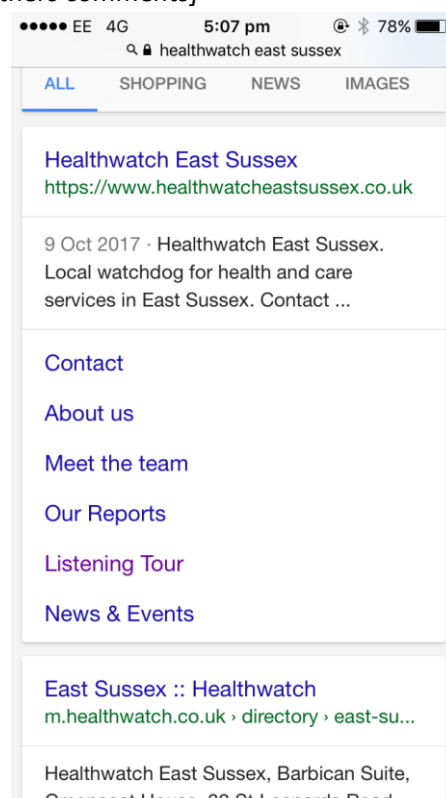
**The schedule of activities was ambitious and enabled community engagement with groups and individuals hitherto unseen or unheard.<sup>2</sup>**

## Promotion

On-line platforms play a major role in promoting any activity and the website, Facebook and Twitter feeds were utilised. There was a clear calendar on the site which was very user friendly. On Twitter the #ListeningTour reached approximately 7,500 and on Facebook reach was approximately 25,000. Levels of engagement are a truer reflection of how effective these platforms are and a comprehensive social media plan will help with planning and evaluating its impact in the future.

## Data collection

A survey was distributed at every activity with the prize draw to encourage completion. In some cases these were completed by a team member and other data obtained by taking case histories and stories. It was also available via the website. Unless you have a captive audience it is notoriously difficult to persuade people to complete surveys. By its very nature this was not a 'captive' audience so inclusion of a prize draw was a good incentive.



<sup>2</sup> For a full list of activities please see Appendix

Returns of between 9 and 15 percent are considered to be sufficiently representative and for this pilot there was in excess of 30% response rate. Data arising then would be considered to be statistically significant and results of detailed analysis of the surveys hold significant weight in any future discussions and/or reports. Rich data was also collected via the stories and case studies at the events. Phone contact also increased over the period suggesting that the tour met its objective of raising awareness of the service. There was a slight upward trajectory in visitors to the website although this was not significant and may be a reflection of a general upward trend rather than a causal link to the activity.

*‘it provided valuable intelligence about the quality of services locally.’ Partner comment*

### Partner involvement

The inclusion of the majority of partners in the pilot was the result of existing relationships and new partners were identified as the pilot progressed. It is to the immense credit of those involved that new groups and existing partners were willing to be involved, and would continue to be involved.

*‘We have worked positively with HWES over a number of years, understanding and appreciating the work they do as a force for good in East Sussex. [.....] we would always be keen to support them in endeavours that help raise awareness of the issues facing the people of East Sussex.’*

*‘We want to continue to build on our partnership working with Healthwatch.’*

Partners were aided by the partner briefing and the ability to use the activities to promote their own services. They were fully supportive of the concept of the listening tour.

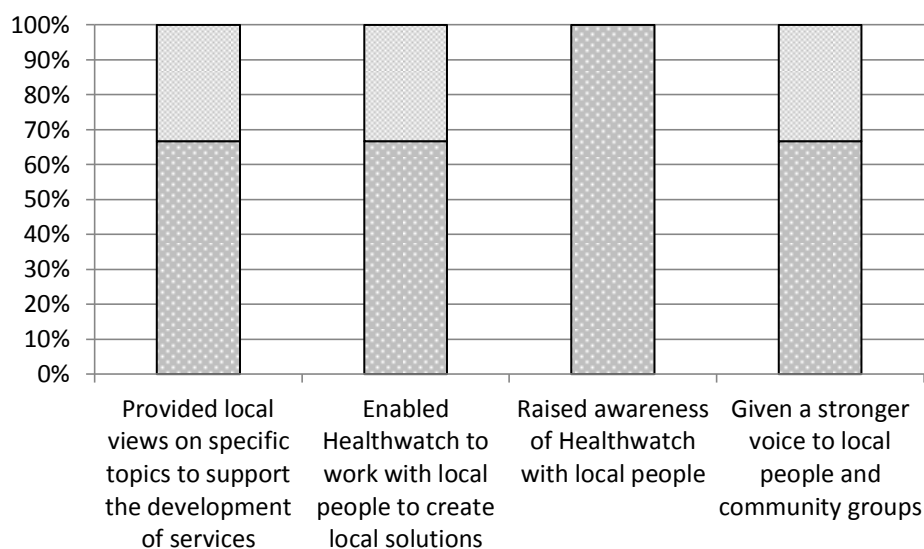
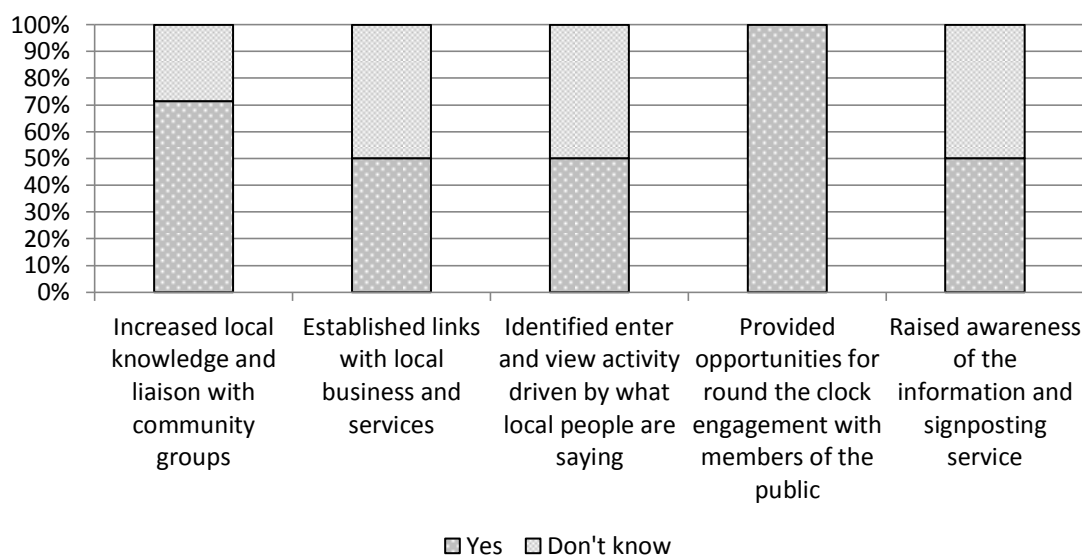
*‘I think it is important for public services to get involved with grass roots activities and provide direct opportunities for the public to express their views’*

### Outcomes

The on-line evaluation survey to volunteers and partners asked them to state whether the project had succeeded with its stated aims and objectives – a simple yes, no or don’t know. This had been sent out to partners who had been involved in the planning and/or its implementation. Some respondents would have been involved in the initial planning but then passed on to a colleague the task of attending an event. There were zero ‘no’ responses and as reported previously partners believed that every activity raised awareness of East Sussex Healthwatch, whilst the tour as a whole provided opportunities for round the clock engagement. The other outcomes inevitably had a mixed response due to the variable nature of involvement. It is worthwhile noting however that every outcome had a positive response of 50% or over.

Partner views are detailed in the two bar charts below.





The main area of uncertainty (in relation to the wider outcomes achieved), and which can only be determined by analysing detailed post-tour activity, is the increased numbers of active Healthwatch champions.

The volunteer responses were too low for there to be any statistical significance. However the volunteers agreed unanimously that the project a) raised awareness of the information and signposting service, b) provided local views on specific topics to support the development of services, and c) raised awareness of Healthwatch with local people.

## Post tour activity

The timing of submission of this evaluation does not allow for evaluation of the post-tour activity. Discussions regarding how the outcomes from the tour are to be reported back however indicate an innovative approach with a mix of media incorporating written, audio and visual reports. This should then be structured in a way that enables understanding and interrogation by organisations and individuals at different levels according to their need.

Data collected from the survey will be analysed and the results fed into planning for future actions. Observation of activities indicated a drive to follow up new community contacts enabling new entry points for hard to reach groups being utilised to a larger extent.

*'[We] managed to interact with many vulnerable and hard to reach groups whose views would normally go unheard'. Partner comment*

A feedback event for those involved was held attended by staff, Board representatives, volunteers and nearly 20 representatives of partners across health and social care. Evidence was presented by staff and partners which demonstrated the reach of the Listening Tour and that data was being disseminated to the right people. It was a good indication of the determination to ensure that the conversations are 'kept going' with partners and the local community. Subsequent work will focus on increasing the number of active Healthwatch Champions, developing the network and future Listening Tours.

## Lessons learnt

The HLT project was ambitious and far reaching and the pilot fulfilled its purpose in engaging with the community in an innovative manner. The key contributing factors which had a positive impact were:

1. A good overall strategy
2. The transect activity to identify key links in an unknown area
3. The vision of the Volunteer and Community Liaison Manager
4. The deployment of additional staff to organise the schedule
5. The team's desire to do the best they could do and ability to pull together when under pressure
6. Existing relationships with partners

The key contributing factors which had a potentially negative impact upon it were:

1. change of senior personnel at a critical period
2. the lack of a dedicated project lead at an early stage

Despite any drawbacks the aims and outcomes as per the project brief were largely fulfilled demonstrating that the model works. The pilot was also successful in demonstrating what worked well and what could be improved. With adjustments detailed in the recommendations it could easily be replicated around the county. Inclusion of quantitative measures would support good planning and aid future evaluations

## Appendix A: Company information

mtc2 Ltd, founded by Laura Murphy, is an award winning business consultancy, training and executive coaching company. The company works throughout the UK covering all sizes of business within the private, public and voluntary sectors and calls on a pool of specialists according to the nature of the work commissioned. For this evaluation Laura Murphy was the Independent Evaluator.

Laura is an experienced organisational development specialist with a background in behavioural sciences. She has a long track record of evaluating major and smaller projects within the private, public and charitable sectors. In 2012 she was commissioned to undertake a Legacy Evaluation of Link prior to its abolition and transference to Healthwatch. She has co-authored industry guidance notes and co-designed a national model for assessing return on investment for health and well being projects.

## Appendix B: Listening Tour Statistics

**Face to face contact:** 237 (approx. 800 printed) 30% response rate, as added value, this also generated

**Total on line surveys:** 108 entries, further 18 feedback forms handed out during the tour.

**Total:** 345

**Contacts:** generated to the enquiry line – 18

**Feedback Centre increase:** there was a slight upward trajectory in visitors to the website, not significant.

**Total Facebook reach** – Listening Tour 25,000 approx.

**Total Twitter reach** - #ListeningTour 7,500 approx.

### Combined results

- 522 surveys and face and face to face conversations
- 68,500 social media reach, with targeted reach i.e. maternity generating the most reach 36,000
- 31 individual conversation via focus groups

**Total:** 27

### Range of activities delivered (demonstrating HWES reach and functions)

- **Focus Group x 1** (with Young People raising awareness of MH 22 – 25 attended. Will be going back in January 2018, discussions already commenced.
- **Focus Group x 2** discussing Social isolation – further links established to work with ES&R in extending our reach – 6 people attended.
- **Enter and View x 2 Maternity services at the Conquest Hospital**, 17 face to face conversations, 133 on line responses approx. 36,000 reach via social media (Facebook)
- **Commuter Runs x 2** days including early morning and evening sessions (am worked better for handing out surveys)
- **Early morning walks x 2** – engaged with homeless people, rough sleepers and fishing community
- **Town centre engagement x 2** being available to talk to members of the public, raising HW profile and handing out surveys.
- **Rye Town activity x 1** – Market Day
- **Night time town engagement x 2** one session was for research, the second session invited partners. CQC inspector joined the activity, followed on by visit to A & E at midnight

- **Conquest Hospital lobby x 2** Information sessions, weekend activity.
- **GP Practices** – 3 sessions in Hastings 3 in Rye
- **Public events** – ESF&R Open day 600 people attended  
Senior Fayre, hosted by Amber Rudd
- **Bolt on sessions** – Joining existing activities:

Big Gig – people with LD, 900 people attended  
throughout the day  
3 Older People’s events  
1 Mums and Toddler group  
Women’s Hour

People with Multiple and complex health  
needs x 3 sessions  
Adults with mental health needs  
Young People

### **Partnership working**

Representatives from 4 organisations, joined sessions including seAp, SPFT, CQC, ESHT and 2 voluntary sector organisations, Fulfilling Lives project, PPG

## Appendix C: Document review

In addition to those in the footnotes of the report the following documents and websites were reviewed

1. [Community Engagement Local Government](#)
2. [Community Engagement Models Cymru](#)
3. [Community Engagement Planning Tool Kit 2014](#)
4. [Community Mapping through Transect walks](#)
5. ESCV HW Locality Engagement Model PROJECT BRIEF Aug 17
6. [Future of Science Listening Tour](#)
7. [Guidelines for carrying out a survey](#)
8. [Hastings Listening Tour feedback event](#)
9. Healthwatch East Sussex Three Year Locality Engagement Strategy\_updated August 2017
10. [Healthwatch Wolverhampton Listening Tour](#)
11. [Improving Community Engagement through Spatial and Visualisation methods](#)
12. Letter to partners informing them of the listening tour, April 2017
13. [Listening Tour The End Fund](#)
14. Locality Communication Marketing Strategy
15. Locality Engagement presentation
16. [National Standards for Community Participation, Scotland, 2015](#)
17. [Not another Consultation! Making community engagement informal and fun](#)
18. Organisation Champion Role Spec
19. Organisation Contact List
20. Partner specification
21. [Pathways through participation: What creates and sustains active citizenship?](#)
22. [Proposal for a Locality Engagement Group Structure: Wales](#)
23. [Survey Gizmo, response rates](#)
24. [Surveys: a guidance note, Nottingham University](#)
25. [The Manchester Community Engagement Toolkit](#)
26. [Toolkit for community engagement](#)
27. Volunteer advert
28. Volunteer specification
29. [West Sussex Listening Tour 2014 results](#)
30. [West Sussex Listening Tour 2016 results](#)

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<b>Report to:</b>	<b>East Sussex Health &amp; Wellbeing Board</b>
<b>Date of meeting:</b>	<b>19 December 2017</b>
<b>By:</b>	<b>Director of Adult Social Care &amp; Health</b>
<b>Title:</b>	<b>Care Quality Commission Local Area Review – next steps and timeline</b>
<b>Purpose:</b>	<b>To provide a summary of next steps and the timeline leading up to Local Improvement Summit and publication of the report</b>

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## **Recommendations:**

### **The Board is recommended to:**

- 1. Note the timeline for next steps leading up to publication of the findings from the East Sussex Local Area Review.**
  - 2. Agree to a virtual sign off process for the Care Quality Commission (CQC) Action Plan following the summit and prior to it being submitted to CQC.**
  - 3. Agree to an Action Plan update report being brought to the 13 March 2018 Board and the frequency of update reports it requires thereafter.**
- 

## **1. Background**

1.1 East Sussex was selected to participate in the first round of Care Quality Commission (CQC) local system reviews that have been taking place in the latter half of 2017/18. The reviews, exercised under Section 48 powers, are whole system and conducted on the Local Authority footprint, with the Local Authority being requested to coordinate the input of partners and leaders from across the health and social care system.<sup>1</sup>

1.2 The focus of the review was the interface between health and social care, and the outcomes for older people (65+ and including those living with dementia) moving through the system. There was an assessment of the governance in place for the management of resources and of commissioning across the interface; however specialist commissioning and Mental Health Services were not in scope for review.

## **2. Supporting information**

2.1 CQC Reviewers visited East Sussex twice during the course of the review:

- 23-25 October pre-site visit: meetings were undertaken with system leaders and workshops held with people who use services, carers, and independent and voluntary sector providers – the schedule conducted for the October visit is attached at Appendix 1 for information.
- 13-17 November site visit: 14 reviewers attended in total representing CQC and Specialist Advisors from local government and health. Visits were undertaken across acute hospital sites, community hospital and intermediate care sites, walk-in centres, a residential home and St Wilfrid's Hospice. In addition, staff from across health and social care were interviewed and further interviews were undertaken with system leaders. The final schedule of interviews and visits undertaken during the November review is attached at Appendix 2 for information.

2.2 A system leaders plenary feedback session, led by the lead CQC reviewer Wendy Dixon, took place on Friday 17 November with representatives from East Sussex County Council; East Sussex Healthcare Trust; Eastbourne, Hailsham & Seaford, and Hastings & Rother Clinical Commissioning Groups; High Weald Lewes Havens Clinical Commissioning Group, and; Sussex

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<sup>1</sup> Letter from Sir David Behan to Becky Shaw, Chief Executive ESCC, 31 July 2017

Community NHS Foundation Trust. Initial verbal feedback was provided at the meeting, ahead of the draft report being issued on 18 December.

### **3. Timeline and next steps**

3.1 The confirmed timeline for the report and action plan (which is owned by the Health & Wellbeing Board) is as follows:

Monday 18 December	CQC will issue the draft report to East Sussex County Council
Monday 18 December – Monday 8 January	Factual accuracy check of draft report
Monday 29 January	CQC issue final report to the people attending the East Sussex summit
Tuesday 30 January	East Sussex Summit <ul style="list-style-type: none"><li>• CQC present their recommendations</li><li>• 'System' presents summary response to the recommendations</li><li>• The Summit starts the process of action planning</li><li>• NHSI and NHSE attend the summit</li><li>• SCIE facilitate the summit</li></ul>
1 Feb onwards	20 days to complete and submit action plan to CQC <ul style="list-style-type: none"><li>• Action plan will be shared with all key partners for input and sign off</li><li>• Health and Wellbeing Board oversee implementation of the action plan</li></ul>

### **4. Conclusions and recommendations**

4.1 The Board is recommended to note the timeline for next steps leading up to publication of the findings from the East Sussex Local Area Review, as set out above.

4.2 The next scheduled meeting of the Health & Wellbeing Board is 13 March. The Board is therefore recommended to agree to a virtual sign off process for the CQC Action Plan following the summit on 30 January 2018 and prior to it being submitted to the CQC.

4.3 The Board is recommended to agree to an Action Plan update report being brought to the March 2018 Board and the frequency of update reports it requires thereafter.

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

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### **BACKGROUND DOCUMENTS**

Appendix 1: 24 & 25 October Information Packs

Appendix 2: East Sussex November Site Visit Timetable



East Sussex Local System Review

Tuesday 24 October

Schedule 1

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Time	Name of Meeting	Purpose	Attendees	Key Contact	Address	Map	Access/notes
09:30 – 10:00	Schedule & Logistics	Meet with Co-ordinators to run through logistics	<ul style="list-style-type: none"><li>Samantha Williams, Assistant Director – Planning, Performance &amp; Engagement , ASCH, ESCC</li><li>Bianca Byrne, Acting Head of Policy &amp; Strategic Development, ASCH, ESCC</li></ul>	<b>Bianca:</b> 07701 394501 <b>Sam</b> 07900 060701	Adrian Bull's Office, Eastbourne District General Hospital, <b>BN21 2UD</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CEastbourne%20BN21%202UD,%20UK%7C%7C0.271107%7C50.786969">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CEastbourne%20BN21%202UD,%20UK%7C%7C0.271107%7C50.786969</a>	Park in visitors car park - pay on exit. Machine can take cash or card. Call Sam or Bianca on mobile numbers when arrive at reception.
10:15 – 11:15	System Leaders	Overview of purpose of review by CQC	<ul style="list-style-type: none"><li>Mark Stainton, Assistant Director – Operations, ASCH, ESCC (for Keith Hinkley)</li><li>Adrian Bull, Chief Executive, East Sussex Healthcare Trust</li><li>Amanda Philpott, Chief Officer, Eastbourne, Hailsham &amp; Seaford CCG and Hastings &amp; Rother CCG</li></ul>	<b>Bianca:</b> 07701 394501	Sara Hampson Room, Eastbourne District General Hospital, Education Centre, <b>BN21 2UD</b>		Bianca will show you to the room following your earlier meeting
11:15 – 12:15	Healthwatch	Interview	<ul style="list-style-type: none"><li>Elizabeth Mackie, Volunteer &amp; Community Liaison Manager, Healthwatch</li></ul>	<b>Bianca:</b> 07701 394501			Stay in the room from the previous meeting
12:15 – 12:45	Lunch & Travel						
12:45 – 13:45	Ambulance Services	Interview	<ul style="list-style-type: none"><li>Helen Wilshaw, Customer Account Manager – Sussex, South East Coast Ambulance Service</li><li>Giles Adam, Clinical Operations Manager, South East Coast Ambulance Service</li><li>Ian Thompson, Sussex Business Manager, South Central Ambulance Service</li></ul>	<b>Helen:</b> 07901 515523	Hailsham Road, Polegate, <b>BN26 6QL</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CEastbourne%20BN21%202UD,%20UK%7C%7C0.271107%7C50.786969%7CtoNode=0%7CPolegate%20BN26%206QL,%20UK%7C%7C0.237069%7C50.829727">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CEastbourne%20BN21%202UD,%20UK%7C%7C0.271107%7C50.786969%7CtoNode=0%7CPolegate%20BN26%206QL,%20UK%7C%7C0.237069%7C50.829727</a>	Access through the barrier at the end of the road. Ask for Helen Wilshaw on the intercom.
13:45 – 15:00	Travel						
15:00 – 16:00	System Leaders	Overview of purpose of review by CQC	<ul style="list-style-type: none"><li>Mark Stainton, Assistant Director – Operations, ASCH, ESCC (for Keith Hinkley)</li><li>Wendy Carberry, Chief Officer, High Weald, Lewes &amp; Havens CCG</li><li>Siobhan Melia, Chief Executive, Sussex Community NHS Foundation Trust</li><li>Simone Button, Chief Operating Officer, Sussex Partnership NHS Foundation Trust (for Samantha Allen)</li></ul>	<b>Claire Francks:</b> 01273 336516	Centre 2 F (Priory), County Hall, Lewes <b>BN7 1UE</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CPolegate%20BN26%206QL,%20UK%7C%7C0.237069%7C50.829727%7CtoNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CPolegate%20BN26%206QL,%20UK%7C%7C0.237069%7C50.829727%7CtoNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056</a>	When you arrive at County Hall, please go to reception and ask for Claire Francks. 1 car parking space is booked on the forecourt for Wendy Dixon.
16:15 – 17:15	STP Leaders	Interview	<ul style="list-style-type: none"><li>Michael Wilson, Chair, STP</li><li>Dena Marshall, Programme Director, STP</li><li>Wendy Carberry, Senior Responsible Officer, STP</li></ul>	<b>Claire Francks:</b> 01273 336516	Centre 2 F (Priory), County Hall, Lewes <b>BN7 1UE</b>		Stay in the room from the previous meeting
18:00 – 20:30	Seaford Community Network – free buffet supper provided	Visit	<ul style="list-style-type: none"><li><i>Cross-sector event for everyone in the local community network together, share information, and resources, build relationships and collaboration, influence service provision and provide opportunities for mutual support and learning.</i></li></ul>	<b>Rachael Toner:</b> 07590 629792	St. James’ Trust, 11 Blatchington Road, Seaford <b>BN25 2AB</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056%7CtoNode=0%7CBlatchington%20Rd,%20Seaford%20BN25%202AB,%20UK%7C%7C0.101050%7C50.773986">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056%7CtoNode=0%7CBlatchington%20Rd,%20Seaford%20BN25%202AB,%20UK%7C%7C0.101050%7C50.773986</a>	Small car park at the venue however there is also free on street parking in the area.

# East Sussex Local System Review

Tuesday 24 October

## Schedule 2

Time	Name of Meeting	Purpose	Attendees	Key Contact	Address	Map	Access/notes
09:30 – 10:30	Memory Moments Café (running from 09:30 – 13:00)	Visit	Designed for people with memory problems and their carers and family. Enjoy tea, coffee and cake and have some fun with games, talks, music and dance.	<b>Jennie Morrison-Cowan</b> Peter Calder Project Co-ordinator 07973 938474 can get a message to Jennie	The Buxted Inn, High Street, Buxted, Uckfield <b>TN22 4LA</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLews,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CBuxted,%20Uckfield%20TN22%204LA,%20UK%7C%7C0.132879%7C50.990021">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLews,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CBuxted,%20Uckfield%20TN22%204LA,%20UK%7C%7C0.132879%7C50.990021</a>	Car park is at the back of the venue. Ask for Jennie when you arrive.
10:30 – 11:30	Travel						
11:30 – 12:30	Chaps Who Cook and Women With Wood (running from 10:00- 13:00)	Visit	Men can brush up their cooking skills by making the lunch for everybody, whilst the women build their skills and confidence using tools to make a simple useful item from wood. The two groups will come together to share the lunch, recipes and handmade items.	<b>Jan Cutting</b> 07875 420320	The Pelham, Holliers Hill, Bexhill <b>TN40 2DD</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CBuxted,%20Uckfield%20TN22%204LA,%20UK%7C%7C0.132879%7C50.990021%7CtoNode=0%7CHollier's%20Hill,%20Bexhill-on-Sea%20TN40%202DD,%20UK%7C%7C0.475339%7C50.853093">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CBuxted,%20Uckfield%20TN22%204LA,%20UK%7C%7C0.132879%7C50.990021%7CtoNode=0%7CHollier's%20Hill,%20Bexhill-on-Sea%20TN40%202DD,%20UK%7C%7C0.475339%7C50.853093</a>	Car park at back of building. At the front of the hotel there's a driveway with a sign for The Pelham car park. Car park is free. Ask for Jan when you arrive.
12:30 – 13:30	Extra Care Visit & Lunch	Visit	The Orangery has 58 flats consisting of 1 and 2 bedrooms that benefit from a range of support services, including an on-site care team and a restaurant providing healthy, freshly-prepared meals, 7 days a week.	<b>Kate Roper</b> 01424 728210	The Orangery, 14-20 Buxton Drive, Bexhill-on-Sea <b>TN39 4BD</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CHollier's%20Hill,%20Bexhill-on-Sea%20TN40%202DD,%20UK%7C%7C0.475339%7C50.853093%7CtoNode=0%7CBuxton%20Dr,%20Bexhill-on-Sea%20TN39%204BD,%20UK%7C%7C0.471636%7C50.854808">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CHollier's%20Hill,%20Bexhill-on-Sea%20TN40%202DD,%20UK%7C%7C0.475339%7C50.853093%7CtoNode=0%7CBuxton%20Dr,%20Bexhill-on-Sea%20TN39%204BD,%20UK%7C%7C0.471636%7C50.854808</a>	Extra care venue is around the corner from the previous venue (the Pelham). On street parking is free. Parking within the grounds is residents permit parking only
13:30 – 14:30	Travel						
14:30 – 15:30	Residential & Nursing Home Providers	Focus group	Refer to attendance sheet attached.	<b>Paul Bolton:</b> 07825 754167	Our Lady of Ransom Church (Parish Centre), 2-4 Grange Road, Eastbourne <b>BN21 4EU</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CBuxton%20Dr,%20Bexhill-on-Sea%20TN39%204BD,%20UK%7C%7C0.471636%7C50.854808%7CtoNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CBuxton%20Dr,%20Bexhill-on-Sea%20TN39%204BD,%20UK%7C%7C0.471636%7C50.854808%7CtoNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949</a>	There is a car park at the church that can be accessed from Meads Road; the turning for the car park is the opposite side of the road to Caffyns.
15:30 – 16:00	Travel						
16:00 – 17:00	Eastbourne, Hailsham & Seaford and Hastings & Rother CCG Governing Body Members & Federation Chairs	Interview	<ul style="list-style-type: none"> <li>Dr Martin Writer, Clinical Chair Eastbourne, Hailsham &amp; Seaford CCG</li> <li>Dr Nick Harvey, GP, Eastbourne Park Primary Care Centre</li> <li>Kirsten Adams, Federation Lead, Integrated Family Healthcare Ltd, Hastings &amp; St Leonards</li> <li>Jon Merrick, Federation Lead, Integrated Family Healthcare Ltd, Hastings &amp; St Leonards</li> </ul>	<b>Reception</b> 01323 502200	Eastbourne Park Primary Care Centre, Broadwater Way, Eastbourne <b>BN22 9PQ</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949%7CtoNode=0%7CEastbourne%20BN22%209PQ,%20UK%7C%7C0.277702%7C50.794782">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949%7CtoNode=0%7CEastbourne%20BN22%209PQ,%20UK%7C%7C0.277702%7C50.794782</a>	Parking can be a problem however you can park in the bowling car park at the end of their drive or use Sainsbury's. If you use Sainsbury's there is a cut through that brings you to the back of practice building. Both car parks are free but there is a 2 hour limit at Sainsbury's.

# East Sussex Local System Review

Wednesday 25 October

## Schedule 1

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Time	Name of Meeting	Purpose	Attendees	Key Contact	Address	Map	Access/notes
09:00 – 10:00	Leader of the Council / Chair Health & Wellbeing Board	Interview	<ul style="list-style-type: none"><li>Cllr Keith Glazier</li></ul>	<b>Kirstie Battrick:</b> 07557 565003	Centre 8E, County Hall, Lewes <b>BN7 1UE</b>	<a href="https://www.google.co.uk/maps/place/East+Sussex+County+Council/@50.8718094,0.0001236,17z/data=!4m5!3m4!1s0x47df612aec33aaeb:0xad906a4049d9949a!8m2!3d50.871823!4d0.0010785">https://www.google.co.uk/maps/place/East+Sussex+County+Council/@50.8718094,0.0001236,17z/data=!4m5!3m4!1s0x47df612aec33aaeb:0xad906a4049d9949a!8m2!3d50.871823!4d0.0010785</a>	Parking booked on the forecourt at County Hall for Wendy Dixon
10:00 – 11:00	ASCH & Community Safety Overview Scrutiny Committees	Interview	<ul style="list-style-type: none"><li>Cllr Angharad Davies</li><li>Cllr Colin Belsey</li><li>Cllr Trevor Webb</li><li>Cllr Carl Maynard</li></ul>				
11:30 – 12:15	High Weald Lewes Havens CCG Governing Body Members	Interview	<ul style="list-style-type: none"><li>Dr Ragu Rajan</li></ul>				
12:15 – 12:30	Travel						
12:30 – 13:45	Carers Forum & Lunch including film premier	Visit	<div>A range of workshops are taking place with Carers:-</div> <ul style="list-style-type: none"><li>Your rights when the person you care for is admitted to hospital</li><li>Your rights as a mental health carer</li><li>Your rights around community based healthcare</li><li>Your rights when end of life conversations are approaching</li><li>Your rights around carer assessments</li><li>Your rights around benefits</li><li>Your rights around work &amp; education</li><li>Professionals workshop around ‘Carers Rights’</li></ul>	<b>Teresa Flower:</b> 07720 210337	Sussex Downs College - Lewes Campus, Cliffe Building, 1 Mountfield Road, Lewes <b>BN7 2XH</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056%7CtoNode=0%7CLewes%20BN7%202XH,%20UK%7C%7C0.015221%7C50.870204">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056%7CtoNode=0%7CLewes%20BN7%202XH,%20UK%7C%7C0.015221%7C50.870204</a>	The college has plenty of free parking. In front of the Cliffe building there is parking for 20 cars with four disabled parking spaces available. There is another large car park onsite which is just down from the Cliffe Building car park.
13:45 – 14:15	Travel						
14:14 – 15:30	Free slot						
15:30 – 16:15	Feedback	Feedback to Co-ordinators	<ul style="list-style-type: none"><li>Samantha Williams, Assistant Director – Planning, Performance &amp; Engagement , ASCH, ESCC</li><li>Bianca Byrne, Acting Head of Policy &amp; Strategic Development, ASCH, ESCC</li></ul>	<b>Bianca:</b> 07701 394501	Centre 8E, County Hall Lewes <b>BN7 1UE</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%202XH,%20UK%7C%7C0.015221%7C50.870204%7CtoNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes%20BN7%202XH,%20UK%7C%7C0.015221%7C50.870204%7CtoNode=0%7CLewes%20BN7%201UE,%20UK%7C%7C0.001101%7C50.872056</a>	Parking booked on the forecourt at County Hall for Wendy Dixon

East Sussex Local System Review

Wednesday 25 October

Schedule 2

	Name of Meeting	Purpose	Attendees	Key Contact	Address	Map	Access/notes
09:30 – 10:30	Voluntary & Community Sector Providers	Focus group	Refer to attendance sheet attached.	Flora Aldridge: 07701 394927	3VA, 8 Saffrons Rd, Eastbourne <b>BN21 1DG</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CLewes,%20UK%7C%7C0.008780%7C50.873872%7CtoNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949</a>	Use the car park at Our Lady of Ransom Church as there is only on street parking on Saffron's Road. Access the car park from Meads Road; the turning for the car park is the opposite side of the road to Caffyns. Claire Francks will meet you in the car park and take you to the first venue. Flora Aldridge will bring you back to the Church for the next focus group.
10:45 – 11:45	People who use services and Carers	Focus group	Refer to attendance sheet attached.		Our Lady of Ransom Church (Parish Centre), 2-4 Grange Road, Eastbourne <b>BN21 4EU</b>		
12:00 – 13:00	Domiciliary Care Providers	Focus group	Refer to attendance sheet attached.				
13:00 – 13:30	Lunch & Travel						
13:30 – 15:00	Health & Social Care Connect	Visit and focus group	Health and Social Care Connect (HSCC) manages access and referral routes to Adult Community Health and Social Care Services. It is jointly delivered by ESCC Adult Social Care and East Sussex Healthcare NHS Trust (ESHT). This streamlined service enables adults and their carers to access appropriate care and support services in a timely manner. It is the conduit for health and social care professionals to access a range of Adult Community Health and Social Care Services.	Alison O'Shea 07788 356411	Room 103, St Mary's House 52 St Leonard's Road, Eastbourne, East Sussex <b>BN21 3UU</b>	<a href="http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949%7CtoNode=0%7CSt%20Leonard's%20Rd,%20Eastbourne%20BN21%203UU,%20UK%7C%7C0.283761%7C50.772943">http://www.theaa.com/route-planner/index.jsp#fromNode=0%7CGrange%20Rd,%20Eastbourne%20BN21%204EU,%20UK%7C%7C0.278513%7C50.765949%7CtoNode=0%7CSt%20Leonard's%20Rd,%20Eastbourne%20BN21%203UU,%20UK%7C%7C0.283761%7C50.772943</a>	The car park is accessed via Upper Avenue. As you face the building the car park is on the right. A car park space has been reserved in Deanna Westwood's name.
15:00 – 15:45	Travel back to Lewes						

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Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments		
13/11/2017	9.30 -10 am	30 mins	Lewes Chairman's Function Room, Westfield House, County Hall	Schedule / Logistics	Meet with Review Co-ordinator to run through logistics	Wendy Dixon	Samantha Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	5 car park spaces booked on the forecourt at County Hall	Lunch will be provided for those at County Hall, numbers and dietary requirements to be confirmed		
							Bianca Byrne	Adult Social Care & Health Head of Policy & Strategic Development, ASCH (Project Manager)						
	10.15 - 10.45	30 mins		Introduction discussion	Overview and Purpose of Local System Review by CQC with Director of ASC & Health	Wendy Dixon	Keith Hinkley	Director of Adult Social Care and Health	East Sussex County Council					
	11 am - 12 noon	1 hr		Presentation and interview	System overview with system leaders	Whole Team apart from those on visits	Keith Hinkley	Director of Adult Social Care and Health	East Sussex County Council					
							James Pavey (for Daren Mochrie)	Senior Operations Manager	SECamb					
							Adrian Bull	Chief Executive	East Sussex Healthcare NHS Trust					
							Amanda Philpott	Chief Officer	Eastbourne, Hailsham & Seaford and Hastings & Rother Clinical Commissioning Groups					
							Wendy Carberry	Chief Officer	High Weald, Lewes & Havens Clinical Commissioning Group					
							Kate Pilcher (for Siobhan Melia)	Chief Executive	Sussex Community NHS Foundation Trust					
							Nick Lake (for Sam Allen)	Joint Director for Psychology and Psychological Therapy/ Interim Director of Clinical Strategy	Sussex Partnership NHS Foundation Trust					
	12 - 12.45 pm	45 minutes		Lunch										
	12.45 - 1.45 pm	1 hr	Lewes Chairman's Function Room, Westfield House, County Hall	Interview	Section 151 Officer and Finance Leads	Neil Revely, Sean McLaughlin & Lesley Meech (note taker)	Ian Gutsell	Chief Finance Officer	East Sussex County Council					
							Alistair Rush	Head of Finance (Adult Social Care)						
							Jonathan Reid	Director of Finance	East Sussex Healthcare NHS Trust					
							Alison Gale (Rep for Alan Beasley)	Chief Finance Officer	High Weald, Lewes & Havens Clinical Commissioning Group					
Alison Gale (Rep for John O'Sullivan)							Chief Financial Officer	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
2 -3 pm	1 hr	Lewes Committee Room, County Hall	Interview	Director of Public Health	Neil Revely, Sean McLaughlin & Warren Coppin (note taker)	Cynthia Lyons	Director of Public Health	East Sussex County Council						
3.30 - 4.30 pm	1 hr		Interview	Principal Social Worker	Wendy Dixon & Warren Coppin	Jane Goldingham	Principle Social Worker							
18:00 - 20:00		The Bo-peep Pub, 25 Grosvenor Crescent, St Leonards-on-sea		Hastings Dementia Supper Club	Wendy Dixon (query Rich or Deanna)	Louise Vladi	Community Support Worker	Association of Carers	Louise Vladi 07853 002093	Car park next door to the pub from back.	All order food then eat together.			

Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments
13/11/2017	10:00 - 11:30	2 hr	Eastbourne Walk In Centre, Eastbourne Station, Terminus Road, <b>BN21 3QJ</b>	Visit	Visit to Walk-in Centre	<b>Katherine Foreman &amp; Deanna Westwood (note taker)</b>	Mariann Cleverley	Associate Locality Director of Integrated Services East Sussex & Brighton and Hove	IC24	Mariann Cleverley - Mob 0771 2323876	Park In Eastbourne Train Station Car Park (pay and display), and then walk into the station to get to the surgery.	
	11:30 - 14:00	2.5 hr	Boardroom booked at Faraday House for Katherine & Deanna							Tom Melling - 01323 404510 (for the room booking)	Parking can sometimes be challenging at and around Faraday House.	Drinks can be made in the kitchen area
	14:00 - 16:00	2 hr	Faraday House, 1 Faraday Close, Eastbourne <b>BN22 9BH</b>		Healthwatch Local CQC Meeti	<b>Katherine Foreman &amp; Deanna Westwood (note taker)</b>	Elizabeth Mackie	Volunteer and Community Liaison Manager	Healthwatch	Elizabeth Mackie 07794 097719	Faraday House is located a few minutes’ walk from Hampden Park Station - see link which does provide alternative parking options but charges will apply.	
13/11/2017	12:00 - 13:30	1.5 hrs	Shandon House  3 Mill Road, Eastbourne BN21 2LY	Visit and Interview Care Home Matron	Care Home Visit	<b>Rich Brady (note taker) &amp; Caroline Long</b>	Lindsey Bree		Shandon House	Lindsay Bree - 079096 42299	Free parking on site at Shandon House if space available, or on the surrounding roads	
	13:30 - 15:00		Travel & Lunch									
	15:00 - 17:00	2 hrs	Station Plaza Health Centre, Station Approach, Hastings, <b>TN34 1BA</b>	Visit	Visit to Walk-in Centre	<b>Rich Brady &amp; Caroline Long (note taker)</b>	Mariann Cleverley	Associate Locality Director of Integrated Services East Sussex & Brighton and Hove	IC24	Mariann Cleverley Associate Locality Director of Integrated Services East Sussex & Brighton and Hove Mob 0771 2323876	Use station car park or multi storey across the road	

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Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments			
14/11/2017	9.30 -10 am	30 mins	Lewes Meeting Room 1, East E, County Hall	Debrief	CQC Review Debrief	Wendy Dixon, Rich Brady and Ian Curryer	Samantha Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	No parking spaces available today	Lunch will be provided for those at County Hall, numbers and dietary requirements to be confirmed			
					Bianca Byrne		Adult Social Care & Health Head of Policy & Strategic Development, ASCH (Project Manager)								
					Keith Hinkley		Director of Adult Social Care and Health								
	10:00 - 11:00	1 hr	Lewes Meeting Room 1, East E, County Hall	Interview	Chief Nurse	Wendy Dixon, Katherine Foreman & Lesley Meech (note taker)	Allison Cannon	Chief Nurse	East Sussex CCG's						
	11:00 - 14:00	1 hr	Lunch - Writing up notes and reading												
	14:00 - 15:00	1hr	Lewes Meeting Room 1, E Floor, East Block, County Hall		Medicines Optimisation Leads	Victoria Lea & Cherise Gyimah	Eileen Callaghan	Medicines Optimisation Lead	EHS & HR CCGs						
					LPC Chair	Victoria Lea & Cherise Gyimah	Paul Wilson	Medicines Optimisation Lead	HWLH CCGs						
							Vanessa Taylor	Professional Executive Officer	East Sussex Local Pharmaceutical Committee						
	15:00 - 16:00	1 hr	Brighton General Hospital, Elm Grove, Brighton, BN2 3EW  Executive Meeting Room, J3, Jevington Building		SCFT Senior Managers Management Team including HR, Finance)	Wendy Dixon (Note taker) & Rich Brady	Kate Pilcher	Director of Operations	Sussex Community Foundation Trust	Bethan Thomas Executive Assistant 01273 265930	Two parking spaces reserved outside Jevington Building which will be marked by cones on the day				
							Ed Rothery	Deputy Director of Finance							
							Sarah Thomas	Head of OD							
							Chloe Rogers	Area Director, East							
	14:30 - 15:30	1hr	Lewes Priory Room, F Floor, County Hall	Interview	Telephone call to STP Lead (0203 747 0880)	Ian Curryer & Lesley Meech (note taker)	Bob Alexander								
	16:00 - 17:00	1hr	Brighton General Hospital, Elm Grove, Brighton, BN2 3EW  Executive Meeting Room, J3, Jevington Building	Interview	Telephone call to HEE KSS (07966483395)	Wendy Dixon & Rich Brady (note taker)	Hilary Diack		HEE KSS						
14/11/2017	12.30 - 1.30	1 hr	Hastings Old Town Surgery, High Street, Hastings, TN34 3EY	Focus group	Roebuck House Multi Disciplinary Team	Katherine Foreman, Caroline Long (note taker) and Sue (Ex by Ex)	Marie Saxby	Resource Officer	East Sussex County Council	Please ask for Marie Saxby at reception	Park in the Bourne Care Park just up from the surgery: TN34 3BD				
		3.1 miles - 10 minutes	Travel & Lunch												
	2.30 - 5.30	3 hrs	Conquest Hospital The Ridge, Hastings, Saint Leonards-on-sea TN37 7RD		Conquest Hospital Site Visit	Katherine Foreman, Caroline Long (note taker) and Sue (Ex by Ex)	Pauline Butterworth	Chief Operating Officer	ESHT	Pauline Butterworth 07795 258828	Conquest Hospital is on the B2093 The Ridge. When arriving at the main vehicle entrance the main public car park (pay on foot) is on the left. An additional car park is on the right next to the Richard Ticehurst Surgical Unit (pay and display).				

14/11/2017	09:30 - 13:00	3.5hr	Milton Grange Milton Crescent, Eastbourne <b>BN21 1SL</b>	Visit & focus group & day centre	Intermediate Care Site Visit Day centre site visit Focus group with staff	Neil Revely, Sean McLaughlin and Christine Bennett (note taker)	Sam Errey		ESCC	Please ask for Sam Errey at reception	Free parking on the roads surrounding Milton Grange	Café on site if lunch is required	
							Sue Reilly		ESCC				
							Audrey Franks		ESCC				
			2.2 miles - 7 minutes	Travel & Lunch									
	14:00 - 15:30	1.5 hrs	Firwood House Brassey Avenue, Hampden Park, Eastbourne <b>BN22 9QJ</b>	Visit	Intermediate Care	Neil Revely, Sean McLaughlin and Christine Bennett (note taker)	Lea Croft		ESCC	Please ask for Lea Croft at reception	Free parking on the roads surrounding Firwood House		
							Sue Reilly		ESCC				
							Audrey Franks		ESCC				
	17:15-18:15	1hr	Lewes Committee Room, E Floor, County Hall	Corroboration		Whole team if not on visit							



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Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments
15/11/2017	9.30 -10am	30 mins	Lewes West 3 E, County Hall	Debrief	Debrief	Wendy Dixon	Samantha Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	Only one car park space available on the forecourt today at County Hall	
						Bianca Byrne	Adult Social Care & Health Head of Policy & Strategic Development, ASCH (Project Manager)					
						Keith Hinkley	Director of Adult Social Care and Health					
	10.30 - 11.30	8.7 miles - 20 minutes	Travel takes a lot longer due to works at hospital and car park can be full so may need to find off street parking.									
	11:30 - 12:30	1 hr	Brighton Evelyn Barker’s Office, 1st Floor, St Mary’s Hall, Eastern Road, Brighton BN2 5JJ	Interview	Brighton Sussex University Hospital Trust Senior Management Team including HR & Finance	Wendy Dixon, Deanna Westwood (note taker)	Evelyn Barker Chris Ashcroft	Managing Director Head of Capacity & Flow	BSUH	Please ask for Evelyn Barker, Managing Director	Onsite pay-on-foot car parking is available on site however it is over-subscribed and long waits are common. There is limited short-term on-street pay-and-display parking in the vicinity of the hospital.	
	12:30 - 14:00	8.7 miles - 20 minutes	Travel & Lunch									
	14:30 - 15:00	30 mins	Lewes Cynthia's Office, E2C (East Block, C Floor)	Interview	JSNA Website Overview	Wendy Dixon	Cynthia Lyons	Director of Public Health	ESCC			
	14:45 - 15:15	30 mins	Lewes County Hall Centre 11 F (Floor, Centre	Interview	Frailty Pathway	Reviewers that appear to be available:- Sean McLaughlin,	Bill Hargood	Long Term Conditions Project Manager	ESCC			
	15:30 - 16:00	30 mins	Lewes County Hall Centre 11 F (Floor, Centre Block)	Interview	Head of Access, Care Management and ASC Financial Services	Reviewers that appear to be available:-  Wendy Dixon, Sean McLaughlin, Katherine Foreman, Deanna Westwood, and Lesley Meech	Steve Hook	Head of Access, Care Management and ASC Financial Services	ESCC			
16:15 - 16:45	30 mins	Lewes County Hall Centre 11 F (Floor, Centre Block)	Interview	Head of Care Management Hos	Reviewers that appear to be available:- Wendy Dixon, Sean McLaughlin, Katherine Foreman and Lesley Meech	Andy Cunningham	Head of Care Management Hospitals	ESCC				
15/11/2017	15:00 - 16:30	1.5 hrs	Lewes West 8D, County Hall	Focus group	Workforce Leads	Neil Revely, Caroline Long & Christine Bennett (note taker)	Moira Tenney (for Monica Green)	Deputy Director of Human Resources	East Sussex Hospitals Trust	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	Only one car park space available on the forecourt today at County Hall	
							Colleen Hart	Head of Workforce Planning	East Sussex Better Together (ESBT) NHS Eastbourne, Hailsham and Seaford Clinical Commissioning Group NHS Hastings and Rother Clinical Commissioning Group East Sussex County Council			
							Sam Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	ESCC			

15/11/2017	09.30 - 10.30	1 hr	Lewes Committee Room, E Floor, County Hall	Interview	Urgent Care Leads	Katherine Foreman, Sean McLaughlin, Caroline Long and Christine Bennett (note taker)	Mark Angus	Urgent Care System Improvement Director	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG	Bianca Byrne 07701 394501 or Samantha Williams 07900 060701	Only one car park space available on the forecourt today at County Hall	Lunch will be provided for those at County Hall, numbers and dietary requirements to be confirmed			
							Hugo Luck	Associate Director - Operations	High Weald, Lewes Havens CCG						
							Pauline Butterworth	Deputy Chief Operating Officer	East Sussex Hospitals Trust						
							Mark Stainton	Adult Social Care & Health Assistant Director - Operations	ESCC						
							Pete Birtles								
							Dr Martin Writer	CCG Chair	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
	11:00 - 12:00	1 hr	Lewes West 3 E, County Hall	Interview	CCG Chairs	Katherine Foreman & Caroline Long (note taker)	Dr Martin Writer	CCG Chair	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
							Dr Rob McNeilly	CCG Chair							
	11:00 - 12:00	1 hr	Lewes Committee Room, E Floor, County Hall	Interview	Primary Care Leads	Neil Revely and Christine Bennett (note taker)	Fiona Kellett	Head of Finance and Primary Care Commissioning	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
							Sally Smith	Director of Integration & Primary Care	High Weald, Lewes Havens CCG						
							Paula Gorvett	ESBT Programme Director	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
	11.45 - 12.45	1 hr	Lunch												
	12.45 - 13.45	1 hr	Lewes Committee Room, E Floor, County Hall	Interview	Directors of Commissioning	Neil Revely and Lesley Meech (note-taker)	Ashley Scarff	Associate Director of Strategy	High Weald Lewes Havens CCG	Bianca Byrne 07701 394501 or Samantha Williams 07900 060701					
							Martin Hayles	Assistant Director Strategy, Commissioning & Supply Management	ESCC						
							Paula Gorvett	ESBT Programme Director	NHS Hastings and Rother CCG NHS Eastbourne, Hailsham and Seaford CCG						
	13:45 - 14:45	1 hr	Lewes Committee Room, E Floor, County Hall	Interview	Supply Management & Quality	Neil Revely and Lesley Meech	Martin Hayles	Assistant Director Strategy, Commissioning & Supply Management	ESCC						
							Kay Holden	Head of Service - Learning Disability Directly Provided Services							
							Mark Sands-Smith	Procurement Manager							
15/11/2017	10:00 - 11:30	1.5 hrs	Irvine Unit, Bexhill Hollier's Hill, Bexhill-on-Sea TN40 2DZ			Ian Curryer and Rich Brady & Joe Williams (note taker)	Jan Phelps	Deputy HoN for Intermediate Care beds			Limited on site parking, or extensive free parking on the surrounding roads				
							Debbie Lennard	Assistant Director of Nursing.							
	11:30 - 13:00	Lunch and travel													
	13:00 - 14:30	1.5hrs	Winchelsea Community Hospital, Rye			Ian Curryer and Rich Brady (note taker) & Joe Williams	Jan Phelps	Deputy HoN for Intermediate Care beds			tba				
							Debbie Lennard	Assistant Director of Nursing.							
	14:00 - 16:00	2 hrs	County Hall WH12, Westfield House	Case Tracking		Caroline Long				Bianca Byrne 07701 394501					
	16:00-17:00	1 hr	County Hall, Committee Room, E Floor	Case Tracking		Ian Curryer and Deanna Westwood				or					
	17:00 - 18:00	1hr	County Hall, Centre 8E	Corroboration		Whole Team				Samantha Williams 07900 060701					

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Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments		
16/11/2017	8:30 - 9:00	30 mins	County Hall Centre 11F - Westergate	Debrief	Debrief	Wendy Dixon, Ian Curryer & Ann Ford	Samantha Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	5 car park spaces booked on the forecourt at County Hall			
							Bianca Byrne	Adult Social Care & Health Head of Policy & Strategic Development, ASCH (Project Manager)						
							Keith Hinkley	Director of Adult Social Care and Health						
			19 miles 31 minutes	Travel - need to allow 1 hour from Lewes										
	10:00 - 11:30	1.5 hrs	St Wilfrid's Hospice 1 Broadwater Way, Eastbourne <b>BN22 9PZ</b>	Visit and focus group	St Wilfrid's Hospice	Ann Ford & Wendy Dixon (note taker) & Ian Curryer	Colin Twomey	Nursing Director	St Wilfrid's	Colin Twomey	Parking on site or Sainsbury's car park			
			19 miles 31 minutes	Travel - allow 1 hour										
	12:30 - 13:30	1 hr	Lunch											
	13:30 - 14:30	1 hr	Lewes County Hall West 8D	Interview	Ann Ford/Wendy Dixon/Becky Shaw	Ann Ford & Wendy Dixon (note taker) & Ian Curryer	Becky Shaw	Chief Executive	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	See above			
	14:45 - 15:45	1hr	County Hall West 8D	Interview	Director of Adult Social Care	Ann Ford & Wendy Dixon (note taker) & Ian Curryer	Keith Hinkley	Director of Adult Social Care and Health						
	16:00 - 16:45	45 mins	County Hall West 8D	Interview	Chairs of Health & Wellbeing Board and HOSC	Ann Ford & Wendy Dixon (note taker) & Ian Curryer	Councillor Glazier	Health and Wellbeing Board Chair						
							Councillor Colin Belsey	Health Overview Scrutiny Committee Chair						
16/11/2017	10:00 - 11:00	1 hr	Eastbourne District General Hospital, Kings Drive BN21 2UD  John Cook Room, Post Grad Centre, 2nd floor	Interview	Directors of Housing	Neil Revely, Steve Holmes , Paula Mansell (note taker)	Ian Fitzpatrick		Eastbourne Borough Council	Nicky Hughes 01323 417400 ext 6666	The main public car park is pay on foot and the rest are pay and display			
							Andrew Palmer		Hastings Borough Council					
	11:00 -12:00	1 hr		Interview	East Sussex Healthcare NHS Trust (ESHT) Senior Management Team	Neil Revely, Steve Holmes (note taker) and Paula Mansell	Adrian Bull	Chief Executive	East Sussex Healthcare NHS Trust					
							Jonathan Reid	Head of Finance						
							Monica Green	Director of Human Resources						
							Catherine Ashton	Director of Strategy, Innovation and Planning						
							David Walker	Medical Director & Consultant Cardiologist						
							Vikki Carruth	Director of Nursing						
							Korron Spence (Joe	Hospital Director Eastbourne Site						
							Lynette Wells	Director of Corporate Affairs						
	12:00 - 13:00	1 hr	Eastbourne District General Hospital	Lunch café on site if lunch is required										
13:00 - 16:00	3 hrs	Eastbourne District General Hospital	Visit and focus group	EDGH Site Visit A&E front door, Ambulance, Discharge lounge	Neil Revely, Steve Holmes and Paula Mansell (note taker)	Korron Spence	Hospital Director Eastbourne Site	East Sussex Healthcare NHS Trust	Korron Spence 07814 091277					
16/11/2017	9.30 - 11am	1.5 hrs	Lewes Victoria Hospital Nevill Rd, Lewes <b>BN7 1PF</b>			Caroline Long (note taker), Katherine Foreman, Joe Williams and Deanna Westwood	Lesley Eggleston	Matron		Lesley Eggleston 07766 441262	Small busy car park on site. On street parking available nearby			
							Nadia White	General Manager						
							Nicki Leighton	Area Head of Nursing and Governance						
			9.5 miles 20 minutes	Travel - suggest allow 40 minutes										
	11.45 am - 1.15 pm	1.5 hrs	Uckfield Community Hospital Framfield Road, Uckfield <b>TN22 5AW</b>			Caroline Long, Katherine Foreman, Joe Williams, Deanna Westwood (note taker)	Lesley Eggleston	Matron		Lesley Eggleston 07766 441262	Small busy car park available on site	lunch will be provided numbers and dietary requirements to be provided		
							Nadia White	General Manager						
						Nicki Leighton	Area Head of Nursing and Governance							
		8.9 miles 19 minutes	Travel & Lunch											
3 - 4.30 pm	1.5 hrs	Crowborough Community Hospital Southview Cl, Crowborough <b>TN6 1HB</b>			Caroline Long, Joe Williams (note taker), Katherine Foreman and Deanna Westwood	Lesley Eggleston	Matron		Lesley Eggleston 07766 441262	Free car park on site, spaces should be availab				
						Nadia White	General Manager							
							Nicki Leighton					Area Head of Nursing and Governance		
17:00 - 18:00	1 hr	County Hall West 8D	Corroboration		Whole Team									

Date	Time	Duration	Venue	Focus Group / Interview	Focus Group / Meeting Name	Reviewer	Attending	Job Title	Organisation	Key Contact on Day	Parking	Additional Comments
17/11/2017	9.30 -10am	30 mins	County Hall Committee Room, E Floor	Debrief	Debrief	Wendy Dixon & Ann Ford	Samantha Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement	East Sussex County Council	Bianca Byrne 07701 394501  or  Samantha Williams 07900 060701	5 car park spaces booked on the forecourt at County Hall	Lunch numbers and dietary requirements to be provided
							Bianca Byrne	Adult Social Care & Health Head of Policy & Strategic Development, ASCH (Project Manager)				
							Keith Hinkley	Director of Adult Social Care and Health				
	10 am - 12:30pm	2.5 hrs	County Hall Committee Room, E Floor	Corroboration		Whole Team						
	1 - 2pm	1 hr	County Hall Committee Room, E Floor		Plenary feedback with system leaders	Ann Ford, Wendy Dixon & Rich Brady	Keith Hinkley	Director of Adult Social Care and Health				
							Becky Shaw	Chief Executive	East Sussex County Council			
							CLlr Keith Glazier	Leader of the Council				
							Sam Williams	Adult Social Care & Health Assistant Director - Planning Performance and Engagement				
							James Pavey (for Daren Mochrie)	Senior Operations Manager	SECamb			
							Adrian Bull	Chief Executive	East Sussex Healthcare NHS Trust			
							Amanda Philpott	Chief Officer	Eastbourne, Hailsham & Seaford and Hastings & Rother Clinical Commissioning Groups			
							Ashley Scarff (for Wendy Carberry)	Director of Commissioning & Deputy Chief Officer	High Weald, Lewes & Havens Clinical Commissioning Group			
							Kate Pilcher (for Siobhan Melia)	Chief Executive	Sussex Community NHS Foundation Trust			
							Nick Lake (for Sam Allen)	Joint Director for Psychology and Psychological Therapy/ Interim Director of Clinical Strategy	Sussex Partnership Foundation Trust			