



EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 4 DECEMBER 2018

2.30 PM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP -	<p>Councillor Keith Glazier, East Sussex County Council (Chair)</p> <p>Councillor Carl Maynard, East Sussex County Council</p> <p>Councillor John Ungar, East Sussex County Council</p> <p>Councillor Trevor Webb, East Sussex County Council</p> <p>Councillor Ruby Cox, Hastings Borough Council</p> <p>Councillor Linda Wallraven, Lewes District Council</p> <p>Dr Elizabeth Gill, High Weald Lewes Havens CCG</p> <p>Dr Martin Writer, Eastbourne, Hailsham and Seaford CCG</p> <p>Jessica Britton, Hastings and Rother CCG</p> <p>Keith Hinkley, Director of Adult Social Care and Health, ESCC</p> <p>Stuart Gallimore, Director of Children's Services, ESCC</p> <p>Darrell Gale, Director of Public Health</p> <p>John Routledge, Healthwatch East Sussex</p> <p>Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex)</p>
INVITED OBSERVERS WITH SPEAKING RIGHTS	<p>Councillor Claire Dowling, Wealden District Council</p> <p>Councillor Margaret Robinson, Eastbourne Borough Council</p> <p>Councillor John Barnes MBE, Rother District Council</p> <p>Becky Shaw, Chief Executive, ESCC</p> <p>Catherine Ashton, East Sussex Healthcare NHS Trust</p> <p>Siobhan Melia, Sussex Community NHS Trust</p> <p>Samantha Allen, Sussex Partnership NHS Foundation Trust</p> <p>Michelle Nice, Voluntary and Community Sector Representative</p> <p>Mark Andrews, East Sussex Fire and Rescue Service</p> <p>Katy Bourne, Sussex Police and Crime Commissioner</p>

AGENDA

- 1 Minutes of meeting of Health and Wellbeing Board held on 18 September *(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
- 5 East Sussex Safeguarding Adults Board Annual Report 2017/18 *(Pages 9 - 80)*
 - Report by the Safeguarding Adults Board Independent Chair
- 6 East Sussex Local Safeguarding Children Board Annual Report 2017/18 *(Pages 81 - 122)*
 - Report by the Director of Children's Services.

- 7 Picture East Sussex - the Annual Report of the Director of Public Health 2018/19
(Pages 123 - 160)
- 8 Havens Listening Tour report (Pages 161 - 192)
 - Report by Executive Director of Health Watch East Sussex
- 9 East Sussex Health and Wellbeing Board Review (Pages 193 - 200)
 - Report by the Chief Executive
- 10 NHS Updates
 - High Weald Lewes and Havens Clinical Commissioning Group (CCG)
 - Eastbourne, Hailsham and Seaford CCG
 - Hasting and Rother CCG
- 11 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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26 November 2018

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 18 September 2018.

PRESENT Councillors Keith Glazier (Chair) Councillor Carl Maynard,
Councillor John Ungar, Dr Martin Writer, Ashley Scarff,
Stuart Gallimore and Darrell Gale

ALSO PRESENT Councillor John Barnes, Councillor Ruby Cox and Becky Shaw

10 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 JULY
2018

10.1 The minutes of the meeting held on 17 July 2018 were agreed.

11 APOLOGIES FOR ABSENCE

11.1 Apologies for absence were received from the following Committee Members:

- Dr Elizabeth Gill (substitute Ashley Scarff)
- Keith Hinkley
- John Routledge
- Cllr Trevor Webb
- Jessica Britton

11.2 Apologies for absence were received from the following invited observers with speaking rights.

- Mark Andrews
- Cllr Claire Dowling
- Catherine Ashton
- Cllr Margaret Robinson
- Michelle Nice

11.3 The Board acknowledged that both Amanda Philpott and Marie Casey had resigned from the Board and they were both thanked for their service over the last few years.

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

12.1 Cllr John Ungar declared a personal interest as a patient of and member of the Patient Participation Group (PPG) for Green Street surgery in Eastbourne.

13 URGENT ITEMS

13.1 There were no urgent items.

14 HIGH WEALD LEWES HAVENS CLINICAL COMMISSIONING GROUP A&E ACTIVITY UPDATE

14.1 The Board considered a report providing an update on A&E activity across High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG).

14.2 The following key points were made in response to questions from Board members:

- The CCGs plan for spikes in A&E attendance such as those that occur during winter. However, rather than commission trusts to provide larger and larger A&Es to meet increasing demand throughout the year, the CCGs are moving to commission alternative services that will help address the increasing demand for emergency care. This is the only way to make the overall healthcare service financially sustainable.
- The CCG knows from patient experience that patients using a minor injuries unit or UTC can be seen quickly and easily but when they attend A&E, due to the nature of clinical triage, they end up waiting for a considerable time. This is an avoidable outcome and one in which providing better, more easily accessible urgent care services can help overcome.
- The growth in usage of A&E is a national issue and is happening partly because of the increase in the number of patients who are frail or have co-morbidities; partly because of increased issues with access to timely GP appointments; and partly because people are well aware of its brand, know that it is open 24/7, and that it is accessible without an appointment, meaning that it is the easiest option for them to seek medical attention. Some of this demand could be addressed through the creation of UTCs in the coming months, which in some cases will be co-located at hospitals; as well as the increased availability of GP appointments through Primary Care Extended Access hubs.
- There is detailed data on A&E usage and it shows that demand is consistently high throughout the day. The type of patient attending A&E, however, changes during the week, for example there are different people attending on a Friday night compared to a Monday morning.

14.3 The Board identified the following ways in which the CCG might better communicate to the public locally commissioned urgent care services:

- Through promoting that pharmacists have the skills and knowledge to be able to treat people with minor illnesses. The message could be promoted through East Sussex

County Council, Patient Participation Groups (PPGs), parish councils, local newspapers or e-bulletins, patient 'friends of hospital' groups, and local community transport groups. Planning for the next round of the Pharmaceutical Needs Assessment could include gaining an understanding of what pharmacies provide and what customers think of them and use them for.

- Developing UTCs as a clear alternative 'brand' to A&E for those needing urgent and not emergency care.
- Ensuring that Communications are not repeated too regularly or too broadly as this can cause them to fall on deaf ears. To change patterns of behaviour for service users messages should be clear, aimed at the right people, and repeated at a suitable regularity.

14.4 The Board RESOLVED to:

1) note the report; and

2) recommend that the Connecting 4 You and ESBT Alliance boards both discuss how best to promote the locally commissioned urgent care services using a consistent, appropriately targeted message.

15 EAST SUSSEX HEALTH AND WELLBEING BOARD (HWB) REVIEW

15.1 The Board considered a report on the progress of the plans for further review of the Health and Wellbeing Board following the Care Quality Commission (CQC) recommendations.

15.2 The Board was reminded that a workshop was due to take place on 12 October for Members to discuss the Health and Wellbeing Board's future role, function and membership.

15.3 The Board RESOLVED to:

1) Note the report and the revised timetable; and

2) Agree to receive a further report on the proposed role, function and membership of the Health and Wellbeing Board in due course.

16 NHS UPDATES

16.1 The Board considered updates from the three CCGs in East Sussex.

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

- Amanda Philpott has moved to a new role within the Sussex and East Surrey Sustainability and Transformation Partnership (STP). The Board thanked her for her hard work over the past five years at the CCGs and acknowledged her central role in helping to deliver the ESBT programme.
- Adam Doyle has taken over as Chief Officer for both CCGs and is now Chief Officer for all eight CCGs in the STP area.

- The closer working relationship of the CCGs may deliver some savings from greater efficiencies but management costs are an incredibly small percentage of the total expenditure of the CCGs. The main benefit of working collectively is that it will enable a stronger voice from the CCGs in relation to mental health, community and acute providers. This will enable the design of services that work across the whole of Sussex and East Surrey, enabling better and more effective pathways for patients and reducing costs whilst maintaining standards of care.
- ESBT Alliance has worked well together to improve outcomes for patients in East Sussex as evidenced by the improvement in the A&E department at East Sussex Healthcare NHS Trust (ESHT) from one of the bottom to one of the top performing nationally in terms of 4 hour waiting time targets; and reducing Delayed Transfer of Care (DTC) by a considerable amount. Unfortunately, however, the two CCGs did not deliver their budget for 17/18 and are now in legal directions.
- The CCGs have a £32m financial deficit control total that if achieved will result in an additional £32m investment in the population of the two CCGs. The CCGs are working hard to achieve this goal.
- No decision has been made in relation to closing walk-in centres at either Hastings or Eastbourne. The CCGs have a duty to develop UTCs by December 2019 and NHS England has dictated what services they must contain – e.g., radiology and pathology, which are complex services that are difficult to establish outside a hospital – and this is driving the proposals around reconfiguring urgent care services. It is recognised that in Hastings the hospital is likely difficult to access for a particular cohort of patients with chaotic lifestyles. The CCGs are currently developing the best way in which the needs of this cohort can be met whilst still meeting the prescriptive requirements of the UTCs, and as a result no decision has been made about the location of the UTCs in Hastings or Eastbourne. The issue is less problematic in Eastbourne as the Eastbourne District General Hospital (EDGH) is more centrally located within the town than the Conquest Hospital.

High Weald Lewes Havens Clinical Commissioning Group (HWLH CCG)

- HWLH CCG has a planned deficit control total of £9.2m savings that will also, if achieved, result in investment of £9.2m for the healthcare of patients.
- Demand for activity is continuing to increase and to mitigate the CCG is increasingly working at scale across the eight CCGs in the STP looking for efficiencies and unwarranted variation in the way care is provided.
- Winter planning is underway and is happening during a time when demand is already very high. Mitigating actions are being put in place to reduce levels of demand over winter such as publicising preventative measures, for example, beginning a flu vaccination awareness campaign.

The meeting ended at 3.20 pm.

Councillor Keith Glazier
Chair

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 4 December 2018

By: Safeguarding Adults Board Independent Chair

Title: Safeguarding Adults Board Annual Report

Purpose: To present the SAB Annual report as required by the Care Act 2014

RECOMMENDATIONS

The Board is recommended to note the report

1. Background

1.1. The Safeguarding Adults Board (SAB) Annual Report (Appendix 1) outlines the multi-agency safeguarding activity for vulnerable adults in East Sussex between April 2017 and March 2018.

2. Supporting information

Safeguarding Adults Reviews

2.1. Four safeguarding adults review (SAR) referrals were made in 2017 – 18. Of these referrals, one is being taken forward as a Serious Case Review by the Local Safeguarding Children's Board (LSCB), as the majority of the concerns occurred before the person turned eighteen years of age.

2.2. The second referral is still under consideration by the SAR sub-group as, at the time of this report, the case is still subject to a section 42 safeguarding enquiry by the local authority and a serious incident process by a health provider.

2.3. The third referral was for a woman with complex support needs who was found deceased in her room in a mental health inpatient unit, with her cause of death recorded as methadone toxicity. A serious incident investigation was completed by the health provider, and the case was subject to a coroner's inquest. A SAR was not required as all the appropriate learning points had been gained from the coroner's inquest and serious incident process.

2.4. The fourth referral, regarding a woman in her nineties who was living with family members when she died, followed concerns being raised over possible abuse and neglect. This is being taken forward as a discretionary SAR and learning from this will soon be available.

2.5. One SAR (Adult A) was published in 2017-18. This review evaluated multi-agency responses to the death of a man aged 64 (Adult A), from Kent, who was living in a care home with nursing in East Sussex, commissioned by NHS West Kent Clinical Commissioning Group. Adult A died as a result of systemic sepsis, infection of his legs, diabetes and cirrhosis. He was subject to a Deprivation of Liberty in his best interests as he was deemed to lack mental capacity to decide where to live. There were concerns of self-neglect as he often refused care and treatment.

2.6. Twenty three recommendations were accepted by the SAB following the review, in relation to placements, case co-ordination, mental capacity and mental health, safeguarding, advocacy, and disseminating learning. A joint action plan with the Kent & Medway SAB was put in place to ensure learning outcomes were achieved and to try to avoid similar cases occurring in the future. The recommendations and the action plan [can be found online](#), along with the report.

Peer Challenge events

2.7. Peer challenge events were held in July 2017 and January 2018 following completion of a safeguarding self-audit tool by SAB agencies. These events involved a 'critical friend' approach where agencies were asked to provide more detailed explanation and evidence of their safeguarding practice, including policies, training and safer recruitment processes. Subsequent action plans are being monitored by the Performance, Quality & Audit sub-group.

Quality Assurance officer and Multi-agency audits

2.8. Recruitment of this fixed-term post was made on a shared basis between the East Sussex SAB and the Brighton & Hove SAB. The main purpose of this post is to focus on the implementation of learning from reviews and audits, and ensuring action plan improvements are made across agencies. Learning briefings have been developed following case audits focussing on Mental Capacity Assessments and Best Interests decisions, as well as Modern Slavery and Human Trafficking. The learning briefings can be accessed [here](#).

Multi-agency training and safeguarding awareness campaigns

2.9. Multi-agency self-neglect training has continued throughout the last 12 months. Four sessions were held with a total of 63 attendees representing adult social care, health, police, ambulance service, probation and housing. Based on research commissioned by the Department of Health, the training centred on the perspective of the self-neglecting individual.

2.10. Throughout April and May 2017, staff members from the Safeguarding Development Team, alongside representatives from Trading Standards and Sussex Police, were involved in a campaign to raise awareness of financial abuse. A total of 70 contacts were made with members of the public and 174 with care staff, including personal assistants, staff employed by home care providers and care home / nursing home managers. The campaign was viewed by 12,787 people on Twitter and 13,665 on Facebook. Across both platforms, the campaign was shared or retweeted 212 times.

Service user involvement

2.11. An adult with care and support needs who has a personal experience of safeguarding has continued to play an active part in the Client and Carers Safeguarding Advisory Network, including assisting with the development of the [Making Safeguarding Personal leaflet](#). A video is being developed to share their personal experience and will soon be available to share.

Advocacy support

2.12. Nationally, 73% of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, 96% receive support. This is the same proportion as reported in 2016 – 17, but a target of 100% remains in place.

3. Conclusion and reasons for recommendations

3.1. This report shows the continued effort of the Safeguarding Adults Board and partner agencies to work together to protect adults across East Sussex. The SAB will ensure learning from SARs and its multi-agency audit programme is shared and embedded into practice appropriately in the coming year.

3.2. The Board is recommended to note the Safeguarding Adults Board Annual Report.

GRAHAM BARTLETT

Safeguarding Adults Board Independent Chair

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East Sussex Safeguarding Adults Board

Annual Report

April 2017 to March 2018

“Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody’s business”



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Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2017 – 18.

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

This year saw the publication of our first Safeguarding Adults Review (SAR), since the introduction of the Care Act 2014. The findings of this review are outlined in the report, and the SAB has worked tirelessly to ensure the learning it provides is embedded in services to improve outcomes for those in need.

To assist embedding of learning, the SAB recruited a Quality Assurance & Learning Development Officer, shared with the Brighton & Hove SAB, and held a conference focussed on key issues from the SAR, namely self-neglect and mental capacity. The SAB has refreshed its strategic plan for the next three years, and all partner agencies of the SAB are committed to this for the effective safeguarding of adults in East Sussex.

We hope you find this report interesting and are assured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

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

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



I have continued in my role as Chair of the Clients and Carers Safeguarding Advisory Network, and have been encouraged by the progress made in 2017 – 18. This includes development of a Making Safeguarding Personal leaflet aimed at those who are experiencing a safeguarding enquiry, as well as plans for development of a video of an adult's own safeguarding story. This will be available in 2018 – 19 and we hope it will encourage others to speak up earlier where they may need a safeguarding intervention.

I have been involved again this year in the recruitment process for an additional lay member for the SAB, and am pleased that the SAB continues its commitment to seek the views of adults, carers and partner agencies in renewing its strategic plan.

It is also encouraging to see the priority the SAB has given to talking to local people and communities around safeguarding in the community (everyone's responsibility), by joining Healthwatch East Sussex engagement activities. This is a great example of working collaboratively on shared priorities which again Healthwatch would like to see continued in 2018 – 19.

Looking forward, I am also delighted to see a refresh of how the SAB hears directly from people with care and support needs who experience the safeguarding process to influence the strategic direction of the Board.

Healthwatch will continue to seek the views of those who use care and support services, and will ensure partner agencies are held to account within SAB activities where required.

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2017 and March 2018, as well as some of the main developments that have taken place to prevent abuse from occurring.

Highlights contained in the report are as follows:

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

- Peer challenge events were introduced following completion of a safeguarding self-audit tool by SAB member agencies, and were held in July 2017 and January 2018.
- These events involved a 'critical friend' approach where agencies were asked to provide more detailed explanation and evidence of their safeguarding practice, including policies, training and safer recruitment processes. Action plans for future improvements are being monitored by the Performance, Quality & Audit sub-group.

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

- An updated version of the Sussex Safeguarding Adults Policy and Procedures has recently been launched and is available [online](#). The purpose of the rewrite was to reduce repetition, and incorporate policy and legal updates as well as learning from safeguarding adult reviews, audits and developments in practice.
- Four safeguarding adult review (SAR) referrals were made in 2017 – 18. Of these referrals, one is being taken forward as a Serious Case Review by the Local Safeguarding Children's Board (LSCB), as it was agreed the LSCB is best placed to undertake the review as the majority of the concerns occurred before the person turned eighteen years of age.

A second referral is still under consideration by the SAR sub-group as, at the time of this report, the case is still subject to a section 42 safeguarding enquiry by the local authority and a serious incident process by a health provider.

A third referral was for a woman with complex support needs, including alcohol and substance misuse, mental health problems and long periods of homelessness. She was found deceased in her room in a mental health

inpatient unit, with her cause of death recorded as methadone toxicity. A serious incident investigation was completed by the health provider, and the case was subject to a coroner's inquest. The SAR sub-group was of the view that a SAR was not required because there was not a concern that partner agencies could have worked more effectively to protect the adult, and all the appropriate learning points had been gained from the coroner's inquest and serious incident process.

The fourth referral, regarding a woman in her nineties who was living with family members when she died and concerns have been raised over possible abuse and neglect, is being taken forward as a discretionary SAR and learning from this will be reported later in the year.

- One SAR was published in 2017 – 18. This review evaluated multi-agency responses to the death of a man aged 64 (Adult A), from Kent, who was living in a care home with nursing in East Sussex, commissioned by NHS West Kent Clinical Commissioning Group. Adult A died as a result of systemic sepsis, infection of his legs, diabetes and cirrhosis. He was subject to a Deprivation of Liberty in his best interests as he was deemed to lack mental capacity to decide where to live. There were concerns of self-neglect as he often refused care and treatment.

Twenty three recommendations were accepted by the SAB following the review, in relation to placements, case co-ordination, mental capacity and mental health, safeguarding, advocacy, and disseminating learning. A joint action plan with the Kent & Medway SAB was put in place to ensure learning outcomes were achieved and to try to avoid similar cases occurring in the future. The recommendations and the action plan can be found online, along with the report. In addition, learning briefings regarding the review and the interface between self-neglect and safeguarding have been developed, and can be accessed at the same online location at the following address:

<https://www.eastsussexsab.org.uk/safeguarding-adult-reviews-2/>

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

- The number of safeguarding contacts has gone up from 4,222 in 2016 – 17 to 5,551 in 2017 – 18. Of the total contacts received in 2017 - 18, 4,467 (81%) were considered safeguarding concerns
- The number of enquiries completed appears to have decreased significantly since 2016 – 17 (decreasing from 4,222 to 1,450). This is because of a change in the way safeguarding activity is recorded following lessons learned in the previous year. Previously, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with

the degree of risk associated with each concern raised. Now concerns and enquiries are recorded separately.

- In 2016 – 17, the most common form of abuse reported was neglect followed by physical and then emotional abuse. In 2017 – 18, neglect is still the most common type of abuse with 49% of all enquiries undertaken comprising, at least in part, neglect. Physical and emotional abuse remain the second and third most common forms of abuse accounting for 29% and 26% respectively. The proportion of cases involving emotional abuse continues to increase. This is because there is greater acknowledgement that abuse such as physical abuse and financial abuse can often have an emotional or psychological impact which is also being reported.

The most significant proportional differences since 2016 – 17 are a 2% increase in emotional abuse from 16% to 18%, and a 1% decrease in sexual abuse from 5% to 4%.

- As in previous years, the most common reported location of abuse is in the adult at risk's own home (32%). This is a drop from 37% in 2016 – 17. The second most common location continues to be residential care homes, accounting for 30%. This is an increase from 23% in 2016 – 17. Reported abuse in nursing homes has reduced from 18% to 13% whilst cases in mental health hospitals have increased from 1% to 5% of all cases.

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

- In 2017 – 18, in 89% of enquiries there was an identified risk to the adult and action was taken. In 91% of cases the risk was either reduced or removed completely. This is a slight increase from 90% in 2016 – 17. It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk. The proportion of cases where risk remains has dropped significantly from 10% to 5%.
- Nationally, 73% of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, 96% receive support. This is the same proportion as reported in 2016 – 17, but a target of 100% remains in place.

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

- Throughout April and May 2017, staff members from the Safeguarding Development Team, alongside representatives from Trading Standards and Sussex Police, were involved in a campaign to raise awareness of financial abuse. A total of 70 contacts was made with members of the public and 174

with care staff, including personal assistants, staff employed by home care providers and care home / nursing home managers. The campaign was viewed by 12,787 people on Twitter and 13,665 on Facebook. Across both platforms, the campaign was shared or retweeted 212 times.

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

- Operational officers in Sussex Police have received training from the force lead for vulnerability and stalking. This has been complemented by a comprehensive communications strategy, both internally and externally under the #ThisIsVulnerability work. Specialist domestic abuse training has been delivered to all operational staff in partnership with the domestic abuse charity, Safe Lives.
- Additional updates from SAB partners, including key safeguarding initiatives and progress on priorities, are included in Appendix 2 of this annual report.
- Multi-agency self-neglect training has continued throughout the last 12 months. Four sessions were held with a total of 63 attendees representing adult social care, health, police, ambulance service, probation and housing. Based on research commissioned by the Department of Health, the training centred on the perspective of the self-neglecting individual.

Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

- Regular meetings take place between representatives of the SAB, LSCB, Safer Communities Partnership and Children and Young People's Trust, reflecting the [Partnership protocol](#) that was developed in 2016 – 17.
- Through the implementation of this protocol, it was agreed in 2017 – 18 that the Safer Communities Partnership would provide the lead strategic oversight for the modern slavery agenda, with the SAB supporting by way of undertaking a multi-agency audit and ensuring the updated Sussex Safeguarding Adults Policy and Procedures include more detailed and up-to-date information regarding this type of abuse.
- A formal review of the Partnership protocol has been postponed and will take place in 2018 – 19.

Conclusion

In presenting the progress made against our key priorities for 2017 – 18, this annual report has shown the continued effort of all partner agencies to work together to safeguard adults from abuse and neglect.

We have published the findings of our first safeguarding adults review (SAR) under the Care Act 2014, and we are confident that the action plan developed with the Kent & Medway SAB will ensure that the recommendations are translated into real change.

Embedding organisational change following reviews and audits continues to be a challenge for all safeguarding adults boards. So, we welcome the opportunity to participate in a research project taking place in 2018 – 19. Working alongside the University of Sussex and six other SABs, we will be looking into how to achieve organisational change.

Our recently updated [strategic plan for 2018 – 2021](#) provides full details of our future plans that have been highlighted at the end of each section in this report. These plans will ensure adults with care and support needs are safeguarded from abuse and neglect as effectively as possible.

Glossary of key terms

Safeguarding concern A 'safeguarding concern' is when someone has reasonable cause to suspect that an adult with care and support needs, who is unable to protect themselves because of those needs, is experiencing or is at risk of abuse or neglect.

Three key tests in the Care Act The three key tests relate to adults covered by these safeguarding procedures.

Safeguarding duties apply to any adult who meets the three key tests, namely:

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

Once the local authority has reasonable cause to believe an adult meets these tests, the Section 42 duty to undertake a safeguarding enquiry is triggered. However, the local authority may still decide to undertake an enquiry where the three tests in the Care Act are not met

Note Carers are also covered by these procedures where they meet the three tests set out above.

Safeguarding enquiry The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.

An enquiry can range from a conversation with the adult to a more formal multi-agency plan or course of action.

A safeguarding enquiry starts when the initial information gathering has established that all three of the Section 42 criteria are met or, where the criteria are not met, the decision has been made that it is necessary and proportionate to respond as a safeguarding enquiry (ie. 'other safeguarding enquiry').

Section 42 enquiry Those enquiries where the adult meets **all** of the Section 42 criteria ie. the three key tests.

The local authority must make, or cause other agencies or organisations to make, enquiries when the Section 42 duty is triggered.

Other safeguarding enquiry Enquiries where an adult does not meet all of the Section 42 criteria but the local authority has the power under the Care Act to undertake an enquiry where it considers it necessary and proportionate to do so.

Safeguarding Adults Board (SAB) Safeguarding Adults Boards (SABs) are multi-agency partnerships that are committed to the effective safeguarding of adults in their local area.

A vital aspect of the work of a SAB is to ensure information is available to the public, staff working in partner agencies, adults with care and support needs, and informal carers.

The Care Act 2014 sets out the core purpose of a SAB as ensuring that local safeguarding arrangements are effective and take account of the views of the local community. In setting out to achieve this, it must:

- Publish an annual report outlining its work and the findings of any Safeguarding Adults Reviews. The report must be available to member organisations and the public.
- Publish a strategic plan each financial year with key objectives, consulting with Healthwatch and developed with local community involvement. The SAB must also take account of the views of people who use care and support services, their families and carer representatives.
- Undertake any Safeguarding Adults Reviews (SARs).

Safeguarding Adults Review (SAR) Safeguarding Adults Boards must arrange a SAR when an adult in its area has experienced, or dies as a result of, serious abuse or neglect (known or suspected), and there is concern that partner agencies could have worked more effectively together. The aim of the SAR is to identify and implement learning from this.

Making Safeguarding Personal (MSP) A 'Making Safeguarding Personal' approach means safeguarding responses should be person-led and outcome-focused.

The person should be engaged in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety.

Our vision

“

Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's business.

”

To achieve this vision, the Board will:

- Actively promote collaboration and commitment between organisations.
- Work together on prevention strategies.
- Listen to the voice of adults with care and support needs and carers to deliver positive outcomes.

The East Sussex SAB is committed to the principles of Making Safeguarding Personal ie. to listen to what the adult or their representative would like to achieve, and by ensuring the most appropriate support is available.

Raising a safeguarding concern

No-one should have to live with abuse or neglect – it is always wrong, whatever the circumstances.

Anybody can raise a safeguarding concern for themselves or another person. Do not assume that someone else is doing something about the situation.

You can raise a concern in the following ways:

Phone: 0345 60 80 191 (8am to 8pm 7 days a week inc. bank holidays)

Email: [Health and Social Care Connect](#)

Text: 07797 878 111

Contact the Police on 101 or in an emergency 999

Find out more from our [safeguarding leaflet](#).

Progress on 2017 – 18 priorities

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

SAB budget

The SAB budget for 2017 – 18 consisted of financial contributions from the core partners of the SAB, namely Adult Social Care & Health (ASC&H), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT), East Sussex Fire and Rescue Service (ESFRS), Sussex Community NHS Foundation Trust (SCFT) and the National Probation Service, also contributed financially to the working of the Board.

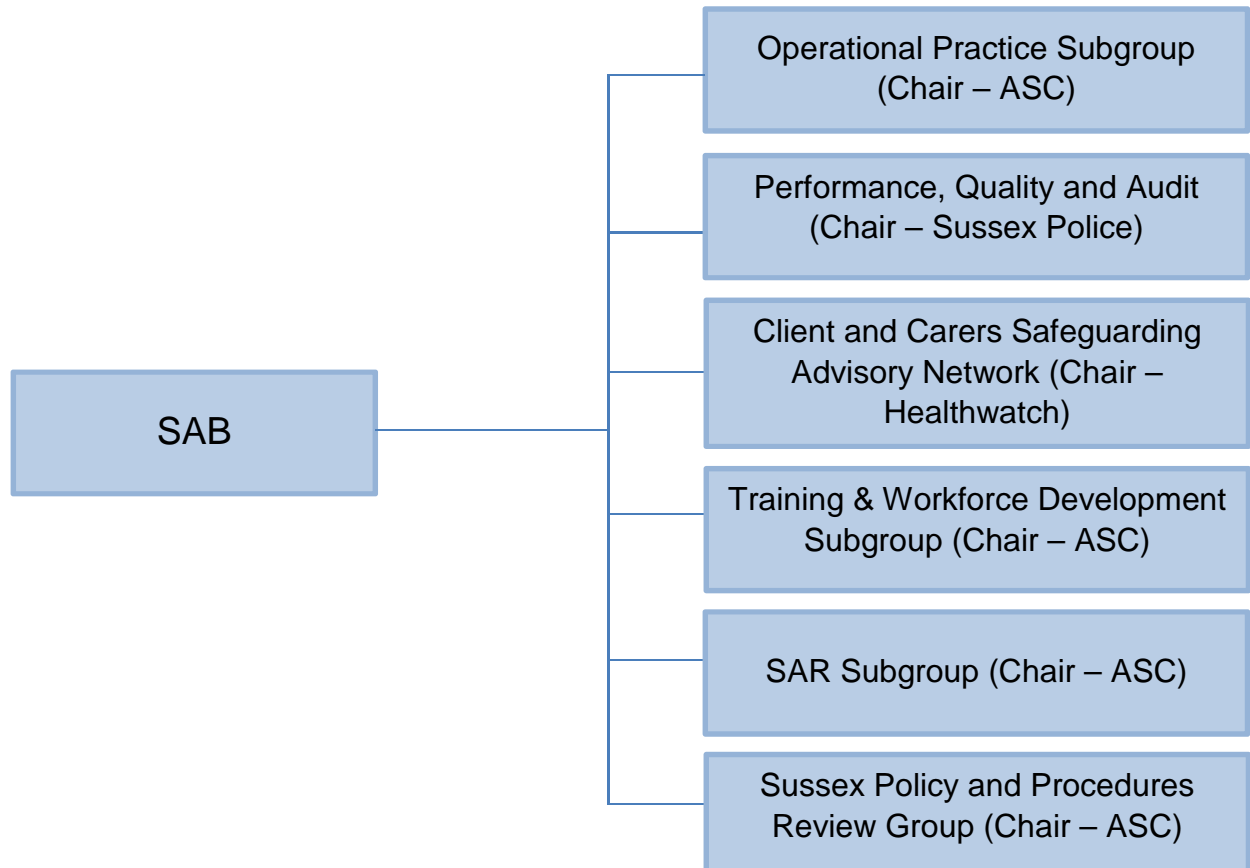
The following areas were identified for the budget to support the SAB in what is required of it under the Care Act, and to inform future business planning:

- Independent Chair
- SAB Development Manager
- SAB Administrator (0.5 FTE)
- Quality Assurance & Learning Development Officer (0.6 FTE)
- Multi-agency training and safeguarding promotions / awareness
- Safeguarding policy and procedures
- SAB website
- Safeguarding adult reviews

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

Governance and structure of the SAB

The descriptions below provide information on the role and make up of the SAB's sub-groups and workstreams.



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

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

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

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

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

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

Safeguarding Adult Review (SAR) Sub-group This consists of the statutory partners of the East Sussex SAB, and meets monthly with the purpose of considering cases that may require a safeguarding adult review, and makes a recommendation to the SAB Chair.

Peer challenge events

Peer challenge events were introduced following completion of a safeguarding self-audit tool by SAB member agencies, and were held in July 2017 and January 2018.

These events involved a 'critical friend' approach where agencies were asked to provide more detailed explanation and evidence of their safeguarding practice, including policies, training and safer recruitment processes. Action plans for future improvements are being monitored regularly by the PQA sub-group.

Quality Assurance & Learning Development Officer

Recruitment of this fixed-term post was made on a shared basis between the East Sussex SAB and the Brighton & Hove SAB. The main purpose of this post is to focus on the implementation of learning from reviews and audits, and ensuring action plan improvements are made across agencies.

Learning briefings have been developed following case audits, and they can be accessed [here](#).

Named GP for Adult Safeguarding

The Clinical Commissioning Groups recruited a Named GP for Adult Safeguarding in 2017 – 18.

The Named GP offers advice and support regarding safeguarding concerns arising in primary care, as well as delivering training. She is also a member of the Safeguarding Adults Review Sub-group.

Peer review

An action plan has been developed to address areas for improvement highlighted by the South East ADASS Peer Review of adult safeguarding in East Sussex, undertaken in March 2018.

Recommendations to address the areas for improvement have been identified, and comprise the core elements of the action plan.

The action plan will be implemented on a phased basis over 9 – 12 months, and will not require additional annual investment nor the creation of new posts.

Future plans

- Review the impact of the Quality Assurance & Learning Development Officer post, to consider future plans for this post.
- The East Sussex SAB will take part in a research project, alongside eight other SABs, with the University of Sussex, to investigate how existing research and review findings can more effectively be implemented through organisational learning.

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

Care Act 2014 duties

An updated version of the [Sussex Safeguarding Adults Policy and Procedures](#) has recently been launched and is available online.

The purpose of the rewrite was to reduce repetition, incorporate policy and legal updates as well as learning from safeguarding adult reviews, audits and developments in practice.

The principles, legal requirements and guidance under the Care Act and the Care and Support Statutory Guidance remain the same.

The policy and procedures provide an overarching framework to ensure a proportionate, timely and professional approach is taken, and that adult safeguarding is co-ordinated across all relevant agencies and organisations.

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

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

These three criteria are referred to as the 'three key tests'.

The Care Act places statutory duties on SABs as follows:

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

Fire safety and prevention

Multi-agency activity to reduce the risk of fire-related harm in the community is closely monitored. A data sharing agreement between East Sussex Fire and Rescue Service and ASC was implemented in October 2014 to support the strategy to reduce the number of fire deaths, fire injuries and fires in domestic dwellings. The effectiveness of this agreement continues to be monitored. Since April 2017, approximately 1,480 clients have received, or have a confirmed appointment to receive, a home safety visit as a specific result of the agreement.

Safeguarding adult reviews

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

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

SABs can undertake reviews in any other circumstance where an adult has care and support needs.

Four referrals were made in 2017 – 18. Of these referrals, one is being taken forward as a Serious Case Review by the Local Safeguarding Children's Board (LSCB), as it was agreed the LSCB is best placed to undertake the review as the majority of the concerns occurred before the person turned eighteen years of age.

A second referral is still under consideration by the SAR sub-group as, at the time of this report, the case is still subject to a section 42 safeguarding enquiry by the local authority and a serious incident process by a health provider.

A third referral was for a woman with complex support needs, including alcohol and substance misuse, mental health problems and long periods of homelessness. She was found deceased in her room in a mental health inpatient unit, with her cause of death recorded as methadone toxicity. A serious incident investigation was completed by the health provider, and the case was subject to a coroner's inquest. After considering information provided by the agencies involved, the SAR sub-group was of the view that most agencies had engaged and communicated with each other in providing support to the adult, so there was not a concern that partner agencies could have worked more effectively to protect the adult to a level that would require a SAR. Learning points from the coroner's inquest and from the serious incident process were taken forward and a decision

was reached that there would not be any further learning or value to be achieved by undertaking a SAR.

However, given the complexities of this case, public health professionals and substance misuse commissioners are considering whether any clearer systems or guidance are required for professionals to support people with similar needs to this adult. The SAR sub-group will be kept informed of this action.

The fourth referral, regarding a woman in her nineties who was living with family members when she died and concerns have been raised over possible abuse and neglect, is being taken forward as a discretionary SAR and learning from this will be reported later in the year.

SAR – Adult A

One referral was made in 2016 – 17, and the review was published in October 2017.

The review evaluated multi-agency responses to the death of a man aged 64 (Adult A), from Kent, who was living in a care home with nursing in East Sussex, commissioned by NHS West Kent Clinical Commissioning Group (CCG). Adult A died as a result of systemic sepsis, infection of his legs, diabetes and cirrhosis. He was subject to a Deprivation of Liberty (DoL) in his best interests as he was deemed to lack mental capacity to decide where to live. There were concerns of self-neglect as he often refused care and treatment.

The SAR was led by independent reviewers who examined the following areas:

1. How care placements were organised and reviewed.
2. How health and social care professionals worked together across geographical borders.
3. How Adult A was engaged with.
4. How mental capacity and deprivation of liberty were assessed.
5. How the interface between the Mental Capacity Act (MCA) and the Mental Health Act (MHA) was understood and applied by professionals.
6. How care and treatment plans were agreed and followed.

The review found that the adult's continual refusal of care and treatment was respected by professionals, despite the fact he had been deemed to lack capacity to make decisions about his own wellbeing. The review called for agencies to work more closely together to share information and expertise, and to improve knowledge among professionals of the legislation which governs when interventions can be made against the wishes of those who are deemed to lack capacity to make informed decisions themselves. The review also found there had

been a lack of strong leadership in co-ordinating the adult's care by the commissioner of the service, and a lack of knowledge around safeguarding and legal matters by the commissioners and the nursing home provider.

The review demonstrates how crucial it is for all agencies to work closer together, sharing expertise to plan and deliver the best possible services to meet people's care and support needs.

Twenty three recommendations were accepted by the SAB following the review, in relation to placements, case co-ordination, mental capacity and mental health, safeguarding, advocacy, and disseminating learning. A joint action plan with the Kent & Medway SAB was put in place to ensure learning outcomes were achieved and to try to avoid similar cases occurring in the future.

The recommendations and the action plan can be found online, along with the report. In addition, learning briefings regarding the review and the interface between self-neglect and safeguarding have been developed, and can be accessed at the same online location at the following address:

<https://www.eastsussexsab.org.uk/safeguarding-adult-reviews-2/>

Multi-agency safeguarding audits 2017 – 18

Best interests decisions

One of the recommendations from the safeguarding adults review (Adult A, outlined above), was that the SAB should conduct an audit of cases to evaluate the outcomes of Mental Capacity Act (MCA) best interests decision-making, with particular reference to assessing multi-agency involvement and clarity about leadership responsibility.

This audit was undertaken by representatives of Adult Social Care & Health (ASC&H), Sussex Partnership NHS Foundation Trust (SPFT), East Sussex Healthcare Trust (ESHT), East Sussex Clinical Commissioning Groups (CCGs), South East Coast Ambulance NHS Foundation Trust (SECAmb), and Sussex Police.

What is working well?

- In some cases, professionals demonstrated a good understanding of the decision-specific nature of mental capacity assessments and the importance of providing additional support where necessary.
- In one case, support was provided by a specialist Learning Disability Nurse which assisted the process considerably.

- There were good examples where other professionals and family members were consulted when best interests decisions were made, and there were good examples of inter-agency working and communication (although this was not evident in every case).

What can we improve?

- Awareness of the decision-specific nature of mental capacity assessments.
- The way disagreements in relation to mental capacity assessments are resolved.
- Record-keeping and information sharing in relation to mental capacity assessments and best interests decisions.

In light of these development areas, the SAB has agreed the following actions will be implemented in 2018 – 19:

- Development of a multi-agency MCA policy and procedure, which will include a review and resolution mechanism in relation to disputed mental capacity assessments.
- Development of multi-agency MCA training, to complement existing single agency training.
- A [learning briefing](#) highlighting the findings of the audit will be shared amongst frontline staff

Modern slavery and human trafficking

This multi-agency audit was undertaken by the East Sussex SAB, on behalf of the Sussex Modern Slavery Network, to assess whether the needs of adults with care and support needs, who are known or suspected to be victims of modern slavery, are appropriately addressed.

The audit was undertaken by representatives of ASC&H, the Safe in East Sussex team, SPFT, CCGs, ESHT, Sussex Police, and Change, Grow, Live (CGL).

A sample of four cases was audited. These involved suspected forced drug dealing, human trafficking, sexual exploitation and financial exploitation.

What is working well?

- In one case a safeguarding enquiry was undertaken despite the 'three key tests' not appearing to be met, given the level of concern and potential

vulnerability of the adult, with good professional curiosity being evidenced by staff.

- Appropriate information was shared between the police and ASC&H.
- Quick action was taken by Sussex Police to reduce risk in two of the cases in particular.

What can we improve?

- Awareness of the National Referral Mechanism (NRM) and duty to notify form (MS1).
- The provision of information available to staff and the public regarding modern slavery.
- Training available to frontline staff.

In light of these development areas, the SAB has agreed the following actions will be implemented in 2018 – 19:

- Development of a multi-agency tiered training approach for modern slavery and human trafficking.
- Clarity to be provided on the safeguarding pathway in cases involving modern slavery and human trafficking.
- A [learning briefing](#) highlighting the findings of the audit will be shared amongst frontline staff.

Note Further information on the initiatives undertaken regarding modern slavery in 2017 – 18 can be found on page 45 of this report.

Managing allegations against people in a position of trust

In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults. Responsibility for this lies with the ASC&H Local Authority Designated Officer (LADO).

The concerns managed have related to individuals who:

- Work with adults with care and support needs.

- Have behaved in ways that have harmed an adult or child.
- Have committed criminal offences against adults or children.
- Have behaved towards adults or children in a way that indicates they may pose a risk of harm.

The key behaviours that have required the LADO's involvement, at times working in partnership with the Children's Services LADO, are:

- Allegations and incidents of sexual assault or offences.
- Allegations and incidents of domestic violence.
- Allegations and incidents of inappropriate conduct outside of the workplace that may pose a risk to adults with care and support needs, and potential to bring their employer or their profession into disrepute.
- Involvement of Children's Services, in particular child protection enquiries relating to the child(ren) of a person employed or volunteering with adults with care and support needs.
- Misuse or inappropriate use of social media including WhatsApp, Twitter and KiK and, where appropriate, involvement from POLIT (Paedophile On-Line Investigation Team).
- Staff who are unsuitable to work in health and social care settings, and have been removed from their professional role and referred to their professional body, where appropriate. Thereby, the risk of abuse or misconduct has been reduced or eliminated.
- Proportionate information has been shared consistently by the LADO with employers, student bodies and voluntary organisations to enable personnel procedures to be invoked, or risk assessments and effective risk management to be undertaken.
- The LADO has ensured employers have clear safeguarding and personnel procedures in place, and are carrying out investigations accordingly. The ASC&H LADO and Children's Services LADO have worked jointly in collaboration with key partners to review and support the Sussex safeguarding adults policy and procedures.
- A protocol for managing allegations in respect of people in positions of trust has been developed for ESCC Adult Social Care & Health staff.

- A dataset is in place to record information which is GDPR compliant. This details the person of concern, their gender identification, type of abuse, professional role, type of employer, and actions taken.
- Strong links have been established with Children's Services colleagues, and regular meetings take place between both departments' LADOs. Links have also been forged with Brighton & Hove City Council ASC & Children's LADO to support cases involving geographical boundaries, and this is proving effective in practice. Links have also been established with the CCGs, ESHT and West Sussex ASC.

The SAB will continue to monitor the LADO's activity in 2018 – 19, and ensure there is clarity on the response to allegations about people in a position of trust.

Future plans

- 'Market test' the updated Sussex Safeguarding Adults Policy and Procedures with frontline staff.
- Development and launch of the multi-agency Mental Capacity Act policy and procedures.
- Update the multi-agency self-neglect guidance.

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

Domestic violence and abuse

[The Portal](#) continues to provide a single point of access for victims and survivors of domestic and sexual violence and abuse, to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness).

During 2017 – 18, new initiatives have been funded or delivered, including:

- Work in health care settings, with domestic violence and abuse specialists located in a local hospital and primary care settings (funded by the Hastings & Rother Clinical Commissioning Group).
- Reviewing domestic abuse training, and running a course for practitioners from Children's Services, Adult Social Care & Health, and other professionals. This is delivered, in partnership, by the Local Safeguarding Children's Board (LSCB), the SAB and Safer Communities Partnership to reflect the need to adopt the 'Whole Family' approach.
- Developing a coercive control training module in partnership with Sussex Police, the LSCB and the SAB.
- Marking the 16 Days of Action and securing White Ribbon Status, alongside a range of events and activities hosted by district and borough Community Safety Partnerships. Locally, the Eastbourne, Lewes, Wealden and Hastings district and borough councils have all secured White Ribbon status.

The Safer Communities Partnership has also continued work in the following areas:

- Delivering the Multi-Agency Risk Assessment Conference (MARAC) for the highest risk victims of domestic violence and abuse, with a focus on continuous improvement and ensuring that professionals can access training with the roll-out of courses on risk identification and referral.
- Delivering a Champions Network, to bring together practitioners from a range of agencies, and to further strengthen community and agency responses across the county.

- Delivering the Women's Aid 'Ask Me' scheme to create safe spaces in the local community to increase public awareness and promote opportunities for disclosure.

Change, Grow, Live (CGL@thePortal) has expanded their Health Independent Domestic Violence Advisor service to Eastbourne, Hailsham and Seaford, building on the Hastings and Rother pilot which took place in 2016 – 17. The service has been funded until 2019. CGL has also piloted a service based within Eastbourne and Hastings police to review repeat standard risk and hard-to-engage cases that are not being escalated, and are being viewed as individual incidents.

Financial abuse and scams

The East Sussex SAB identified a need for a financial abuse strategy to combat financial abuse of adults with care and support needs, in recognition that where there are other forms of abuse there is often likely to be financial abuse occurring too. Moreover, financial abuse is the most commonly reported type of abuse that people experience in later life. The aims of the strategy are to ensure:

- Activity is co-ordinated between partners of the SAB to prevent and respond to financial abuse.
- Clarity of the roles of partner agencies.
- Recognition of activities already taking place.
- Identification of any overlaps and joint working opportunities to reduce duplication.
- Improvements in the consistency of signposting, responses and messages to the public and adults with care and support needs.
- Identification of gaps and actions needed.

The full strategy can be accessed [here](#).

Alongside this strategy, the Safer Communities Partnership has continued to develop responses for vulnerable victims of fraud, rogue trading and cyber-enabled crime.

Mass marketing mail scams are often targeted at vulnerable or disadvantaged consumers, and causes approximately £5 – 10 billion of detriment to UK consumers each year. Some victims even struggle to identify themselves as victims, and respond because it helps with feelings of loneliness.

Locally, effective links have been made between East Sussex Trading Standards Service, Sussex Police, the National Trading Standards (NTS) Scams Team, East Sussex Fire and Rescue Service, and Adult Social Care & Health.

The Scams Working Group has now evolved to a bi-annual networking and engagement event to provide a platform for all partners in the voluntary and statutory sectors to showcase their work against scams. To build upon the success of the working group, each networking and engagement event incorporates a facilitated forum to test practice, share operational procedures, share research and plan strategies.

The NTS Scams Team works across England and Wales, and engages with local authorities and partner agencies to identify and support victims of scams. As part of this, officers from the East Sussex Trading Standards Service visit scam victims identified by the NTS Scams Team, usually accompanied by an Age UK or Citizens Advice Bureau representative. The NTS Scams Team also runs the Friends Against Scams initiative which aims to increase the awareness of scams throughout the UK.

This is supported by the East Sussex Against Scams Partnership (ESASP) which is a partnership of organisations – businesses, charities, church groups, clubs, community enterprises, councils, societies, voluntary groups and other partners. Partners are committed to the ESASP Charter's three key aims which are:

- Raising awareness and de-stigmatising scams.
- Prevention and protection.
- Identification and recording.

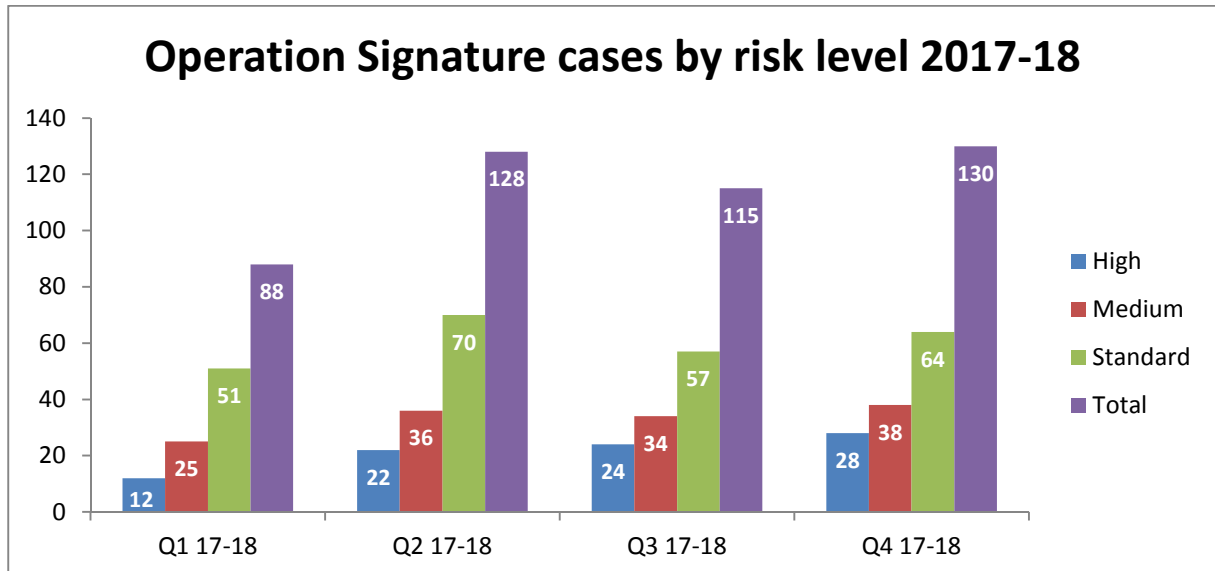
Over 80 partners have pledged their commitment to taking a stand against scams by signing up to the Charter, and the number continues to grow.

Future plans include:

- Increasing the number of Charter partners, and continuing to provide scams and fraud awareness raising activities to existing members such as the Sussex Armed Forces Network and Dementia Action Alliances.
- Continuing to strengthen communications with Charter partners; sharing key messages, providing newsletter articles and maximising social media output for Charter partners.
- Holding an annual networking and engagement event which will incorporate a facilitated forum to test practice, share operational procedures, share results of surveys and plan strategies.

Operation Signature

Operation Signature is the operational response of Sussex Police to scam mail fraud. It identifies and supports vulnerable, and often elderly, victims of this type of fraud within Sussex. The chart below shows the number of cases identified in East Sussex during 2017 – 18.



The Police and Crime Commissioner (PCC) funded two specialist caseworker posts, under Victim Support, to provide frontline support to vulnerable victims of fraud and prevent future victimisation. These posts have established clear pathways with other relevant support agencies, and began taking cases from Operation Signature in January 2017. The support provided has shown that the majority of victims are continually being targeted and affected by scam and nuisance phone calls, and an increase has been seen in romance frauds.

The PCC will continue to fund these posts for the next financial year, and the SAB will continue to monitor the impact this has.

Analysing safeguarding activity



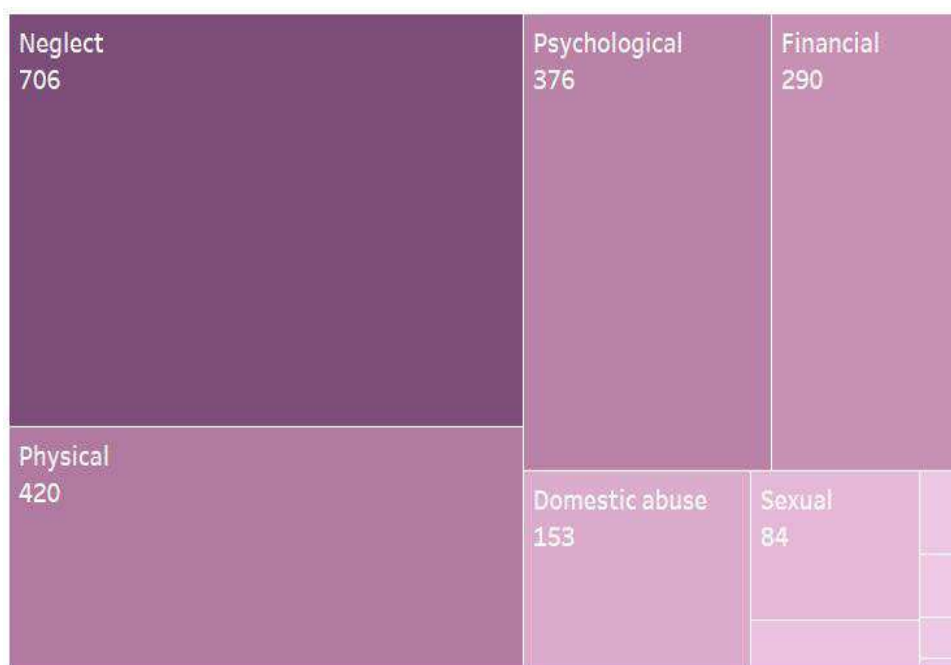
Note The figure for completed enquiries is not a proportion of the figure given for enquiries started as some completed enquiries would result from concerns

received prior to 2017 – 18 and correspondingly some enquiries started in 2017 – 18 would still be ongoing at the end of the financial year.

The number of safeguarding contacts has gone up from **4,222** in 2016 – 17 to **5,551** in 2017 – 18. Of the total contacts received in 2017 - 18, **4,467 (81%)** were considered safeguarding concerns.

The number of enquiries completed appears to have decreased significantly since 2016 – 17 (decreasing from **4,222** to **1,450**). This is because of a change in the way safeguarding activity is recorded following lessons learned in the previous year. Previously, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with each concern raised. Now concerns and enquiries are recorded separately.

Types of abuse investigated in 2017 – 18



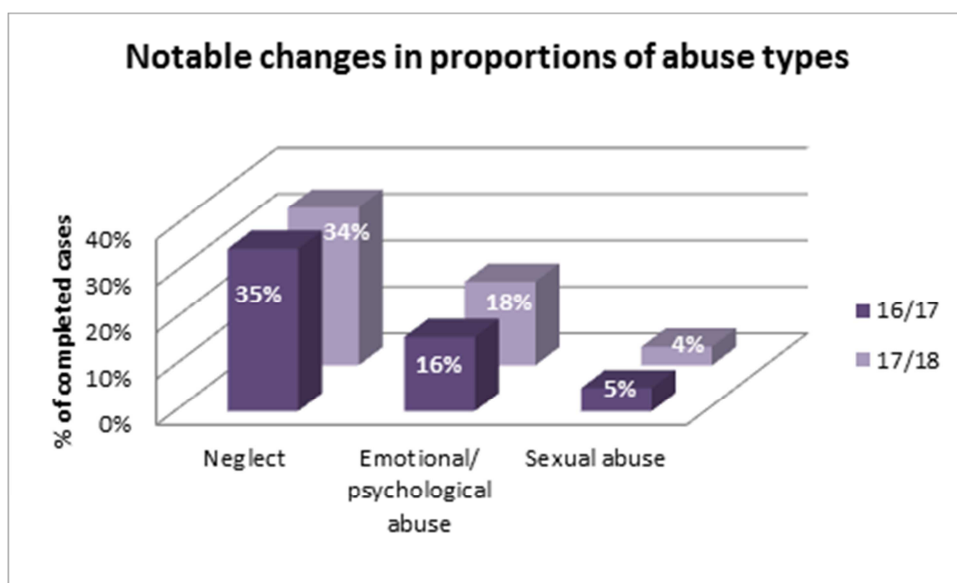
Type of abuse	
Neglect	706
Physical	420
Psychological	376
Financial	290
Domestic abuse	153
Sexual	84
Self-neglect	30
Discriminatory	12
Organisational	9
Sexual exploitation	6
Modern slavery	2

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

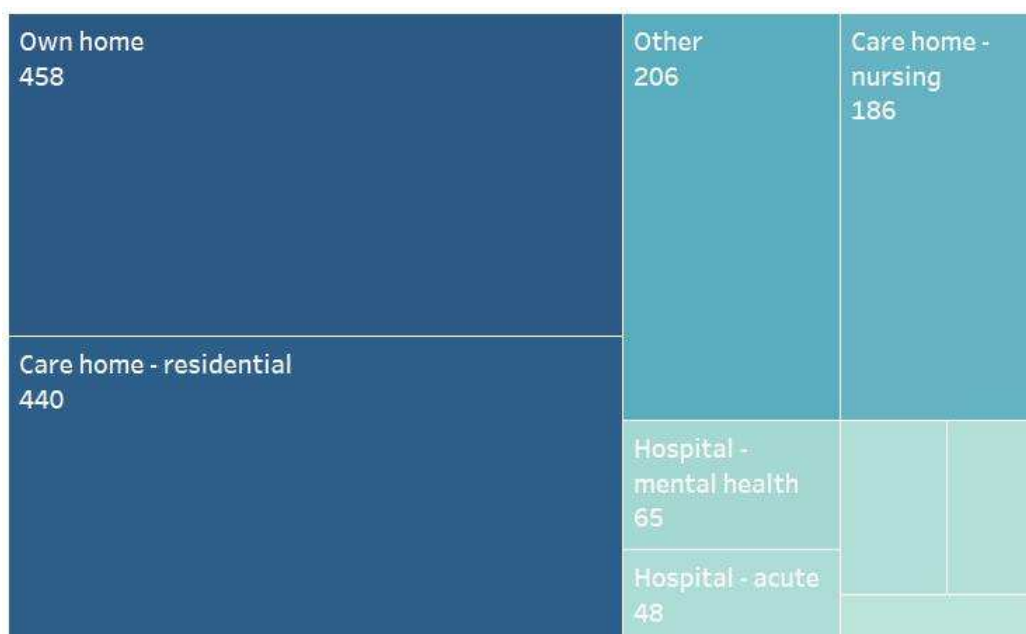
In 2016 – 17, the most common form of abuse reported was neglect followed by physical and then emotional abuse. In 2017 – 18, neglect is still the most common type of abuse with **49%** of all enquiries undertaken comprising, at least in part, neglect. Physical and emotional abuse remain the second and third most common forms of abuse accounting for **29%** and **26%** respectively. The proportion of cases involving emotional abuse continues to increase. This is because there is greater acknowledgement that abuse such as physical abuse and financial abuse can often have an emotional or psychological impact which is also being reported.

The most significant proportional differences since 2016 – 17 are:

- A 2% increase in emotional abuse from 16% to 18%.
- A 1% decrease in sexual abuse from 5% to 4%.



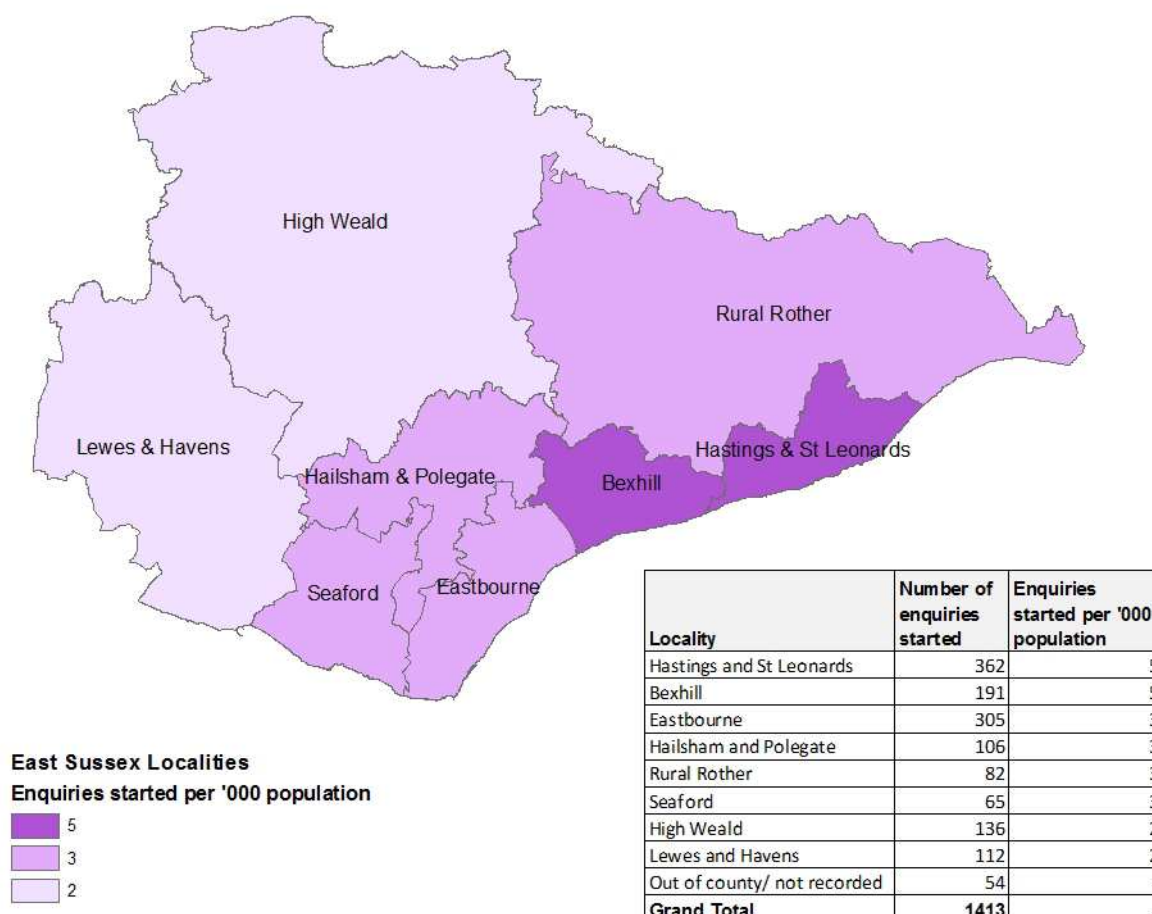
Locations of abuse



Location of abuse	
Own home	458
Care home - residential	440
Other	206
Care home - nursing	186
Hospital - mental health	65
Hospital - acute	48
Community service	43
Hospital - community	37
Community setting	23

As in previous years, the most common reported location of abuse is in the adult at risk's own home (**32%**). This is a drop from **37%** in 2016 – 17. The second most common location continues to be residential care homes, accounting for **30%**. This is an increase from **23%** in 2016 – 17.

Reported abuse in nursing homes has reduced from **18%** to **13%** of all reported abuse whilst cases in mental health hospitals have increased from **1%** to **5%** of all cases.



Source of risk



In **45%** of the enquiries completed, the source of risk was known to the adult (up from **39%** in 2016 – 17). In **18%** of cases, the source of risk was not known to the adult (down from **31%** in 2016 – 17) and in the remaining **37%** of cases the source of risk was social care staff, an increase from **30%** in the previous year. The main reason for this change is improvements in the recording of details relating to the source of risk so fewer cases are being recorded as 'not known to adult'.

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

Quality assurance activity in Adult Social Care & Health

Quality assurance activity in Adult Social Care & Health (ASC&H) includes analysis of audits, and feedback from stakeholders and adults who have been involved in safeguarding enquiries.

Over the past 12 months the Safeguarding Development Team has been involved in developing a mechanism to promote greater opportunities for feedback from adults involved in safeguarding enquiries. This has been built directly into the safeguarding recording system used by ASC&H. It creates a means of evaluating individual's outcomes in line with Making Safeguarding Personal (MSP), and promotes an approach in which ASC&H as a whole moves towards ensuring that feedback from adults involved in safeguarding enquiries is gathered routinely as part of the enquiry itself.

Since this change was implemented, ASC&H has received a significant increase in feedback questionnaires from adults regarding their experiences of being involved in safeguarding enquiries, and this feedback has helped to promote learning and development in adult safeguarding. However, the number is still low and the SAB has included a priority in the [strategic plan for 2018 – 2021](#) to increase feedback rates.

Between April 2017 and March 2018, the Safeguarding Development Team (SDT):

- Completed audits on **123** cases, consisting of responsive audits, threshold audits (to ensure clear distinctions are made between safeguarding concerns and cases which need to be taken into an enquiry), full case audits, audits of mental capacity assessments, and multi-agency modern slavery audits.
- Received feedback from **9** stakeholders via questionnaires.
- Received feedback from **14** adults regarding their experiences of the safeguarding enquiry from questionnaires and interviews.

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

Strengths

- Effective, planned multi-agency partnership working.

- Enquiries reflect an appropriate weighing up of risks and protective factors.
- A Making Safeguarding Personal approach with regard for the welfare and safety of adults, and the outcomes they wish to achieve is central to enquiry activity.

Key areas for development

- Understanding of what constitutes a safeguarding concern, and consideration of the extent to which abuse or neglect is a contributory factor within that concern.
- To ensure feedback from adults is embedded within the safeguarding process, and that the adult's views are sought from the outset of the enquiry and reviewed throughout.
- To continue to improve practice in relation to applying the principles of the Mental Capacity Act, particularly regarding the need to evidence in mental capacity assessments that all practical steps have been taken to support people to maximise their decision making ability.

Brenda's story

Brenda lives in a residential care home. She developed needs for care and support after a severe stroke, resulting in physical disability and communication difficulties.

The care home manager raised a safeguarding concern after Brenda disclosed that she was worried her son had been taking money from her account. Brenda did not want to inform the police as she knew her son was experiencing financial difficulty and she had previously given him permission to access her account if he needed money.

Brenda was referred for Care Act advocacy in relation to the safeguarding enquiry. With support from the advocate she identified her desired outcomes as:

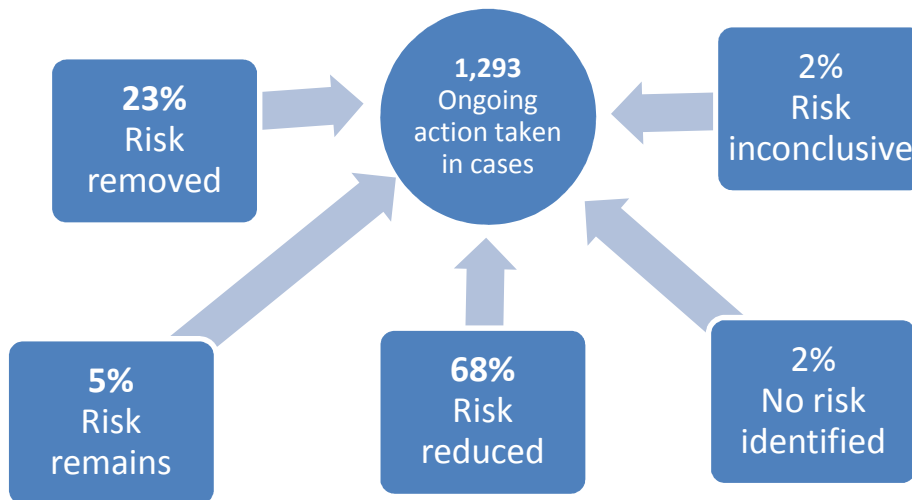
- Wanting her son to stop taking money from her account.
- Wanting to maintain her relationship with her son and for him to continue to visit her.
- Wanting to explore if another person could provide help in managing her finances.

Brenda was supported by her advocate to attend a safeguarding meeting, and the following safeguarding measures and outcomes were achieved:

- The local authority Client Affairs Team agreed to take responsibility for supporting Brenda with her finances.
- Brenda's son was offered support to access advice around maximising his benefits.
- Brenda was able to maintain her relationship with her son, and he acknowledged he should not have taken money from Brenda's account.

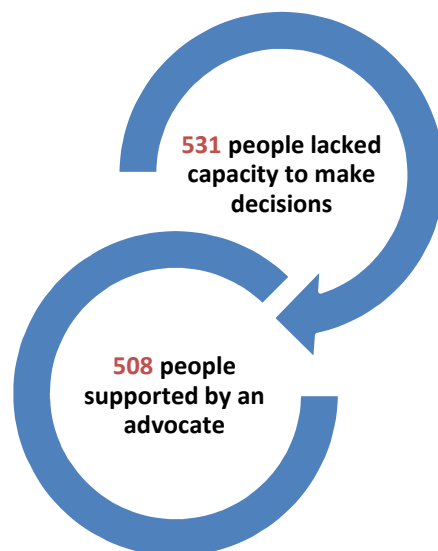
Analysis of outcome data

Impact on risk



In 2017 – 18, in **89%** of enquiries there was an identified risk to the adult and action was taken. In **91%** of cases the risk was either reduced or removed completely. This is a slight increase from **90%** in 2016 – 17. It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk. The proportion of cases where risk remains has dropped significantly from **10%** to **5%**.

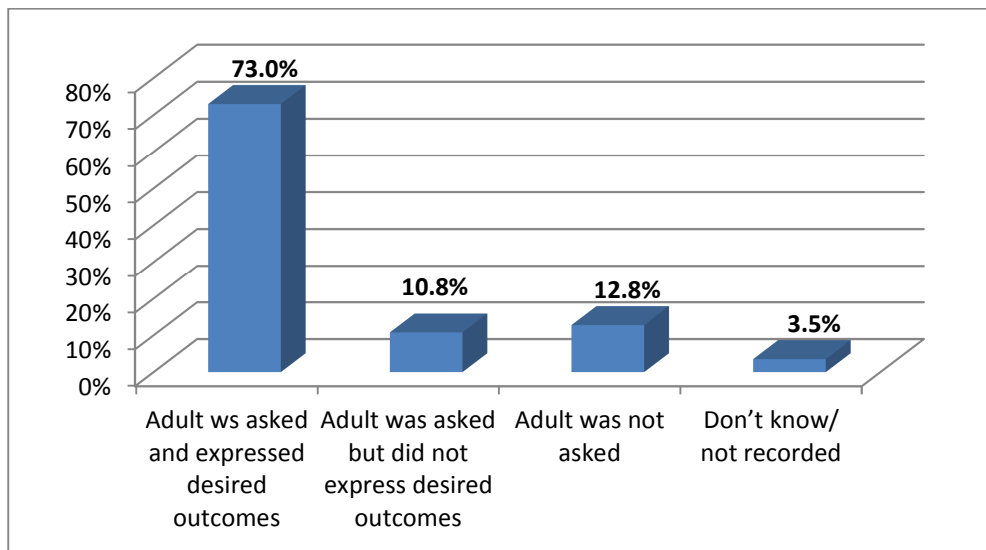
Support for adults at risk who lack capacity to make informed decisions



Nationally, **73%** of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, **96%** receive support. This is the same proportion as reported in 2016 – 17, but a target of 100% remains in place.

Outcomes achieved through safeguarding

Number of adults who were asked for their desired outcomes:

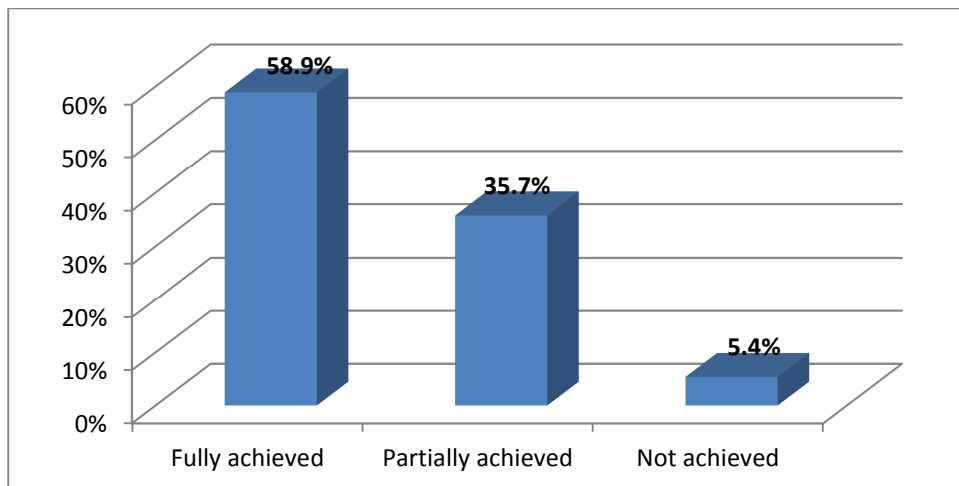


In East Sussex, this is the first full year that this information has been available.

84% of adults were asked about their desired outcomes in 2017 – 18. This is significantly higher than the figure of **67%**, of the local authorities that submitted data relating to this in 2016 – 17.

A review of cases where outcomes were not asked found that these were all cases where the adult lacked capacity to make decisions in relation to the enquiry.

Of those who identified outcomes, the proportion whose outcomes were met:



In East Sussex, this is the first full year that this information has been available.

Of the local authorities that submitted data relating to this in 2016 – 17, **95%** reported that identified outcomes had been either fully or partially achieved, matching the local picture in 2017 – 18.

It is acknowledged that there will always be cases where outcomes will not have been achieved, for example, where desired outcomes are beyond the remit and

control of the enquiry or enquiry manager, or where the situation has changed from the initial desired outcomes that were recorded.

Learning from complaints

We take all complaints about our safeguarding processes seriously, as they help us to learn and improve how we do things in the future.

We aim to work with complainants in a mutually respectful way, and respond to concerns fairly and openly. Managers will generally look into any concerns that have not been considered within the enquiry, when the enquiry has been closed. This is to ensure the focus of the safeguarding enquiry is maintained appropriately.

Findings are informed by looking at whether we have followed our processes in the way that we would expect. This is done through discussions with complainants and practitioners, and looking at records. When things have gone wrong we want to put things right to avoid someone else having the same experience in the future.

Because of the nature of safeguarding, we can expect that some people will not agree with the decisions or the outcomes of our enquiries. We do, however, always try to explain the actions we have taken and resolve any ongoing issues, wherever possible.

The total number of complaints recorded for Adult Social Care & Health for 2017 – 18 was 433. Of these 20 related directly to safeguarding, this is **4.5%** of the total complaints received.

In addition to these 20 complaints, two MP / councillor enquiries were received. This represents **1.5%** of the total number of MP / councillor enquiries received in 2017 – 18, which was 150 enquiries.

This compares to 18 complaints and four MP / councillor enquiries in 2016 – 17.

The 20 complaints received can be broken down as follows:

Complaint outcome	
Not upheld	13
Partially upheld	6
Upheld	0
No outcome recorded – enquiry is ongoing	1
Total	20

These complaints were broken down into the following complaint sub-categories:

Complaint sub-categories	
Disputed outcome	7
Information	6
Manner / attitude / respect of staff	2
Placement	1
Policy	1
Quality	2
Responsiveness	1
Total	20

Key themes

Of the complaints received from clients or their representatives, key themes were about:

- Outcomes of safeguarding enquiries, including the actions agreed in the safeguarding plan.
- The safeguarding process, particularly around communication and support provided during safeguarding enquiries.
- Our decisions not to take concerns into safeguarding enquiries.

Some complaints were from former workers and care providers involved in enquiries, and they were concerned about:

- Communication and delays during safeguarding enquiries.
- Outcomes of safeguarding enquiries.

Learning and actions

We recorded learning at an individual, service and organisational level. Examples of learning and changes included:

Process and recording

- In response to delays in sending out minutes, improvements were made to the system for generating minutes.
- When information was recorded incorrectly, we apologised for the errors and amendments were made to correct and clarify the information. This has included addendums added to minutes.

Partnership working

- We have reviewed and improved how we confirm and clarify issues that have been raised through a different process, for example, this often applies to the relationship between the complaints and safeguarding process.
- We continue to reflect upon how safeguarding enquiries are conducted, and how we ensure collaborative relationships with partners and providers to achieve the outcomes wanted by clients.

Compliments

We received three compliments about the safeguarding process from clients and their representatives:

"I spoke at length with N this evening and she was very helpful and informative. I finally felt listened too and that the care needs of my father will now hopefully be addressed. It has been distressing to have to go to such lengths to get to this point, however, N has given me confidence that action will now be taken. My priority was to safeguard my father and obtain help and I feel like this has finally happened this afternoon. I would like to pass on my thanks for N's interaction with me today."

"Thank you to you and S for your advice and support over this past difficult period. It's appreciated."

"Just wanted to say a huge thank you for your support and dedication with W's case."

The Safeguarding Development Team received the following feedback from adults and their representatives:



Lay members

The role of lay members is to enable effective ties to be developed between the SAB and the local community, and to ensure the work of the SAB is transparent and accessible.

Lay members support the work of the Board by:

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

“I have now had the opportunity to support the Board in my role as lay member for another year, and have remained impressed by the strategic oversight of the Board in its role to ensure vulnerable adults are effectively safeguarded.

It is clear a good deal of learning develops from ongoing policy and practice reviews, and concise action plans are developed which attempt to ensure this learning impacts on the front-line of service provision.

There is still more work that can be done to monitor the impact of all implemented strategies to truly assess their efficacy and to measure their impact on the desired outcomes.

Additionally, it feels important to increase participation of the broader community, to ensure the Board's strategies truly reflect the community it is hoping to serve, to maximise the opportunity to develop proactive strategies to prevent abuse and to strengthen and develop the reactive strategies in responding to abuse. Furthermore, this would enable the Board to gain an insight into the effectiveness of the activities in practice, such that the Board's role is dynamic and responsive and wholly in touch with the practice 'on the ground'.”

Board lay member, 2018

Making Safeguarding Personal (MSP) leaflet

This leaflet was developed by members of the Client and Carers Safeguarding Advisory Network, alongside the Safeguarding Development Team in ASC&H. It is available to give to all adults who are being supported through a safeguarding enquiry, to better inform them what they can expect within an MSP approach. This approach aims to ensure adults are involved and consulted while helping to keep them safe, and to have regular discussions about their desired outcomes.

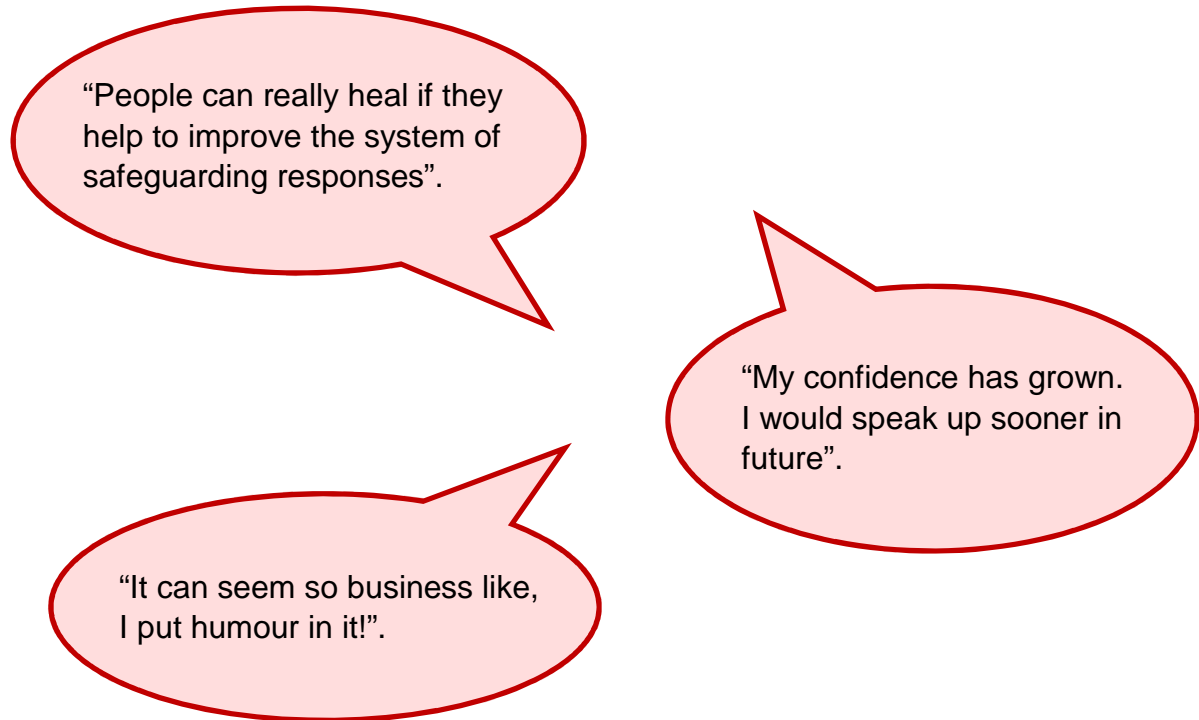
The leaflet can be accessed [here](#).

Service user involvement

An adult with care and support needs who has a personal experience of safeguarding has continued to play an active part in the Client and Carers Safeguarding Advisory Network, including assisting with the development of the

[Making Safeguarding Personal leaflet](#). Future plans include the development of a video to share their personal experience.

The following quotes demonstrate the benefits of being involved in the work of the SAB, from their perspective:



Making Safeguarding Personal audit (Sussex Community NHS Foundation Trust)

The Adult Safeguarding team completes an audit of all requests to make enquiries received from the local authority to establish whether Making Safeguarding Personal (MSP) has been considered, and that the wishes and outcomes of patients and family / carers has been met.

- The 2015 – 2016 findings indicated that MSP was appropriately captured in 44% of enquiries. This could be as a result of the new Care Act adult safeguarding process.
- The 2016 – 2017 findings evidenced a positive increase, with MSP being appropriately captured in 68% of enquiries.
- The 2017 – 2018 findings again evidenced a positive increase, with MSP being captured in 74% of enquiries.

Going forward into 2018 – 2019, MSP is reported on quarterly, utilising the above annual data as our baseline to measure our success regarding:

- the quality and effectiveness of communication, and
- appropriately capturing MSP within the safeguarding adults process.

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

Financial abuse campaign

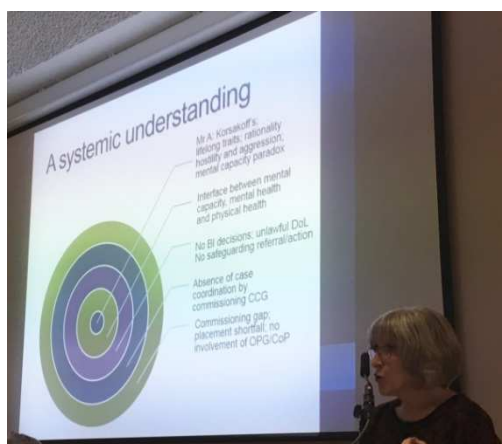


Throughout April and May 2017, staff members from the Safeguarding Development Team, alongside representatives from Trading Standards and Sussex Police, were involved in a campaign to raise awareness of financial abuse.

The campaign comprised a series of events, including presentations to home care providers and home care forums, and holding public stalls in day services. The campaign was also promoted through social media and via posters and leaflets distributed to libraries and health settings, including hospitals and health centres.

A total of **70** contacts were made with members of the public and **174** with care staff, including personal assistants, staff employed by home care providers and care home / nursing home managers. The campaign was viewed by **12,787** people on Twitter and **13,665** on Facebook. Across both platforms, the campaign was shared or retweeted **212** times.

Mental Capacity Act (MCA) and self-neglect event



Dr Suzy Braye



Andrew Parker, OPG

The MCA and self-neglect event was held at The View Hotel, Eastbourne, in April 2018. Attended by over 100 delegates from a range of agencies, the key note speech was delivered by Dr Suzy Braye, and followed by a presentation from the Office of the Public Guardian (OPG).

In response to the safeguarding adults review for Adult A and the recommendations ratified by the SAB, the event focussed on the following areas:

- Learning from local and national case reviews.
- Identifying the challenges when people are faced with clients showing signs of self-neglect. What is it they need to work through? What do they need to do, and who do they communicate with?
- Increasing understanding of the complexities of supporting and intervening with people who self-neglect, with particular emphasis on mental capacity.
- Increasing understanding of the legal remedies available to intervene in situations where people are assessed as lacking capacity, or where there is fluctuating capacity and / or differing professional opinions.
- Considering how to translate the learning into improving multi-disciplinary practice.

Feedback gained from delegates at this event will be considered in the update of the self-neglect guidance planned for launch in the autumn 2018.

Future plans

- Further develop use of social media by the SAB for increased community engagement.
- Monitor the impact of the financial abuse strategy across SAB partner agencies.
- Launch an updated safeguarding leaflet for the public alongside an updated Easy Read version.
- Produce an Easy Read version of the 'Making Safeguarding Personal' leaflet.

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

Key training figures and initiatives

Adult Social Care & Health safeguarding training

April 2017 – March 2018

Course title	No. of courses
Safeguarding adults: basic awareness	11
Safeguarding adults and the law	3
Safeguarding and the Care Act	4
Safeguarding adults: refresher	20
Making safeguarding enquiries for Enquiry Managers / Officers	5
Safeguarding adults – train the trainer / Train the Trainer Forum	3
Using coaching skills to support an adult to identify their desired outcome	3
Mental Capacity Act 2005	22
Deprivation of Liberty Safeguards	12
Coercion, control and stalking	3
Bespoke courses	26

KWANGO safeguarding adults e-learning

April 2017 – March 2018

Organisation	Number of learners
ESCC	5,149
Hospitals and Clinical Commissioning Groups	1,201
Independent care sector	7,441

On 1st July 2018, KWANGO will be closing. Consequently, ESCC is developing its own e-learning modules on the following topics:

- Safeguarding awareness
- Mental Capacity Act and DoLS

These modules will be underpinned by the Care Act, and have a local flavour: referring to the Sussex Safeguarding Adults Policy and Procedures and the competency framework.

Three modules on domestic abuse have already been written and are available for all staff.

Multi-agency training

Self-neglect

We have continued to deliver this training throughout the last 12 months. In the four sessions there were a total of 63 attendees representing adult social care, health, police, ambulance service, probation and housing. Based on research commissioned by the Department of Health, the training centred on the perspective of the self-neglecting individual. Feedback from the sessions highlighted learning and specifically how staff:

- Understand the importance of relationship building and the complexity of why individuals self-neglect.
- Understand that multi-agency meetings can be called by any of the professional agencies involved.
- Became aware of the underlying reasons for self-neglect and the thoughts of the individuals.
- Understand the importance of giving time and flexibility to individuals.
- Found it helpful to link current research to their own learning.

Priorities for 2018 – 2019

Modern slavery

In response to the increasing demand to raise awareness of staff about the types, prevalence and implications of modern slavery, we will be offering a multi-agency training pathway from October 2018. This is not designed to replace training already provided by individual organisations, but to enhance this and encourage a more collaborative response to tackle the issue.

Tier 1: Raising awareness This tier is for all staff. The Home Office [modern slavery awareness booklet](#) provides an up-to-date, easy-to-read resource setting out some of the key facts about modern slavery. To supplement this, Home Office research '[A typology of modern slavery offences in the UK](#)' has broken down the broad categories of modern slavery into 17 distinct types of offence identified in the UK. This booklet will help to inform staff and increase understanding of the issues.

Tier 2: e-learning module This tier is aimed at staff requiring a bit more information and in-depth knowledge because of their role. The module explores:

- The 17 types of modern slavery (signs, symptoms, barriers to disclosure) in more detail.
- The global, national and local context.
- How to apply the learning to clients, carers and other people we may come into contact with in our day-to-day work.

Tier 3: Single Point of Contact (SPOC) training This tier is aimed at staff taking on the role of a SPOC. This face-to-face training is multi-disciplinary and will:

- Increase knowledge and understanding of legislation, policy and practice.
- Ensure an understanding of the role of the SPOC.
- Provide an opportunity to share experiences.
- Enable learning from others.
- Establish a network for peer support.

The SAB will continue to work with the Pan Sussex Modern Slavery Network in 2018 – 19. The network was established to bring together all the organisations across Sussex that are committed to tackling modern slavery, and establish effective pathways and responses to concerns raised regarding modern slavery.

Coercion and control

During 2017, Adult Social Care & Health piloted a course on coercion and control. Jointly facilitated with Sussex Police, the training explored:

- The legal context.
- How to identify coercion and control.
- Mental capacity, coercion and control.
- How to support victims to gather evidence effectively.

- How to ensure your personal safety.
- How to use the Risk Indicator Checklist for coercion and control.

We are now in a position to roll this out on a multi-agency basis, and will be promoting dates through SAB members later in 2018.

Key safeguarding initiatives and training figures from SAB partner agencies can be found in Appendix 2.

5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

Regular meetings take place between representatives of the SAB, LSCB, Safer Communities Partnership and Children and Young People's Trust, in accordance with the [partnership protocol](#) that was developed in 2016 – 17.

Through the implementation of this protocol, it was agreed in 2017 – 18 that the Safer Communities Partnership would provide the lead strategic oversight for the modern slavery agenda, with the SAB supporting by way of undertaking a multi-agency audit (detailed on page 16), and ensuring the updated Sussex Safeguarding Adults Policy and Procedures include more detailed and up-to-date information regarding this type of abuse.

A formal review of the partnership protocol has been postponed, and will take place in 2018 – 19.

Future plans

- Further development of multi-agency training opportunities including modern slavery, coercion and control and Mental Capacity Act.
- Establish robust referral pathways for concerns involving suspected modern slavery and human trafficking.
- Review of the partnership protocol.

Conclusion

In presenting the progress made against our key priorities for 2017 – 18, this annual report has shown the continued effort of all partner agencies to work together to safeguard adults from abuse and neglect.

We have published the findings of our first safeguarding adults review (SAR) under the Care Act 2014, and we are confident that the action plan developed with the Kent & Medway SAB will ensure that the recommendations are translated into real change. The full report and action plan can be accessed [here](#).

Embedding organisational change following reviews and audits continues to be a challenge for all safeguarding adults boards. So, we welcome the opportunity to participate in a research project taking place in 2018 – 19. Working alongside the University of Sussex and six other SABs, we will be looking into how to achieve organisational change.

To ensure that all staff involved in safeguarding have the appropriate skills, we will continue to deliver multi-agency training courses in 2018 – 19. Our particular focus for next year will be to promote courses on modern slavery and human trafficking, and coercion and control.

We will also be evaluating the effectiveness amongst frontline staff of our newly launched safeguarding policy and procedures.

Our recently updated [strategic plan for 2018 – 2021](#) provides full details of our future plans that have been highlighted at the end of each section in this report. These plans will ensure adults with care and support needs are safeguarded from abuse and neglect as effectively as possible.

Appendix 1 – SAB Budget 2017 – 18

Income		Expenditure (excluding VAT)	
East Sussex County Council	£71,000	SAB Development Manager	£61,750
Sussex Police	£20,000	SAB Administrator	£14,232
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Quality Assurance & Learning Development Officer	£16,708
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£5,000	Independent Chair	£8,999
NHS Eastbourne, Hailsham and Seaford CCG	£5,000	Multi-agency Training programme (inc. admin. and safeguarding promotional materials)	£3,171
NHS High Weald Lewes Havens CCG	£5,000	Policy and procedures	£667
East Sussex Fire and Rescue Service (ESFRS)	£5,000	SAB Website	£935
Sussex Community NHS Foundation Trust	£4,250	SARs / Multi-Agency Reviews (facilitator and venue costs)	£4,919
National Probation Service	£2,500		
Carry forward from 2016-17	£8,768		
Totals	£136,518		£111,381

Appendix 2 – Additional updates from SAB partners

Clinical Commissioning Groups (CCGs)

Progress on 2017 – 18 priorities

- **Awareness of Mental Capacity Act (MCA) / DoLS and application to practice**

Workshops with a specialist MCA component have been held.

Safeguarding adults review learning briefings have been disseminated.

CCG work with provider organisations regarding MCA continues, and includes analysis of audit and assurance regarding actions to identify weakness in practice.

- **Continue to work with primary care colleagues to promote understanding of safeguarding issues including MCA, domestic violence and abuse, modern slavery, PREVENT and self-neglect**

The Named GP for Adult Safeguarding has had an increased profile within the CCGs. This has helped to increase awareness of safeguarding issues in day-to-day practice.

An MCA policy that can be adopted by primary care colleagues has been written and approved. It includes a flowchart and guide regarding mental capacity and best interest decision making.

Domestic abuse awareness continues, and continuation and expansion of the domestic violence and abuse pilot to Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs has been agreed.

- **Continue partnership working to improve the health and wellbeing of adults who may be at risk across East Sussex**

The Designated Nurse has continued to work with ASC colleagues, and has an expanded role within the Training Sub-group to jointly develop and deliver training across East Sussex health and social care providers regarding modern slavery.

The Designated Nurse has worked closely with ASC colleagues to provide an independent health opinion and overview of safeguarding concerns, and has participated in complex multi-agency self-neglect meetings regarding substance misusers.

Information sharing meetings regarding care home quality concerns continue to act as a vehicle to intervene at an early stage to address issues that may have a negative impact on health and wellbeing.

- **Continue with the Transforming Care Programme**

The CCGs continue to engage with health and social care colleagues to build upon the progress made to date and ensure that improvements in service provision for adults with a learning disability continue. Additionally, the CCGs continue to engage with the LeDeR programme, and ensure that any emerging themes are addressed and any lessons embedded into practice.

- **Ensure learning from safeguarding adult reviews and domestic homicide reviews is disseminated across health and social care**

Briefings have been developed jointly with the SAB and disseminated across health and social care providers.

Learning from both local and national reviews will continue to be incorporated into training and supervision sessions.

Joint work will continue to ensure that lessons are embedded into, and have a positive impact upon, practice.

Throughout 2017 – 18, the CCGs have worked collaboratively and effectively with the SAB and partner agencies to ensure that there are effective safeguarding arrangements in place across health and social care.

The CCGs have continued to hold their provider organisations to account to ensure robust safeguarding arrangements are in place, providing both challenge and leadership as required.

With the progress towards Sustainability and Transformation Plans (STP) there will be significant challenges due to the complexity of commissioning arrangements and the changing landscape of health and social care. Designated professionals and safeguarding teams will need to be proactive and at the forefront of decision making to ensure the health and wellbeing of the populations they serve.

Adult safeguarding activity / initiatives

- The pilot promoting domestic violence awareness and referral routes has been extended to include Eastbourne, Hailsham and Seaford, and Hastings and Rother primary care practices.
- The Health Independent Domestic Violence Advisor (HIDVA) post at the Conquest Hospital has been re-commissioned for another year, funded via Healthy Hastings and Rother and the Office of the Police Crime Commissioner.
- The CCGs have continued to promote and raise the profile of adult safeguarding within primary care practices, with links being forged with

Safeguarding Leads, the Named GP for Adult Safeguarding and Designated Nurse.

- Face-to-face safeguarding training for primary care staff is now delivered either in-house at surgeries or when places are available at CCG monthly training sessions.

Priorities for 2018 – 19

- To continue to improve awareness of domestic abuse, and appropriate responses by health professionals.
- To continue to improve application of the MCA, and promote awareness of the Court of Protection and Office of the Public Guardian.
- To improve understanding of, and the response to, self-neglect.
- To increase awareness of modern slavery and human trafficking, and appropriate responses.
- To develop an STP safeguarding profile, including safeguarding awareness and accountability within commissioned services.
- To continue partnership prevention work.

Care for the Carers (CFTC)

Progress on 2017 – 18 priorities

- **Ongoing training and reflective practice with staff**
Safeguarding has been a regular topic of reflective discussion, safeguarding training has been delivered, and staff have continued to recognise indicators of abuse and raise safeguarding concerns appropriately.

Adult safeguarding activity / initiatives

- Joint working protocols have been developed between CFTC and various agencies, including Age UK, Friends, Families and Travellers, British Red Cross, Homeworks, STEPS and Amaze. The protocols seek to ensure that carers get the support they need when they need it, thereby achieving positive impacts for people with care and support needs.
- CFTC has worked in partnership with ESHT to develop guidelines to involve carers in relation to carers' admission. This includes guidance for ESHT

staff to follow in relation to implementing emergency plans for adults with care and support needs when a carer is admitted to hospital.

- Twenty seven staff (100% of workforce) have completed safeguarding adults training, through either e-learning or more in-depth face-to-face training, in the last three years. Several staff have also attended other safeguarding related training, including Mental Capacity Act and Deprivation of Liberty Safeguards.
- In 2017 – 18, feedback from carers has been overwhelmingly positive about the impact of Care for the Carers' services on their lives. There has been a demonstrable improvement in carers' wellbeing, achieved by support and advice and counselling services.

Priorities for 2018 – 19

- Ongoing training and reflective practice with frontline staff.

Change, Grow, Live (CGL)

Adult safeguarding activity / initiatives

- CGL@thePortal holds a weekly Peer Support Group where information and identified needs and concerns are fed back to the Service Manager and Team Leaders. Our 'You said, we did' approach of responding to service user requests has resulted in the introduction of step-down services for our client group.
- East Sussex drug and alcohol recovery service (STAR) continues to contribute to Coroner's inquests, and to embed a process of learning across the service from investigations into deaths. This has led to a significant increase in our offer of naloxone pens resulting in 91.7% of eligible service users being offered a naloxone pen. In addition, more staff have completed suicide prevention training, and we have joined the East Sussex Suicide Prevention Group.
- In 2017 – 2018, CGL STAR established a 'dual diagnosis working together agreement' with SPFT mental health services in Hastings, and we are working to replicate this agreement in Eastbourne in 2018 – 2019. This aims to improve the experience of people who need to access both mental health services and substance misuse services by enabling them to get their needs met through a combined approach which is informed by the expertise of both services.

- 78% of STAR staff have completed safeguarding adults classroom training and 89% completed our e-learning package. All CGL@thePortal staff have completed safeguarding adults classroom and online training.
- Both CGL and STAR services have progressed recommendations from the domestic abuse audit undertaken by the SAB in 2016 – 17, including improving the quality of information shared at MARAC, by staff bringing all relevant information on research forms to these meetings (the audit had shown only the updated information had been brought for a multiple repeat victim).

Priorities for 2018 – 19

- To train staff within CGL STAR on newly implemented modules on our case records database for managing safeguarding concerns.
- To produce a 'Positions of Trust' policy.
- To produce and implement improved safeguarding governance guides for services.
- To review our safeguarding adults policy.

East Sussex Fire and Rescue Service (ESFRS)

Progress on 2017 – 18 priorities

- **Develop our safeguarding audit process to provide improved internal reporting**
The Safeguarding Panel oversees the audit process which is undertaken on a quarterly basis with random selection from a number of safeguarding areas including adults, children and Firewise.
- **Embed modern slavery training**
This is incorporated within the new Cylix on-line training course as well as a one-day advanced training course.
- **Embed training on the identification and classification of hoarding, and implement a multi-agency hoarding framework**
The multi-agency hoarding framework has now been adopted by the East Sussex SAB and is available to all agencies.

Adult safeguarding activity / initiatives

- ESFRS has adopted a new safeguarding e-learning course, written specifically for Fire & Rescue Services. The training course is mandatory for all staff and community volunteers and is to be undertaken in April / May annually. The course includes child and vulnerable adult safeguarding, domestic abuse, modern slavery, PREVENT and female genital mutilation.
- All senior managers, staff and volunteers who are engaged in work or activities that bring them into direct contact with vulnerable people, such as the Education Team, will undertake a one-day safeguarding course on a bi-annual basis.

Priorities for 2018 – 19

- To ensure that our new on-line training course is undertaken by all staff and volunteers.
- To encourage greater uptake of reporting concerns through the 'coming to notice' reporting mechanism once safeguarding training has been widely rolled-out.

East Sussex Healthcare NHS Trust (ESHT)

Progress on 2017 – 18 priorities

- **Improve consistency in recording mental capacity by reviewing documentation, training and encouraging staff to access advocacy where appropriate**

Last year's audit on mental capacity indicated that there were inconsistencies in the recording of mental capacity. A further audit has been undertaken and is due to be published in the summer.

Mental Capacity Act (MCA) training has been reviewed and increased from a one-off training session to three yearly. The audit indicated that staff knowledge of the MCA was varied depending on their frequency of application. We have introduced on-line MCA and DoLS training so that it is more accessible to staff groups.

The training review has enabled our Safeguarding Specialists to spend more time in clinical areas, supporting staff in the application of the MCA and undertaking DoLS assessments when required.

More information regarding advocacy is available to staff and members of the public, and safeguarding training does now refer to the use of an advocate.

- **Take steps to ensure that information is available to adults and their families about safeguarding adults and who to contact if they have a concern, including access to the SAB website**

Information about safeguarding, and who to contact where there is a concern, is now available to adults and their families on the ESHT website.

The level 1 safeguarding leaflet and training materials are being updated, and the ESHT safeguarding intranet site is currently under review.

- **A review of the information available to ensure it is in a variety of formats for those with specific communication needs**

ESHT will continue to review the information formats available, as well as promoting the use of the interpreter service.

Adult safeguarding activity / initiatives

- This year has seen an increase in the visibility of the Safeguarding Specialist Nurses both in the acute and community clinical areas in order to address some of the concerns raised, to provide greater safeguarding support, and for the learning from safeguarding enquiries to be shared with healthcare professionals.
- ESHT has reviewed its policy and procedures regarding allegations of abuse by staff. The management of allegations against ESHT staff for both adult and child safeguarding has been aligned into a single policy. This has enabled the Local Authority Designated Officer (LADO) to be included as well as ESHT Human Resources and the Safeguarding Specialists' role and responsibilities in regards to allegations to be more clearly defined.
- Feedback from training delivered by ESHT Safeguarding Specialists has been mainly good to excellent. Training is under review to ensure that it is current and fit for purpose.

Priorities for 2018 – 19

- To embed the revised governance arrangements for the operational and strategic safeguarding groups and safeguarding adults team.
- To continue to progress the work within the ESHT safeguarding annual work plans including highlighting any amber and red actions where more evidence of implementation is required for positive assurance.
- To continue to work towards the recommendations outlined in the Adult A Action Plan, specifically Recommendation 8.

- To continue to review safeguarding training, introduce level 3 safeguarding adults training, to include Self-neglect and Modern Slavery.
- Deliver PREVENT awareness training throughout the Trust, and address areas of low training compliance.
- To introduce structured safeguarding adults supervision for ESHT professionals working in areas where there is increased patient vulnerability.
- To maintain our engagement with the LeDeR programme for investigating and learning from deaths where the person had a learning disability.

Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)

KSS CRC staff are responsible for identifying vulnerable adults with whom they work directly or indirectly. This may be adults supervised under statute or other adults in any service user's circle, including family and potential victims. At the start and throughout the service user's sentence, the Responsible Officer is required to identify key issues of vulnerability that relate to the service user's life, not only from a service user perspective, but in partnership with other key agencies including statutory, non-statutory and third sector. Identified risks are then managed with the service user and relevant agencies to reduce any identified concerns.

Progress on 2017 – 18 priorities

- **Ensure frontline staff have access to SAB training to consolidate prior learning and experience**
Online safeguarding adults training and mental health training is mandatory for all staff.
- **Embed the updated Sussex safeguarding adults policy and procedures to ensure staff feel confident in managing safeguarding concerns**
The policy has been revised to include assessing mental capacity, and re-launched across the organisation. There is a mandatory requirement for all policies to be discussed in supervision and team meetings.
- **Our Strategic Lead to review how serious case review, safeguarding adult review and serious further offence learning is shared across the organisation and incorporated at local team level**
Specific actions are identified and allocated appropriately to individuals or included in a strategic implementation plan. Organisational learning will be pulled together by the Excellence and Effectiveness Manager and shared across operational teams.

Adult safeguarding activity / initiatives

- Articles on neglect, 'Making Safeguarding Personal' and stalking were placed within the KSS CRC staff magazine to raise awareness, aid identification and promote swift responses to concerns.
- Staff have been actively encouraged to attend specialist safeguarding training, and team discussions have been held on policies and procedures, which are fundamental in supporting early detection and intervention to prevent escalation of safeguarding concerns.

Priorities for 2018 – 19

- The Strategic Safeguarding Lead will be attending team meetings across the three counties to ascertain frontline practitioners' safeguarding needs i.e. are policies accessible and understandable, do they feel they are missing any type of training, is there any other way the Lead can support staff in fulfilling their statutory safeguarding duties?
- Review of safeguarding policies (including staff safeguarding policy) to include stalking behaviours.
- To continue to publish articles that raise staff awareness of a variety of safeguarding issues.

National Probation Service (NPS)

The NPS responsibilities include sentence planning, assessment, supervision, risk management, monitoring and enforcement of multi-agency public protection arrangements (MAPPA), and preparation of Crown and Magistrates Court assessments of convicted offenders.

The NPS provides a public protection service to children and adults, working in partnership with other agencies.

Adult safeguarding activity / initiatives

- Significant improvements in our risk assessments and subsequent risk management plans.
- Continued positive developments in our MAPPA practice and management of some of the most dangerous offenders in Sussex.

- Increased awareness of our staff of the NPS role in adult safeguarding, not only in terms of public protection but also in relation to the vulnerability of our service users.
- Our adult safeguarding policy has been updated and circulated to managers and staff.
- Learning from safeguarding adults reviews.
- Promotion of safeguarding awareness week.
- Adult safeguarding e-learning and class-based training has been provided for staff.

Priorities for 2018 – 19

- To fully implement our Safeguarding Practice Improvement Tool in all our risk management plans.
- To increase our partnership working and community presence, especially in relation to work with rough sleepers and the homeless.
- To promote reflective practice and peer learning in relation to safeguarding.
- To ensure that our Safeguarding Practice Improvement Tool drives up the quality of our risk management plans in direct relation to safeguarding actions as well as safeguarding objectives in sentence plans.

Sussex Community Foundation Trust (SCFT)

Progress on 2017 – 18 priorities

- **Ongoing audit of Making Safeguarding Personal**
This is detailed on page 41 of this report.
- **Continue to monitor and develop advice line processes**
445 staff contacts were made to the Adult Safeguarding Advice Line, which included detailed mental capacity and DoLS advice and support. 89% of contacts where advice was provided led to a safeguarding concern being raised.

- **Develop further assurance and governance processes for Section 42 safeguarding enquiries and individual management reviews**

In order to provide assurance that health-related S42 enquiry findings and actions have been taken forward internally to support trust-wide learning, the Adult Safeguarding Team has worked in partnership with the Heads of Nursing and Governance to provide a process for taking actions forward. A monthly narrative of all current safeguarding enquiry / summary of involvement / individual management review / SAR work is shared with Area Directors and the Heads of Nursing and Governance, and there is now core attendance by Adult Safeguarding at locality Harm Free Care Meetings to share and learn from findings and actions.

Adult safeguarding activity / initiatives

- The updated 'Safeguarding adults: Roles and competencies for health care staff – Intercollegiate Document' is expected to require enhanced knowledge. Accordingly, in 2017 – 2018, our current level 3 adult safeguarding training cohort was extended to Band 6 and above Nursing and Allied Health Professionals (AHP) frontline staff who support adult care delivery. This staff group was chosen because they line manage and support all clinical care delivery by frontline staff.

Priorities for 2018 – 19

- Rolling internal audit of Making Safeguarding Personal.
- To continue to capture data via advice line contacts that evidences the care and support that SCFT delivers to patients to protect them from harm or abuse.
- Following the provision of level 3 adult safeguarding training to Band 6 and above Nursing and AHP adult services frontline staff, we propose to open up level 3 training to all bands of Nursing and AHP staff (Bands 3 – 7) working in frontline clinical care so that level 3 training becomes 'business as usual' within adult services.

To support staff to achieve level 3 adult safeguarding training, the Adult Safeguarding Team will provide training across the Trust on a bi-monthly basis. In addition to this, there are alternative methods of training: e-learning, workbook completion, and attending external events such as pan-Sussex Safeguarding Adults Board conferences. The aim of alternative methods of accessing level 3 training is to reduce the need for staff to travel to venues which may increase time spent away from frontline care delivery.

South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

Adult safeguarding activity / initiatives

- Level 3 safeguarding adults face-to-face training was delivered to 100% of operational managers, 999 and 111 call centre clinical staff.
- PREVENT training was delivered to 85% of staff across the Trust.
- Mental Capacity Act e-learning training was delivered to 94% of staff across the Trust.
- There was an 8% increase in referral activity across the whole Trust.
- A comprehensive review of how allegations are managed across the whole Trust was undertaken. This looked back at all disciplinary cases over the preceding two years to identify gaps. Improved links between HR and safeguarding have now been established to ensure there is safeguarding oversight in all cases which might have a potential safeguarding element.
- Quality Assurance Visits undertaken across the whole Trust have included safeguarding, asking staff to share their experiences both around keeping patients safe, and how supported and safe they feel within the organisation.
- Infographic posters have been developed. Each month a poster detailing referral activity, reporting themes and a case study focussing on lessons learnt is produced and distributed to all Trust locations. Case studies may be based on a complaint, safeguarding enquiry, published serious case review / safeguarding adults review etc.

Priorities for 2018 – 19

- Continue to embed the links between HR and safeguarding.
- Continue to engage with the culture change work being undertaken within the Trust to ensure that the vulnerabilities of both staff and patients are considered and appropriate support is offered.
- To deliver training to all patient-facing staff regarding harmful behaviours with a focus on coercive and controlling behaviours and staff groups who may be at increased risk.
- Develop bespoke training for HR and staff support (i.e. Wellbeing Hub and union representatives).

- Increase capacity within the safeguarding department to improve staff support within the Trust. This includes a plan to have a named safeguarding link in each operational unit and the recruitment of a dedicated Freedom to Speak-up Guardian with a supporting locality network.

Sussex Partnership NHS Foundation Trust (SPFT)

Progress on 2017 – 18 priorities

- **Planned improvements to the clinical record system with regard to the recording of safeguarding activity including the development of a specific safeguarding flag**

A safeguarding flag has been developed and implemented.

- **Improvements to data collection and reporting to ensure data is both more accessible and more accurate**

Data collection has improved and we are now reporting on a wider data set.

- **Development of new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff**

The new team is in place.

- **Ensuring learning from safeguarding adults reviews (SARs) and other reviews is prioritised and undertaken**

Learning from SARs has been prioritised with a trust-wide focus on all relevant SARs.

- **Review of safeguarding adults policy and development of specific PREVENT strategy**

Our safeguarding adults policy has been revised and is currently awaiting ratification. A PREVENT policy has been developed and published.

- **Development of identified safeguarding leads in all care groups and areas**

Strategic safeguarding leads for each local authority area have been identified. With the introduction of the safeguarding liaison practitioner role, we are working with all adult teams and placing leadership responsibility for safeguarding with team leaders and managers.

Adult safeguarding activities / initiatives

- SPFT seeks patient and carer feedback through the Sussex Experience Survey. In 2018 – 19, we are planning to undertake safeguarding

awareness sessions with patients in our inpatient units and this will open opportunities for feedback.

- The new post 'safeguarding adults liaison practitioner' has responsibility for supporting and advising staff members and teams, raising awareness of safeguarding in the organisation, and providing training.

Priorities for 2018 – 19

- Improved and timely data reporting.
- Development of level 3 safeguarding adults face-to-face training.
- Compliance with NHS England requirements regarding PREVENT training.
- Raised awareness and improvements in practice – embedding safeguarding culture in everyday practice.
- To continue to provide governance and assurance through the local safeguarding management groups.
- To continue to play an active role as a member of Safeguarding Adults Boards in the promotion of safeguarding across Sussex.
- Improved learning and governance with regard to safeguarding adults reviews and domestic homicide reviews.

Sussex Police

Progress on 2017 – 18 priorities

- For the last year, Sussex Police has had a dedicated senior officer leading and developing the force's approach to vulnerability, including stalking. Officers have received training to improve the identification of stalking, (which can often be reported as crimes such as harassment, criminal damage, or malicious communications). The force is also working with Veritas Justice to establish a specialist support service for people who are affected by stalking.
- Operation Signature has continued to develop as the force's response to frauds perpetrated against vulnerable, often elderly, people. Our local Prevention Teams work with victims to implement safety plans to prevent further victimisation, whilst specialist officers in each Safeguarding Investigation Unit are available to assist in safeguarding those victims who are most vulnerable.

- Sussex Police has worked extensively with partners to tackle organised criminal networks, often known as County Lines. County Lines refers to cases where drug dealers, often from London, travel to towns outside of London. Characterised by violence, vulnerability and exploitation, they are known to exploit children by drawing them into drug dealing and other criminal activity, but they will also target vulnerable adults to take control of houses and flats from which to deal their drugs. This is known as Cuckooing. Operation Cuckoo has been developed in response to this kind of exploitation and now forms part of our established multi-agency response to County Lines drug dealing.
- Domestic Abuse Matters training has been delivered force-wide to all practitioners and supervisors, with approx. 2,500 staff receiving training. Domestic Abuse Matters highlights the vulnerabilities of adults and children who are exposed to domestic abuse.

Sussex Police has over 200 domestic abuse mentors who act as champions on their teams to ensure the best service is given. The force has also pushed the use of Domestic Violence Protection Orders and the Domestic Violence Disclosure Scheme to help protect people

Adult safeguarding activity / initiatives

- Missing persons – initiatives to try to reduce repeat occurrences, in particular prevention interviews. Enabled by Police Transformation Project Funding, we will undertake prevention interviews during 2018 and report on the pilot by March 2019. This pilot applies to selected child and adult cases. If successful, consideration will be given to introducing this permanently.
- Our adult safeguarding policy has been reviewed, updated, and circulated across the organisation.
- We have continued to support the multi-agency work undertaken by the Safeguarding Adults Board, including chairing the Performance, Quality & Audit sub-group.
- Operational officers have received training from the force lead for vulnerability and stalking. This has been complemented by a comprehensive communications strategy, both internally and externally under the #ThisIsVulnerability work. Specialist domestic abuse training has been delivered to all operational staff in partnership with the domestic abuse charity, Safe Lives.

Priorities for 2018 – 19

- Sussex Police adult safeguarding improvement plan. This is an aspirational working plan and subject to change and revision.

- Development of Force Management Statements required by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, over four years. We are developing a consistent return regime that incorporates organisational governance, operational standards and performance. This information will be the benchmark for sharing with partners.
- Improving knowledge and awareness amongst officers and staff, specifically around adult safeguarding (under the Care Act and in accordance with the pan-Sussex procedures).
- Improving performance in relation to the completion of the Vulnerable Adult at Risk (VAAR) form. This will be done through the Combined Assessment of Risk Form (SCARF) review process which includes a review of the VAAR to ensure it remains fit for purpose. A workshop has taken place with further development around IT and communications. This will be formulated into a formal strategy this year.
- Improving knowledge and awareness of mental capacity. This will be achieved by teams completing online training.

Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Hastings & Rother Clinical Commissioning Group, Eastbourne, Hailsham & Seaford Clinical Commissioning Group, High Weald Lewes Havens Clinical Commissioning Group
- Sussex Police
- Care For The Carers
- Change, Grow, Live (CGL)
- District and borough council representation
- East Sussex Fire and Rescue Service
- East Sussex Healthcare NHS Trust
- Healthwatch
- HMP Lewes
- Homecare representatives
- Kent, Surrey, Sussex Community Rehabilitation Company
- Lay members
- Local Safeguarding Children's Board
- National Probation Service
- NHS England
- Registered Care Association
- South East Coast Ambulance Service NHS Foundation Trust
- Sussex Community Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Trading Standards
- Voluntary and Community Sector representation

Report to: East Sussex Health and Wellbeing Board

Date of meeting: 4 December 2018

By: Director of Children's Services

Title: East Sussex Local Safeguarding Children Board Annual Report 2017/18

Purpose: To advise the Health and Wellbeing Board of the multi-agency arrangements in place to safeguard children in East Sussex

RECOMMENDATION:

The Board is recommended to note the report

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 [The Department for Education's guidance document 'Working Together 2015'](#) had set out 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 should be a participating observer of the LSCB. For the period covering the 2017/18 Annual Report this legislation has remained relevant, however, in July 2018 a revised and updated version [of Working Together to Safeguard Children](#) was published following the legislative changes made within the Children and Social Work Act 2017. Working Together 2018 sets out differing arrangements which require three safeguarding partners: the local authority, police, and clinical commissioning groups, to publish new arrangements by the end of June 2019.

1.4 The LSCB Chair works 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 East Sussex Safeguarding Children's Board (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. East Sussex County Council was inspected by Ofsted in accordance with the framework and evaluation schedule for Inspections of Local Authority Children's Services (ILACS) from 16 – 20 July 2018. This is a new inspection framework which was introduced in January 2018. The report highlights the role of the LSCB and the Council in providing oversight and challenge: *'Probing oversight and challenge from the corporate parenting board, scrutiny committee and the East Sussex safeguarding children's board are routine, all closely holding senior managers to account.'*

2.2 The annual report 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 LSCB in 2017/18 and covers the third and final year of the business plan for 2015-18.

2.3 The key issues addressed by the LSCB in 2017/18 are highlighted in the report's introduction, together with a summary of key learning and achievements which includes:

- A commitment to listen to children and young people is central to how we seek to improve.
- Progress in our priority areas, including child exploitation.
- 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. During 2017/18 one Serious Case Review (SCR) was published: Family S, which concerned two children aged 7 years and 22 months who experienced hidden neglect. The children were living in home conditions that were deemed unfit for human habitation when discovered. The mother had successfully kept all professionals and wider family members away from the home. In addition the older child was found to have a significant physical impairment which had not been addressed and therefore means there will be a need for lifelong medical treatment.
- A Learning and Impact Review, to self-evaluate the impact that learning from SCRs and case audits has had.
- The use of Board 'break-out' sessions to focus on subjects such as: neglect, domestic abuse, and multi-agency working.
- The LSCB has two newly recruited Lay Members.

2.4 There have been four priorities that the LSCB has led on within the three year business plan;

- Tackling Child Sexual Exploitation
- Improving Safeguarding in Education
- Online 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.

3.2 The Health and Wellbeing Board is recommended to note the LSCB Annual Report 2017/18.

STUART GALLIMORE
Director of Children's Services

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

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East Sussex Local Safeguarding Children Board

Annual Report 2017-18



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Foreword by Reg Hooke, East Sussex LSCB Independent Chair



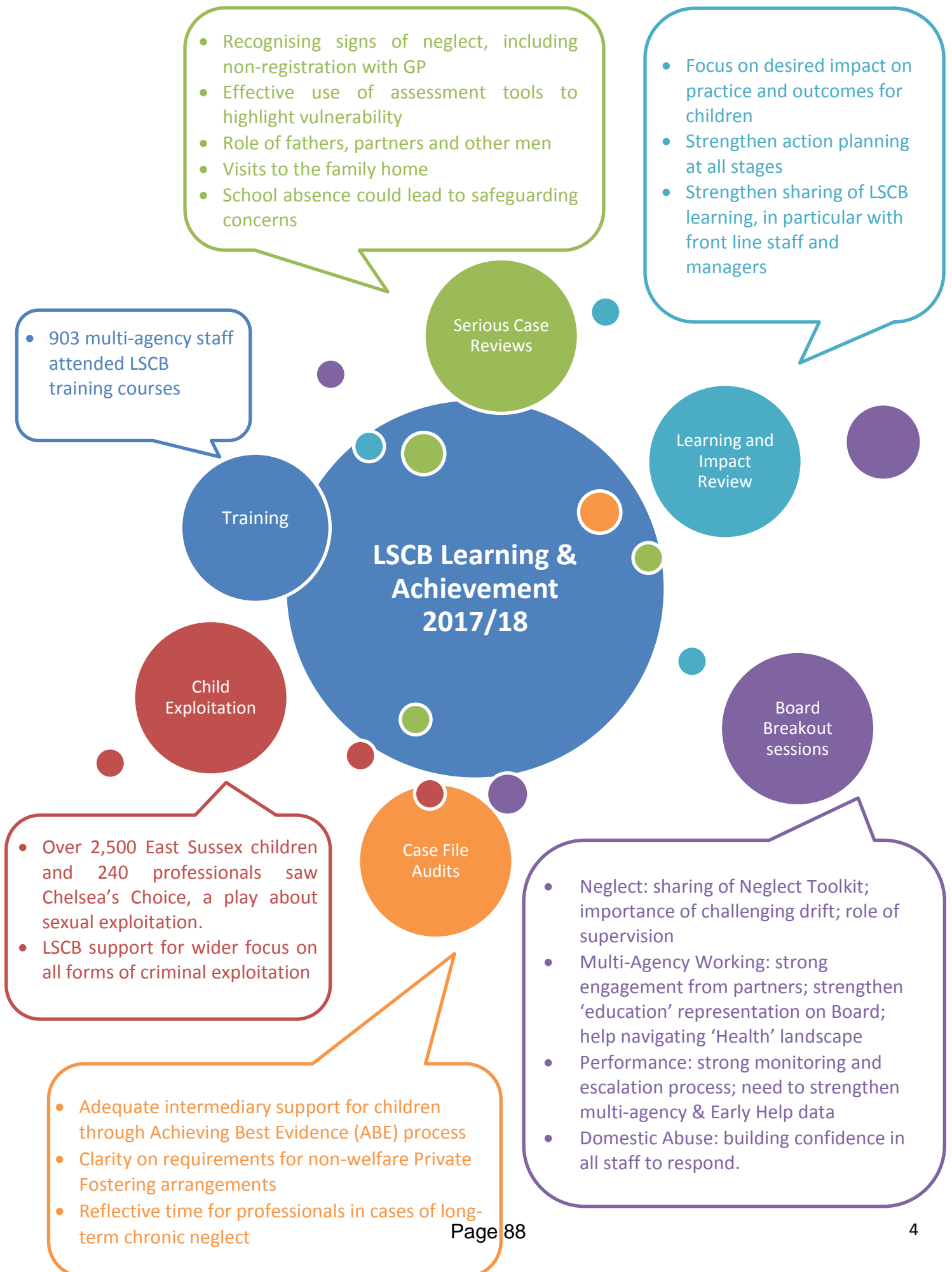
It is my privilege to present to you the annual report of the East Sussex Local Safeguarding Children Board (LSCB) 2017/18. This statutory partnership works to safeguard and promote the welfare of children in East Sussex by working with, and scrutinising the work of agencies with key responsibilities for keeping children safe. This includes staff working in health, social care, police, probation and education settings, as well as voluntary sector organisations. Our primary concern is the safety of children who are the most vulnerable, and who are most at risk of harm; we seek to ensure positive outcomes for these children. We do this in three main ways:

- holding organisations to account at regular Board meetings,
- providing vital multi-agency training to professionals, and
- improving practices by conducting targeted reviews and audits

I believe this year's report provides an excellent overview and summary of the work done to improve life and opportunities for specific risk groups across the county, as well as illustrating the learning and achievements of the LSCB. It is a big challenge to communicate the complexity and wide diversity of the LSCB's work. We have therefore worked hard to make this report accessible to a wide audience and, although there is considerable detail in it, much effort has gone into making it easy to read. With you, the reader, in mind, it has been carefully structured and uses a good number of graphics and other illustrations to help. I hope you find it informative.

The Overview on page 5 alludes to new national legislation and guidance that may mean potential changes to child safeguarding oversight arrangements from 2019 and these will be reported upon next year. In the meantime the LSCB will work closely with all partners to ensure future arrangements are at least as robust as the current ones in safeguarding the children of East Sussex.

1. Key Learning & Achievements 2017/18



2. Governance Arrangements

2.1 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 revised and updated version of *Working Together* was anticipated in 2017 following the legislative changes brought in by the Children and Social Work Act 2017. Towards the end of 2017 a further, and final, consultation was undertaken by Government, which LSCB contributed to. *Working Together 2018* is likely to be published during 2018/19 and may mean potential changes for the LSCB. This will be the key focus of the 2018/19 Annual Report.

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.

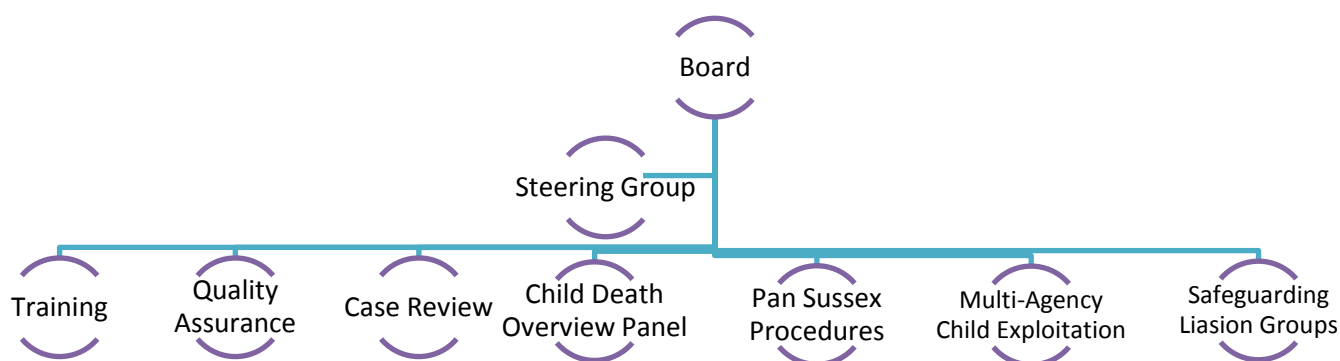
Major functions:

- 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.

2.2 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.



2.3 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 making child safeguarding everyone's business. The Joint Protocol will be reviewed and updated in 2018/19.

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 People's 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 to the Police and Crime Commissioner.

2.4 Safeguarding Context

The information below is a summary of the safeguarding context in East Sussex. A full analysis of multi-agency safeguarding activity and the number of vulnerable children can be found in the [East Sussex LSCB Local Safeguarding Context 2017/18 document](#).



3. Evaluation of Board progress on 2015-18 Priorities

Between the beginning of April 2015 and the end of March 2018 the LSCB supported key priorities, or areas of work, as set out within the three year business plan. Now that the business period has ended, the sections below will consider each priority in turn, and summarise what has been achieved during this period. The progress made during the past year 2017/18 will also be highlighted with special 'spotlight' sections focusing on key events and achievements.

3.1 Strengthen the Multi-agency Response to Child Sexual Exploitation

During the past three years the LSCB has supported a wide variety of work to strengthen the multi-agency response to child sexual exploitation (CSE). During 2017/18 this work has also broadened to include all forms of child exploitation.

The key aims of this priority 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

What has been achieved:

- ✓ Multi-agency Child Sexual Exploitation Subgroups became well established and well attended. With agreement, and support of the LSCB during 2017/18, the Subgroup changed its name to Multi-Agency Child Exploitation Subgroup (MACE), to reflect better recognition of the changing nature of exploitation.
- ✓ A two day awareness raising event was held for 400 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.
- ✓ Dedicated audits on CSE cases have been facilitated by the Quality Assurance (QA) Subgroup and MACE Bronze Subgroup. This ensures that work completed on cases involving exploitation is regularly reviewed and informs learning and practice.
- ✓ Following direct feedback from children and young people, Sussex Police launched a comprehensive awareness raising campaign about child sexual exploitation. This included the use of a wide range of media and social media to raise community awareness. The feedback and independent evaluation of the campaign demonstrated the significant success of the campaign.
- ✓ Support Pathways are well embedded e.g. East Sussex Child Sexual Abuse pathway provides coordinated response to disclosures of sexual abuse, including sexual exploitation. The pathway includes consideration of the support or therapeutic needs of every child who discloses sexual abuse, and SWIFT (Specialist Family Services) have a dedicated sexual risk practitioner to advise on each case.

Further progress made in 2017/18:

Operation Rattle was launched, building upon the existing good work around CSE between partners across East Sussex to support children and young people experiencing wider forms of exploitation. This includes being drawn into serious crime such as drug dealing, and being pressured into carrying weapons. The phrase “County Lines” refers to when drugs are being distributed by Organised Crime Groups (OCGs) from major cities. There have been two predominant methods for these OCGs supplying drugs: ‘cuckooing’ (i.e. taking over the home of vulnerable adults), and using children as runners. Operational Rattle has been raising awareness and coordinating the response to County Lines.

The MACE guidance was updated to reflect the changing nature of child exploitation. It is recognised that CSE and other forms of criminal exploitation are not mutually exclusive, and that the response to individual children must reflect the child’s individual needs and circumstances, which is set out in the guidance.

A Voluntary Sector partner, WiSE (YMCA What is Sexual Exploitation? project) launched their Boys and Young Men’s campaign which is a Sussex wide campaign, raising awareness about sexual exploitation happening to boys and young men. This has also led to new LSCB training course being run in conjunction with WiSE.

Work has taken place to raise the profile of Children Missing Education who may be vulnerable to exploitation. New updated attendance guidance for schools was created and disseminated and includes reference to the increased CSE risk when children are missing education.



Spotlight on Chelsea’s Choice

Chelsea’s Choice is a 40 minute production provided by AlterEgo Theatre Company. It is innovative and powerful in highlighting to young people, aged 12 years and over, the serious issue of child sexual exploitation (CSE). The production shows how young people, boys and girls, are groomed by adults who want to exploit them.

In June 2017 Chelsea’s Choice was performed at 21 Schools across East Sussex during a two week event. Over 2,500 children saw the production. Two teacher only sessions were held covering 140 teachers, and two professionals’ sessions were held with over 100 professionals attending from a range of agencies.

The LSCB coordinated the planning and delivery of this event as part of the priority on CSE. Chelsea’s Choice was commissioned by the five District and Borough Councils. In recognition of the need to offer support to pupils and teachers at each session, and further follow-up support, the LSCB funded, WiSE to attend all of the sessions that included children.





WiSE also undertook an evaluation exercise with the children who saw the performance. Evaluation postcards, designed with the LSCB, were placed on each chair at the beginning of each performance. Children were asked to answer 3 basic questions to score how much they knew about CSE at the start, and then again at the end of the performance, and were asked if they would recommend the performance to a friend.

In total 2,359 postcards were completed; 75% of the completed postcards evidenced an increase in children's knowledge of CSE after seeing the production. 90% of the completed postcards were answered "yes" they would recommend the performance to a friend.

Feedback from professionals attending the events included:

"Just wanted to say thanks for the opportunity to attend this, it was brilliant, emotional and thought provoking."

CJ

"I wanted to say thank you for organising the Chelsea's Choice session yesterday. The message that they delivered was very clear and excellently done. I was grateful for the opportunity to see it. "

DK

"Seeing the performance really had an impact on me, the actors and the play delivers the message so well and it is great that we are showing this to so many young people"

SH

Next Steps – looking beyond 2018:

Over the next 12 months, the LSCB will continue to support the response to the threat of child exploitation in all of its forms. The LSCB will monitor the work of the Multi-Agency Child Exploitation subgroup at the Steering Group and at the full Board, given the high-profile and changing nature of this work in East Sussex.

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

Everyone who comes into contact with children and their families has a role to play in safeguarding children. Early years, school and college staff are particularly important as they see children daily and are in a position to identify concerns early and provide help for children, to prevent concerns from getting worse. Schools and colleges and their staff form a key part of the wider safeguarding system for children.

The key aims of this priority are to:

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

What has been achieved:

- ✓ Strengthened and extended the Standards and Learning Effectiveness Service (SLES) Safeguarding Team now in place, and effectively support schools to develop their safeguarding functions.
- ✓ Significant improvement in the proportion of schools completing the Section 175 Safeguarding Audits.
- ✓ Range of services designed for schools to strengthen safeguarding practice, including: Whole School Safeguarding Training, focused support for Record Keeping and Single Central Records, and Safeguarding Practice Reviews.
- ✓ Significant uptake of Safeguarding Practice Reviews which provide an externally moderated view on the standards of safeguarding in an establishment.
- ✓ Well established Designated Safeguarding Lead (DSL) Network, which operates alongside the 9 existing School-to-School support alliances. This includes a DSL network with a specific Further Education focus.
- ✓ Regular DSL newsletter for all schools which provides updates and signposting of resources.
- ✓ Delivery of three annual *Best Practice in Safeguarding* Conferences for schools.
- ✓ Updated Record Keeping Guidance for Schools (September 2017) and the new model safeguarding and CP Policy for schools and the Code of Conduct for staff in schools (July 2017) were published in September 2017.

Further progress made in 2017/18:

Safeguarding continues to be a significant priority for schools, supported by key staff in ESCC. Schools and academies in East Sussex have demonstrated a greater commitment to keeping children safe by attending central 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 now in OFSTED monitoring visits of “good schools” where safeguarding is of paramount importance in determining the type of inspection that will be commissioned. This external inspection focus supports our local work.

ESCC has supported the enhanced focus on safeguarding through the strengthening and extension of the SLES safeguarding team with a new full-time appointment of the Support and Intervention Manager role, from September 2017. There is now a small team of officers who are available to provide guidance and advice to schools. From April 2018 the SLES Senior Manager will also oversee work in nurseries and playgroups in order to ensure coherence of strategies and approaches across the whole age range.

Over the past three years, SLES has re-designed safeguarding support services to schools which are available on a traded basis, or fully funded by SLES where there are significant concerns. These include a Whole School Safeguarding Training package and specifically focussed support visits such as record keeping. The new range of safeguarding traded services provide schools with the opportunity to access expert advice and guidance which is up to date and compliant with local and national frameworks.

At the end of March 2018, 110 schools had already undertaken a full School Safeguarding Practice Review. All schools that have accessed the safeguarding practice review service have support with developing an action plan on the basis of the judgements, and an optional follow up sessions.



Spotlight on the s175 Safeguarding Audit

The 2017/18 175 safeguarding audit has been returned by 94% of schools to date – this represents a significant increase on 2015-16 returns and is further evidence of more schools understanding their key role in keeping children safe.

The 2017/18 175 safeguarding audit helps SLES to better understand schools’ strengths and areas for development. There is a programme of support in place for responding to the audits through enhanced training/targeted support

The DSL Network is now well established and attended. The networks have been successful in helping professional development, as well as in building capacity for schools to support each other in safeguarding practice. The LSCB and SLES also support and attend a refreshed DSL network for independent schools (ISSG).

The SLES Safeguarding team has updated the Whole Governor Body Training programme in safeguarding and has produced tools to help governors focus on keeping children safe in their schools. There is growing evidence through the S175 audit returns of governors reporting that they have the knowledge and tools to support and challenge schools to focus on safeguarding.

Independent Schools in East Sussex are invited to join the Independent Schools' Safeguarding Group (ISSG) which is supported by the LSCB and by SLES. The group now has a schedule of meetings which are increasingly well-attended, thus improving the continued professional development (CPD) opportunities for colleagues in independent schools.

Next Steps – looking beyond 2018:

- Update all school policies, guidance documents and training in line with Keeping Children Safe in Education 2018.
- Update the 175 audit on an annual basis and ask schools to return this annually.
- Increase the percentage of returns of the 157 Audit for Independent Schools 2018-19.
- ESCC, SLES and the Inclusion and Special Educational Needs and Disability (iSEND) teams are working with local Special Schools to offer training on how to keep children with complex special educational needs and disabilities safe. The first sessions will be offered for schools in autumn 2018.
- Offer a new supervision service for DSLs'.

3.3 Strengthen the Multi-agency Response to Children Affected by Domestic Abuse

During the past three years the LSCB has supported a wide variety of work to strengthen the multi-agency response to children affected by domestic abuse.

The key aims of this priority are to:

- Develop a domestic abuse protocol for schools, and support its implementation.
- Develop interventions to use with the perpetrators of domestic abuse, particularly to increase the awareness of the impact of domestic abuse on children.
- Review how Children's Services responds to domestic abuse.
- Raise public awareness of domestic abuse and the impact it has on children.

What has been achieved:

- ✓ Successful launch of 'the Portal' which offers a single point of contact and information for victims of domestic abuse living within East Sussex or Brighton and Hove.
- ✓ Established programme of group work for perpetrators of domestic abuse.
- ✓ Quality Assurance audit for domestic abuse cases, which evidenced good multi-agency work and support for families in all cases audited.
- ✓ Successful conference held on Coercive Control and Domestic Abuse, attended by 170 staff across a wide variety of partner agencies.
- ✓ Reviewed training offer so that domestic violence forms one of the key thematic training pathway, ensuring staff across agencies are well informed, and well equipped to intervene when children are affected by domestic abuse.
- ✓ Developed and rolled out a protocol for schools to guide them through working with children who have experienced domestic abuse.
- ✓ Effective Multi Agency Risk Assessment Conference (MARAC) process in place to share information and plan coordinated responses to high risk domestic abuse victims.
- ✓ Participation in Sussex wide awareness raising including the 16 days of action against domestic abuse campaign, and the white ribbon campaign.

Further progress made in 2017/18 includes:

At a presentation to the Board in January 2018, further information was shared about MARAC, learning from Domestic Homicide Reviews (DHRs) that related to domestic abuse cases, and the wider domestic abuse strategy so that Board members could focus on how their agency responds to domestic abuse and the impact on children.

A domestic abuse pathway, guidance and training was developed by CAFCASS and SWIFT (specialist family services) for private law cases where domestic abuse is a feature. A new Court template was agreed, along with associated guidance, by all three Sussex Local Authorities and is being used successfully.

The multi-agency LSCB training on 'Adopting a Whole Family Approach to Domestic Abuse and Promoting Safety' has proved hugely popular, with all courses run in 2017/18 being fully subscribed. This two day 'professional level' workshop gives an overarching and updated view on current research, theory and practice for professionals across a variety of agencies who work with domestic abuse cases.

The work with perpetrators of domestic abuse was reviewed, updated and has continued and evolved to include a perpetrator intervention programme rolled out to domestic abuse champions within Children's Services.

A specialist post, funded by Public Health, was created to assist the Single Point of Advice (SPOA) and Multi-Agency Safeguarding Hub (MASH) in assessing risk and responding to domestic abuse cases. This new post has also enabled the recommendations of the LSCB domestic abuse audit to be implemented in SPOA and MASH, and has assisted with supporting Schools with the Domestic Abuse protocol.

'The Portal' which was successfully launched in 2016, developed an East Sussex Directory of Interventions for 2017/18, and offered a series of parent victim focussed workshops which includes subjects such as: family courts, safe contact, parenting resilience, and the impact of domestic abuse on children.

A Pan Sussex Review of MARACs was completed in 2017 with positive findings for MARACs in East Sussex. A number of findings from the review were considered by a working group and a local action plan developed. There remain a number of areas of risk, including the increasing number of cases being brought to the MARAC. A review of whether children are being kept safe by MARAC plans is scheduled for 2018/19.

Next Steps – looking beyond 2018:

Prioritising domestic abuse work will continue via a strategic group made up of representatives from a wide variety of agencies.

During 2018 the Schools Safeguarding Audit will be repeated; this includes dedicated questions on the implementation and use of the domestic abuse protocol for Schools. The results will be used to target any further support required in order to make sure the schools workforce feels confident and knowledgeable about supporting children who are affected by domestic abuse.

In addition, Operation Encompass, a Police led initiative to inform Schools when domestic abuse has occurred in families, is being rolled out locally in a planned way.

During 2018 work is also taking place by partners in the Safer Communities Partnership to refresh the Domestic Violence and Abuse (DVA), Sexual Violence (SV) and Violence against Women and Girls (VAWG) Strategy. The LSCB will be a key contributor to this review.

3.4 Coordinate a Multi-agency Approach to Online Safety for Children, Young People and their Families

The aim of the LSCB has been twofold: to build the skills and resilience of children and families so that they make safe and positive use of the internet and social media; and that online safety for staff is integrated and considered as part of their overarching approach to keeping children safe online.

The key aims of this priority are to:

- Improve professional's knowledge about e-safety and how to support children, young people and parents to stay safe online.
- Improve children and young people's knowledge and confidence about how to keep themselves safe online
- Improve parent and carers' knowledge and confidence on how to help their children keep safe online.

What has been achieved 2015-18:

- ✓ Coordinated online safety resource available on the LSCB's website.
- ✓ Took part in Safer Internet Day raising awareness of online safety resources with the LSCB's 800 twitter followers
- ✓ Updated Pan Sussex Safeguarding and Child Protection Procedures to provide guidance on how to identify, intervene in and escalate safeguarding incidents such as online grooming and abuse, and youth produced sexual imagery
- ✓ Supported the development of a model online safety policy for schools
- ✓ Supported schools to develop their online safety education through workshops at the annual Safeguarding School Conferences, distribution of resources from national sources, including Ofsted, and regular work via the DSL networks.
- ✓ Supported Sussex Police's 'Sexting in Schools and Colleges' to raise awareness of, and how to manage, incidences of sexting.
- ✓ Supported the training of Youth Cabinet and CiCC members to become 'Digital Leaders' where young people become accredited trainers on online safety delivering peer-to-peer workshops and workshops for parents and carers.
- ✓ Developed guidance for schools on best practice in engaging parents and carers in online safety awareness raising.

Further progress made in 2017/18 includes:

Over 200 professionals, from a range of multi-agency backgrounds, have attended the LSCB's '**Safeguarding in a Digital World**' training course, since it began in December 2015. This training will remain a regular feature on the LSCB's Annual Training Programme. Feedback from the training course has been overwhelmingly positive with the majority of attendees saying the course was good or excellent with evaluations noting the positive impact on practice. Comments have included:

"I feel more aware of issues relating to safeguarding... as I work in ASC I have shared feedback from the training in my team meeting and discussed the overlaps with the client group we support."

"I am going to talk to our Digital Leaders about online safety and their online 'language'. I would like to run a parent workshop to increase awareness."

"Share relevant information and safeguarding policies/advice in practice and also with colleagues"



A total of 114 delegates attended the **Building Digitally Resilient Children conference** in January 2018, with over 45 schools represented. Seventy-eight percent of respondents rated the quality of the conference as excellent. Attendees said they would do the following things differently as a result of the conference event:

- *Organise a parent online safety workshop led by the young people*
- *Update our PHSE/computing curriculum and better liaise with our IT department.*
- *I learnt more about my own use of social media and how I need to be an online role model*
- *We will train some pupils as digital leaders and also get the older pupils to run assembly for younger pupils on internet safety*
- *Will be more open about talking to children about their online behaviour*
- *Develop further training for foster carers/ Looking at having foster carer training with young people present*

Of the 207 schools which completed the 2018 section 175 safeguarding audit all schools have online safety and acceptable use policies in place. Nearly all schools also teach pupils how to keep themselves safe online and on social media and have appropriate filtering and monitoring systems in place. Where schools rated themselves as having more work to do in this area, this was because they recognised the need to update these policies. This is a significant improvement from 2015/16 where only 43% of all schools rated themselves as having a written e-safety policy and procedures in place.

Nearly all (97%) of the 3089 Year 10 pupils in East Sussex who took part in the Health Related Behaviour Survey in 2017 said they had been told how to stay safe while online.

Next steps - looking beyond 2018:

The LSCB will continue to run training on safeguarding in a digital world and ensure that all safeguarding training considers the risks posed by the use of technology. LSCB managers will also continue to signpost professionals to resources via the LSCB's website and professional forums.

The Steering Group will be asked to agree that online safety – as a separate issue - no longer needs regular monitoring but should be integrated and considered as part of the overarching approach to safeguarding. This will then be monitored via the LSCB's Section 11 regular safeguarding audit process.

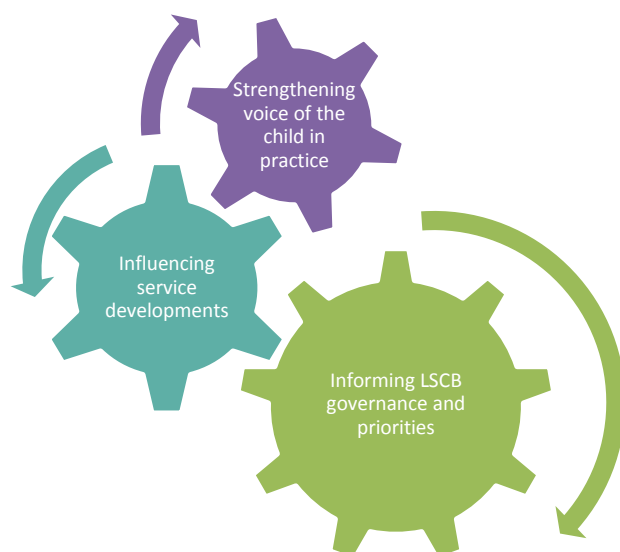
4. Impact of Board Activity during 2017/18

4.1 Voice of the Child

East Sussex Local Safeguarding Children Board strongly believes that children and young people should have a say when decisions are made which may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues which are important to them, and ensure they are listened to. By doing so, we believe that this will create a stronger child protection system that is more responsive to the needs of our most vulnerable children.

East Sussex LSCB endeavours to ensure that children and young people are appropriately involved in the governance and decision making of the board. The LSCB also challenges and holds Board members to account on their engagement and involvement of children and young people within their own agencies.

The LSCB has continued to request that all reports presented at the Steering Group or main Board meetings contain a section on the 'voice of the child'. Agencies are required to consider how the voice of the child has impacted on this area of work. These contributions have provided a rich evidence base of how services are responding to children's voices in the day to day delivery of services and in longer term strategic work. Examples include:



SPOA and MASH report to Board (January 2018)

- *“Effective screening decisions are informed by practitioners and managers seeking to understand the day to day experience for the child at home, in their school or education setting and in their community. Building relationships with children is a core part of the training of and supervision for staff at all levels.*
- *When the welfare and safety of children is being considered through formal Strategy Discussions, the experience of the child is also central to decision making. All social care staff have been reminded about the need to speak to children directly as part of reaching an effective assessment of risk. Keeping the experience of the child in mind is reinforced by the identification of a trusted adult for children at risk of or subject to exploitation.”*

Child Exploitation Update to Steering Group (March 2018)

- *“Effective safeguarding for children who go missing and/or are vulnerable to or experiencing criminal exploitation needs to be underpinned by an understanding of the day to day experience for the child. Understanding the barriers to engagement for individual children and ensuring the best chance for the child to be heard, relies on each child having a trusted adult and professionals developing good relationships with children. This is fundamental to our approach.”*
- *The experience of the child is the central focus of Multi Agency Criminal Exploitation (MACE) practice. There is clear evidence from Bronze meetings that children are listened to and heard and that their experience informs multi-agency risk assessment and planning in order to reduce vulnerability to Criminal Exploitation”*

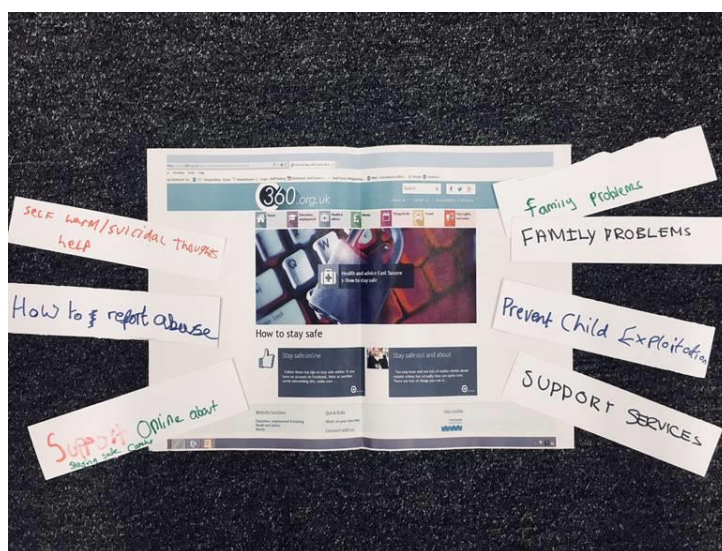
The LSCB Lay Member attended the East Sussex Children in Care Council and Youth Cabinet, in summer 2017. The young people spoke about how they felt it was important for the LSCB to support parents to

engage with their children around online safety; asked what the LSCB was doing around road safety; and how the LSCB should improve its presence online.

As a result of these conversations, the LSCB agreed to contribute funding towards the 'Safeguarding Children in a Digital World' conference, held in mid-January, for children and young people, schools and professionals. While it was not possible for parents to also attend the event, one of the workshops focused on how professionals can engage parents in online safety, and the LSCB produced a guide for schools on how to engage parents. This was also circulated to all schools across East Sussex via the DSL network and is on the LSCB's website. The LSCB has also updated the advice and guidance for parents on online safety on the LSCB's website and focused on advice and guidance for parents in its communication around Safer Internet Day.

The LSCB Manager and Lay Member attended the East Sussex Takeover Day for young people in November 2017. The group talked about the role of the LSCB and of the agencies involved, the type of issues the LSCB is concerned about and numbers of vulnerable children and young people in East Sussex.

The LSCB manager has started working with the designers of the County's c360 website (www.c360.org.uk – the 'information portal' for East Sussex children and young people) to update the information on keeping safe. The



Takeover day provided the LSCB with the opportunity to consult with young people about what information they wanted on the website. This work will continue in to 2018/19.

Within the LSCB's training, the 'Voice of the Child' continues to be strengthened. At a Training Pool development session, three members of the Children in Care Council, along with adult supporters, attended to talk about their experiences and did a really powerful interactive exercise on separation and loss with the group. The LSCB also ran a course on 'Whole Family Approach – Integrating the Children and Families Act 2014 and the Care Act 2014 into Practice' where young carers came along with a supporter to present and deliver their experiences to a multi-agency group of LSCB and SAB participants.

Next steps – looking beyond 2018:

- Ongoing and meaningful engagement with Youth Cabinet and Children in Care Council.
- Involving young people in recruitment for new Lay Members and in the Section 11 Challenge Events.
- Strengthen the voice of the children in the LSCB's audit, training and case review work.
- Continue to develop and strengthen the safeguarding information available for children and young people on the county's c360 website.
- Consult with children and young people in the development of new safeguarding arrangements.

4.2 Lay Members

Lay Members are a critical part of the Board. They act as ambassadors for the community and for the LSCB by building stronger ties between the two, 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

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. During 2017/18 Maria has:

- ✓ Met with young people from the Children in Care Council and Youth Cabinet to talk about the role of the LSCB and their safeguarding priorities
- ✓ Attended the Annual Safeguarding in Schools Conference
- ✓ Delivered a workshop, with the LSCB Manager, at the November 2018 'Takeover Day' for children and young people.
- ✓ Met with the Head of Safeguarding and Assistant Director of Early Help and Social Care to find out more about their work and how it fits in to the overall structure of the LSCB.
- ✓ Contributed to the summary of the 2016/17 Annual Review



Next Steps – looking beyond 2018:

- Recruit further Lay Members to the team.
- Strengthening the engagement of Lay Members with local groups for youth voice.

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 representatives from NHS organisations, Sussex Police and East Sussex Children's Services.

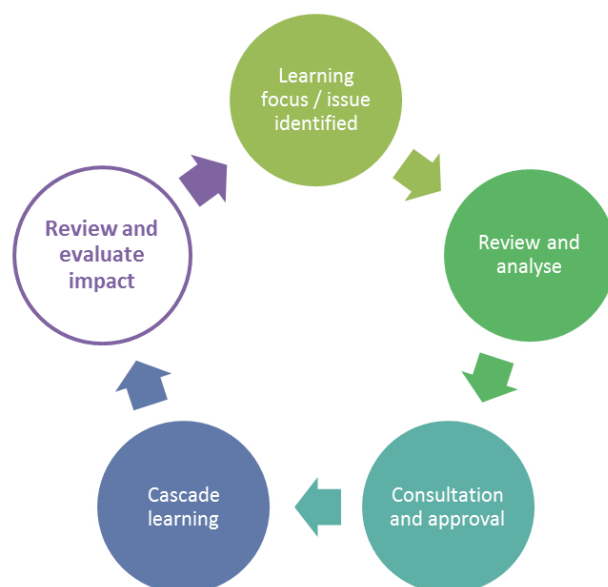
What has been achieved 2017/18:

- ✓ Strengthened the LSCB's Performance Dashboard to include a wider range of multi-agency data and make the impact of multi-agency work and outcomes for vulnerable children clearer to monitor.
- ✓ Conducted a 'Learning and Impact' Review of the LSCB's case review and audit work over the past three years. This involved reviewing the impact on practice, and outcomes for children, from the recommendations made in serious case reviews and audits, and identifying how the learning from LSCB activity could be strengthened.
- ✓ Developed and strengthened the 2018 'Section 11' toolkit which supports agencies to evaluate the effectiveness of their arrangements to safeguard and promote the welfare of children.
- ✓ Held a 'deep dive' audit on two long-term neglect cases, engaging a range of practitioners involved with the families. The approach allowed auditors to get a better view about the challenges of the work, and to recommend piloting a new way of working with families where there is neglect.
- ✓ During 2017/18 the QA sub-group held three thematic audits: Children with Disabilities, Sexual Abuse and Private Fostering. Auditors were also involved in the annual MACE audit on child exploitation.
- ✓ Developed the first learning summary for managers and practitioners on the findings from the Child Sexual Abuse Audit, which includes '[learning for practice](#)' discussion points for team meetings and group supervision.

The Quality Assurance Subgroup facilitated a 'LSCB Performance' breakout session at the November Board meeting; this was to ensure all Board members were engaged with the LSCB's performance management arrangements and to identify ways to strengthen the LSCB Performance Dashboard. While the LSCB agreed that oversight by the QA Subgroup and escalation process was robust, further improvements to the dashboard could be made.

Since November, the dashboard has been updated to include significant events and benchmarking, where available, and improved commentary. The Dashboard has been reorganised to better display 'multi-agency impact on practice' and impact on vulnerable children's outcomes. Additional indicators relating to children with health related vulnerabilities and children with family related vulnerabilities have been added. This has made it easier to link performance in similar areas and escalate indicators for LSCB attention at the Steering Group.

During 2017/18 the QA subgroup has overseen the 'Learning and Impact' Review of the LSCB's case review and audit work. The review was tasked with providing an evidence base for the LSCB's impact on frontline safeguarding practice and outcomes for children and families. 147 recommendations from serious case reviews, management reviews and case file audits, conducted over the past three years, were analysed to identify: a) any common learning, issues or areas for safeguarding development; and b) inform future learning and improvement activity or strengthen the LSCB's capacity in this area. The results of the Learning and Impact Review were shared with Board members at the April Board meeting with a final report due to be published in summer 2018.



Spotlight on Learning & Impact Review

Recommendations to strengthen the capacity of the LSCB's learning and improvement function included:

- ✓ Guidance for Serious Case Reviews amended to ensure recommendations are consistent in each report and proportionate to desired impact
- ✓ Recommendations and actions arising from serious case review work to be clearer and more specific about the desired impact and/or change to be achieved.
- ✓ Consider prioritising recommendations for immediate or longer term action
- ✓ Action planning more robustly tested with agencies and Board
- ✓ More frequent review of the impact of SCR work at QA Subgroup and Board
- ✓ Frequent sharing of learning with Training Subgroup to review and inform training plans.
- ✓ Strengthen ways to disseminate learning to front line staff, for example learning briefings.

During 2017/18 the QA Subgroup has steered the development of the pan-Sussex 2018 Section 11 self-evaluation audit tool. Section 11 of the Children Act 2004 places a statutory duty on organisations to make arrangements to safeguard and promote the welfare of children. The Section 11 Audit is a key source of evidence, for agencies and the LSCB, of how well organisations are working to keep children safe. In consultation with the QA subgroup, the 'recognition and response to risk' section was updated to include current safeguarding issues such as agencies recognition and response to: the role of fathers, male partners and significant males; safeguarding children who do not attend school; working with 'hard to engage' families; neglect; and online safety. The Section 11 audit tool was sent out to agencies at the start of April 2018 and results will be reported to the Board in autumn 2018, and captured in next year's LSCB Annual Report.

During 2017/18 the QA sub-group held three thematic audits: Children with Disabilities, Sexual Abuse and Private Fostering and one 'deep dive' audit on neglect. The Forward Plan of thematic audits reflects the LSCB priorities, learning identified in Serious Case Reviews and issues identified from performance information. Additionally, many of the QA sub-group auditors took part in the annual Multi-Agency Child Exploitation audit. Of the 24 cases audited 9 were graded 'Good' and 13 were graded with elements of practice that 'require improvement'. The majority of the cases with this grading were as a result of specific individual gaps/weakness in practice. However, auditors identified elements of good practice in almost all of these cases.

In the majority of cases, auditors found: the immediate risk to the child was removed quickly after a disclosure or referral; very good multi-agency work and communication, including across local authorities; well attended strategy discussions; the child's needs were considered using relationship based practice; the voice of the child was carefully considered and reflected in child focussed work (including the use of specialist communication tools, observations and discussion with siblings to gain the views of children with disabilities); and assessment and support was good. In the neglect deep dive audit, auditors found evidence of: very good and creative practice to engage the parents and children, to create change and strong evidence of good relationship based practice.



Spotlight on Neglect Deep Dive Audit

The LSCB's Quality Assurance Subgroup conducted a 'deep dive' audit, involving practitioners engaged with the families, on two complex neglect cases in September 2017.

Both cases had had children's services involvement for around 20 years. They both involved large family groups with long term complex problems including parents out of employment, parents with a mental health diagnosis and children with differing needs and vulnerabilities.

The audit involved a reflective discussion with practitioners about what had enabled good practice with the family and what challenges they had faced at various key points.

There was evidence of very good and creative practice to engage the parents and children, to engender change and strong evidence of good relationship based practice. Recommendations included: Children's Services consider developing a way or working with families where there is long term chronic neglect.

- The East Sussex LSCB to raise a request with the Pan Sussex Procedures subgroup to consider whether the procedures could be worded to promote **group supervision to core group professionals in complex cases** and/or direct to local operational instructions (guidance to staff) that promote this
- Children's Services consider having a **legal advisor at Care Planning Forum meetings**. *This is now happening.*
- Social workers to also record the **positive achievements in the chronology** so that professionals **can see the family's potential** and what is working well.

Recommendations/findings made in 2017/18 included:

- The continuing local and national shortage of appropriately qualified intermediaries to support young children through the Achieving Best Evidence (ABE) process.
- Better local reporting of privately fostered children coming to England to study.
- The need for greater clarity and consistency around the requirements for Social Workers to undertake a home visit children who are placed in families by local language schools.
- The importance, in cases of long term chronic neglect, of having reflective time to robustly discuss cases within, and between, teams and agencies.
- Children's Services to consider developing a different strategic model of service delivery for long term chronic neglect.
- The LSCB to raise a request with the Pan Sussex Procedures subgroup to amend the procedures so that they can provide the basis for group supervision to core group professionals in complex cases.

The Quality Assurance subgroup has also started to produce 'learning briefings' for practitioners and managers on the key learning and recommendations arising from the subgroup's audit work. The first briefing, following the Child Sexual Abuse audit, included key findings, areas of good practice, recommendations made, links to further information, and 'learning for practice' discussion points to take forward in team meetings or group supervision.

Next steps – looking beyond 2018:

- ✓ Strengthen 'early help' performance information in the 2018/19 LSCB Dashboard.
- ✓ Update the LSCB's Learning and Improvement Framework to include recommendations from the LSCB's Learning & Impact Review.
- ✓ Ensure recommendations from the LSCB's Learning & Impact Review are taken forward in current/future Serious Case Reviews.
- ✓ Promote learning and best practice from the Section 11 evaluation of safeguarding practice.
- ✓ Consider how to better involve LSCB Lay Members and capture the voice of the child in audit work.
- ✓ Ensure that learning from audit work is regularly shared with the Training Subgroup so that recent learning is reflected in the LSCB's training programme.

4.4 Serious Case Reviews

The LSCB Case Review Subgroup meets every month and is a well-established multi-agency group which reviews cases and, using the guidance set out in Working Together, makes recommendations to the Independent Chair and Board, about whether a Serious Case Review (SCR), or another type of review is required.

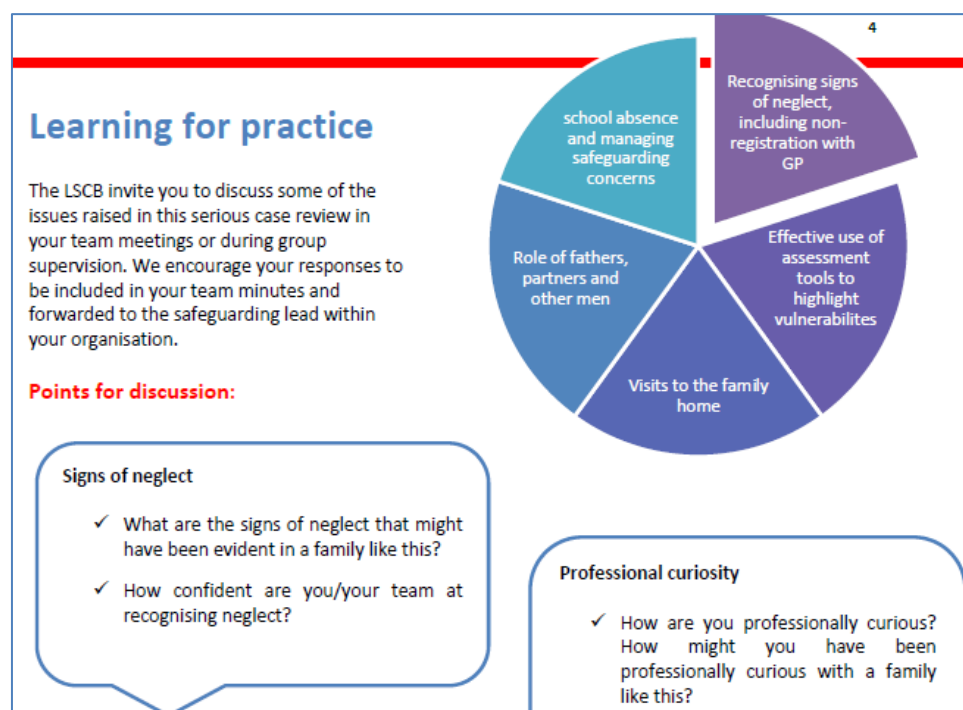
Cases considered by the group are referred in by group members, professionals from partner agencies, or are identified by the Child Death Overview Panel.

Between April 2017 and March 2018, there were no new SCRs started, although a number of new referrals were considered. One SCR (which had begun in a previous year) was published. This concerned Family S, a case where two young children had experienced significant neglect.

The full SCR report can be accessed here: [Family S Serious Case Review](#).

In addition, a learning briefing can be accessed here: [Family S learning briefing](#). This provides a useful four page overview, including the reasons for undertaking a SCR, the key features of the case, headlines about the recommendations made, example of actions taken since the review, and further reading and links e.g. to the East Sussex neglect toolkit.

The final page of the learning briefing, which has been distributed widely and is available on the LSCB web-page, encourages teams to use the learning for practice questions to ensure the learning is disseminated:



4.5 Training

East Sussex LSCB provides a thriving and well attended training programme, which is well respected by partner agencies. During 2017/18 the training programme continued to offer a diverse range of courses, including new subjects such as Harmful Practices and Child Sexual Exploitation: Boys and Young Men.



All of the forthcoming LSCB training courses can be accessed via the [ES Learning Portal - LSCB](#).

The LSCB Training Subgroup meets quarterly to review the training programme, and to analyse key data including: number of courses run, numbers of attendees, attendees by agency, courses that were cancelled (and reasons), use of free e-learning modules, and the evaluation/feedback from attendees. The Subgroup now also includes a regular slot on LSCB communication which links closely to training and learning e.g. learning briefings about audit outcomes and serious case reviews.

The LSCB training offer is planned and delivered by the LSCB Training Consultant alongside a 'pool' of 63 experienced local practitioners. Only a very small number of external expert trainers are commissioned to provide courses. 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 2017/18; 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.

Between 1 April 2017 and 31 March 2018, 52 training courses were delivered, attended by 903 participants from a variety of statutory, private and voluntary agencies. In 2017/18 the LSCB ran approximately 10 fewer courses than the previous year, but achieved an increase in the number of overall participants. This is the result of targeted publicity for courses, and the work of the Training Subgroup.

The courses offered in 2017/18 cover a wide range of subjects, some examples being:

- ✓ **Understanding Safeguarding in a Digital World**
- ✓ **Working with Children and Young People with Mental Health Issues**
- ✓ **Identifying Sexual Abuse of Children**
- ✓ **Consent, Sex and Young People**
- ✓ **Learning from Serious Case reviews**
- ✓ **Safeguarding Children with Additional Needs and Disabilities**

Participants are invited to evaluate, and give feedback about, the training they attend. On average around 46% of participants complete the evaluation which is sent to them electronically after the training has taken place. Over time it has become clear that the online version of the evaluation form

results in more in-depth narrative or qualitative information, which can be used purposefully to review, inform, and improve the training offer.



Spotlight on Parental Mental Health

During 2017/18 there were five professional level workshops held on the Impact of Parental Health on Children and Young People, attended by 93 professionals. This training is designed and delivered collaboratively by CAMHS (Child and Adolescent Mental Health Service) and the LSCB.

Children who live with parents with severe and enduring mental health problems, particularly where there are additional risk factors such as drug and alcohol use and domestic abuse, are particularly at risk of harm. For example, parents and carers may: experience inappropriate or intense anger or difficulties controlling their anger around their children, have rapid or extreme mood swings, leaving children frightened, confused and hyper-vigilant, be withdrawn, apathetic and emotionally unavailable to their children, have trouble recognising children's needs and responding to them, and/or may neglect basic standards of hygiene and their own and their children's physical needs (NSPCC resource: [Cleaver et al, 2011](#); [Hogg, 2013](#))

Following the workshops, 31 attendees completed the evaluation/feedback questionnaire about the course, of those: 10 rated the course as 'Excellent', 14 gave an overall rating as 'Very Good' and 7 gave an overall rating as Good. All 31 attendees took time to write comments which gave a good level of feedback about the impact of this training course.

Below are some examples of answers to the question: 'How will your Learning Improve Outcomes for Children?'

"I have a more in depth understanding about how children react to their parents that have mental health issues and feel I now have the skills to look out for these indicators"

"My learning will improve as I will be able to see early signs of parent mental health and can use this knowledge to support parents in my setting"

"I shall include this learning when considering the day in the life of the child" feel that I am better able to discuss the impact on adult mental health on children and hope that through practice and use of the resources my confidence continues to develop in this area"

"Promote open discussion about mental illness in families. I feel more confident in raising questions to children & young people about their experiences & feel better equipped to respond"

The evaluation returns tell us that training is very well received with the vast majority of participants rating their training as either good or excellent. For example, in Quarter 4 (January, February and March 2018), 14 courses ran with a total of 235 participants, 46% of whom completed the evaluation survey. From those returns: 6% rated their training as 'average', 50% rated it as 'good', and 44% rated the training as 'excellent'

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 therefore reviews the deaths of all children in East Sussex and Brighton & Hove.

The work of the CDOP

Between April 2017 and March 2018, the CDOP was notified of 42 deaths in total; 34 deaths were children living in East Sussex, and 8 deaths were children living in Brighton & Hove. The number of children who died has increased since last year when there were 32 deaths notified (21 in East Sussex and 11 in Brighton & Hove). During this period, the CDOP met 11 times, reviewing a total of 42 (34 East Sussex & 9 Brighton & Hove) deaths.

The CDOP 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 by 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.

Local Developments, Challenges and Achievements

During the last year the CDOP co-ordinator function has been fulfilled by the CDOP co-ordinator for West Sussex CDOP. This has been a positive development and currently the three LSCBs are considering whether there could be closer working arrangements in the future which would enable all three areas to meet the requirements of the new national guidance for CDOPs which will be published soon.

An example of improved joint working across the three LSCBs has been the work undertaken in the last year on deaths from suicide. As all three LSCBs had experienced a number of such deaths, some of which have required serious case reviews, there was some co-ordinated work across the three LSCBs. All areas felt there was merit in better linking work on children and young people to improve our learning about risk and preventative factors. In February, facilitated by the LSCB Business Manager in East Sussex, the three Public Health leads from West Sussex, Brighton & Hove, and East Sussex met with a view to: pull together available data and analysis on suicides across Sussex; and scope areas that would benefit from a joint focus and sharing of best practice. The group met subsequently in July. These meetings have informed local suicide prevention thinking for children and young people which will be included in the updated Children and Young People's Mental Health Transformation Plan for East Sussex.

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.

During 2017/2018 there were no recommendations made to the LSCBs regarding the need for a serious case review and there were also no recommendations made regarding matters of concern about the safety and welfare of children, and wider public health concerns.

4.7 Pan-Sussex Procedures

[Child Protection and Safeguarding Procedures Manual](#)

The Pan Sussex Procedures Group reviews, updates and develops safeguarding policies and procedures in response to local and national issues, changes in legislation, practice developments, and learning from serious case reviews and audits. The procedures are a tool for professionals working with children and families across Sussex. 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.



Spotlight on Pan Sussex Procedures Conference on Neglect

Each year the Pan Sussex Procedures Group hosts a conference based on an important area of practice development, and related to reviewed or updated procedures. In 2017 the theme of neglect was chosen, and a conference was held with over 100 delegates attending from a wider range of agencies.

The key themes of this conference included:

- The importance of remaining child focussed when identifying and tackling neglect
- Understanding, and working with disguised compliance (giving the appearance of cooperation)
- Understanding the long term impact of neglect on children
- Reflect on the timing and effect of professional intervention
- Sharing good practice across Sussex to improve outcomes for children



Local Safeguarding Children Boards
Pan Sussex Neglect Conference
Monday 27 November 2017, 9am-4.30pm
Brighton Racecourse, Freshfield Rd, Brighton BN2 9XZ

One of the key speakers at this event was Dr Jenny Molloy, author of *Hackney Child*, published in 2014. Jenny's presentation on childhood neglect and her reality of being invisible [as a child living with neglect] really set the tone for a thought provoking and purposeful conference.

4.8 Local Safeguarding Children Liaison Groups

The LSCB facilitates two 'Local Safeguarding Children Liaison Groups' (LSCLG) which cover the East and the West of the county. The group provides a dynamic forum for sharing information (e.g. about service developments or referral pathways), strengthens multi-agency working, disseminates learning, escalates practice issues, and promotes LSCB training courses relevant to topics discussed and group membership.

The group is very popular and is attended by a range of front-line practitioners and managers across partner agencies. In 2017/18 a total of 12 meetings were held.

The group's 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.
- To allow a safe forum for professional challenge and case discussion in order to learn, develop and improve practice.

The group invites guest speakers, or speakers from within the group membership, and covers a diverse range of topics. Some of the highlights of the meetings this year have been:

- ✓ Presentation on Foetal Alcohol Syndrome (FAS) – this included the latest research and practice, and led to group discussion about the lack of awareness of FAS by professionals working with children, and the wider population. Information was available for group members to take back to their teams to share.
- ✓ Presentation from the Principal Social Worker in Children's Services on the neglect strategy and toolkit - this led to discussion about responses to neglect and the experience of the child. Copies of the toolkit, which uses evidenced based tools to work with families, were available for group members to take away, use and share.
- ✓ Presentation on Unaccompanied Asylum Seeking Children (UASC) and the Government Dispersal Scheme – this included information about the work East Sussex are doing with vulnerable children, and a number of Syrian families, as part of the Government's national dispersal programme. Housing and education provision were highlighted as priority needs.
- ✓ Presentation on Electively Home Educated (EHE) Children – this included information about the number of EHE children in East Sussex, and discussion on the key safeguarding issues that can be relevant for this group of children. It was also an opportunity to discuss case examples, and the potential legislative changes which could raise the profile of this group of children. The LSCB training on 'Hidden Children' was also promoted at this session.
- ✓ Presentations by Hastings Voluntary Action, and Eastbourne Voluntary and Community Sector – this included practical information about the range of groups in East Sussex within the voluntary sector and how they support children and families.
- ✓ Presentation about the role of Primary Mental Health Workers (PMHW) – this included information about the weekly GP drop-in service and the Attention Deficit Hyperactive Disorder service. The group were keen to know about how to access the PMHW service and took back information to their teams.

Each year the Chair of the LSCLG invites feedback from group members to ensure the group remains purposeful and relevant. The feedback received indicated how valued the group is, and included the following comments:

“As a newer member of the group I would like to express how valuable I find attending the LSCLG. I have particularly valued the speakers who have attended to share information about the services they offer and the opportunity for discussion which I am then able to share with colleagues.” **Primary Care Safeguarding Trainer.**

“The subgroup provides the opportunity to look at different aspects of safeguarding from the perspective of a range of services and disciplines. It also helps in keeping up to date with current practice across a range of services.” **Area Manager for Health Visiting and Children’s Centres.**

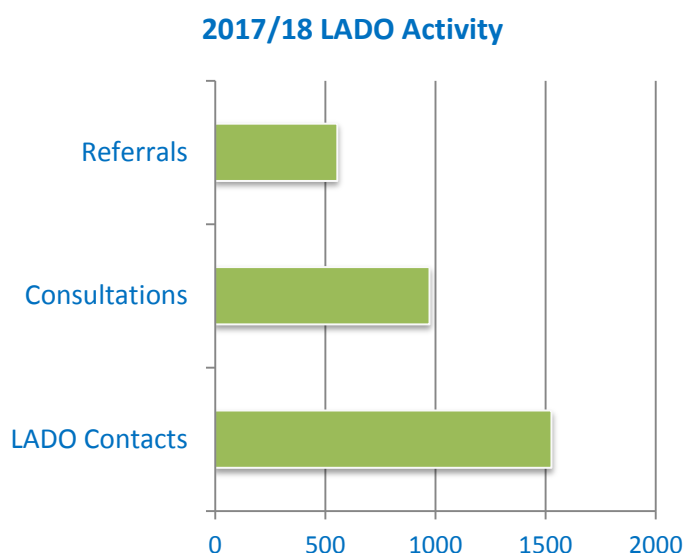
“I find the group very useful for keeping up with the local picture for safeguarding across the agencies. I find all the updates useful in getting a cohesive picture. The recent presentation on social media and apps was very useful and we used this in recent staff training and in some recent presentations with parents and carers around online safety.” **Designated Safeguarding Lead for a local school.**

4.9 Local Authority Designated Officer (LADO)

The LADO responds to allegations made about people who work with children. There were 1,528 LADO contacts in 2017/18, which is an average of 127 contacts per month or 29 new contacts per week. There were a total of 974 consultations during 2017/18, a slight increase on 964 from the previous year. Referrals to the LADO increased from 416 to 555, an increase of 33%. This increase in referrals means that the LADO now has an average of 140-175 open cases compared to 90-100 during 2016/17.

With the focus on case work, the increase in open cases during 2017/18 has impacted on the administrative capacity of the LADO. A new LADO case management system, to help with the recording and tracking of cases, should be available from July 2018 to help relieve pressure on the service.

Allegations about professional conduct was the highest category of referral at 35%, and allegations around suitability linked to a person’s private life accounted for 29% of all enquiries; overtaking physical abuse in professional role as the second highest category. There were 402 contacts regarding education staff, an increase of 25% from the previous year. Contact with schools increased by 20%, with Education being the highest referrer by a significant margin, followed by Social Care.



During 2017/18 there has been increased awareness regarding concerns linked to private tutors, including in elective home education settings, and recording has been strengthened regarding adults who have come to attention. National statistics suggest that at least 44% of teachers have, at some point, offered private tuition and approximately 25% of children have had some form of private tuition. It is estimated the industry is worth £2bn and it is currently unregulated. Locally, the LADO focus has been to promote the routine requesting of DBS checks and references by parents via schools.

Over the last year referrals were made about 29 sports coaches, 5 private tutors (two of whom have recently been subject to Police investigations), 9 drama or dance teachers, and 3 music teachers. If those adults are self-employed and not affiliated with a professional body, disrupting their activities in the event of serious concerns is a challenge, and work is ongoing around sharing information when risks are identified, in addition to developing safer practices for settings promoting activities or renting out their premises to individuals. The LADO is developing a leaflet giving advice to parents around safeguarding checks for tutors, sports coaches and other extra-curricular activities.

There have been some recent issues in East Sussex regarding safer recruitment of taxi drivers and passenger escorts. Safeguarding training is planned in 2018/19 with ESCC Transport for taxi licensing teams and providers. Topics will include understanding and effective reporting of child protection concerns, safer recruitment and allegations management to be set up with Transport over the next year, with a view to considering the need for additional training if required.

The LSCB's Managing Allegations training was delivered twice a year, but six sessions have taken place since January 2018 with a further three planned between October and December. The training has been updated and is run over four hours instead of three, to allow more time for case studies, incorporating learning from serious case reviews, DBS disclosures, safer recruitment, the role of HR and social media issues. This will continue to be kept under review, with additional dates offered if there is a demand for more sessions.

5. Appendices

(5.A) Board Membership

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex LSCB Chair
Sally Williams	Manager, East Sussex LSCB
Victoria Jones	Manager, East Sussex LSCB
Maria Bayne	Lay Member, East Sussex LSCB
Maxine Nankervis	LSCB Administrator

Alice Webster	Director of Nursing, East Sussex Healthcare NHS Foundation Trust (ESHT)
Allison Cannon	Chief Nurse, NHS Hastings & Rother Clinical Commissioning Group (CCG)
Debbie Barnes	Designated Nurse Safeguarding Children, East Sussex
Domenica Basini	Assistant Director for Safeguarding and Quality, Nursing and Quality Directorate NHS England
Jane Bruce	Deputy Chief Nurse, Sussex Partnership Foundation Trust (SPFT)
Jeanette Waite	Named Nurse for Safeguarding Children East Sussex
Sharon Gardner-Blatch	Deputy Director of Nursing, ESHT
Sue Curties	Head of Safeguarding, (Adults and Children) ESHT
Tracey Ward (Deputy Chair)	Designated Doctor Safeguarding Children, East Sussex
Vikki Carruth	Director of Nursing, ESHT
Sara Songhurst	South East Coast Ambulance Service (SECamb)

Carwyn Hughes	Det. Superintendent, Public Protection Command, Sussex Police
Fiona McPhearson	Det. Superintendent, Sussex Police
Hannah Willard	DCI Public Protection Command, Sussex Police
Jason Tingley	Head of Public Protection, East Sussex Police
Andrea Saunders	Head of the National Probation Service, Sussex
Debbie Piggott	KSS, CRC – Head of Service, Assessment & Rehabilitation
David Kemp	Head of Community Safety, East Sussex Fire & Rescue Service
Andrea Holtham	Service Manager, Sussex CAFCASS

Jerry Lewis	Principal Deputy Head Teacher, Bede's Senior School
Jo Cruttenden	Student Services Manager, Plumpton College
Richard Green	Deputy Head Teacher, Chailey Heritage School
Richard Preece	Executive Head teacher, Torfield & Saxon Mount Federation
Sarah Pringle	Head Teacher, Seahaven Academy, Newhaven

Catherine Dooley	Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services
Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services

Fraser Cooper	Safeguarding Adult Board Manager
George Kouridis	Head of Service Adult Safeguarding
Justine Armstrong	Safer Communities Manager
Liz Rugg	Assistant Director (Early Help & Social Care), Children's Services
Richard Grout	Legal Services Manager
Ruth Szulecki	Early Years Development Manager, Standards and Learning Effectiveness Service, Children's Services
Stuart Gallimore	Director of Children's Services
Sylvia Tidy	Lead Member for Children and Families
Tania Riedel	Operations Manager, Youth Justice Team, Children's Services
Vicky Finnemore	Head of Specialist Services, Children's Services
Victoria Spencer-Hughes	Consultant in Public Health

Jeremy Leach	Principal Policy Adviser, Wealden District Council
Malcolm Johnston	Executive Director for Resources, Rother District Council
Pat Taylor	Strategy & Commissioning Lead for Community & Partnership Lewes & Eastbourne District Councils
Verna Connolly	Head of Personnel and Organisational Development, Hastings Borough Council

Micky Richards	Change Grow Live, Director Operations
Kate Lawrence	Chief Executive Home-Start East Sussex

(5.B) LSCB Budget

Actual Income & Expenditure 2017/18

Actual Income 2017/18		Actual Expenditure 2017/18	
Sussex Police	£12,500	Independent Chair	£20,500
National Probation Service	£1,434	Business Manager(s) 1.4 FTE	£79,700
Kent, Surrey and Sussex (KSS) CRC	£2,500		
CAFCASS	£550	Administrator	£20,400
CCGs	£40,000	Administration	£6,825
Change Live Grow (CLG)	£750	Child Death Overview Panel (CDOP)	£33,300
East Sussex County Council (ESCC)	£168,000	Trainer	£53,700
Training Income	£12,380	Training Administration	£810
		Training Programme and Conferences	£6,700
		Projects	£16,100
		Pan Sussex Procedures	£2,015
Brighton & Hove CC contribution for CDOP	£12,500	IT Software & Hardware	£1,000
		Serious Case Reviews	£0
LSCB brought forward from 16/17	£35,736	Carry forward	£45,300
Total	£286,350		£286,350

Projected Income and Expenditure 2018/19

Projected Income 2018/2019		Projected Expenditure 2018/2019	
Sussex Police	£12,500	Independent Chair	£21,000
National Probation Service	£1,434	Business Manager(s) 1.4 FTE	£83,300
Kent, Surrey and Sussex (KSS) CRC	£2,500		
CAFCASS	£550	Administrator	£20,100
CCGs	£40,000	Administration	£10,000
Change Live Grow (CLG)	£750	Child Death Overview Panel	£33,500
East Sussex County Council (ESCC)	£168,000	Trainer	£53,800
Training Income	£7,500	Training Administration	£1,000
		Training Programme and Conferences	£14,700
Brighton & Hove CC contribution for CDOP	£12,500	Projects	£15,000
		Pan Sussex Procedures	£2,500
LSCB brought forward from 17/18	£45,300	IT Software & Hardware	£1,000
		Serious Case Reviews	£15,000
Total	£291,034		£270,900

(5.C) Links to other documents –

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

[Sussex Police and Crime Commissioner – Police and Crime Plan 2017-21](#)

[East Sussex Safer Communities Partnerships' Business Plan \(2017-2020\)](#)

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

[East Sussex Safeguarding Adults Board - Annual Report 2016-17](#)

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Report to: East Sussex Health and Wellbeing Board

Date of meeting: 4 December 2018

By: Director of Public Health

Title: Picture East Sussex – the Annual Report of the Director of Public Health 2018/19

Purpose: To Note the 2018/19 Annual Report of the Director of Public Health.

RECOMMENDATION

The Board is recommended to note the report

1. Introduction

1.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. This year's report presents a profile of the health and wellbeing of East Sussex using creative infographics.

2. Supporting information

2.1 The report is intended to provide a snapshot, rather than a complete picture, of the key factors that determine our health and collective well-being. The indicators and data included are highlights from numerous credible sources of health information.

2.2 The report profile includes both determinants of health (the things that make us healthy or unhealthy) and health status (how healthy or unhealthy we are), as well as information on how we use services. The aim of the profile is to stimulate discussion about health in our communities, homes and workplaces; contribute to planning and decision making; and provide a new way of presenting health and care information.

3. Conclusion and reasons for recommendations

3.1. The Health and Wellbeing Board are recommended to note the 2018/19 Annual report of the Director of Public Health.

3.2 The report will be made available to partners and the public on the [East Sussex Joint Strategic Needs & Assets Assessment website](#).

DARRELL GALE

Director of Public Health

Contact Officers: Claire Turner, Consultant in Public Health
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BACKGROUND DOCUMENTS

None

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PICTURE EAST SUSSEX

Annual report of the Director of Public Health 2018/19



Page 125

Appendix 1



FOREWORD

I'm really pleased to present this, my first annual report as the Director of Public Health for East Sussex.



Page 126

I arrive in East Sussex at an interesting time. At East Sussex County Council, we are working on our "Core Offer", which sets out what the authority should offer, from support for those who need it most, to services for everyone; our vision for a basic but decent level of service for East Sussex, in a difficult financial climate. Alongside this, our integration programmes with the NHS, "East Sussex Better Together" and "Connecting 4 You", enter a new phase in their development, with a greater focus on working to a county-wide geography.

These changes within the public sector called for a re-evaluation of what is important to the people of the county, and to set out afresh an overview of the needs and intelligence we have about our residents, our economy and our health services and the health of the population.

This report sets these out in a new format using infographics – bold pictures offering a visual representation of information or data – rather than giving an in-depth narrative or numerous tables of numbers. We want you, the readers of this report, to feel free to use the infographics in your own work and reports and to use them to tell your stories of health in East Sussex. The saying "A picture is worth a thousand words" could never have been more appropriate than for how we have designed this report!

East Sussex is a county of contrasts. This report gives a snapshot of some of the differences within the county, both geographical and demographic. I am only too aware that we have some long-term and stubborn inequalities

in health outcomes between parts of the county, and it is my aim to narrow these as far and as fast as is possible, and to mobilise the resources and actions of others to achieve this.

In Public Health, we have access to a far greater range of data and information than we have included here, and we welcome the free use of this as well. We maintain a specific resource called the Joint Strategic Needs and Assets Assessment, which provides a central resource of local and national information to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. It is available at: www.eastsussexjsna.org.uk

I trust that this report gives you the picture of East Sussex that will enable you and your family, community, or organisation to understand where you fit within the wider context, and what influences your health and wellbeing. I hope that my conclusions will resonate with you and be shared by you, so that we can take these and work together to create the environments and energy to tackle them and commit to improve health for all in our county, and especially to narrow the inequalities which are so unfair.

Acknowledgements

I would like to acknowledge the work of the Interim Director of Public Health, Wendy Meredith, who set the direction and scope for this report before I took up my post.

The East Sussex Public Health Intelligence Team has undertaken the design and production of this report, and I thank all involved in making this report so accessible and enjoyable to read.

This report was created using icons from www.thenounproject.com
Front cover: Newhaven port harbour in Sussex, England, August 23; 2016 (Editorial credit: saranya33/Shutterstock.com)

If using these infographics please cite: East Sussex Public Health Intelligence www.eastsussexjsna.org.uk/publichealthreports

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PICTURE EAST SUSSEX

INTRODUCTION

This report presents a profile of the health and wellbeing of East Sussex using creative infographics. It is intended to provide a snapshot, rather than a complete picture, of the key factors that determine our health and collective well-being. The indicators and data included are highlights from numerous credible sources of health information.

The report profile includes both determinants of health (the things that make us healthy or unhealthy) and health status (how healthy or unhealthy we are), as well as information on how we use services. The aim of the profile is to stimulate discussion about health in our communities, homes and workplaces; contribute to planning and decision making; and provide a new way of presenting health and care information.

Some things to consider when using information in the East Sussex profile

What indicators are included?

Indicators are organised into three sections: who we are, how healthy we are, and how we use our health and care services. Each section includes a broad range of relevant topics. However, each individual topic (e.g. physical activity) is represented by a single or small number of indicators.

Where does the indicator data come from?

The indicator data in the East Sussex profile comes from a number of different sources such as the Census, Public Health Outcomes Framework, Hospital Episodes Statistics and specific community surveys. The year and source of the indicator data are identified in the reference section at the end of the report. Priority was given to data sources where there were national comparators and/or reporting the data by factors such as age, sex, and geography was possible.

Why does indicator data from different sources differ?

There are several reasons why the statistics presented in the profile may differ from similar statistics generated from other data sources. Data that was collected using different methodology will yield different results. This is particularly true for data that has been self-reported versus data that has been objectively measured (e.g. physical activity levels or height and weight).

Why are the statistics presented a few years old?

The statistics presented in the health profile are based on the most current data available at the time that the data was analysed. The data sources used in the health profile are routinely updated, therefore for some indicators, new data may have become available before the release of the profile. However, population health issues change slowly over time and big changes are not usually observed from one release to the next.

What does statistical significance mean?

A statistically significant result is one that is not likely due to chance. When results are not statistically significant, the possibility of the result being due to chance cannot be ruled out.

What is an age-standardised rate?

An age-standardised rate is a rate that has been adjusted to remove the effect of age so that groups (e.g. males and females, local authorities) with different age distributions can be compared. When interpreting age-standardised rates, the focus should be on the trend (e.g. East Sussex higher than England) rather than the value of the rate.

What are income quintiles?

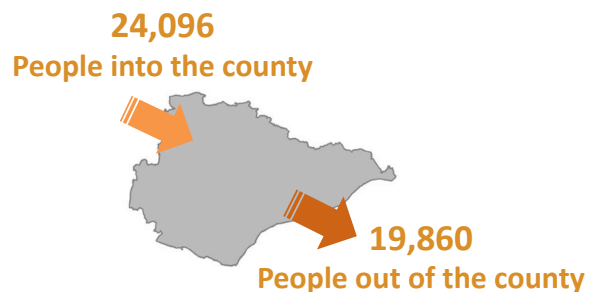
Income quintiles refer to data on income that has been divided into five equally sized groups. In the profile, comparisons for a given indicator are made across these income groups.

WHO WE ARE ABOUT EAST SUSSEX

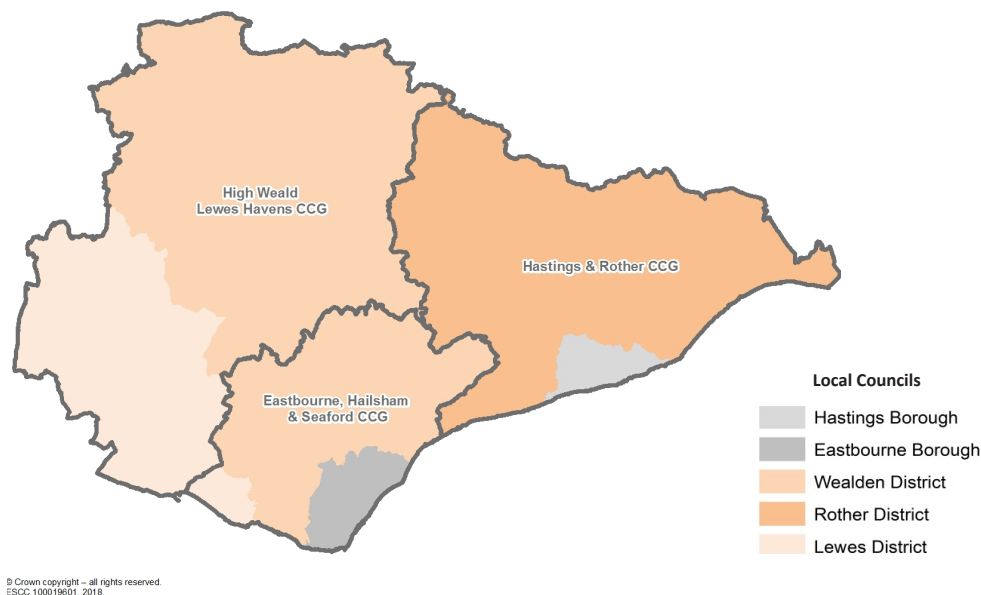
1. OUR POPULATION



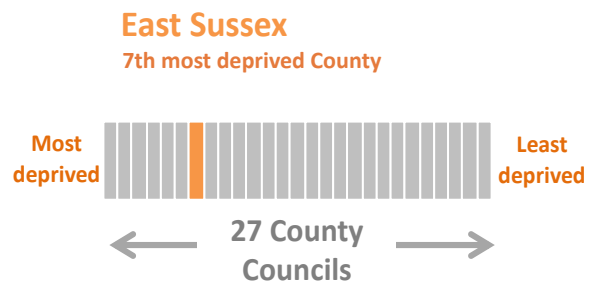
3. WE ARE CHANGING (2017)



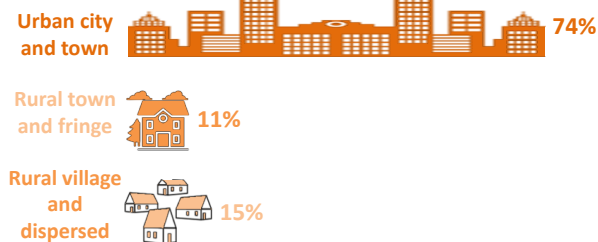
2. HEALTH AND LOCAL AUTHORITY GEOGRAPHIES



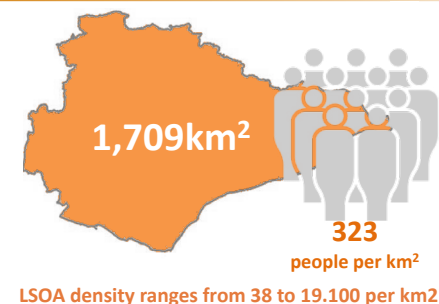
4. DEPRIVATION, INDEX OF MULTIPLE DEPRIVATION, 2015



5. WHERE WE LIVE



6. OUR COUNTY



WHO WE ARE

HEALTH AND CARE ORGANISATIONS

7. KEY HEALTH AND CARE ORGANISATIONS



63

Main GP Practices



43

Branch GP Practices



108

Community pharmacies



334

Dentists



52

Opticians



70

nursing homes



1

Integrated trust



5

Community hospitals



2

acute hospitals



1

Community Trust



1

Ambulance trust



1

Mental health trust

5

Districts & Boroughs

1

County Council

3

CCGs

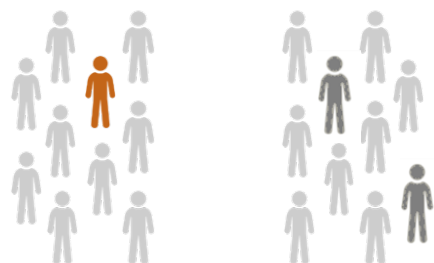


151

residential homes

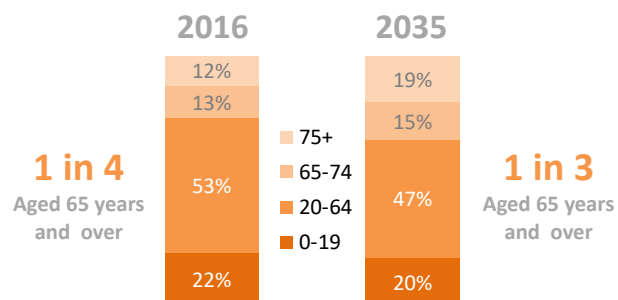
WHO WE ARE PEOPLE

8. ETHNICITY, 2011



Identify as non White British/Northern Irish

9. POPULATION AGE STRUCTURE AND PREDICTED CHANGE

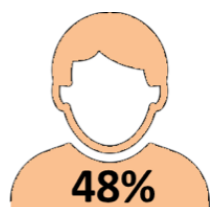


10. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011



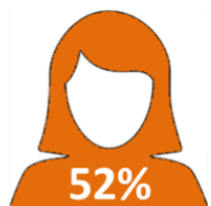
20% people have a
Long Term Limiting Illness or disability
18% England

11. GENDER, 2017



267,500
males

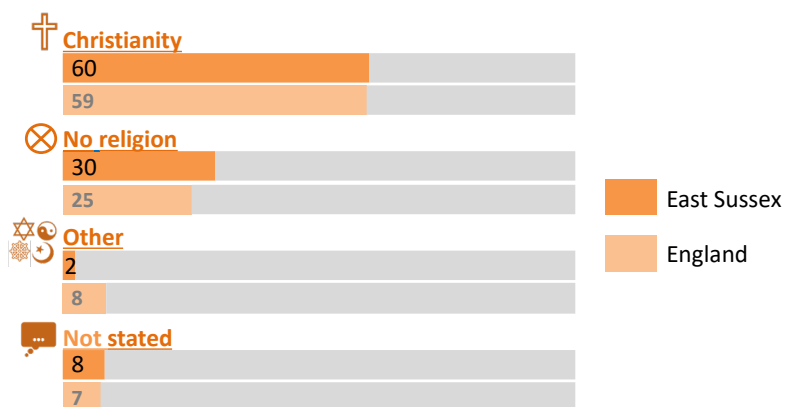
48%



284,800
females

52%

12. RELIGIOUS BELIEF, 2011



13. SEXUAL ORIENTATION, 2017

3%

identify as

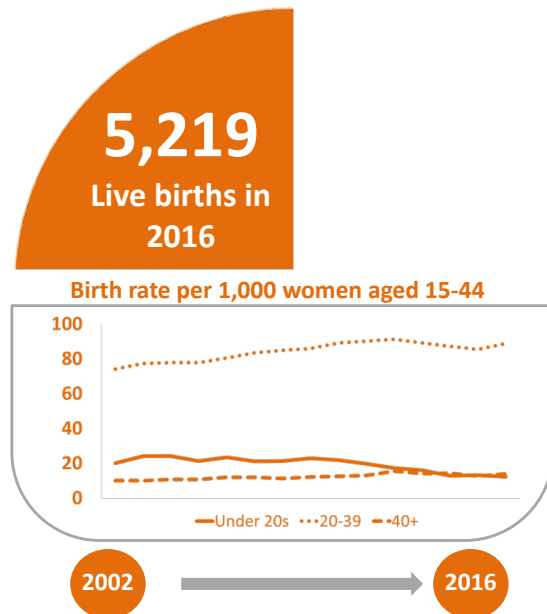
LGBT+

LGBT+: lesbian, gay, bisexual, transgender and
other sexual and gender identities

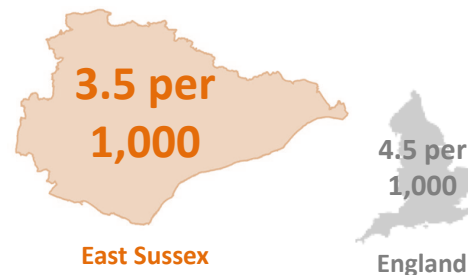
WHO WE ARE

BIRTHS AND DEATHS

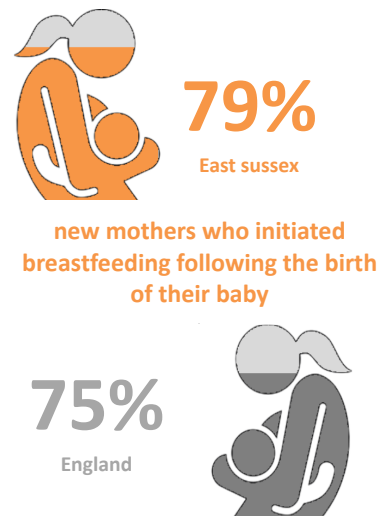
14. NUMBER OF BIRTHS



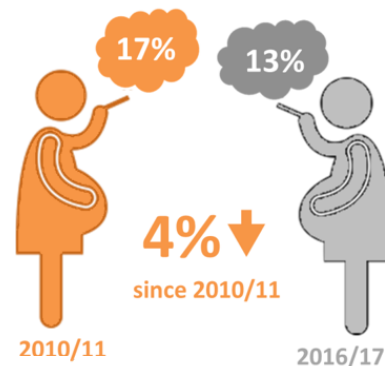
17. RATE OF STILLBIRTHS 2014/16



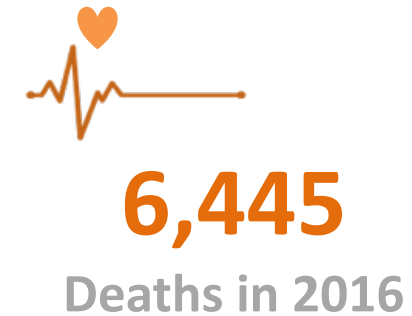
15. BREASTFEEDING INITIATION, 2016/17



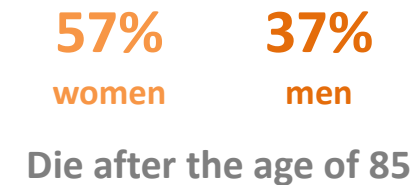
18. SMOKING AT TIME OF DELIVERY



16. NUMBER OF DEATHS



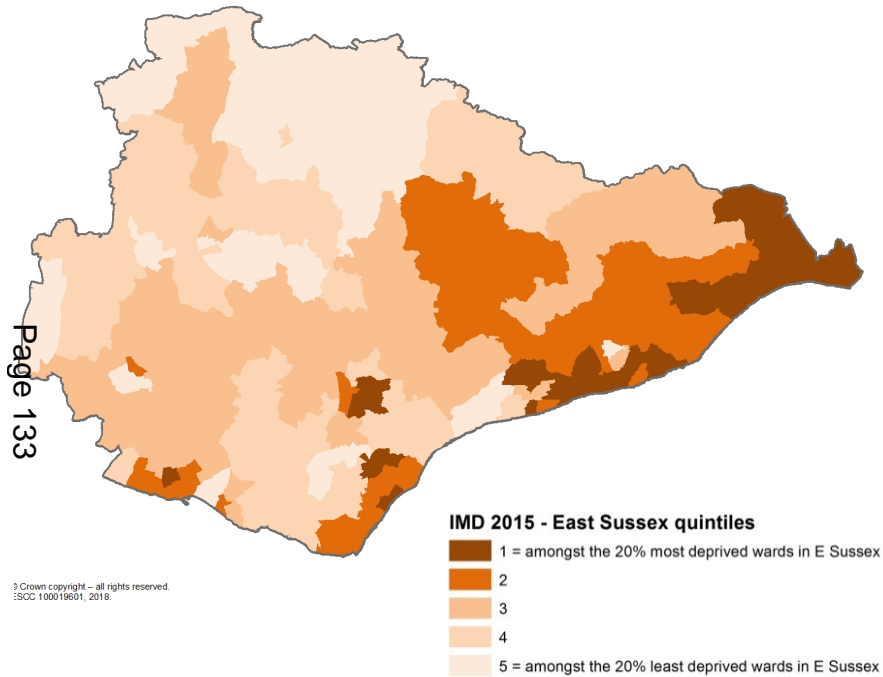
19. AGE AT DEATH



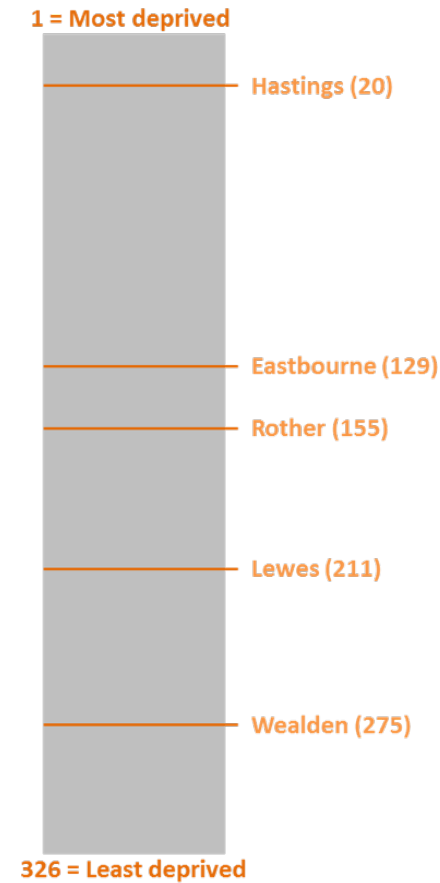
WHO WE ARE

DEPRIVATION

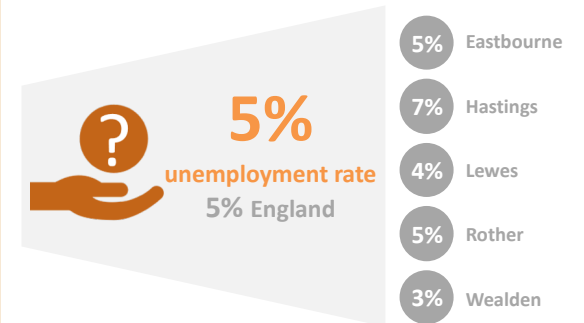
20. DEPRIVATION IN EAST SUSSEX



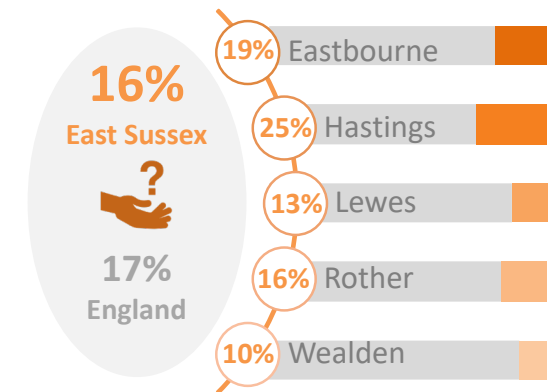
22. DEPRIVATION BY LOWER TIER LOCAL AUTHORITY, INDEX OF MULTIPLE DEPRIVATION, 2015



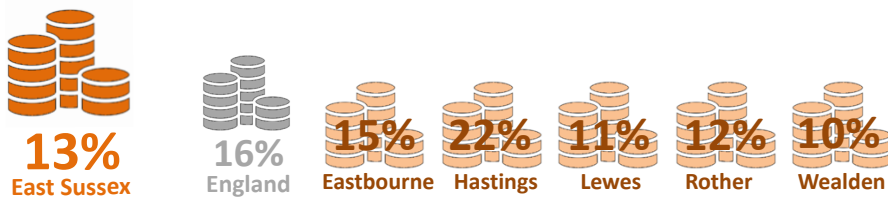
23. UNEMPLOYMENT, 2016



24. CHILDREN AGED 16 AND UNDER IN LOW INCOME FAMILIES, 2015

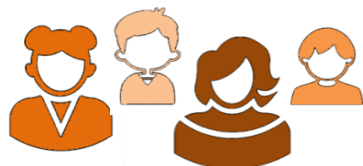


21. PEOPLE AGED 65 AND OVER LIVING IN POVERTY, 2015



WHO WE ARE BETTER BEGINNINGS

25. OUR YOUNG POPULATION

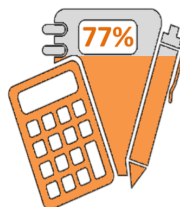


112,300

Children and young people aged 0-18, 2017

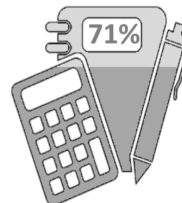
26. SCHOOL READINESS

East Sussex

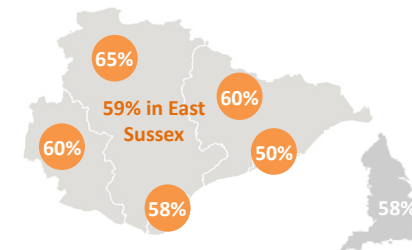


Children attaining a good level of development at the end of reception, 2016/17

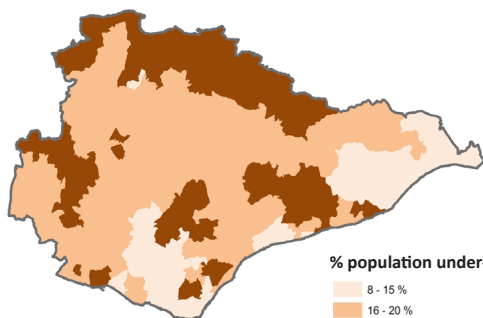
England



27. ACHIEVING 5 A*-C AT GCSE, 2015/16



28. WHERE YOUNG PEOPLE LIVE



% population under-18, 2016

8 - 15 %
16 - 20 %
21 - 27 %

29. EDUCATION AND HEALTH CARE PLAN, 2016



13%
East Sussex
14%
England

30. HAPPINESS, 2017



Year 6



Year 10

Pupils feel 'quite' or 'very' happy with their life at the moment

33. 0-18 YEAR OLDS, 2017

57,800
males
(51%)



54,500
females
(49%)



31. WELLBEING, 2017

34% Year 6

14% Year 10



surveyed had a score indicating high wellbeing



32. NOT IN EDUCATION EMPLOYMENT OR TRAINING, 2016

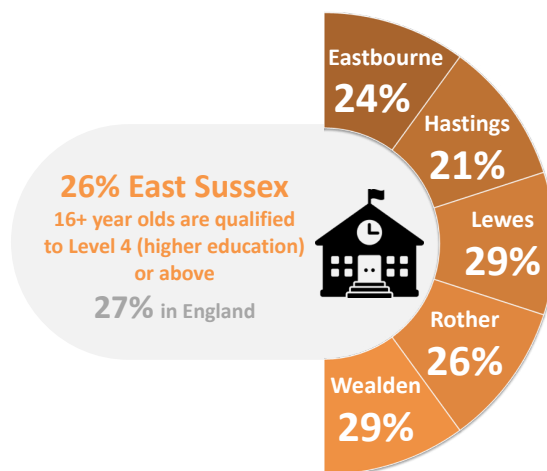
5%
East Sussex

6%
England

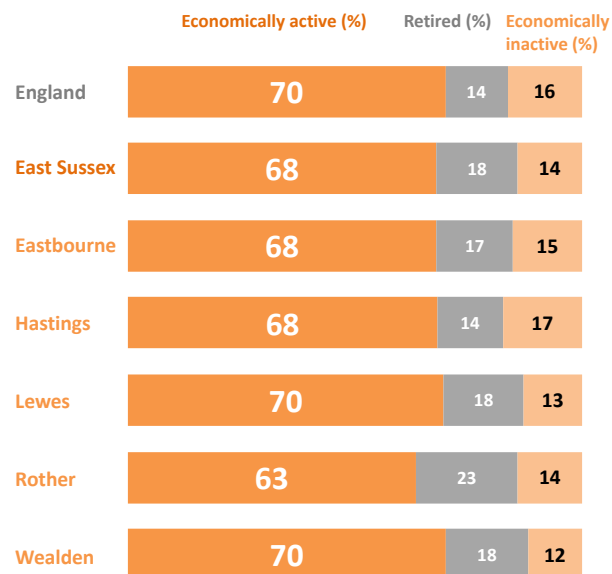
WHO WE ARE

FAIR EMPLOYMENT/WORK

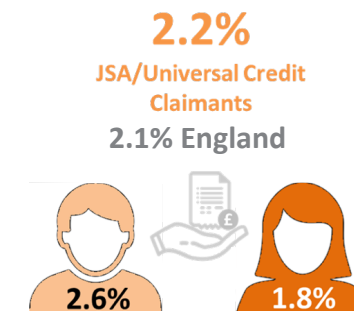
34. QUALIFICATIONS, 2011



35. EMPLOYMENT STATUS, 2011



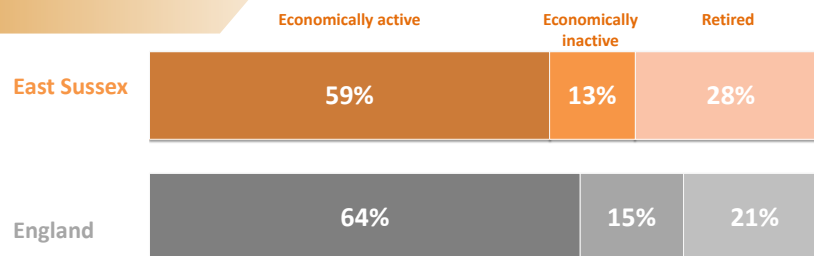
36. UNIVERSAL CREDIT CLAIMANTS, JULY 2018



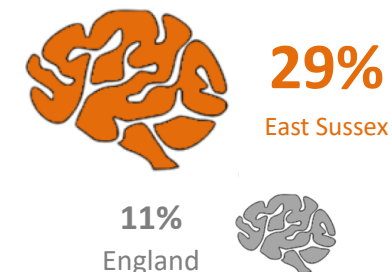
38. SUPPORTED ADULTS WITH LEARNING DISABILITIES IN PAID EMPLOYMENT, 2015/16



37. EMPLOYMENT OF UNPAID CARERS, 2011



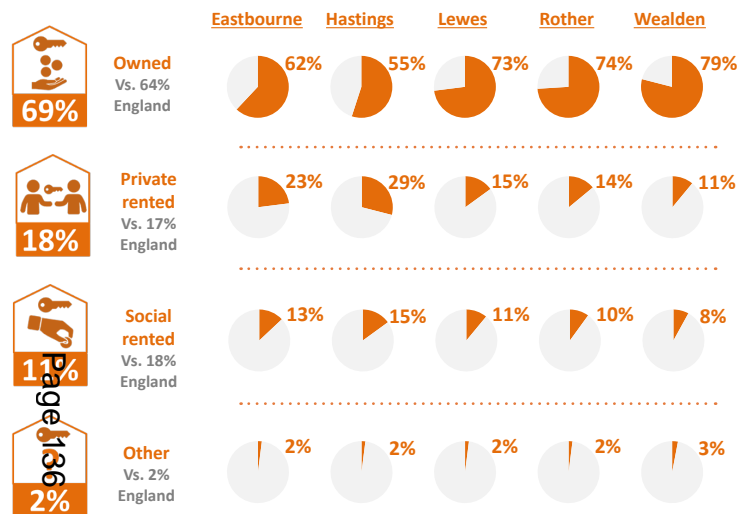
39. SOCIAL CARE CLIENTS ON SELF-DIRECTED PAYMENTS, MENTAL HEALTH, 2013/14



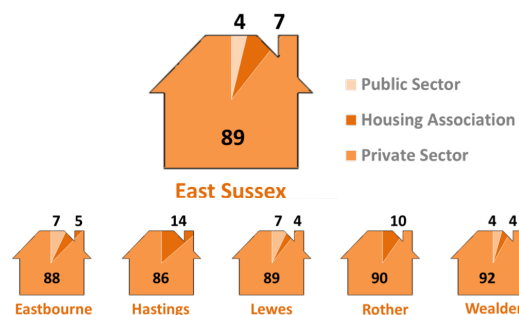
WHO WE ARE

STANDARD OF LIVING

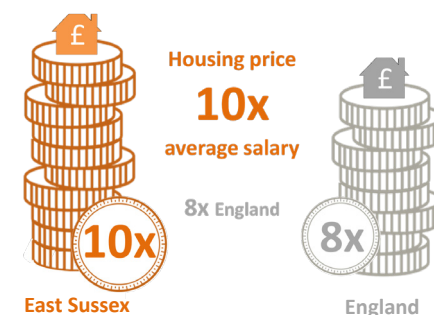
40. HOUSING TENURE, 2011



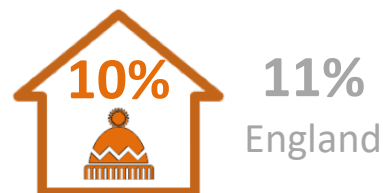
41. HOUSING STOCK, 2017



42. HOUSING AFFORDABILITY, 2017



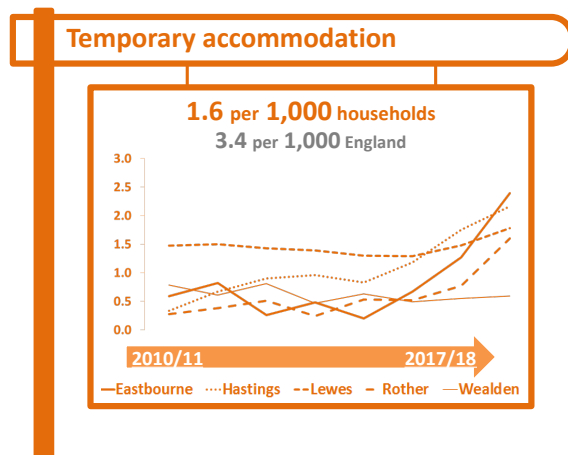
44. FUEL POVERTY, 2016



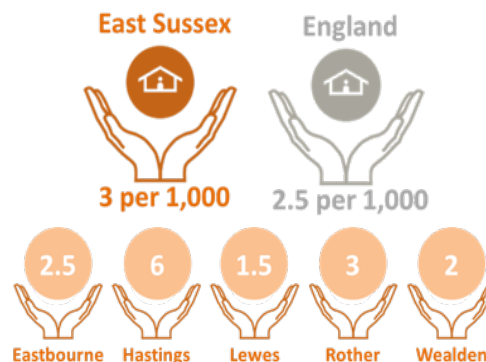
45. OVERCROWDING, 2011



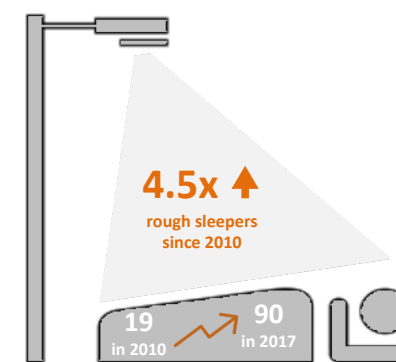
43. HOUSEHOLDS IN TEMPORARY ACCOMMODATION



46. HOMELESS HOUSEHOLDS IN PRIORITY NEED, 2017/18



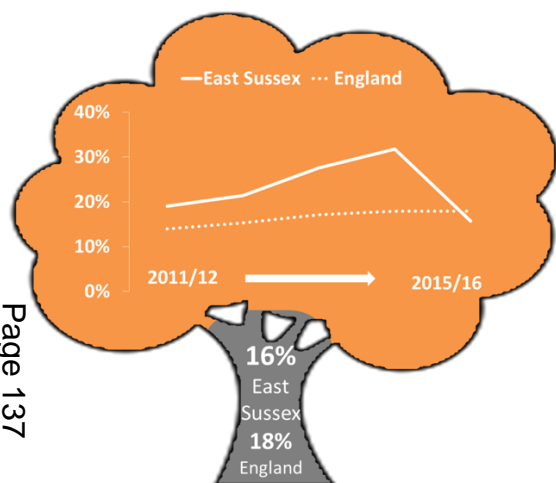
47. ROUGH SLEEPERS



WHO WE ARE

HEALTHY PLACES

48. USE OF OUTDOOR SPACE FOR EXERCISE/HEALTH REASONS BY PEOPLE AGED 16+



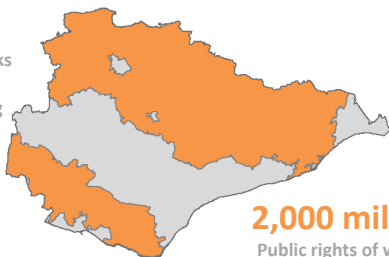
Have used outdoor space for health or exercise over the past week

Based on an annual national survey, local figures are susceptible to significant year on year change due to small numbers.

54. GREEN SPACE IN EAST SUSSEX

2/3

national parks or areas of outstanding beauty

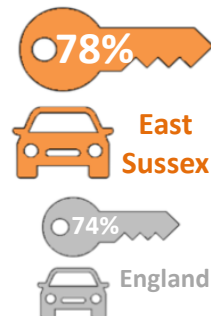


49. AIR QUALITY

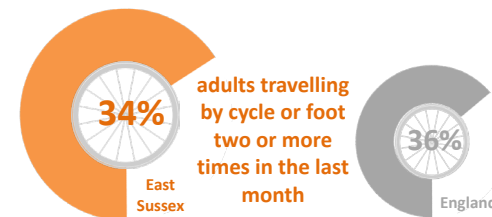


located within Lewes Town and Newhaven

50. CAR OWNERSHIP, 2011



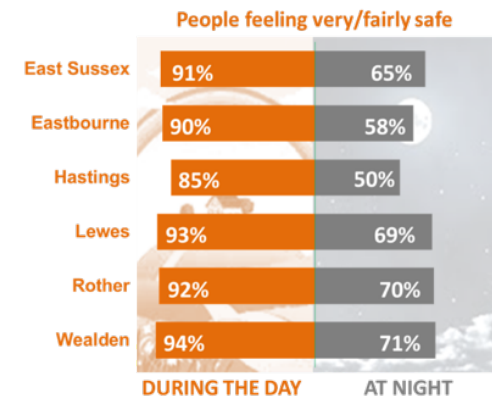
51. ACTIVE TRAVEL, NOVEMBER 2016/17



52. SENSE OF BELONGING, 2017

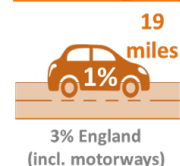


53. FEELINGS SAFE, 2017

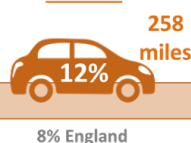


55. TRANSPORT NETWORK, 2017

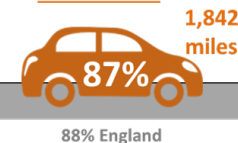
Dual carriageways



A roads



Minor roads



WHO WE ARE

ASSETS

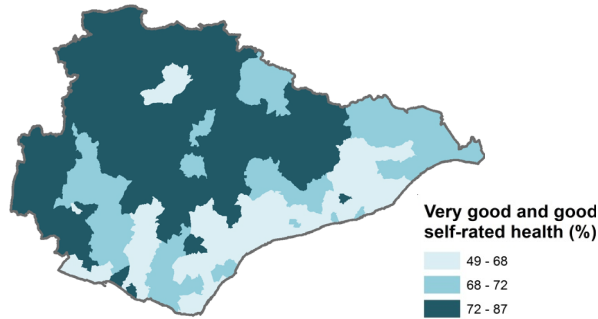
56. 2017 EAST SUSSEX COMMUNITY SURVEY



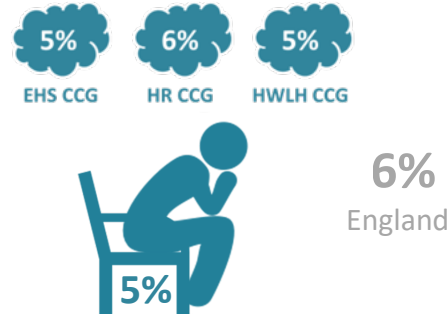
HOW HEALTHY ARE WE

HEALTH STATUS

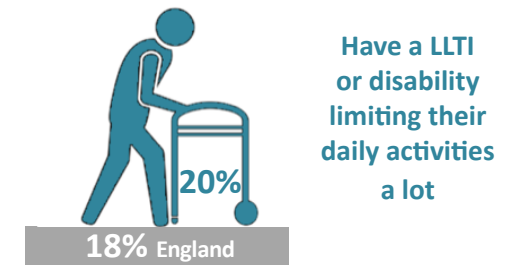
57. SELF REPORTED GOOD HEALTH, 2018



58. SELF REPORTED POOR MENTAL HEALTH, 2016/17



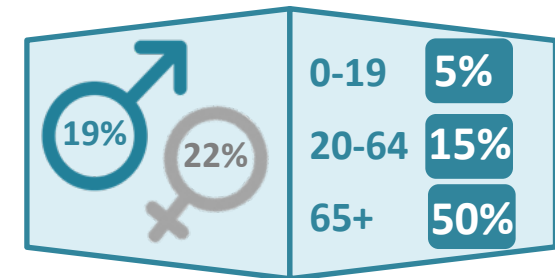
59. LONG TERM LIMITING ILLNESS OR DISABILITY, 2011



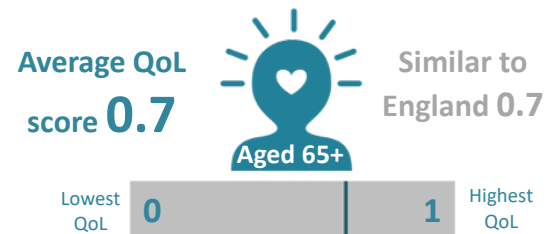
60. WELLBEING SCORE, 2018



61. LOW LIFE SATISFACTION, 2016/17



62. HEALTH RELATED QUALITY OF LIFE, 2011



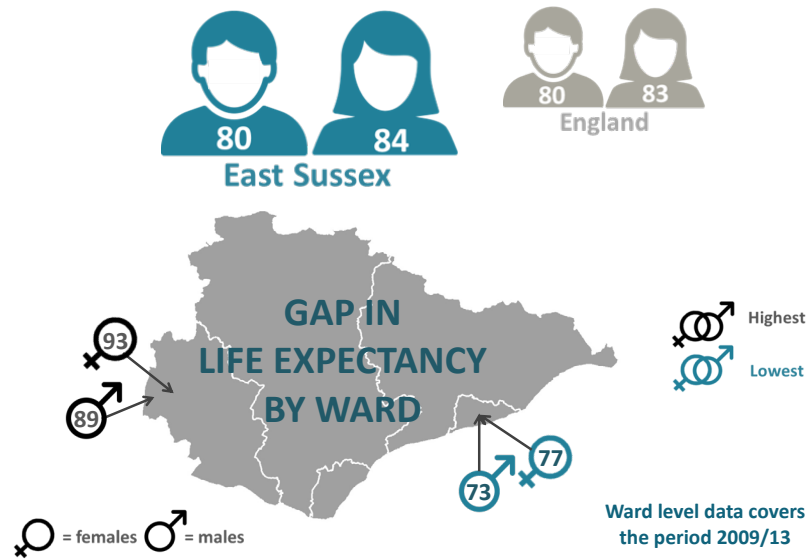
63. DISABILITY BENEFITS, 2016



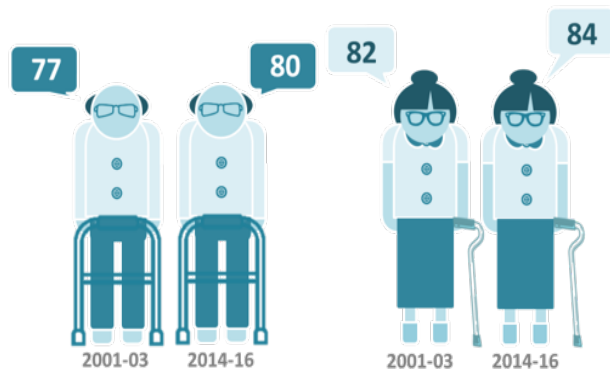
HOW HEALTHY ARE WE

LIFE EXPECTANCY

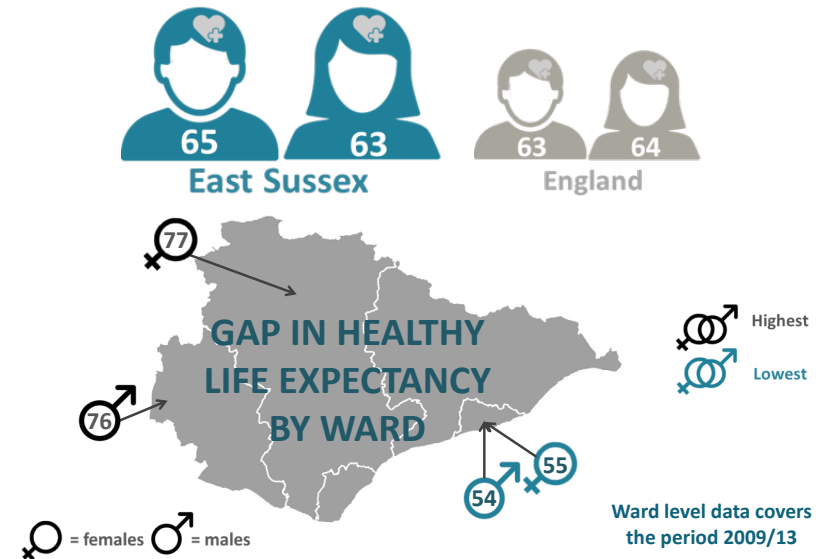
64. LIFE EXPECTANCY, 2014/16



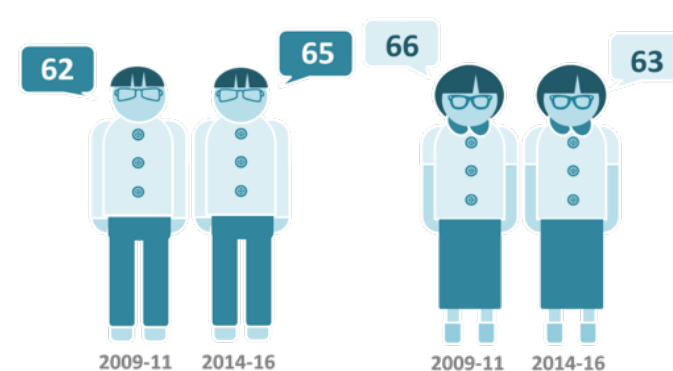
66. CHANGES IN LIFE EXPECTANCY



65. HEALTHY LIFE EXPECTANCY, 2014/16



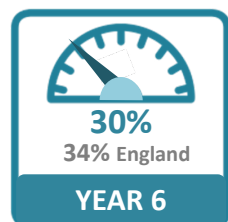
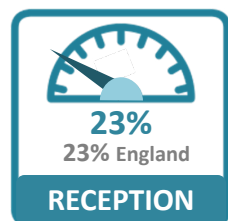
67. CHANGES IN A HEALTHY LIFE EXPECTANCY



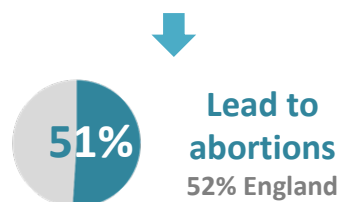
HOW HEALTHY ARE WE

START WELL

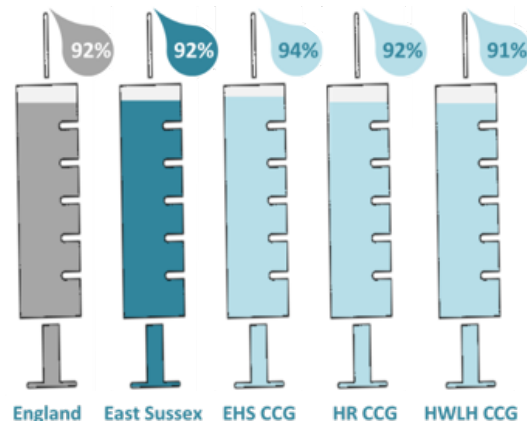
68. OBESE AND OVERWEIGHT, 2016/17



71. TEEN CONCEPTIONS AND TERMINATIONS, 2016



69. MMR VACCINE: 2 DOSES BY AGE 5, 2016/17



72. AVERAGE DECAYED MISSING FILLED TEETH AT AGE 5, 2016/17



70. HEALTH RELATED BEHAVIOUR SURVEY: 14/15 YEAR OLDS

Health Related Behaviour Survey 2017 – YEAR 10

Bullied in the last 12 months



Had alcohol in the last week



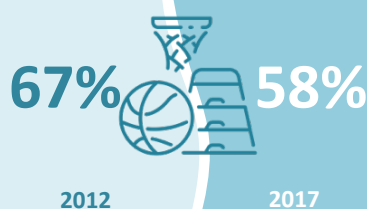
Had a cigarette in the last week



Have ever taken cannabis



Exercised hard 3+ days last week



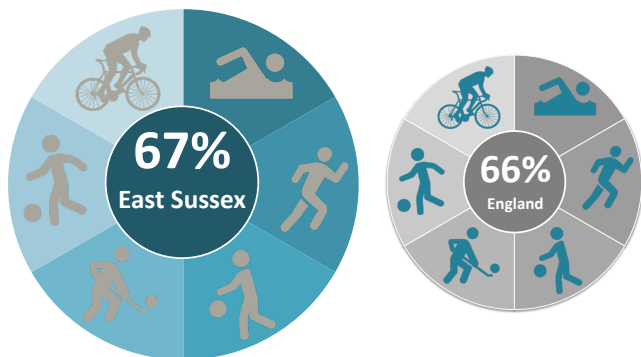
Ate 5 a day on previous day



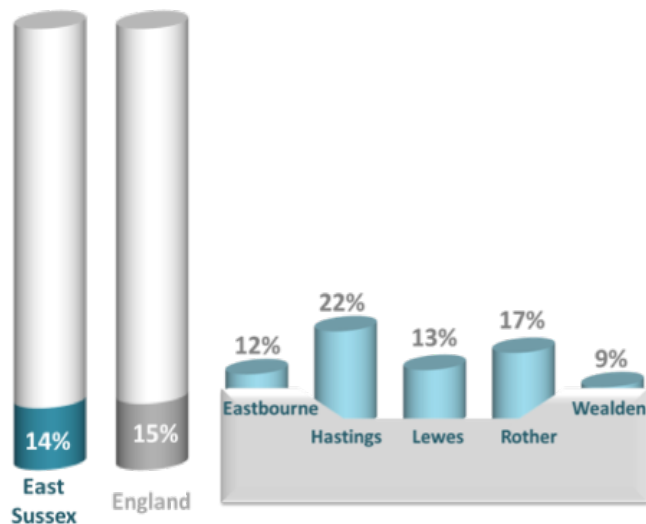
HOW HEALTHY ARE WE

BETTER LIVING

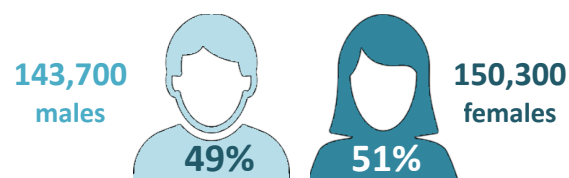
73. PHYSICALLY ACTIVE, 2016/17



76. SMOKING PREVALENCE, 2017



74. POPULATION AGED 20-64, 2017



77. PEOPLE DRINKING MORE THAN 14 UNITS OF ALCOHOL A WEEK, 2017



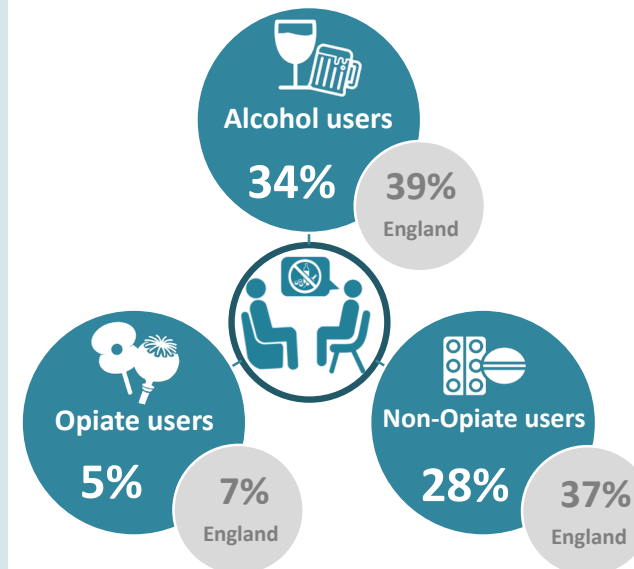
79. BINGE DRINKING, 2011-14



75. PHYSICALLY INACTIVE, 2016/17



78. COMPLETED TREATMENTS FOR SUBSTANCE MISUSE, 2016

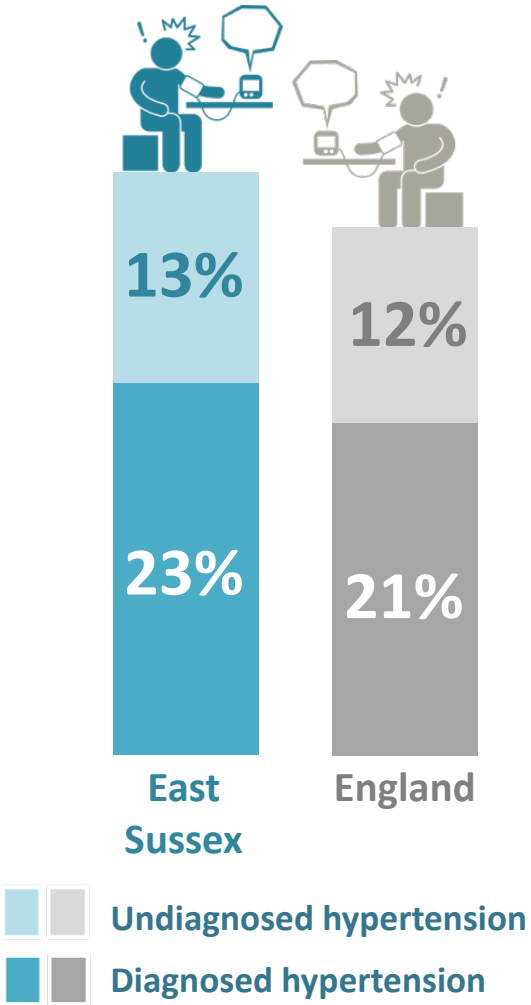


HOW HEALTHY ARE WE

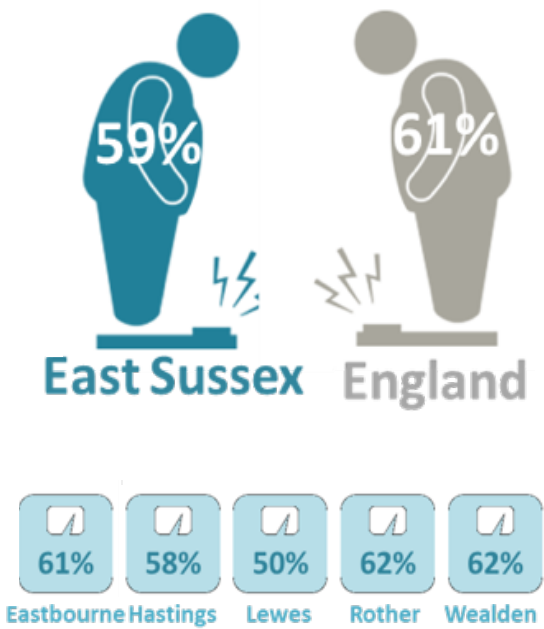
RISK CONDITIONS

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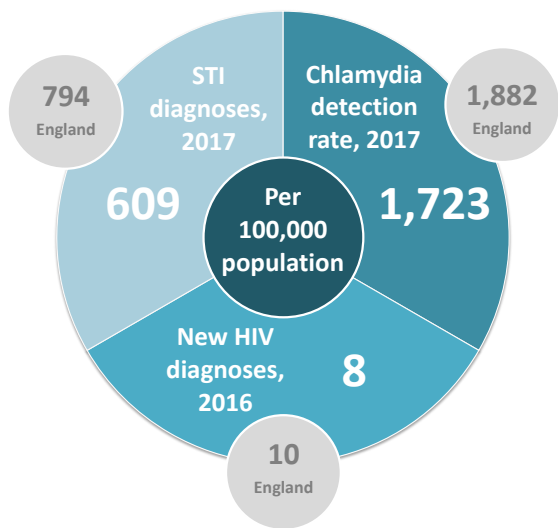
80. HYPERTENSION, 2015



81. OBESE OR OVERWEIGHT, 2016/17



82. SEXUAL HEALTH



83. ESTIMATED PREVALENCE OF NON-DIABETIC HYPERGLYCAEMIA, 2015



HOW HEALTHY ARE WE

PHYSICAL ILLNESS

CORONARY HEART DISEASE (CHD)

84. ESTIMATED CHD PREVALENCE IN 55-79 YEAR OLDS, 2015



East Sussex



England

85. PEOPLE WITH CHD WHOSE BLOOD PRESSURE IS CONTROLLED, 2016/17



East Sussex



England

RESPIRATORY DISEASE

88. CHRONIC OBSTRUCTIVE PULMONARY DISEASE PREVALENCE, 2016/17



East Sussex

2% England

2% EHS CCG

2.5% HR CCG

1.5% HWLH CCG

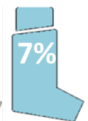
89. ASTHMA PREVALENCE BY CCG PRACTICE POPULATION 2016/17



East Sussex



England



EHS CCG



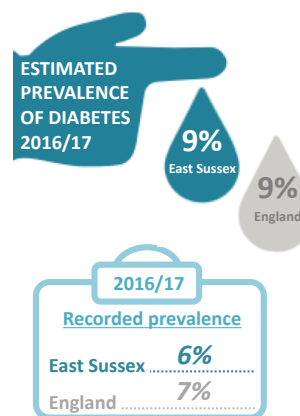
HR CCG



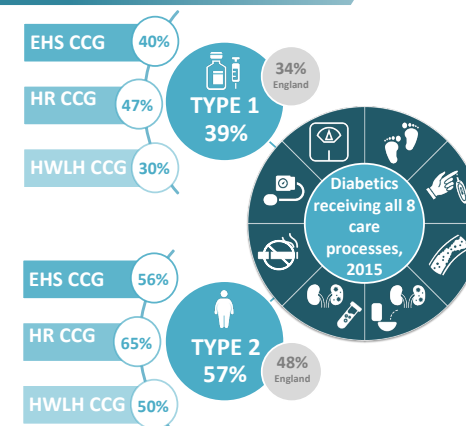
HWLH CCG

DIABETES

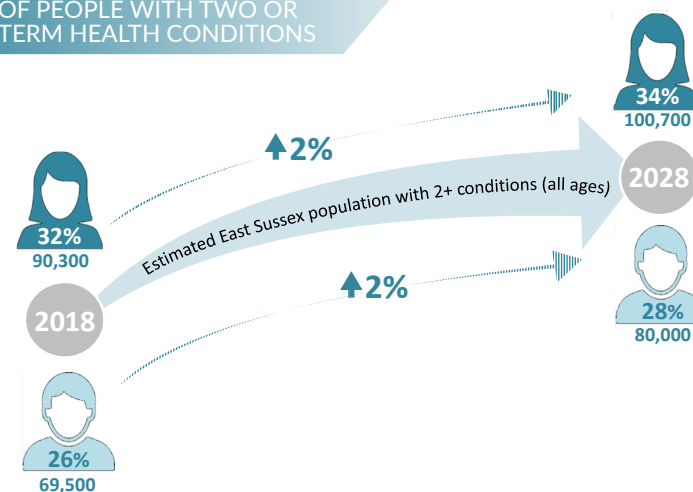
86. ESTIMATED PREVALENCE OF DIABETES, 2016/17



87. RECEIVING ALL 8 DIABETES CARE PROCESSES, 2015



90. NUMBER OF PEOPLE WITH TWO OR MORE LONG TERM HEALTH CONDITIONS



HOW HEALTHY ARE WE

MENTAL ILLNESS

COMMON AND SEVERE MENTAL ILLNESS

91. ONSET OF MENTAL ILLNESS



Of those with a lifetime mental health problem first have symptoms by 14 years old

92. ESTIMATED PREVALENCE OF MENTAL ILL HEALTH IN YOUNG PEOPLE, 2015

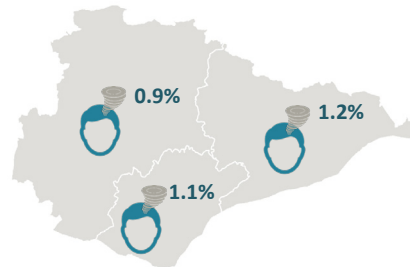
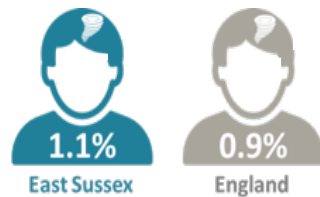


94. ESTIMATED PREVALENCE OF MENTAL HEALTH CONDITIONS

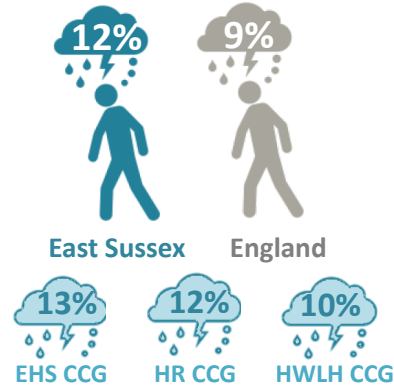


Has a mental health condition at any one time

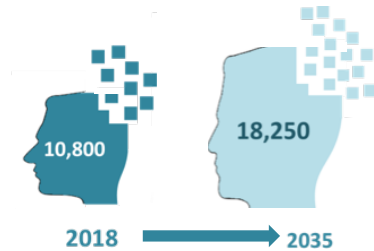
95. GP RECORDED PREVALENCE OF SEVERE MENTAL ILLNESS, 2016/17



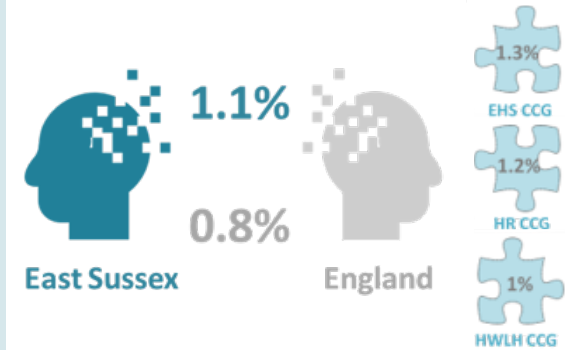
96. GP RECORDED PREVALENCE OF DEPRESSION, 2016/17



93. PREDICTED DEMENTIA CASES



97. GP RECORDED PREVALENCE OF DEMENTIA, 2016/17



98. PREVENTING DEMENTIA

Approximately
1 in 3



could be prevented through lifestyle and social changes

HOW HEALTHY ARE WE

SCREENING AND CANCER

99. CANCER



11,325

New cases of cancer, 2014/16



547 England

Incidence of cancer, 2014-16



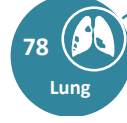
674 England



Cases of cancer per 100,000 population 2014-16

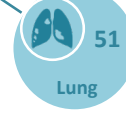
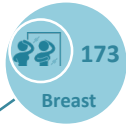


Males

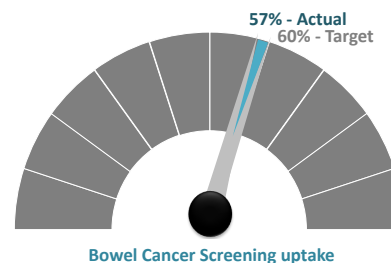
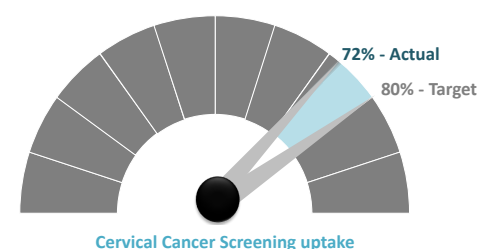
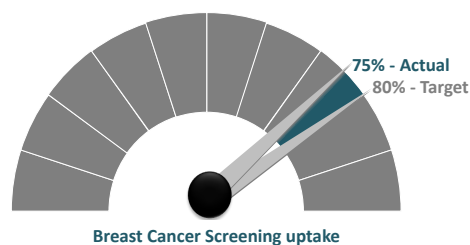
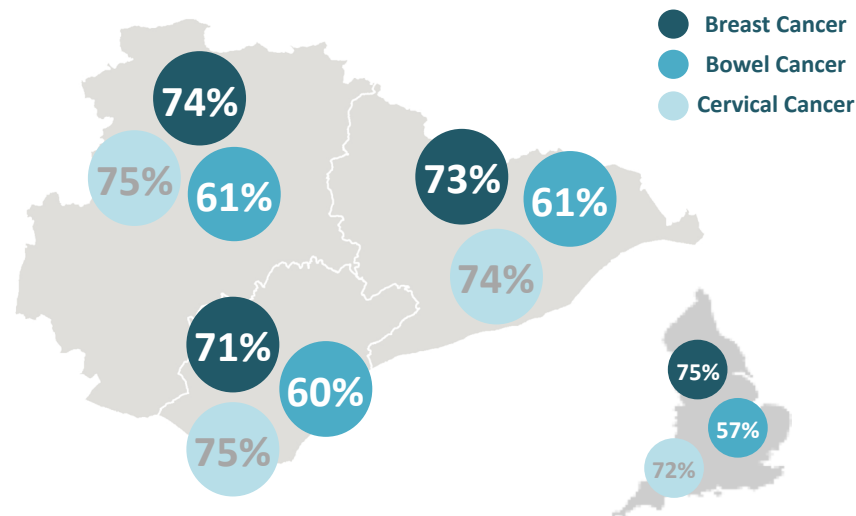


Most common cancers in East Sussex 2014/16 (per 100,000)

Females



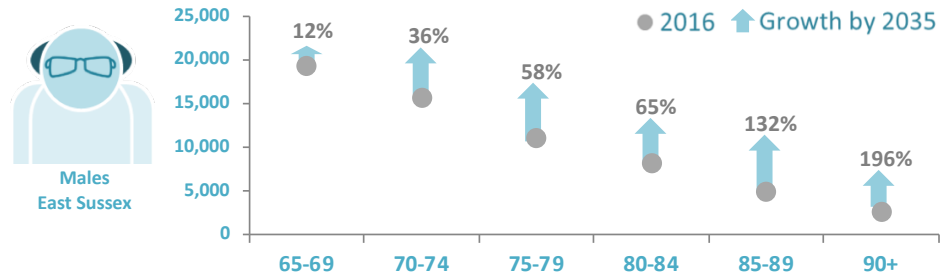
100. CANCER SCREENING UPTAKE, 2016/17



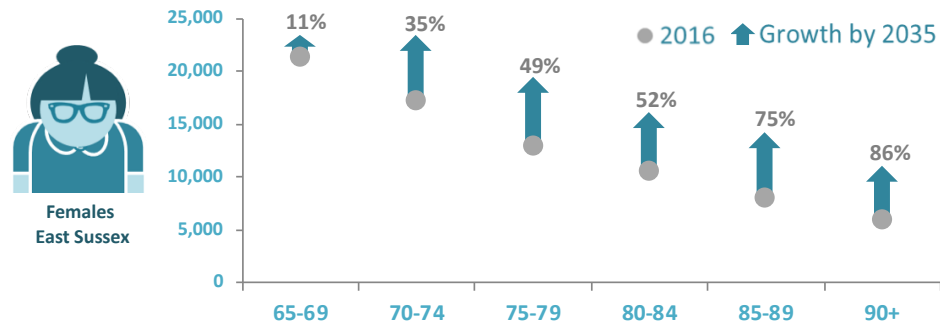
HOW HEALTHY ARE WE

BETTER AGEING

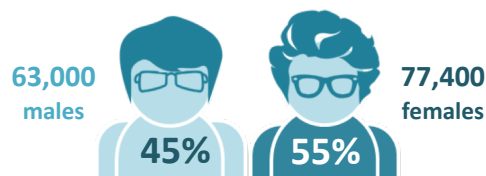
101. POPULATION GROWTH IN PEOPLE AGED 65 AND OVER



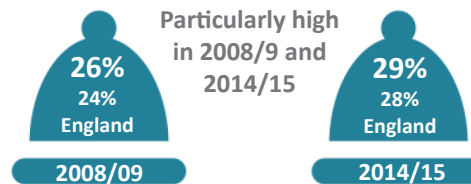
By 2035 there is a projected 46% growth in the population aged 65+



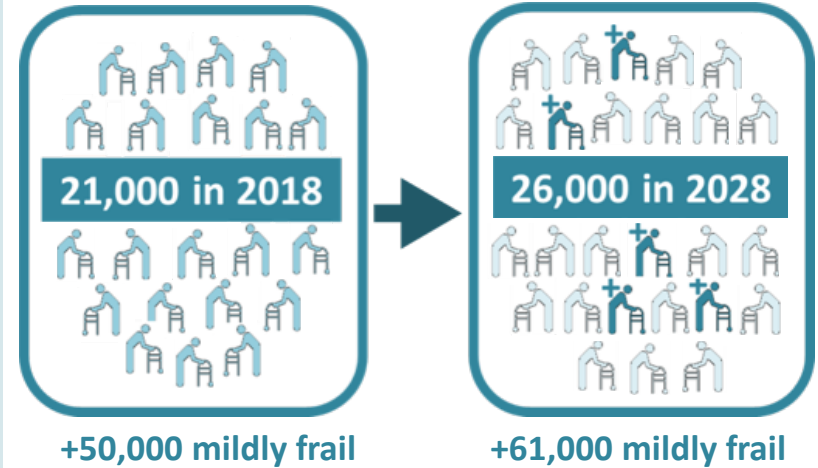
103. POPULATION AGED 65 AND OVER, 2017



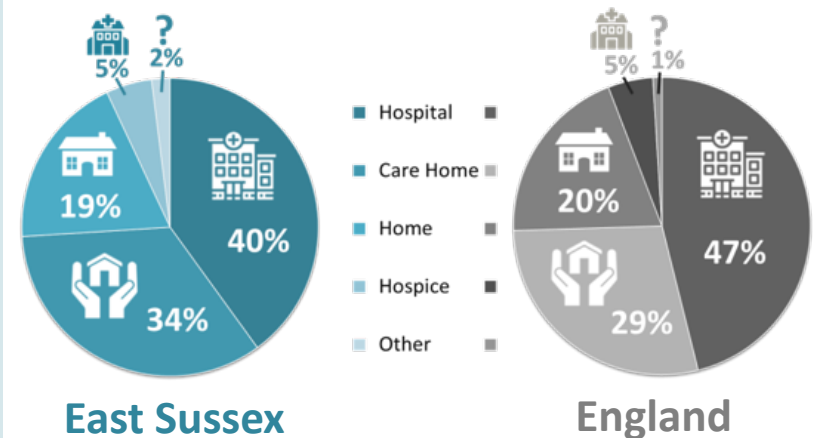
104. EXCESS WINTER DEATHS



102. ESTIMATED MODERATE AND SEVERE FRAILITY IN PEOPLE AGED 65+



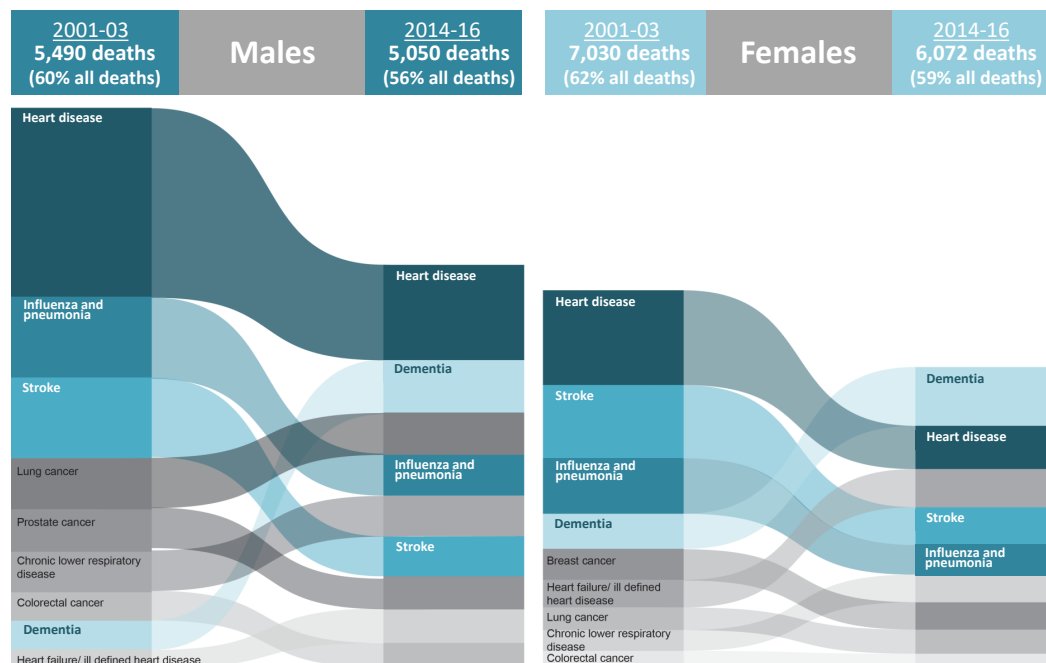
105. PLACE OF DEATH 65 AND OVER, 2016



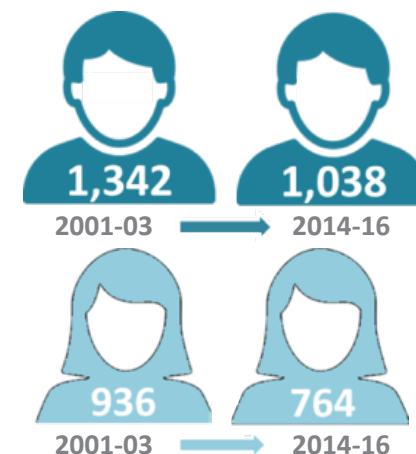
HOW HEALTHY ARE WE

MORTALITY

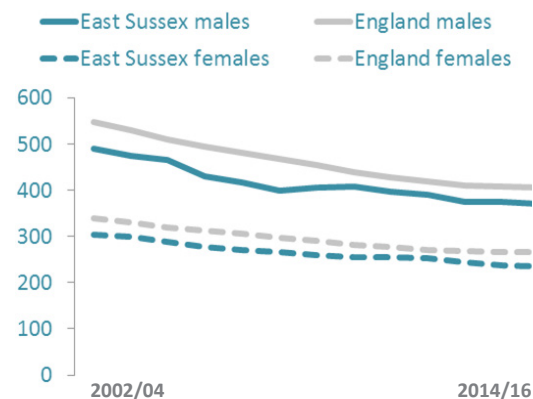
106. LEADING CAUSES OF DEATH, AGE-STANDARDISED RATE PER 100,000



107. DIRECTLY AGE-STANDARDISED ALL-CAUSE MORTALITY PER 100,000 POPULATION



110. PREMATURE DEATH - ALL CAUSES, PER 100,000 UNDER 75 POPULATION



108. ALCOHOL AND SUBSTANCE MISUSE MORTALITY, PER 100,000 POPULATION



109. SUICIDE RATE, DIRECTLY AGE-STANDARDISED RATE PER 100,000 POPULATION, 2014/16



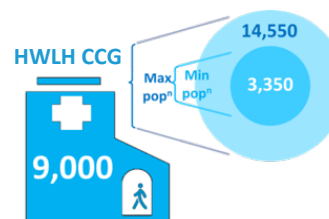
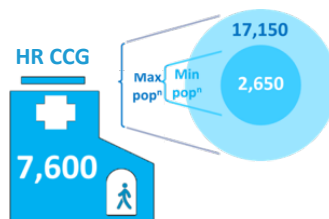
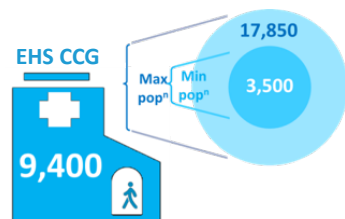
HOW WE USE SERVICES

PRIMARY CARE

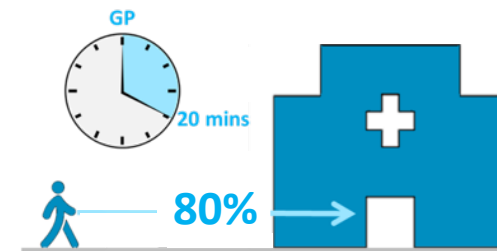
111. PRIMARY CARE PROVISION PER 1,000 POPULATION



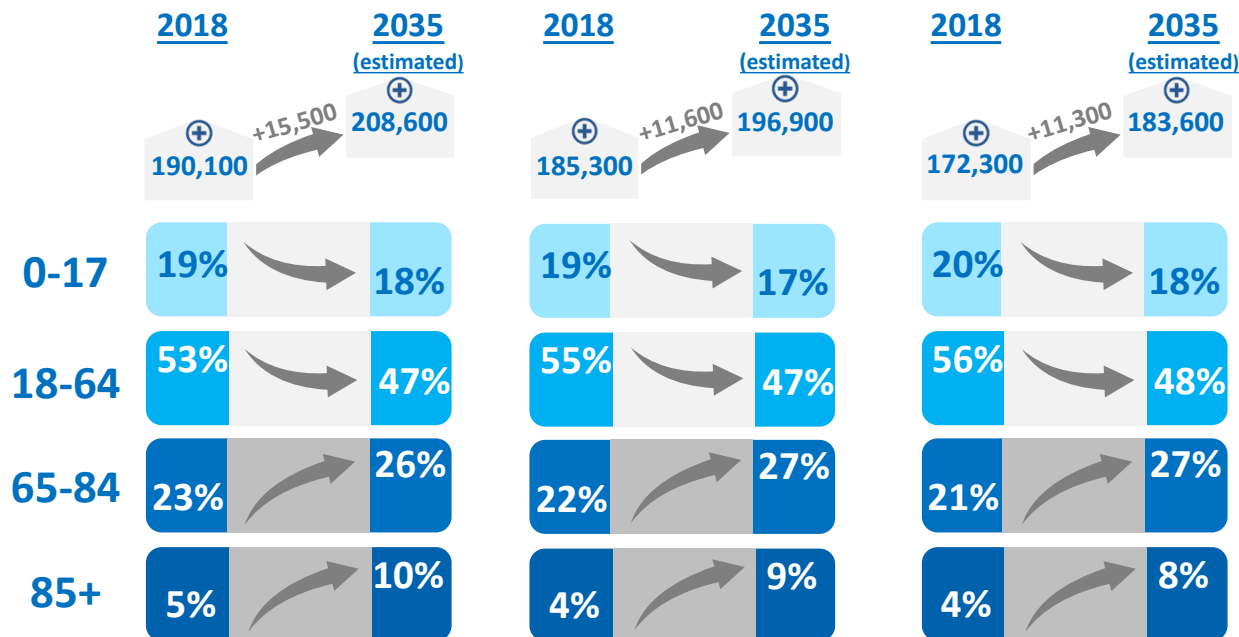
112. AVERAGE PRACTICE POPULATION



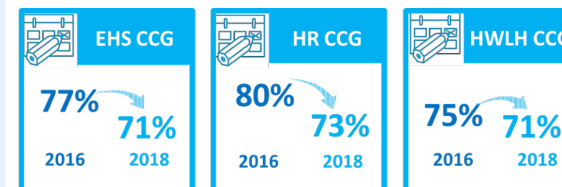
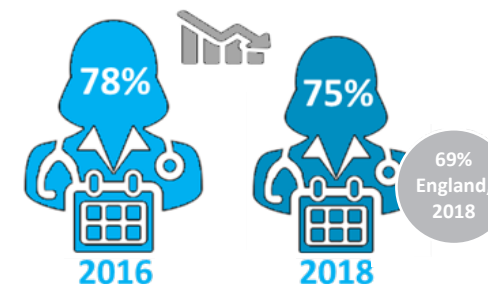
113. 20 MINUTES WALK TO GP, SEPTEMBER 2018



114. PRACTICE POPULATIONS



115. GOOD EXPERIENCE OF MAKING A GP APPOINTMENT

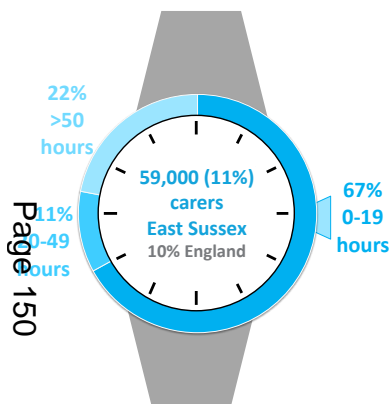


HOW WE USE SERVICES

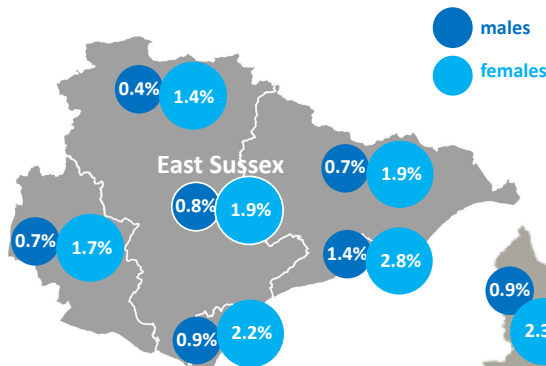
SOCIAL CARE

CARERS

116. HOURS SPENT CARING PER WEEK, 2011

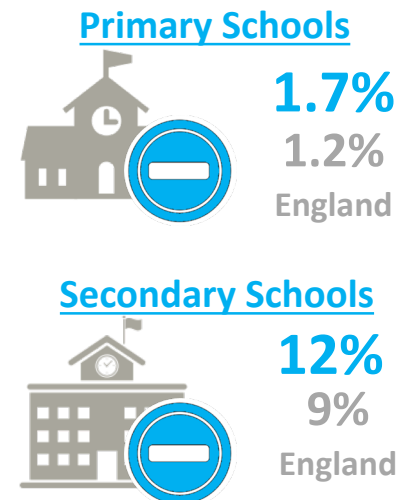


117. CARERS ALLOWANCE CLAIMANTS, AGED 16+, FEBRUARY 2018

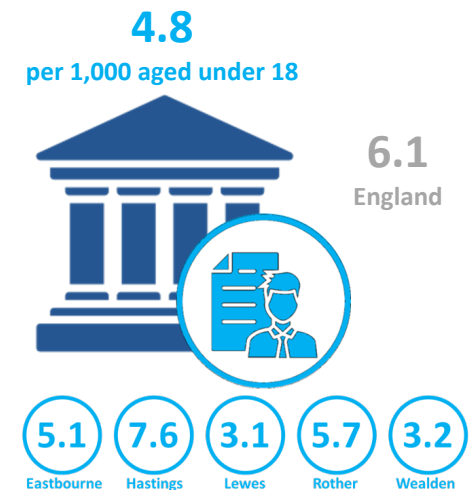


CHILDREN

118. FIXED TERM EXCLUSIONS, 2015/16

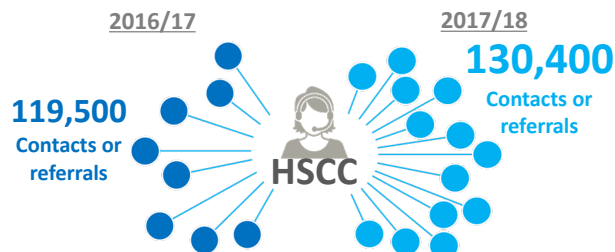


119. LOOKED AFTER CHILDREN, MARCH 2017

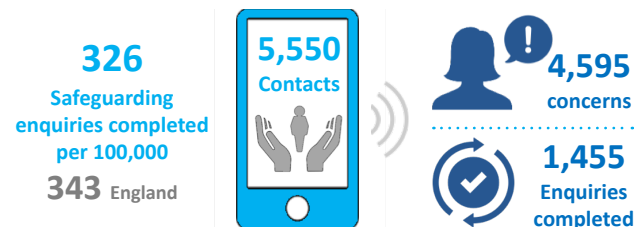


ADULTS

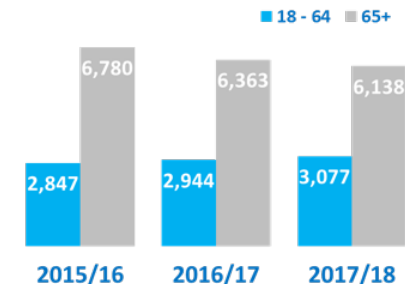
120. HEALTH AND SOCIAL CARE CONNECT (HSCC) CONTACTS AND REFERRALS



121. SAFEGUARDING CONTACTS FOR PEOPLE AGED 18+, 2017/18



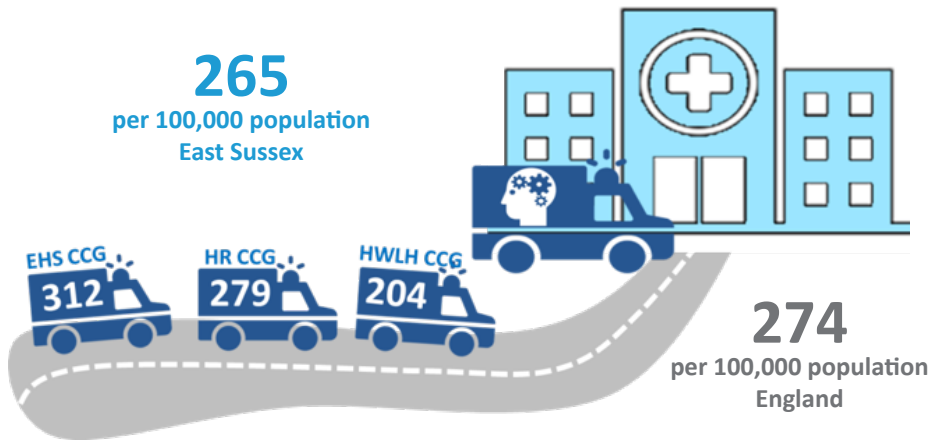
122. RECEIVING LONG TERM SUPPORT



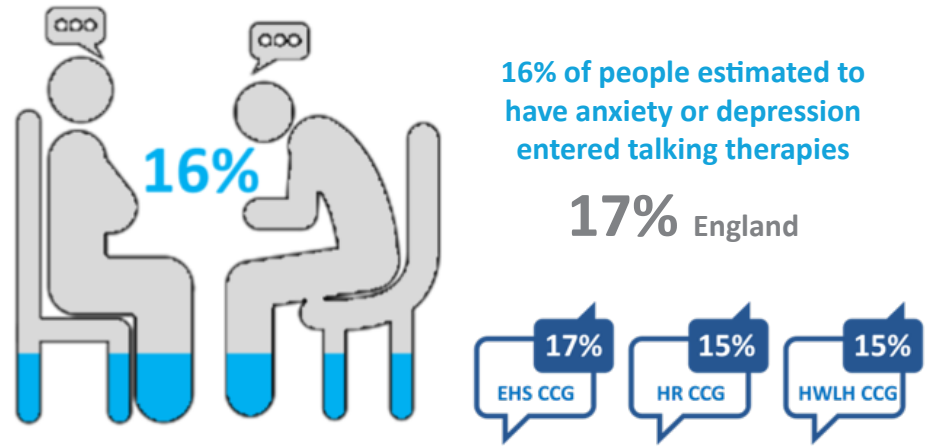
HOW WE USE SERVICES

MENTAL HEALTH SERVICES

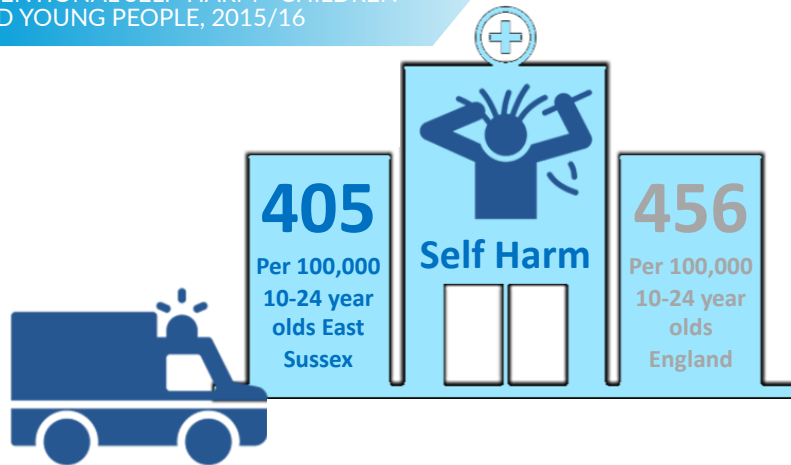
123. MENTAL HEALTH HOSPITAL ADMISSIONS, Q4 2018



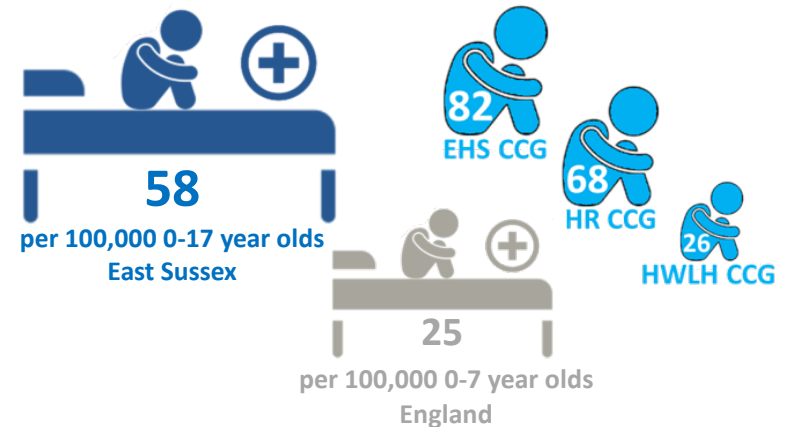
124. PEOPLE ENTERING TALKING THERAPIES, MARCH 2018



125. EMERGENCY ADMISSIONS FOR INTENTIONAL SELF-HARM - CHILDREN AND YOUNG PEOPLE, 2015/16



126. ADMISSIONS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES WARDS, Q2 2016

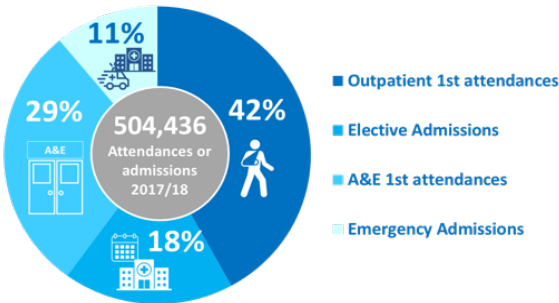


HOW WE USE SERVICES

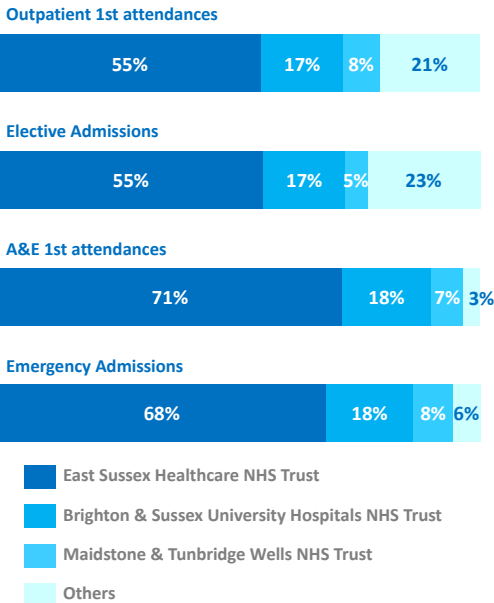
HOSPITAL ACTIVITY

Page 152

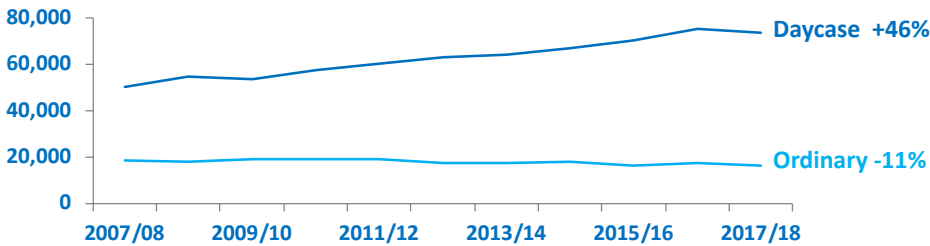
127. HOSPITAL ACTIVITY BY TYPE, 2017/18



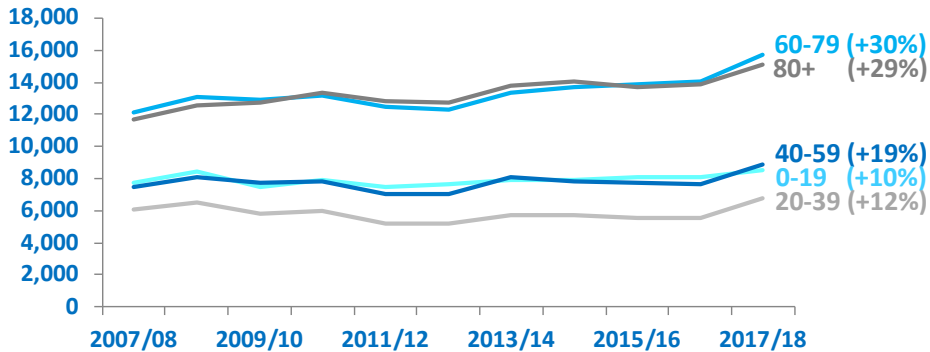
129. HOSPITAL ACTIVITY BY PROVIDER, 2017/18



128. ELECTIVE ADMISSIONS BY TYPE



130. ELECTIVE ADMISSIONS BY AGE GROUP



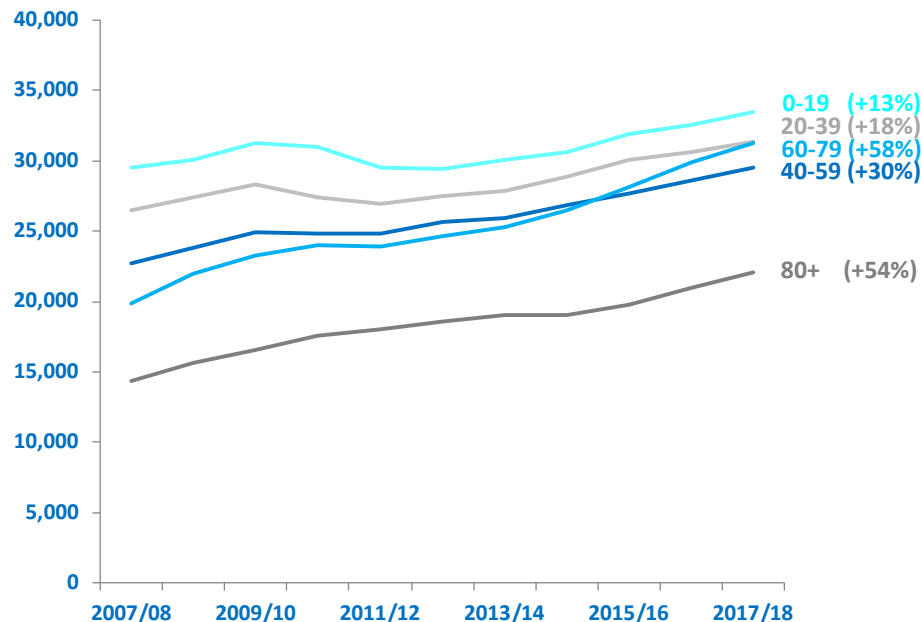
HOW WE USE SERVICES

HOSPITAL ACTIVITY

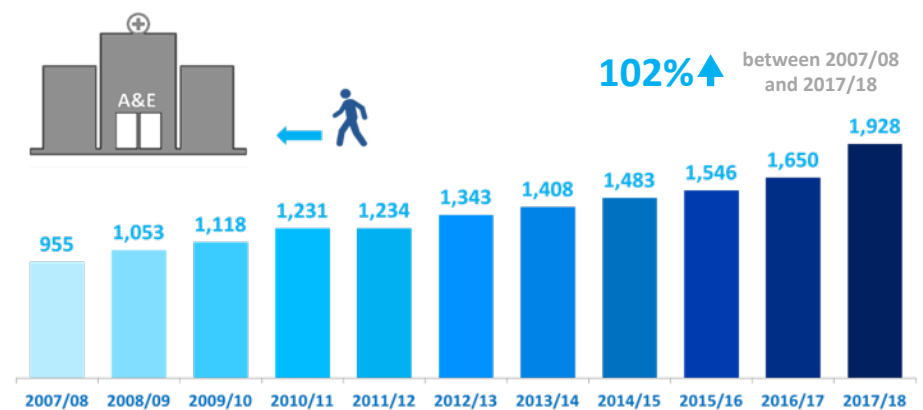
131. A&E ATTENDANCES



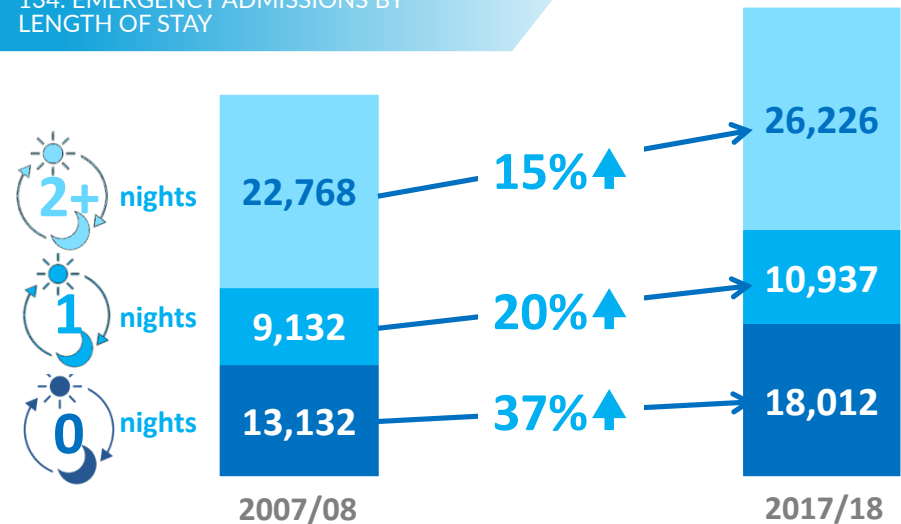
133. A&E ATTENDANCES BY AGE GROUP



132. PATIENTS ATTENDING A&E 5 OR MORE TIMES IN A YEAR



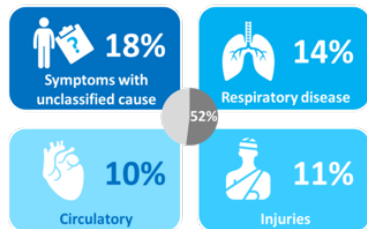
134. EMERGENCY ADMISSIONS BY LENGTH OF STAY



HOW WE USE SERVICES

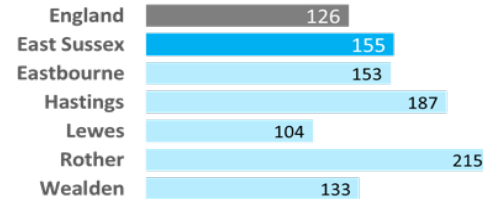
HOSPITAL ACTIVITY

135. REASONS FOR EMERGENCY ADMISSIONS



In 2018, these conditions account for over 50% emergency admissions

136. HOSPITAL ADMISSIONS DUE TO INJURIES, 0-4 YEAR OLDS, 2016/17



Rate per 10,000 0-4 year olds

137. UNPLANNED ADMISSIONS FOR LONG TERM CONDITIONS NOT USUALLY REQUIRING HOSPITALISATION, 2017/18

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9,444 admissions

for conditions such as diabetes, epilepsy and high blood pressure

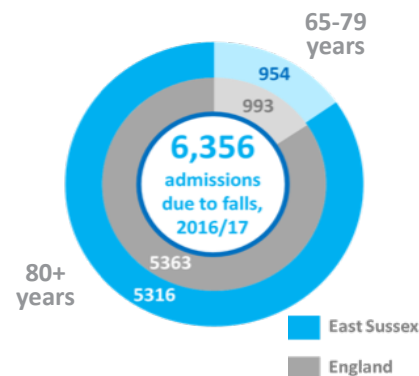


138. ADMISSIONS DUE TO FALLS, 2016/17



2,072 per 100,000 aged 65+ East Sussex

2,114 Aged 65+ England

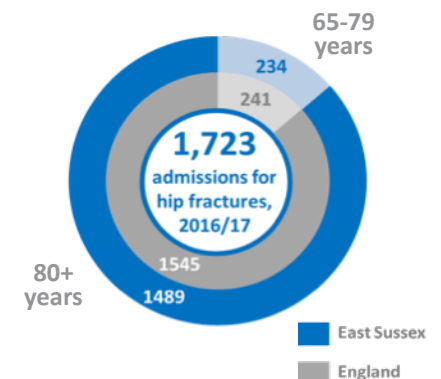


139. ADMISSIONS FOR HIP FRACTURES, 2016/17

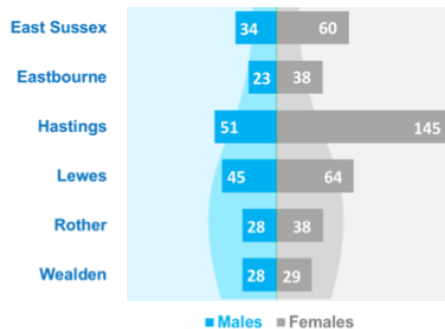


556 Per 100,000 population aged 65 and over

575 England



140. ADMISSIONS DUE TO ALCOHOL SPECIFIC CONDITIONS, UNDER 18 YEARS



Admissions per 100,000 population aged under 18, 2014/15 - 2017/18

PICTURE EAST SUSSEX

CONCLUSION

A person's chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These conditions affect the way people look after their own health and use services throughout their life. The impact of social conditions can be seen in the continuing and striking gradient in health. That is, the poorer your circumstances the more likely you are to have poor health and wellbeing, spend more of your life with life-limiting illness, and die prematurely.

The population and communities within East Sussex have many strengths and assets, reflected in the generally high levels of health and wellbeing within the county. However, variation does exist, and not all communities or people benefit from the same advantage. Addressing health inequalities and moving towards a fairer distribution of good health requires a life course approach and action to be taken across the whole of society. What happens in childhood is important as it has an impact on health and wellbeing in later life.

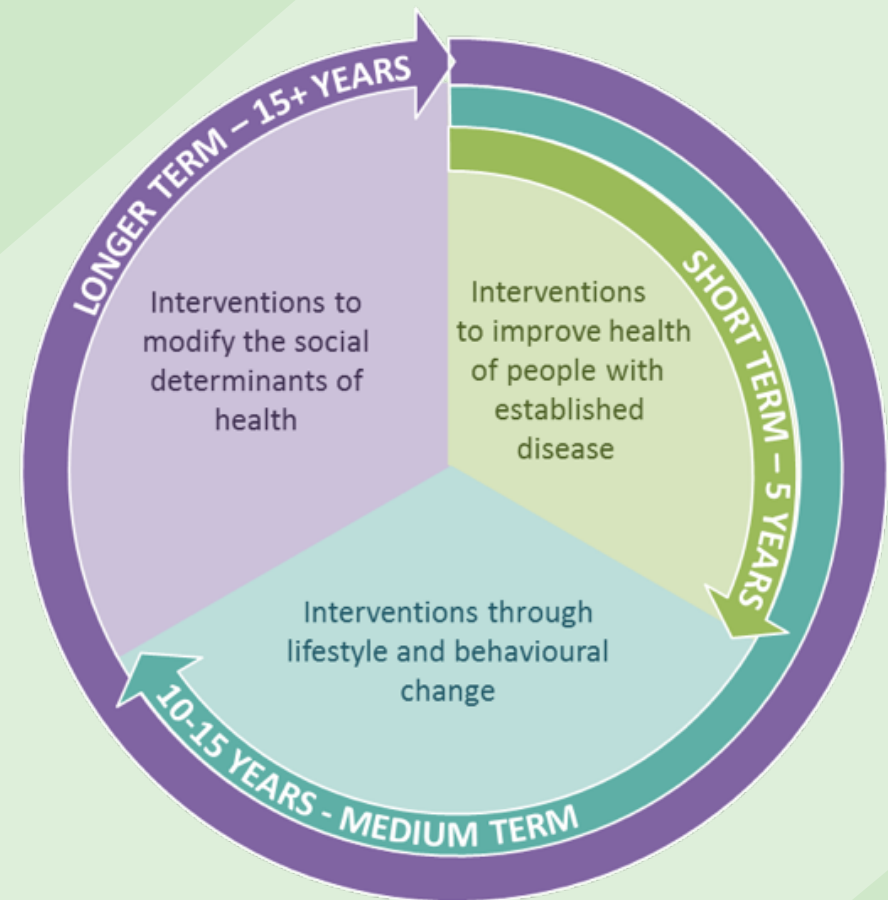
Actions are required to:

- Involve and empower patients to manage their own health
- Address individual-level lifestyle factors
- Adopt whole systems approach to social determinants of health

As we continue to transform our health and social care system, it is critical that appropriate attention is given to the prevention of disease and injury, along with the provision of high quality health care. To do this, increased understanding of the root causes of poor health and the development of social, economic and physical environments that better support our collective well-being are critical. This health and care profile of East Sussex provides the beginnings of a shared understanding of the population of the county, the way services are currently used and what demands may be placed on them in the future.

Gestation times for different preventative interventions

Adapted from: *Health Inequalities National Support Team (HINST), 2010*



Here are ten of the important points this report makes about our health today and what it means for our future.

PICTURE EAST SUSSEX

CONCLUSION



OUR POPULATION IS AGEING

The over 65s now represent a quarter of the county's population and are projected to make up nearly a third of all people by 2031. By 2039 there will be a 54% increase in our 65 and over population. The fastest rate of growth will be seen in the 85 and over group.

This ageing population is placing additional pressures on social care and the NHS, as well as impacting on families, and our workplaces. Those aged 85 and over are the largest users of health and social services.

Older people have a significant contribution to make to society. To maximise these contributions a focus on health and wellbeing throughout life is critical. To enable older people to achieve their own ambitions, enjoy good health and maintain independence for as long as possible.



CHILDREN NEED THE BEST START IN LIFE

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may have an effect on health and wellbeing outcomes in later life.

Although children and young people in East Sussex report increasingly healthier behaviours, we see some clear differences in outcomes, such as hospital admissions for alcohol, significantly higher in Hastings.

Challenges in emotional health and wellbeing remain and the level of need for child and adolescent mental health services are high.

Educational achievement is variable across the county and exclusion from school is above the England average

Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive childhood and adulthood.



SECURE INCOME AND HOUSING ARE UNEVENLY DISTRIBUTED

In order to improve health and wellbeing, we need to remember that good health is about much more than just good health care services. There are a number of other factors at play such as getting a good education, a good job, and a safe place to live.

Having enough money for daily living is one of the biggest determinants of health outcomes. In our community survey 8 in 10 felt they were financially alright. However, across East Sussex 16% of children live in low income families and 13% of older people live in poverty. These figures hide stark differences in the county with 1 in 4 children and 1 in 5 older people living in these conditions in Hastings, compared to 1 in 10 in Wealden.

At its most basic, access to safe and secure housing is a key determinant of health. Across the county there are increasing numbers of people who do not have access to housing or whose housing is temporary.

Poor housing impacts on both physical and mental health and wellbeing. It is estimated that poor housing costs the NHS over £1 billion annually. Poor and unsafe housing can occur in all forms of home ownership and occupancy, but in general the private rented sector has the highest rates of poorer housing. Rates of private tenancy vary across the county, accounting for 1 in 3 households in Hastings to 1 in 10 in Wealden.

We cannot ignore the role that income and housing play in sustaining good health and maintaining independence.

PICTURE EAST SUSSEX

CONCLUSION

THERE ARE DIFFERENCES IN HOW LONG WE LIVE

Life expectancy continues to improve in the county. A girl born in East Sussex today can expect to live to 84, and a boy to 80.

Although life expectancy has continued to rise, the number of years we can expect to live in good health has not kept pace. Healthy life expectancy has increased for males from 62 to 65 between 2009/11 and 2014/16, but for females it has fallen from 65 to 63 years.

For both indicators health inequalities persist. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health. There is a 16 year gap between those who have the highest life expectancy and those who have the lowest. There is a 13 year gap between those with the longest healthy life expectancy and those have the shortest.

To increase the number of years we live in good health and reduce inequalities we must look beyond just the absence of disease and include the conditions and influences that create good health and wellbeing.

NO SINGLE PROJECT OR INITIATIVE CAN BEAT OBESITY

In East Sussex 2 in 10 reception age children; 3 in 10 children in year six; and 6 in 10 adults are overweight or obese.

Along with smoking, obesity is among the leading risk factors for poor health. It is associated with a range of conditions, including cardiovascular disease, musculoskeletal conditions, respiratory disease, diabetes and many cancers.

The NHS spends over £6 billion each year on treating overweight and diabetes related ill health.

Obesity is a complex problem with a large number of different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity. To have a significant impact on obesity everybody needs to get involved.

IT'S TIME TO TALK MENTAL HEALTH

1 in 4 of us will experience mental ill-health at some point in our lives. Mental illnesses constitute the largest single burden of disease nationally at almost a quarter of the total. Mental illness also has a considerable economic cost to our health and care system, and also to individuals, families and communities. In East Sussex, the GP recorded prevalence of severe mental illness; depression and dementia are all higher than England.

Mental ill-health often begins earlier than other causes of disability and there is continuity between mental illness in childhood and adulthood; we know that over half of people with a lifetime mental illness at the age of 26 will have met the diagnostic criteria first by the age of 14. Admissions to acute child and adolescent mental health services are twice as high in East Sussex as they are nationally.

Mental health is a lifetime issue, requiring a joined up approach across the lifespan. We need to promote good mental health for all and the importance of early intervention, particularly in childhood and the teenage years, both to prevent mental illness from developing and to mitigate its effects when it does.

PICTURE EAST SUSSEX

CONCLUSION



WE NEED TO BE DEMENTIA FRIENDLY

It is estimated that by 2035 there will be an additional 7500 people with dementia in the county.

Dementia is the leading cause of death for women in the county and has risen to the second leading cause for men.

1 in 3 cases of dementia could be prevented through lifestyle and social changes. The NHS Health Check, for adults in England aged 40 to 74, is an ideal opportunity for GPs and other healthcare professionals to offer advice to promote a healthier lifestyle.

It is important that we build dementia-friendly communities, where people are aware of and understand dementia. This will help people with dementia to continue to live in the way they want to and in the community they choose.



WE NEED A SHARED UNDERSTANDING OF DEMAND FOR SERVICES

The demand for services, both health and social care, continues to increase. This is in part due to our aging population and the challenges it brings. However, it is also due to some of the inbuilt inefficiencies within our systems.

Despite knowing a large amount about a small part of the health sector, hospital activity, we know very little about what happens at a population level in other settings and sectors. Understanding how people move between services and organisations, and identifying how and when an individual's level of need changes requires better information and shared data.

Making a shift towards population health management requires collaboration across a range of sectors and wider communities – between local authorities, the NHS, the third sector and patients and the public themselves working together as a system.



WE CAN BUILD ON OUR STRONG COMMUNITIES

Many of the communities in East Sussex already have a secure identity with 7 in 10 people reporting they have a strong sense of belonging and more than 8 in 10 satisfied with their local area. People are engaged and willing to support each other with half of those responding to our community survey reporting they have volunteered in the past year.

The growing demands, in the context of an aging population, increasing prevalence of long term conditions and multi-morbidity, highlight the importance of focusing on prevention and early intervention. However, we also need to concentrate our efforts on improving and sustaining good health and positive wellbeing.

In order to achieve this we must empower individuals and local communities by involving them in designing and delivering the services they use. This asset based approach involves building and mobilising the skills and knowledge of individuals, and the connections and resources within communities and organisations.

By taking a strengths and assets approach we have a better chance of making a positive impact on the health and wellbeing of our population. Promoting independence and developing a sustainable health and care system requires us to value everyone's contributions.



THE PATTERN OF ILLNESS IS BECOMING MORE COMPLEX

Much of the demand for health and social care in the future will be driven by the increasingly complex management of people with multiple long term conditions and those who are becoming progressively more frail. By 2028 it is estimated that there will be an additional 22,000 people with two or more conditions in East Sussex. Alongside this increase, there will be an additional 16,000 people who will be moderately or severely frail in the county.

Multi-morbidity is often thought of as a condition that affects only older people. However, the risk of exposure to unhealthy lifestyle factors in early life is relatively high in more deprived areas and multi-morbidity is known to develop at least 10-15 years earlier. Of the estimated 160,000 people with more than two conditions 43% are under the age of 65 in East Sussex.

These changes pose major challenges to our health and care systems and highlight the need to invest in and strengthen timely prevention activities. Proactive, targeted case finding for both multi-morbidity and frailty and use of risk stratifying tools can help early identification.

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Indicator	Source				
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2	East Sussex Public Health Intelligence Team	46 - 47	MHCLG, Homelessness statistics	92	PHE fingertips profile, Children and Young Peoples Mental Health and Wellbeing
3	ONS mid year population estimates 2017	48	PHE fingertips profile, Public Health Outcomes Framework	93	ESCC population projections, April 2018
4	DCLG, Index of Multiple Deprivation 2015	47	MHCLG, Homelessness statistics	94	PHE fingertips profile, Common Mental Health Disorders
5	ONS mid year population estimates for 2016 by LSOA grouped by ONS rural-urban classifications from 2011 Census	48	PHE fingertips profile, Public Health Outcomes Framework	95	NHS Digital, QOF 2016/17
6	ONS mid year population density estimates 2017	49	ESCC East Sussex Air Quality Briefing 2017	96	PHE fingertips profile, Common Mental Health Disorders
7	East Sussex Public Health Intelligence Team	50	ONS Census 2011	97	NHS Digital, QOF 2016/17
8	ONS Census 2011	51	Sport England, Active Lives Survey	98	Norton, S. et al (2014) Potential for primary prevention of Alzheimer's disease: an analysis of population-based data. Lancet.neurol.13, 788.
9	ESCC population projections, April 2018	52 - 53	ESCC East Sussex Community Survey 2017	99	PHE, National Cancer Registration and Analysis Service, CancerStats tool
10	ONS Census 2011	54	ESCC, Research and Information Team	100	PHE fingertips profile, Public Health Outcomes Framework
11	ONS mid year population estimates 2017	55	DfT, Road lengths in Great Britain statistics 2017	101	ESCC population projections, April 2018
12	ONS Census 2011	56 - 57	ESCC East Sussex Community Survey 2017	102	NHS England, eFI frailty index
13	ESCC East Sussex Community Survey 2017	58	PHE fingertips profile, Common Mental Health Disorders	103	ONS mid year population estimates 2017
14	ONS vital statistics 2016	59	ONS Census 2011	104	PHE fingertips profile, Public Health Outcomes Framework
15	PHE fingertips profile, Public Health Outcomes Framework	60	ESCC East Sussex Community Survey 2017	105	PHE fingertips profile, End of Life Care
16	ONS vital statistics 2016	61	ONS, Annual Population Survey	106	ONS mortality statistics, derived from Primary Care Mortality Database supplied by NHS Digital
17	PHE fingertips profile, Child and Maternal Health	62	PHE fingertips profile, Public Health Outcomes Framework	107	ONS mortality statistics
18	PHE fingertips profile, Public Health Outcomes Framework	63	ONS NOMIS	108	ONS, Deaths related to drug poisoning in England and Wales 2017
19	ONS mortality statistics, derived from Primary Care Mortality Database supplied by NHS Digital	64	ONS, Life Expectancy statistics, 2014-16 for East Sussex and England, 2009-13 for wards	109	PHE fingertips profile, Public Health Outcomes Framework
20	DCLG, Index of Multiple Deprivation 2015	65	ONS, Healthy Life Expectancy statistics, 2014-16 for East Sussex and England, 2009-13 for wards	110	PHE fingertips profile, Local Authority Health Profile
21	DCLG, Income Deprivation Affecting Older People Index 2015	66 - 69	PHE fingertips profile, Public Health Outcomes Framework	111	NHS Digital for GP practice workforce data , ESCC Pharmaceutical Needs Assessment 2017, NHS Dental Services, NHS England for Optical services
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23	PHE fingertips profile, Wider Determinants of Health	71	ONS conception statistics 2016	113	PHE, SHAPE tool
24	DCLG, Income Deprivation Affecting Children Index 2015	72	PHE fingertips profile, Child and Maternal Health	114	ESCC population projections, April 2018
25	ONS mid year population estimates 2017	73	PHE fingertips profile, Public Health Outcomes Framework	115	NHS England, GP Patient Survey
26	PHE fingertips profile, Public Health Outcomes Framework	74	ONS mid year population estimates 2017	116	ONS Census 2011
27	PHE fingertips profile, Child and Maternal Health	75	PHE fingertips profile, Public Health Outcomes Framework	117	DWP, Stats-xplore, Cases in payment February 2018
28	ONS mid year population estimates 2016	76	PHE fingertips profile, Local Tobacco Control	118	PHE fingertips profile, Child Health Profile
29	PHE fingertips profile, Child and Maternal Health	77	PHE fingertips profile, Local Alcohol Profiles for England	119	ESCC Childrens Services
30 - 31	ESCC Health Related Behaviour Survey, 2017	78	PHE fingertips profile, Public Health Outcomes Framework	120 - 123	ESCC Adult Social Care Services
32	PHE fingertips profile, Child and Maternal Health	79	PHE fingertips profile, Local Alcohol Profiles for England	123	PHE fingertips profile, Mental Health and Wellbeing JSNA
33	ONS mid year population estimates 2017	80	Health Survey for England	124	PHE fingertips profile, Common Mental Health Disorders
34 - 25	ONS Census 2011	81	PHE fingertips profile, Public Health Outcomes Framework	125	PHE fingertips profile, Children and Young Peoples Mental Health and Wellbeing
36	ONS NOMIS	82	PHE fingertips profile, Sexual and Reproductive Health	126	PHE fingertips profile, Mental Health and Wellbeing JSNA
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42	ONS, Housing affordability 2017	87	NHS Digital, National Diabetes Audit		
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44	DBEIS, Sub-regional fuel poverty data 2016	90	PHE, Estimating the prevalence of multi-morbidity in the South East Region of England, August 2018		

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PUBLISHED DECEMBER 2018



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

Date: **4 December 2018**

By: **Executive Director, Healthwatch**

Title: **Havens Listening Tour report**

Purpose: **To share findings and insights on resident perceptions on health and social care services in the Havens area of East Sussex**

RECOMMENDATIONS

The Board is recommended to:

- 1) note the report; and**
 - 2) monitor progress on the report recommendations over the coming year**
-

1. Introduction

1.1 The attached report stems from two weeks of intensive engagement in June 2018 between Healthwatch staff and volunteers and people living and working in the Havens area of East Sussex. Healthwatch worked with partners in a wide variety of community settings to gain the views of local people, many of whom are seldom heard. We also spoke to many local agencies and carried out community observation activity to deepen our insights into the local area.

2. Supporting information

2.1 Further information on the report and future Healthwatch Listening Tours are available from Healthwatch staff and on our website healthwatcheastsussex.co.uk.

3. Conclusion and reasons for recommendations

3.1 Health and Care services are highly valued by people living and working in the Havens area but there are some areas of concern that need addressing. Chief among these are the difficulties residents face in making GP appointments, the fear that new housing will place more pressure on already stretched local services and the increasing problem of children and adults accessing mental health services.

3.2 Healthwatch East Sussex recommends that the Board discusses the report and monitors progress on the report recommendations over the coming year.

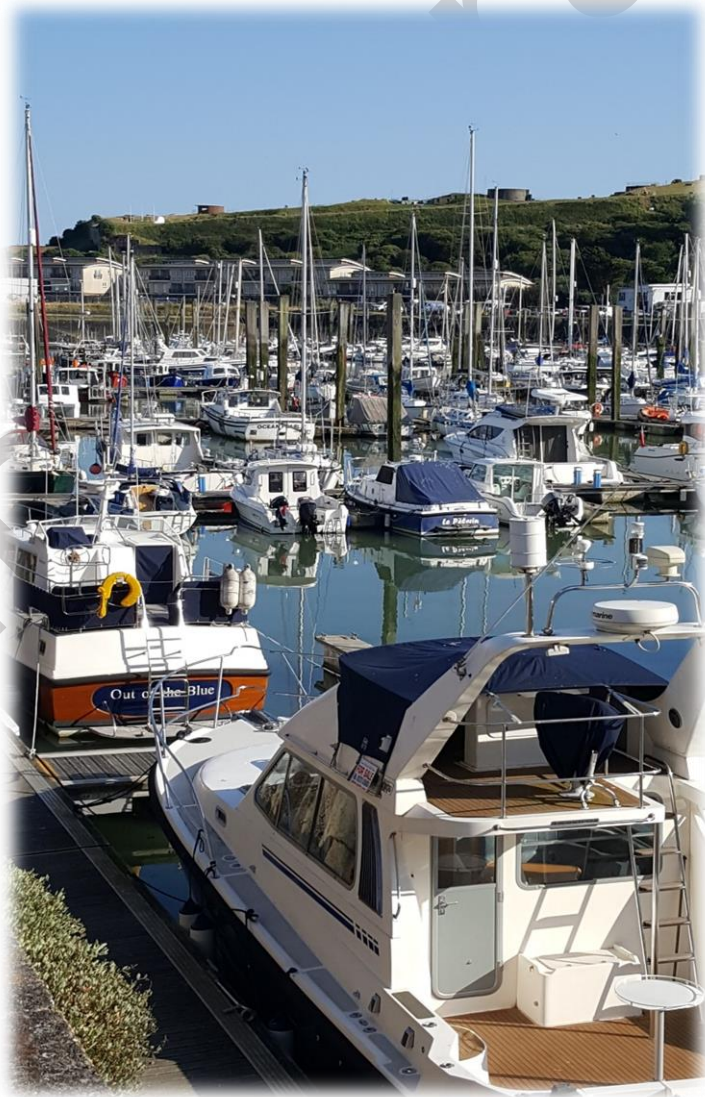
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Listening to The Havens

Listening and understanding how residents in Newhaven and Peacehaven experience local health and care services and wider determinants of health as heard during June 2018.



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Introduction

Healthwatch East Sussex (HWES) is the local watchdog for health and social care services in East Sussex. We listen to what the public say about their experience of using services and produce reports based upon what local communities tell us. We also talk to the public about social determinants of health such as work, leisure and housing.

We are pleased to introduce our second Listening Tour Report following our first tour in Hastings during October 2017. This report brings together the views and experiences local people shared during two weeks of our intensive engagement programme in the Havens over two weeks in June 2018.

In this report, we draw out common themes from conversations with local people in a variety of locations, from face to face interviews and from an online survey. We also draw upon our observations of the local environment and how this might contribute to the health and wellbeing of residents. We highlight good experiences and explore areas where the health and care system can learn from local citizens.

Acknowledgements

We would like to thank everyone in Newhaven and Peacehaven who supported us to listen and understand both what is working well and what could be improved in the Havens area. We would also like to thank our volunteers and the many local agencies who worked with us to make this tour happen.

Good Practice

We anonymise peoples' experiences before sharing this valuable insight with those who plan, buy and provide local services, as well as with the local communities.

We encourage decision-makers to look closely at our conclusions, recommendations and learning points and ask them to tell us what they have done, or will plan to do, to make their services work better for local people.

We will return to the Havens area in the summer of 2019 to share with local residents and services what changes and progress has been made in response to their views outlined in this report

Prior to this report being published, a headline summary report was drafted and shared with decision makers and is available from our website at <https://www.healthwatcheastsussex.co.uk/havenslisteningtour>

Executive Summary

Health and social care services in the Havens area of East Sussex are highly valued by local residents, despite the area facing some of the worst health inequalities in the county.

The Healthwatch East Sussex *Havens Listening Tour* in June 2018 realised some of the enormous benefits to be gained from getting closer to local communities, spending more time speaking with and listening to what local people have to say about local services. We were struck by how important the social determinants of health are to local people, in particular the impact of local housing development.

The main issues that local people wanted to talk about were twofold:

Firstly, there are concerns in the area over how difficult it is to make an appointment with local GPs. There are also fears that new housing developments planned for the area will make GP appointments even harder to find.

Not all the changes that are required to improve access to primary care are attributed to the national shortages of GPs. Practice staff, together with patients, policy makers and commissioners can start to address some of the issues this report has identified.

Secondly, many local people are concerned about the lack of local mental health services for both children and adults. Access to adult mental health services and Child and Adolescent Mental Health services is not always meeting the needs of people when they become mentally unwell and that further activity is needed to capture the views and experiences of people living on the margins of society.

This Tour enabled Healthwatch to capture rich insight from people in the Havens and with the intelligence we have gathered we will work with local residents to improve their experiences of health and care services and their wider wellbeing.

The comments and completed returns achieved during this activity were not a large sample size, but we have gained unique insights through engaging with local people who would not have otherwise share their views so openly. Our insight is further enhanced by our engagement with many local agencies and observations on our community transect walks in the area.

To ensure all the views, experiences and recommendations are responded to, Healthwatch will present this report to the East Sussex Health and Wellbeing Board, the County Council Health and Care Overview Scrutiny committee and

Lewes & High Weald Clinical Commissioning Group to work with partners and monitor how organisations are progressing recommendations made in this report.

A further event will be planned in June 2019 to report back to the local community on progress made on concerns they raised, one year on.

Recommendations

1. High Weald Lewes & Havens (HWLH) Clinical Commissioning Group (CCG) to review findings and feedback in this report through a working group with Healthwatch and local residents.
2. The CCG and local GPs to consider what improvements can be made to the appointments booking systems in local practices and communicate with residents on how they will cope with increased demand from new housing developments.
3. Healthwatch Information and Signposting service to liaise with the CCG on improving access to information available in GP practices and the local community on promoting NHS Dentist in Newhaven.
4. Healthwatch to investigate the needs of adults and young people accessing mental health services in the area, including those living on the margins of society, and work with Sussex Partnership Foundation Trust (SPFT) on an action plan.
5. East Sussex County Council (ESCC) Health and Care Overview Scrutiny Committee (HOSC) and Health & Wellbeing Board (HWB) to discuss this report and monitor progress on the recommendations.
6. Local councillors (Town, District and County) take the opportunity to witness how local residents address and build community resilience through activity in Havens Libraries.
7. Healthwatch will ask NHS England to provide guidelines on GPs charging patients for evidencing their need for debt counselling.
8. Healthwatch to write to individual Practice Managers in the Havens asking them how they and their staff are supported to understand how practices charging for debt counselling impacts on individuals' well-being.
9. The CCG and Public Health, East Sussex to review well-man checks and prostate screening events and to follow up former men's health and prostate cancer activities hosted at the East Brighton Masonic Centre with a view to reinstating annual activity.

Going forward, several local residents have expressed an interest to be more involved in finding solutions to some of the issues identified in this report and HWES will continue to work with these residents. A follow-up event will be held in June 2019 to review what changes have been made over the year and how people are experiencing services one year on.

Final Draft

Background

Following the success of our first community Listening Tour in Hastings, local stakeholders and decision makers were keen to establish where the next Healthwatch East Sussex (HWES) Listening Tour would take place and our rationale for deciding the location. We chose the Havens because, like Hastings, there are high levels of health inequality compared to the rest of the county.

The first listening tour was a pilot and as such, was independently evaluated. The learning from that activity, informed significantly our planning processes for the Havens tour, together with the value of East Sussex Public Health data published by the **Joint Strategic Needs & Assets Assessment (JSNAA)**.

About the area

Newhaven is a town in the Lewes District of East Sussex in England. It lies at the mouth of the River Ouse, on the English Channel coast, and is a ferry port for services to Dieppe in France.

Peacehaven is a town and civil parish in the Lewes district of East Sussex, England. It is located above the chalk cliffs of the South Downs approximately six miles east of Brighton city centre, clustered around the A259 coastal road.

Collectively, the two towns are known locally as ***The Havens***.

According to **Public Health** statistics, the Havens have some of the worst health and care problems in East Sussex. Accident and emergency admissions, self-harm and mental health problems in young people are among the highest in the county. The number of local residents taking up health checks is among the lowest.

In addition, the Havens have the highest percentage of unpaid carers providing over 20 hours care a week in East Sussex. There is a high rate of learning-disabled adults in settled accommodation and low levels of public satisfaction with making GP appointments.

Healthwatch was also interested in what helps local people maintain good health and stay well. Excess weight in 10-11-year olds is being recorded in 35% of cases and 21% of children in the Havens who live-in low-income families.

Pre-engagement Activity

Alongside understanding what information already exists about the area enclosed in the JSNAA and data published by Public Health; a now familiar activity of our Listening Tour programme is the undertaking of community observation walks, known as 'Walking the Patch'

These activities follow the *Transect Walk* principles and provide a community snapshot gathered from observations of assets and conversations with local people. Community observation walks bring together knowledgeable local citizens, community leaders, people with technical skills and health and care professionals.

The purpose is to identify potential engagement opportunities during the Listening Tour where people meet informally and formally, how the community communicates such as locations of notice boards, local premises displaying information and to identify any social behaviours unique to the area.

Two community observation walks took place, one in Peacehaven and one in Newhaven. Both involved between 10 and 15 people which enabled several routes to be completed lasting approximately 2.5 hours. Prior to the walks commencing planning sessions were held with participants whereby the routes were agreed.

In Peacehaven, a snapshot of noticeable observations included:

- Large numbers of pharmacy delivery vehicles delivering prescriptions. One driver spoken with said they could make up to 30 deliveries a day and that there were several vehicles operating locally.
- East Brighton Masonic Centre (EBMC) Seaview Road. We met with a member of staff who told us that EBMC hosted health related events such as a Men's health/ Prostate Cancer event which attracted 150 attendees. However, contact has been lost with the event organisers and they would be keen to make new connections as this is seen as a vital service to the community.

The Big Park

- There were no posters in open spaces
- A large, clean, calm space. Well landscaped play areas, good views
- Skate park very clean and well maintained. 6-7 young people (male) at the skate park. Clearly a "bumping place" for younger people to exchange informal information
- Play areas and café area also a bumping place for families and individuals to exchange information
- Community Information on boards supplied by Peacehaven & Telscombe town council visible in nearby roads
- Sussex Coaster Pub on the A259 inspired a discussion in the group about how to engage "men in pubs" regarding their views on health & care services (and their level of engagement with healthy lifestyle/wellbeing activities). *We found an opportunity during the listening tour to engage with lunchtime users of the bar in Newhaven Social Club in the town centre.*
- Multiple conversations noted involved local people's frustrations accessing GP appointments

In Newhaven, noticeable observations included:

- Dental surgery next to Elim Church on A259 ring road - it was unclear from signage whether this surgery is currently open, and the NHS website has no information on this practice.
- Seahaven Dental Practice (opposite Fire Station) was clearly operational with up to date signage. (NHS website shows current information).
- Large numbers of mobility scooters observed during the walk. Poor pavements, lack of dropped curbs and poor parking around the GP Practices, often made getting around hazardous for some.
- Lots of empty shop units, some utilising opportunities for pop up community hubs
- There is no Bank in Newhaven, the police station appeared to be operating but it was unclear
- Noticeable conversations with local people included concerns from working aged people around the introduction of universal credit
- Local people keen to promote the up and coming 'Fish Fest' in the town, some expressing sadness on the demise of the local fishing industry and some speaking knowledgeably about ***'approximately 30 operational registered small fishing boats operating out of West Quay'***
- There were several references to the incinerator, one resident commented: *'having an Incinerator in the town makes people beyond ill! And; as a community, they did not feel 'listened to'*

Other pre-tour activity

In addition to community observation, we invited local groups to work with us to help plan and deliver the tour. The activity described below added significant value to the Havens Tour and helped Healthwatch to seek out communities traditionally hard to engage. It also helped create opportunities to build sustainable links in the community when the tour finishes.

Peacehaven Town Council

Healthwatch staff attended a packed Peacehaven Town Council AGM on 17th April together with a stand containing advance publicity about the listening tour. We spoke to several residents, councillors and staff from local organisations, including the Chair of Lewes District Council and staff from the recently launched 'Neighbourhood First' team in Lewes. Residents were clearly very concerned about the impact of new housing on local health facilities and transport congestion.

Lewes District Council Sheltered Forum

The Healthwatch Director attended the Lewes District Council Sheltered Housing Forum which met in Peacehaven on the 17th May. This provided us with the opportunity to tell residents from Newhaven and Peacehaven in sheltered housing about the listening tour and listen to their concerns about local services.

Healthwatch Advisory Group (HWAG)

The multi-agency HWAG group met in public for the first time in Newhaven on April 16th. The event attracted around 60 people and we used this event to provide a soft launch for the listening tour in June. Several local residents and workers for local agencies shared their views on local health and care services and this helped inform our planning for the tour.

Kendal Court

Healthwatch became aware of vulnerable tenants living in emergency accommodation (TA) at Kendal Court in Newhaven in March 2018. There was a discussion at the *Havens Community of Practice* steering group meeting in April where local GP surgeries (Chapel St and Quayside) reported a spike in presentations of people with mental health and complex needs from Brighton and living at Kendal Court.

The *Havens Locality Link Worker* and *Sussex Community Development Association* also reported that Kendal Court residents were accessing community support services. Healthwatch then received further information on the number and nature of TA placements in the Havens area from *Brighton & Hove City Council* as context for our Listening Tour in June.

Case study

On 18th April 2018, a Healthwatch employee interviewed Julie (not her real name), a resident of Kendal Court, Newhaven. Julie is a white woman aged around 40 from Brighton who had lived at Kendal Court for six months. She was placed at Kendal Court through a housing association after being attacked at knifepoint in her previous accommodation. Julie has a scar on her face from the attack.

Prior to living at Kendal Court, Julie had been a heroin user for seven years but is no longer a user. Julie is a smoker and has several health problems including Chronic Obstructive Pulmonary Disease (COPD) and asthma. Julie was also street homeless in Brighton for seven years.

Julie is registered with a GP at the Chapel Street surgery in Newhaven. She rates the GP service highly, despite reporting that it was sometimes difficult to make an appointment.

Julie has got to know several other residents at Kendal Court and talked about high levels of 'mental instability'. There have been numerous complaints from neighbours about the erratic behaviour of residents. Julie said it was mainly single people housed at Kendal Court, which includes a women's block and a few young children.

Although Kendal Court is made up of self-contained accommodation, Julie described the environment as being 'like a hostel'. Most residents Julie has met have been placed there by Brighton & Hove City Council but there a few residents from other places as well.

Julie has not been offered a full tenancy because, she believes, she first needs to show that she is stable enough to manage a tenancy. She described her housing situation as being 'on probation'. Julie's final comment was 'the rooms at Kendal Court are small but it's better than being street homeless!'.

Press Coverage

The local media responded positively to our press release and featured BBC and local radio bulletins throughout the day. The focus for the interviews on air was the links Healthwatch had made relating to Public Health information in the area and how the general public can be involved to share their views (*See Appendix Two*).

How did people get involved during the Tour?

There were lots of ways for Havens' residents, community leaders or professionals to get involved in the Listening Tour. Healthwatch staff and volunteers spent time at local events every day and some evenings from **Monday 11th to Sunday 24th June 2018**. There were also opportunities to participate through our website, social media, postal survey or by telephone.

Events attended included:

- 'Hear to Listen' sessions in the local Library and Peacehaven Town Council Café.
- **Information stands** at various community events including 'Fish Fest' Local Football tournament, Car Boot Fair and The Big Park.
- Visiting community groups and social events including: Newhaven Social Club, Tea Dance, toddler groups and 'walking football' sessions.
- Age Concern Over 50's Club in Newhaven
- Newhaven Social Club
- Memory Moments Dementia Club - Peacehaven
- Newhaven Foyer*
- Talking to patients attending GP practices in Newhaven
- Local church drop-in coffee morning
- Local bus stops talking to commuters

**The Foyer is a temporary residential facility for young adults 16-25yrs old who would otherwise be homeless. They can stay for up to 2yrs depending on certain conditions and their individual circumstances.*

During these sessions' residents were invited to share their feedback on local services using our **Feedback Wall**, complete our paper survey, use the QR code to go directly to the online version of our survey or be willing to submit their story as a case study.

The insight captured in this report is unique as most people completing the survey or sharing their stories are doing so for the first time. Whilst the responses can be interpreted as not high volume, the added value and insight generated by this unique feedback adds richness to what already exists and represents a wider cross section of the community when viewed as a whole.

Working with Partner Organisations

To maximise engagement opportunities, Healthwatch East Sussex invites partner organisations to join its community Listening Tour programme. Organisations can follow their own key lines of enquiry if they wish, but also ask that they share any relevant information with us to enable us to build a better understanding of local people's views and experiences.

Joining our community observation walks in Peacehaven and Newhaven in April:

- High Weald Lewes Havens Clinical Commissioning staff
- Peacehaven Town Councillor
- Local citizens
- Public Health second year degree students
- Healthwatch volunteers
- East Sussex County Council
- Havens Locality Link Worker
- Local Church member
- Sussex Community Development Association (SCDA)

Joining the listening tour in June:

- **East Sussex County Council (ESCC)**, Adult Social Care (ASC), Safeguarding Adults Development team. Healthwatch has very good links with the Safeguarding team and is always keen to promote awareness of safeguarding in the community. There was one area of concern raised during the tour involving people living on the margins of society accessing local employment and employment conditions.
- **High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG)** Project Manager and Engagement Officer capturing feedback around GP services in Newhaven Town centre and talking to local residents about local Frailty Services.
- **Friends Against SCAMS** team joined *Hear to Listen* sessions in Newhaven Library, raising awareness in the community and also talking to library staff. <https://www.friendsagainstscams.org.uk/contact.php>
- **Free Health Checks** the NHS Health Check programme aims to prevent heart disease, stroke, diabetes and kidney disease. People aged 40 to 74 without one of these conditions are invited to a health check once every five years. <https://www.eastsussex.gov.uk/socialcare/healthadvice/healthchecks/>

- **Citizens Advice Bureau (CAB)** colleagues highlighted the following concerns on behalf of citizens they see:
 - Concerns over some people's experiences of applying for PIP benefit requiring supporting evidence from GP's. Some GP's good, some reluctant to complete, some not doing it all, some charging high fees that are not always appropriate.
 - Some views from CAB staff include a belief that Practice Managers need to have a better understanding of how inconsistencies within individual practices and the GP's role in providing supporting evidence, impacts on patient's wider wellbeing.

Recommendation: Healthwatch to write to individual Practice Managers in the Havens asking them how they and their staff are supported to understand how practices charging for debt counselling impacts on individuals' wellbeing.

- **Integration Access and Advice Referral Agency**
Issues raised to Healthwatch involving GPs charging patients that are receiving Debt counselling to provide evidence letters when they experience mental ill health or anxiety brought upon by their circumstances. These evidence letters enable clients to negotiate more timely interventions with their creditors. However, it is very unhelpful for clients to be charged high fees for these letters when they are already experiencing hardship.
<http://beta.charitycommission.gov.uk/charity-details/?regid=1119775&subid=0>

Recommendation: Healthwatch will ask NHS England to provide guidelines on GPs charging patients for evidencing their need for debt counselling.

- **Newhaven and Peacehaven Police Community Support Officers** - providing local knowledge and joining conversations with those in the community who are at risk of social isolation and loneliness.
- **Peacehaven Town Council** - supported five listening sessions in the community café for Healthwatch to talk to local people, displayed information and posters about Healthwatch activity and enabled staff and volunteers to join many of the community sessions offered at the venue.
One such activity included:
- **Memory Moments Dementia Club - Peacehaven**
Very well attended group by individuals and those with family carers. Many of those attending had come by CTLA provided community transport and emphasised that, without it, they would not be able to attend. Several of those attending were from as far as Seaford.

- **Newhaven Foyer - Newhaven**

The Foyer is a temporary residential facility for young adults 16-25yrs old who would otherwise be homeless. They can stay for up to two years depending on certain conditions and their individual circumstances.

We held an engagement activity in the common room. After a brief introduction, young people were invited to complete a survey and share their views. The main concerns shared involved seeking clarity on what services are going to be available at the Polyclinic for young people experiencing episodes of being mentally unwell?

<https://www.homeless.org.uk/homeless-england/service/salvation-army-newhaven-foyer>

- **Newhaven Library 'Hear to Listen' sessions** offered opportunities for people to find out about Healthwatch, talk to someone about their experiences and to access signposting information to help solve individual queries or questions. Supported by our volunteers, staff and partners they enabled Healthwatch to have a visible presence in the community.

Observations from a volunteer in Newhaven Library: *"Part of the Library appears to be used as an informal 'Day Centre' where individuals not accessing books or PCs are using the space to meet up regularly, chat, know each other by name etc. (social gathering). Would be interesting for Councillors to observe as they consider the future of local Libraries".*

Recommendation: Local councillors (Town, District and County) take the opportunity to witness how local residents address and build community resilience through activity in Havens libraries

Working with informal networks

Healthwatch relies on both formal and informal networks to fulfil its' engagement remit and requirement to help address health and social inequalities experienced by local people. Often hard to reach communities are best accessed through those already embedded in their community who have knowledge of and trusted relationships with people invisible to services.

We spent some time with a local church member with good knowledge and relationships with a small community of residents in Newhaven living in temporary shelters on Denton Island such as caravans/campervans and occasionally barges.

An informal walk around this area did not present opportunities for Healthwatch to speak directly with any of these residents however, as we moved on to a coffee morning in the town, several residents had already made their way over.

Earlier conversations in the town with community groups and residents implied that the town did not have a homeless/rough sleeping community. However, some individuals knew of two individuals frequently in the town after dark. Others, when speaking about people living on the margins of society, described a small community of 'invisible' homeless people, invisible because they have access to shelter and are not sleeping in doorways as people often associate homeless people and those sleeping rough with.

A key concern for Healthwatch was to understand how this small vulnerable community were accessing health and care services, and if so, what were their experiences? It was evident from viewing at a distance that these temporary shelters provided a 'shelter' but to what degree they supported healthy living, we were unable to ascertain.

Healthwatch was told of a resident frequenting an old barge on the river who require urgent acute medical intervention at the Royal Sussex County Hospital in Brighton. Following a short stay, he was discharged back to the 'barge' whereby he became acutely unwell again within 48 hours and was readmitted. We did not have the opportunity to speak directly with this individual. (No other evidence was shared with Healthwatch to corroborate this).

At the coffee morning there were several residents from the temporary shelters, some reluctant to engage. However, one individual was willing to share their experiences.

Jack (not his real name) described a chaotic at times lifestyle, he was a proud person and determined to move on from his current lifestyle. He felt, as he had been moved on from so many other places along the coast, that this was the 'last' location that he stood any chance of being able to improve his own circumstances.

Jack lived in a state of daily anxiety that the authorities would move him on. He spoke openly about frequent spells of ill health but only accessing health care when he viewed it to be life threatening. He felt unable to access regular health checks because of the stigma ‘people like us’ have to endure. He also had poor oral health and openly admitted to not accessing any dental treatment since he was a child.

Jack’s life was also impacted by a history of alcohol and substance misuse, which led to criminal activity, but this was very much in the past and he had a plan that was going to move him into paid employment (he was very entrepreneurial) and settled accommodation. He had also attended learning courses in the past to improve his skills.

Jack spoke of a ‘camaraderie’ approach with the people residing on Denton Island, there was also an open display of concern for one female resident. He spoke to her because of her age and vulnerability, about how there was ‘lots’ of support going in there, that they all keep an eye on her.

Healthwatch would need to engage more fully with statutory, formal and informal networks that support vulnerable members of the community to formulate a recommendation, but we recognise the value of amplifying the views and stories we heard, as an insightful starting point for that engagement activity.

Key statistics

Healthwatch East Sussex utilised a short survey and *feedback walls* (see below) to collect feedback during the listening tour. A total of over **400** responses were obtained, including **119** completed surveys and over **300** feedback wall comments.

The survey incorporated questions about how often people used services, which services they used recently and if people they support or cared for used services and their overall experiences.

The survey was made available online, via the Healthwatch East Sussex website, could be completed using paper versions or on tablet devices while Healthwatch staff and volunteers were out in the community.

A total of **119** surveys were completed during the timeframe of the tour. Of these **88** responses specifically gave registered GP practices in the Havens area.

Where people indicated that they were registered at a GP practice outside of the Havens area, it is considered that these people were visiting the area and for the purposes of analysis their feedback was analysed separately.

The analysis for this report will focus on the responses of those who stated that they used services within the Havens area, as per their registered GP practice.

	Online (web)	Online (Smart device)	Paper	Face to Face (tablet)
Havens responses	17	20	47	4
All responses	27	24	59	9

- Over **20** face to face engagement sessions delivered
- Two detailed Case Studies collected

Healthwatch East Sussex 'Feedback Wall'

Feedback Walls were available for people to complete at Healthwatch stands during the tour or for staff, volunteers and partners to capture comments from passers-by. This generated lots of feedback that may otherwise been missed.

This new method of collecting feedback in an informal way was found to be successful as many people were happy to provide feedback outside of the traditional methods of collection, such as the survey, providing a further opportunity for people to leave comments about their services.

This information when analysed is collated onto the Healthwatch East Sussex Enquiry and Contact Database and will go forward to inform our regular reporting in the future. Over **300 comments** were collected from the Feedback Wall during the listening tour.

A selection of feedback illustrating the most frequent comments include:

- Communication between hospital and GP's not good, sometimes a complete lack of communication or it is delayed. Sometimes GP's are told something different to what the patient had been told.
- People don't feel listened to - as if GP staff judge what they think the patient wants to say, not what they actually say. And therefore, it's a waste of time or they have to repeat themselves.
- People often passed from hospital to hospital with little communication!
- Delays in appointments just makes issues get worse.
- People are using pharmacy in the High Street more due to lack of GP appointments
- Quayside generally good feedback about doctors, once you have an appointment!
- Receptionists say different things, lack of consistency.

'Not happy with receptionist, say different things, hard to get an appointment'

Detailed Responses to our survey questions

Healthwatch is interested in when and how often people access health and social care services. Responses to our survey showed that **81%** (71) people said that they had accessed services in the last 6 months. **42%** (37) of respondents also said that a person that they cared for or supported had also used services recently.

The following charts highlight the frequency of those who access services as individuals and those who access services as part of the care or support they provide to someone else.

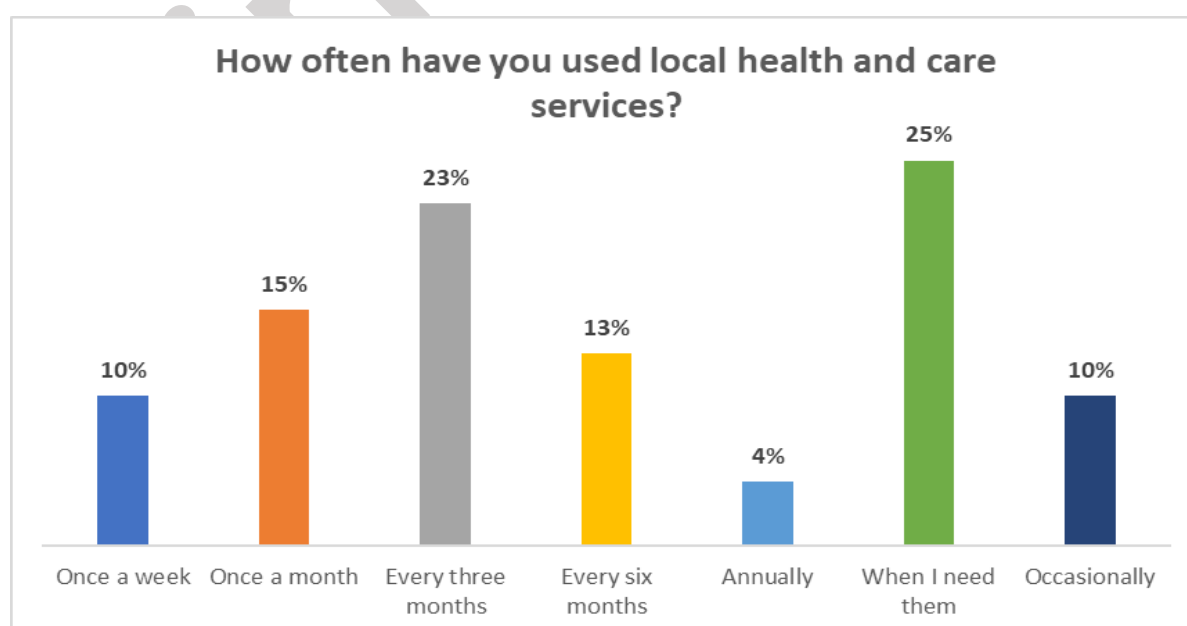


Chart 1: Use of local health and care services (individual)

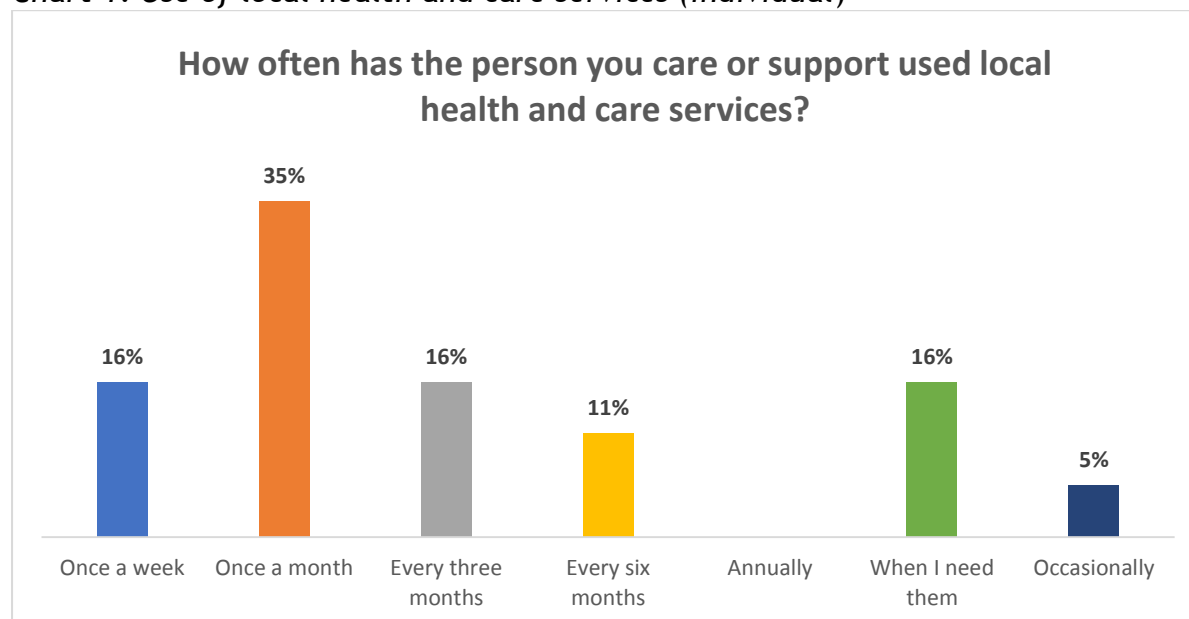


Chart 2: Use of local health and care services (cared for /supported)

Overall a person who is supported or cared for by another is a more regular user of local services than an individual. A quarter of those who responded individually said that they only used services when they needed them.

Healthwatch East Sussex was also interested to learn which types of services people used and people were asked to let us know which ones that had used in the same 6-month time frame. Respondents could tick more than one service, so the percentages here reflect the number of responses each service received overall.

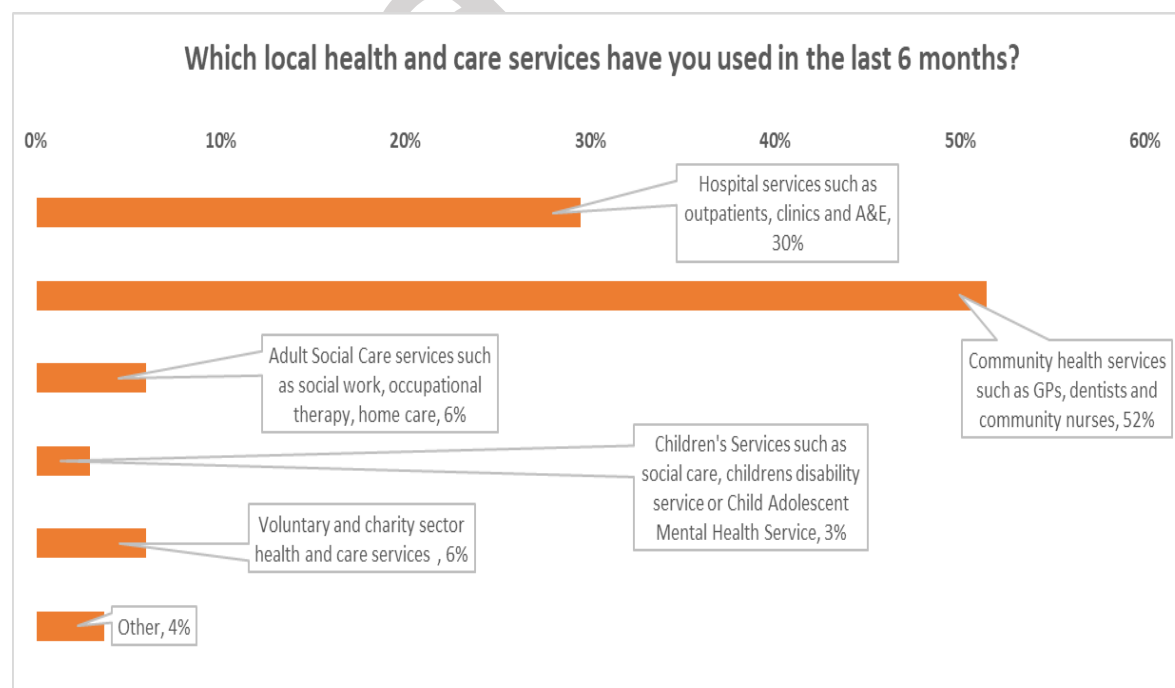


Chart 3: Services used as an individual

Community services featured in over 50% of the responses used by individuals in the last 6 months with hospital-based services also featuring prominently. Where voluntary and charity sector organisations were mentioned, Community Transport for the Lewes Area (CTLA) featured in several comments.

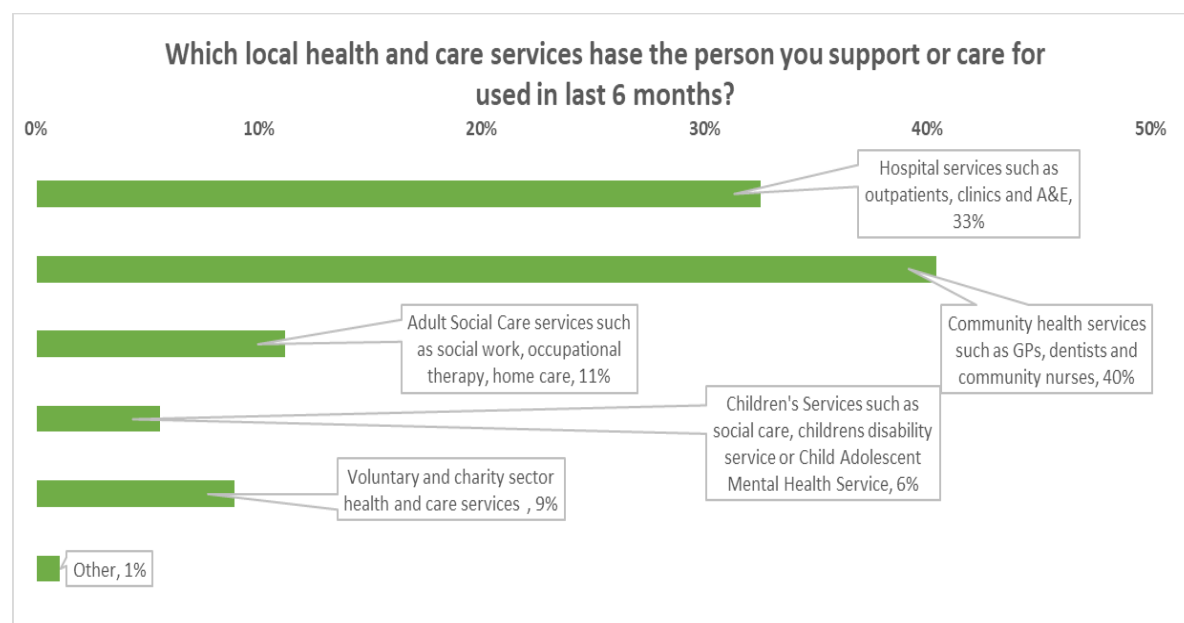


Chart 4: Services used - supported / cared for

As with the responses shown in chart 3, community health services and hospital services featured prominently, with a higher proportion of responses also stating that they used Adult Social Care services as well.

Information

The following information reflects the answers given via our surveys, whether these were completed online, as a paper return of face to face with a member of the Healthwatch East Sussex team.

57% (39) agreed that accessing the right information and advice about services as an individual was easy, with a further **19%** (13) saying that this was not so. Where people were responding about access to information on behalf of the person, they care for **49%** (17) responded that they found it easy.

Some issues with support for children, including mental health support and follow up with allergy advice were given as some reasons for dissatisfaction in this area.

Access and Choice

Some questions asked about people's views on their perception of choice and access to services. People who responded as individuals were mainly positive about their access to the right care and support, with **56%** (39) people agreeing with this. However, choice about services was less positively perceived, with **29%** (22) people agreeing, while **38%** (26) neither agreeing nor disagreeing.

Where dissatisfaction was shown issues included awareness of new housing being built locally, placing further strain on local services. Lack of appointments also featured.

Where people responded about the person that they look after or support, we asked about their involvement in the planning and discussions for the services their cared for person. **38%** (13) people felt involved in the discussions about services with a further **27%** (9) people saying that their needs as a carer/supporter were considered in planning services.

Some observations referred to the importance of wider family support in cases where capacity may be an issue for some and chasing information on behalf of someone else.

Feeling Listened to

In the past Healthwatch has found that people find that they need to repeat their story, if they use different services and sometimes even if they use a single service - for example GP support. We were keen to see how residents felt about this and asked some questions as both individuals and on behalf of a person who was supported.

People who responded as an individual were split evenly between those that agreed and disagreed with the question, with **36%** (25) people agreeing and **34%** (23) disagreeing. Where reasons for disagreeing were given, not seeing the same GP featured the most, with examples of ongoing conditions needing reminding despite medical records being available. These sentiments were also reflected from responses and the comments from the *feedback wall*, with frustration from patients having to repeat their medical history, often citing the use of Locum Doctors as the main reason.

The sentiments recorded for responses made about a person being supported or cared for echoed those as individuals, with **27%** (9) people agreeing that they didn't have to tell their story more than once and **27%** (9) disagreeing. Reasons given also were the same as previously, with continuity of contact given as the main reason.

Satisfaction

As a final snapshot, people were asked how satisfied they were with their services overall.

Satisfaction was largely positive, with **46%** (30) people responding as an individual and **42%** (14) as a carer/supporter of someone being positive. When asked what worked well positive staff attitudes and support featured prominently and many examples were given of good experiences of interactions with GP's, nurses and wider staff groups. Some comments about how stretched staff appeared were also

made at the same time, but these served to highlight further the dedication people felt of those providing some services.

Around a quarter of respondents, as both individuals and carers/supporters did express some satisfaction.

Common themes emerging were found when asking people what changes they would like to see featured were more appointment availability and systems of access such as advanced telephone booking and online, more time to listen to issues at appointments, more funding to be made available and more joined up working.

Mental Health also featured as an area for more support to be made available, such as initial assessment/diagnosis. Some comments also recognised potential issues with extra housing being built, with no apparent infrastructure being put into place to support this growth, for example more GP services.

Direct Feedback - conclusions

To conclude; there is a balance of both positive and not so positive comments on the impact patients and carers experience when trying to book an appointment. It is not acceptable any longer for those who plan and pay for services to attribute the main cause as a workforce issue, relating to the national shortage of GPs.

There are clearly improvements that can be made to improve the experience within the existing workforce and Healthwatch would want to work with the CCG and Patient groups to agree what these improvements should be.

Another key area of concern people spoke about was access to Mental Health services. This featured in our paper surveys and through face to face discussions with local people. People spoke about untimely interventions, long waiting times to access services and gaps in support when you do not meet the criteria for high end support or lower level interventions, leaving some people 'waiting to go into crisis' before they can access help and support.

Summary of key themes

Overwhelmingly, we heard throughout the tour the difficulties people experienced in accessing appointments in primary care and for hospital referral appointments. ***'It's not always people that are hard to reach...services are too'***

We also heard lots of **praise and support** for the local services people used at Lewes Victoria Community Hospital and Newhaven Polyclinic and for initiatives such as the Prescription Ordering Direct scheme (POD) for reordering prescriptions is fabulous - one delighted resident added...

'really works for me'

To find out more about the POD click here:

<https://www.highwealdleweshavensccg.nhs.uk/your-health/prescription-ordering-direct>

Linked to people's feedback on accessing GP appointments were lots of concerns voiced around the proposed new housing development and the impact that will have on what they perceive to be already stretched GP lists.

A number of young people spoke about their frustrations accessing mental health services and were unhappy with the proposal to stop some of those services that are currently provided at the Newhaven Polyclinic.

Feedback on adult mental health services was highlighted as another key area of concern. People spoke about untimely interventions, long waiting times to access services and gaps in support when you do not meet the criteria for high end support or lower level interventions, leaving some people 'waiting to go into crisis' before they can access help and support.

Informal networks of people offering outreach to homeless people and rough sleepers described a concept of homeless people being 'invisible' to some statutory agencies, especially in Newhaven. Other vulnerable groups identified included potentially large numbers of elderly people (not exclusively) in Peacehaven that are socially isolated. HWES is following up this enquiry with specific activity in Newhaven and Peacehaven during the summer to understand the extent of the issue.

We also heard about really good events that had been hosted previously in Peacehaven to support and encourage men to attend prostate screening and well-man checks however, these are no longer happening, and community members would like to see these events reinstated.

To conclude

There are enormous benefits to be gained from getting closer to local communities, spending more time speaking with and listening to what local people have to say about local health and care services. During the Havens Listening Tour, we were also struck by how important the social determinants of health are to local people, such as local housing issues.

This listening tour enabled Healthwatch to capture rich insight from people in the Havens area and by using our influencing platforms, we hope to change some of those people's experiences of health and care services for the better.

Whilst the comments and completed returns achieved during this activity were not a large sample size, the insight we gained is unique and without this activity, local people would not have otherwise shared their views so openly.

However, the views represented in this report are only a snapshot, or perhaps a short video, over a limited two-week period. Over this fortnight in June 2018, the overwhelming concern shared by people in the Havens was around their access to GP services and the impact of plans to build more houses on already stretched primary care services.

Not all the changes that are required to improve access to primary care are attributed to the national shortages of GPs. Practice staff, together with patients, policy makers and commissioners can start to address some of the issues this report has identified.

Recommendation: The CCG and local GPs to consider what improvements can be made to the appointments systems in local practices and communicate with residents on how they will cope with increased demand from new housing developments.

Recommendation: Healthwatch Information & Signposting service to liaise with the CCG on improving access to information available in GP practices and the local community on promoting NHS Dentist in Newhaven

Recommendation: The CCG and Public Health, East Sussex to review well-man checks and prostate screening events and to follow up former men's health and prostate cancer activities hosted at East Brighton Masonic Centre with a view to reinstating annual activity

There is also evidence that access to adult mental health services and Child and Adolescent Mental Health services (CAMHs) is not always meeting the needs of people when they become mentally unwell and that further activity needs to be explored that captures the views and experiences of people living on the margins of society.

Recommendation: Healthwatch to investigate the needs of adults and young people accessing mental health services in the Havens, including those living on the margins of society and to work with Sussex Partnership Foundation Trust on an action plan.

To ensure all the views, experiences and recommendations are responded to, Healthwatch will present this report to the East Sussex Health and Wellbeing Board and County Health and Care Overview Scrutiny Committee to monitor how organisations are progressing the recommendations made in this report.

Recommendation: East Sussex County Council (ESCC) Health and Care Overview Scrutiny Committee and Health & Wellbeing Board to discuss this report and monitor progress on the recommendations.

Healthwatch will also work with High Weald Lewes & Havens (HWLH) Clinical Commissioning Group (CCG) to review our findings and feedback in this report.

Recommendation: High Weald Lewes & Havens CCG to review findings and feedback in this report through a working group with Healthwatch and local residents.

A further event will be planned in June 2019 to report back to the local community on progress made on concerns they raised, one year on.

Appendix One

Summary of Feedback by GP practice

The information below is from patients completing our survey who named their GP

Chapel Street, Newhaven - (Context 6,165 patient population)¹

A total of 27 respondents named Chapel Street practice as their registered practice.

- *I have always managed to see my GP when I have a medical problem.*
- *I rarely speak to the same person twice, although they seem to be able to access his file, they have no answers.*
- *His transfer to the nursing home went smoothly because they were well organised, but the hospital did not give them all his medication. Nor did they tell social services he'd been discharged or get an OT to look at him beforehand. It took us 3 weeks to get one to visit him at the home.*

Meridian Practice, Peacehaven - (Context 12,367 patient population)

A total of 48 respondents named the Meridian medical Centre as their registered practice. Some of the comment's patients made include:

- *Tried to get a GP appointment for daughter as very poorly, told I have to queue at 8.30 in the morning, I've got no car and a 5 week old baby!*
- *My GP knows me well and I can always get a planned appointment with them*
- *I can usually get my GP if I wait a week or two when using online booking. My GP is very good indeed and does try to help.*
- *Booking an appointment with the doctor takes a long time as lines are engaged for long periods and appointments are often not available*

Quayside Medical Practice, Newhaven - (Context 9,604 patient population)

A total of 54 respondents named Quayside Medical Practice as their registered practice.

- *it seems whatever we want/need locally is overridden by county*
- *Please provide a service that is accessible and supportive to the service user not one that is designed to make life easy for staff members, also staff that are competent to do the job and able to follow basic rules e.g. Writing full and proper notes in a timely manner would enable other staff to follow up on enquiries from family members.*
- *Patient has bene let down repeatedly by the community mental health services*

¹ <http://www.eastsussexjsna.org.uk/menuoflocaldata/NHSprofiles/HWLHCCG>

- *GP surgery know who we are when we phone them, do have different Drs though. All have read our notes before they see us.*
- *Locum problem - have to explain issue all over again Make people feel more important/respected.*

Rowe Avenue, Peacehaven - (Context 6,714 patient population)

A total of 47 patients named Rowe Avenue practice as their registered practice.

- *Lack of funding is shutting down choices and options, the centralised Gov't is increasingly tying peoples hand and taking away their voices. They, the gov't, say one thing and really mean something else*
- *When you manage to get an appointment, the GP's are good*
- *Easier appointment system More Doctors Seems as if Peacehaven is too big for the services in the area*

(Not listed in the JSNA Data at time of reporting)

Anchor Healthcare Centre, Peacehaven (No context available)

A total of 69 patients named Anchor Healthcare Centre as their registered practice.

A selection of feedback lifted includes:

- *The NHS is disjointed*
- *I've been told no funding, no central point for information*
- *Top GP but not enough of them*
- *Every time we have a new organisation or person involved it is as if there are no files or case notes or they haven't read them*
- *CAMHS need to get their act together and their needs to be a multi-agency approach when dealing with a child with mental health issues*
- *Using the memory moments cafe Happy with the carers who provided care to my husband CTLA transport really good, without them would not get out Meals on wheels works well*

More generic comments included lack of clarity on the future of the services available at this practice and expressed concerns over the number of GPs no longer supporting the town.

Appendix Two

(Havens Listening Tour launch press release)

Local Health and Care Watchdog coming to the Havens

Healthwatch East Sussex is launching a health and social care *Listening Tour* for Peacehaven and Newhaven on Monday 11th June. For two weeks, Healthwatch staff and volunteers are running an exciting programme of activity to talk to local people about their views and experiences of health and social care services.

According to Public Health statistics, the Havens have some of the worst health and care problems in East Sussex. Accident and emergency admissions, self-harm and mental health problems in young people are among the highest in the county. The number of residents taking up health checks locally is among the lowest.

In addition, the Havens have the highest percentage of unpaid carers providing over 20 hours care a week in East Sussex. There is a high rate of learning-disabled adults in settled accommodation and low levels of public satisfaction with making GP appointments.

Healthwatch is also interested in what helps local people maintain good health and stay well. Excess weight in 10-11 year olds is being recorded in 35% of cases and 21% of children in the Havens live-in low-income families.

There are lots of ways for Havens' residents, community leaders or professionals to get involved in the Listening Tour. Healthwatch staff and volunteers will be at local events every day from Monday 11th to Sunday 24th June. There are also opportunities to participate through our website, social media, postal survey or by telephone.

We are running a Havens health and wellbeing themed photograph competition on Instagram (#HavensLT) with a prize of a Kodak photo printer for the best photograph received.

There will also be six lucky winners of £25 Amazon vouchers from people who complete our health and care survey, and limited-edition *Havens Listening Tour* designer t shirts given away at local events.

After the Listening Tour, we will share what we learn with local residents and talk to local health and care services about how their services can be more responsive to local needs. *To feedback only takes a few minutes but the impact can last a lifetime*

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

Date: **4 December 2018**

By: **Becky Shaw, Chief Executive, East Sussex County Council**

Title: **East Sussex Health and Wellbeing Board Review**

Purpose: **To report on the outcomes of the Health and Wellbeing Board workshop held in November and the recommended changes to the role and membership of the Board.**

RECOMMENDATIONS

The Board is recommended to endorse the proposed changes to the Health and Wellbeing Board, its operation and terms of reference set out in paragraphs 2 and 4 below.

1. Background

1.1 The HWB has undertaken a review of how it works, as it has been in its current form since 2011 and also to enable it to consider the outcome of the Care Quality Commission (CQC) local system reviews that took place during 2017/18.

1.2 As part of the review, desktop research was carried on other authorities' HWBs. In the light of this work and discussions at the HWB, it was agreed that the future shape of the board should be underpinned by the following principles:

- The Health and Wellbeing Board should provide whole system leadership for the health and wellbeing of the people of East Sussex and the development of sustainable and integrated of health and care services.
- East Sussex is the appropriate geographical building block for priority setting for the health and social care system. Given the variation across the county and the multiplicity of organisations, a smaller geographical focus may well be appropriate for specific work, but the county is the primary planning unit.
- a robust and up-to-date evidence base will be used to agree priorities and devise plans
- there will be strong and effective engagement and communications between residents, communities, commissioners and providers.
- there will be a compelling shared vision for health and social care in East Sussex that clearly explains our joint purpose to residents, communities and staff/volunteers in all organisations.
- plans and accountability for delivery must be clear and robustly exercised.
- the partnerships and bodies involved in the local system must be coherent, well-articulated and connected by strong infrastructure.
- The HWB needs to work effectively both in and outside meetings. The meetings should be timed so that they can deal with relevant issues and all members need to contribute to ensure meetings are effective and relevant.
- The core test must be "does this feel right for East Sussex?"

1.3 A workshop was held on 12 October to develop the changes needed to turn these principles into practice, informed by the outcomes of a questionnaire completed by HWB members over the summer. The workshop addressed two main questions:

- 1) What would Board members say would make the HWB successful in the current landscape?
- 2) What does that mean in practical terms?

1.4 The workshop was attended by 19 HWB members and observers or their representatives. The following main themes were identified from the discussions.

1.5 A successful HWB would:

- Improve outcomes for East Sussex
- Take a leadership role for the whole health and wellbeing system in East Sussex
- Identify and address cross-cutting 'wicked' issues.
- Ensure new HWB members are conversant with the themes and language of health and social care.

1.6 Practically that would mean:

- An enhanced role for NHS providers.
- Ensuring any new member understands the requirements of being a HWB member through an induction that would cover the HWB responsibilities and current issues.
- Meeting structure would allow time for less formal discussion.
- An up-to-date Forward Plan is agreed by the HWB.

2. Proposals for the Future of the Health and Wellbeing Board

2.1 Set out below are the proposals for membership; meeting structure; governance; and strategy arising from the review and workshop.

Membership

2.2 It is proposed that full membership of the Board is extended to include the major current health providers who deliver services in East Sussex. Brighton and Sussex University Hospitals NHS Trust (BSUH) and Maidstone and Tunbridge Wells (MTW) NHS Trust will be invited to be Observers with speaking rights. The Health and Wellbeing Board is recommended to ask the County Council to agree the following membership of the Board:

2.3 *Voting members*

- 4 Members of the County Council* (appointed by the Leader of the Council) (to avoid conflict of interest this must be different from the Health and Overview Scrutiny Committee Members)
- East Sussex County Council Director of Public Health*
- East Sussex County Council Director of Adult Social Care and Health*
- East Sussex County Council Director of Children's Services*
- One representative from each of the three Clinical Commissioning Groups*
- One representative of Healthwatch* (to avoid conflict of interest Healthwatch East Sussex will not be a member of the Health Overview Scrutiny Committee or any other Scrutiny Committees)
- One representative of NHS England*
- Two representatives of the District and Borough Councils (rotated on an annual basis) (to avoid conflict of interest this must be different from the Health and Overview Scrutiny Committee Member)
- The Chief Executive of East Sussex Healthcare NHS Trust (ESHT)[†]
- The Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT)[†]
- The Chief Executive of Sussex Community NHS Foundation Trust (SCFT)[†]

*Statutory members (a minimum of one County Council elected member is a statutory requirement)

† Proposed new full members

2.4 *Observers*

- An elected Member from each of the three Borough and District Councils not having full membership (to avoid conflict of interest this must be different from the Health and Overview Scrutiny Committee Member)
- Chief Executive of East Sussex County Council

- Sussex Police and Crime Commissioner
- A representative of the East Sussex Voluntary and Community Sector
- The Chief Executive of Brighton and Sussex University Hospitals NHS Trust (BSUH)
- The Chief Executive of Maidstone and Tunbridge Wells NHS Trust (MTW)
- A representative from East Sussex Fire and Rescue Service

2.5 New HWB members will be provided with an induction to Health and Social Care and the role of the HWB.

Meeting structure

2.6 To allow meetings to be more focussed and to consider particular issues in greater depth it is suggested that:

- a work programme for the Board's four meetings each year is agreed annually in January and reviewed each meeting.
- meetings focus on agreeing the strategic plan and reporting on progress, in addition, considering those items the Board is required to approve by law.
- time is set aside during at least half the meetings for a workshop on an identified theme, put forward by the members of the Board and agreed by the Chair and Vice Chair.

HWB strategy

2.7 The current HWB Strategy runs from 2016-2019. It was formulated to support the work of the East Sussex Better Together and the Connecting 4 You programmes. Work will begin in the new-year to review the strategy to ensure that it represents a compelling vision for an integrated health and wellbeing system that reflects current whole population needs and priorities. This will help to provide a focus and strategic direction for members of the Board in relation to their health and wellbeing responsibilities. A new strategy will be agreed by the HWB by the end of 2019.

3. Relationship to other bodies

3.1 It is important that we have an effective and coherent infrastructure, so clarity of responsibilities with other bodies is important.

East Sussex Better Together Strategic Commissioning Board (ESBT SCB)

3.2 The ESBT SCB was set up as part of the governance arrangements for the test bed year of the ESBT Alliance 2017/18. The alliance arrangement allowed for the collaborative learning and evaluation to take place between the ESBT programme partners and other stakeholders. The work of the Board will be reviewed with the intention of incorporating this into the HWB's remit.

Sussex and East Surrey Transformation Partnership

3.4 The East Surrey and Sussex Sustainability and Transformation Partnership (STP) aims to improve the way the NHS and social care services across Sussex and East Surrey work together to sustain and improve health and care for patients. The STP is made up of organisations involved in the planning and provision of health and care services across the region. The HWB will work in partnership with the STP to improve outcomes for East Sussex residents and hold the STP accountable for delivery in East Sussex for its parts of the system.

Scrutiny Committees

3.5 Scrutiny Committees in the County Council and the Borough and District Councils carry out a range of in-depth scrutiny reviews. It is proposed that the option remains that the HWB can ask the Scrutiny Committees to review specific items which it feels would benefit from such work. Maintaining a clear distinction between the roles remains important.

East Sussex Strategic Partnership

3.6 The review has highlighted some questions about the potential for strengthened joint working between the East Sussex Strategic Partnership and the HWB so it is suggested that the chairs of the two partnerships have further discussions and bring back any proposals to a future meeting.

4. Governance

4.1 It will be necessary to revise the Terms of Reference to capture the proposed purpose, role and function of the HWB and also the role and function of the East Sussex Better Together (ESBT) Strategic Commissioning Board. The revised terms of reference can be found at Appendix 1.

5. Communications

5.1 The HWB is already webcast and meeting agendas and papers can be found on the Council website. There is also a Health and Wellbeing newsletter that is sent out quarterly to over 200 people from internal colleagues, public and voluntary sector organisations as well as interested members of the public. The newsletter contains a link to the HWB page on the Council website. HWB organisations can contribute to the quarterly newsletter.

6. Next steps

6.1 If the proposals above are endorsed, they will be discussed with the relevant NHS bodies prior to consideration by the County Council's relevant committees to approve the changes to the terms of reference and constitution. The timetable for implementing the changes would be as follows:

March 2019	Proposals to go to Governance Committee 5 March 2019 and Full Council 26 March 2019
February 2019	Begin Health and Wellbeing Board Strategy review
23 April 2019	Reviewed HWB meets for the first time to coincide with new financial year and monitoring arrangements.

BECKY SHAW
Chief Executive

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BACKGROUND DOCUMENTS None

East Sussex Health and Wellbeing Board - Terms of Reference

Constitution

The East Sussex Health and Wellbeing Board (the Board) includes representation from all bodies in East Sussex with major responsibilities for commissioning and providing health services, public health and social care.

Membership:

- 4 Members* of the County Council chosen by the Leader of the Council
- 2 Members* representing the five District and Borough Councils (rotated annually)
- East Sussex County Council Director of Public Health
- East Sussex County Council Director of Adult Social Care and Health
- East Sussex County Council Director of Children's Services
- Chief Executive of East Sussex Healthcare NHS Trust
- Chief Executive of Sussex Community NHS Foundation Trust
- Chief Executive of Sussex Partnership NHS Foundation Trust
- One representative from each of the three Clinical Commissioning Groups (CCG)
- One representative of NHS England Surrey and Sussex Area Team
- One representative of Healthwatch East Sussex (to avoid conflict of interest Healthwatch East Sussex will not be members of the Health and Overview Scrutiny Committee Member or any Council Scrutiny Committee)

** To avoid conflict of interest Members must be different from the Health and Overview Scrutiny Committee Member.*

The Board will be chaired by an elected Member of East Sussex County Council.

A Deputy Chair will be chosen from among the CCG group representatives.

The quorum for a Board meeting shall be half of the membership including at least one elected Member of the County Council and one representative of the CCGs.

In the event of equal votes the Chair will have the casting vote. All members of the Board will be entitled to vote.

Observers

In addition to the Members listed above, additional non-voting observers from relevant agencies will be invited attend to assist in achieving the Board's objectives. The invited observers with speaking rights are:

- One Member* from each of the three Borough and District Councils within East Sussex that are not voting representatives
- Chief Executive of East Sussex County Council
- One representative of the East Sussex Voluntary and Community Sector nominated by SpeakUp
- Chief Executive of Brighton and Sussex University Hospitals NHS Trust

- Chief Executive of Maidstone and Tunbridge Wells NHS Trust
- Sussex Police and Crime Commissioner
- Chief Fire Officer East Sussex Fire and Rescue Service

Principles of the Board

- To provide whole system leadership for the health and wellbeing of the people of East Sussex and the development of sustainable and integrated of health and care services.
- East Sussex is the appropriate geographical building block for priority setting for the health and social care system. Given the variation across the county and the multiplicity of organisations, smaller geographical focus may well be appropriate but the county is the primary planning unit.
- A robust and up to date evidence base will be used to agree priorities and devise plans
- There will be strong and effective engagement and communications between residents, communities, commissioners and providers.
- There will be a compelling shared vision for health and social care in East Sussex that clear explains our joint purpose to residents, communities and staff/volunteers in all organisations.
- Plans for delivery and accountability for them must be clear and robustly exercised
- The partnerships and bodies involved in the local system must be coherent, well-articulated and connected by strong infrastructure.
- The HWB needs to work effectively both in and outside meetings. The meetings' programme needs to be timed appropriately (as far as possible) for the issues and all have will need to contribute to ensure they are effective and relevant.
- The core test will be "does this feel right for East Sussex?"

Role and Function

- To provide strategic influence over commissioning and provision decisions across health, public health and social care.
- To strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning and provision decisions across health and social care and provide a forum for challenge, discussion, and the involvement of local people.
- To bring together the NHS, the council and others to develop a shared understanding of the health and wellbeing needs of the community.
- To drive local commissioning and delivery of health care, social care and public health and create a more effective and responsive local health and care system.
- Jointly undertake responsibilities for addressing population health need and for commissioning health and social care, through oversight of integrated investment plans Better Care Fund, Improved Better Care Fund and any other responsibilities delegated to the HWB.
- To have a relationship with the East Sussex Strategic Partnership to strengthen the engagement of wider range of stakeholders.

These functions will be delivered through the following activities:

Identify needs and priorities

1. Publish and refresh the East Sussex Joint Strategic Needs Assessment (JSNA), using a variety of tools, evidence and data including user experience, to ensure that the JSNA supports commissioning and policy decisions and identification of priorities.

Deliver and review the Health and Wellbeing Strategy

2. Review and update the Joint Health and Wellbeing Strategy regularly to ensure the identified priorities reflect the needs of East Sussex.
3. Ensure the council, CCGs and NHS providers contribute to the delivery of the Joint Health and Wellbeing Strategy and integrate its agreed objectives into their respective plans.
4. Set the strategic direction of investment patterns and review recommendations from the ESBT Alliance to meet the needs of the population, reflecting national policy where this is appropriate.
5. Review recommendations from Integrated System Executive.
6. Oversee the implementation of agreed plans.

Ensure achievement of outcomes

7. Communicate and engage with local people about how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing.
8. Have oversight of the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus and integration across the outcomes spanning healthcare, social care and public health.
9. As part of the NHS Commissioning Board annual appraisal of CCGs within the County, the Board will report its views on the CCGs contribution to the delivery of the Joint Health and Wellbeing Strategy.
10. Work in partnership with the STP to improve outcomes for East Sussex residents and hold the STP to account for delivery in East Sussex of its parts of the system.

Reporting

11. Propose recommendations regarding the work of the Health and Wellbeing Board to:
 - East Sussex County Council;
 - East Sussex CCGs; and
 - NHS provider Trusts
12. Direct issues to and receive reports from the appropriate ESCC Scrutiny Committees and the East Sussex Strategic Partnership.

Reviewed following HWB workshop 2018

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