

# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 13 DECEMBER 2022

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)  
Councillor Carl Maynard, East Sussex County Council  
Councillor John Ungar, East Sussex County Council  
Councillor Trevor Webb, East Sussex County Council  
Councillor Peter Diplock, Eastbourne Borough Council  
Councillor Mrs Pam Doodles, Wealden District Council  
Jessica Britton, NHS Sussex  
Vacancy, NHS Sussex  
Vacancy, NHS Sussex  
Mark Stainton, Director of Adult Social Care  
Darrell Gale, Director of Public Health  
Alison Jeffery, Director of Children's Services  
John Routledge, Healthwatch East Sussex  
Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Andy Batsford, Hastings Borough Council  
Councillor Emily O'Brien, Lewes District Council  
Councillor John Barnes MBE, Rother District Council  
Becky Shaw, Chief Executive, ESCC  
John Willett, Sussex Police and Crime Commissioner  
Mark Matthews, East Sussex Fire and Rescue Service  
Geraldine Des Moulins, Voluntary and Community Sector representative

## AGENDA

1. Minutes of meeting of Health and Wellbeing Board held on 29 September 2022 (*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 Children Partnership (ESSCP) Annual Report 2021/22 (*Pages 9 - 64*)  
Report by the Independent Chair.
6. East Sussex Joint Strategic Needs Assessment (JSNA) Update (*Pages 65 - 70*)  
Report by the Director of Public Health.
7. Draft Sussex Integrated Care Strategy (*Pages 71 - 116*)

Report by Executive Managing Director, East Sussex, NHS Sussex and Director of Adult Social Care.

8. Work programme (*Pages 117 - 118*)
9. Any other items previously notified under agenda item 4

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5 December 2022

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**NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: [www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm](http://www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm)**



15. URGENT ITEMS

15.1. There were no urgent items.

16. PHARMACEUTICAL NEEDS ASSESSMENT

16.1. The Board considered a report on the 2022 East Sussex Pharmaceutical Needs Assessment to the Health and Wellbeing Board for approval, and agreement for it to be published, as required by the NHS (Pharmaceutical and Pharmaceutical Services) 2013 Regulations.

16.2. The Board asked whether there was a risk that demand for pharmacies could increase as the role of pharmacists in diagnosing and treating patients increases, and at the same time that the number of high street pharmacies could reduce due to trends in high streets towards converting class E commercial properties to housing.

16.3. Darrell Gale, Director of Public Health (DPH), said that community pharmacies are both commercial businesses selling products but also have contracts with the NHS to dispense prescriptions and additional services, and commissioners would wish to continue seeing sufficient provision on the high street. The DPH said he was surprised the number of pharmacies had not contracted more than it did since 2017, but believed this due to the coordinated efforts of pharmacies from 2015 onwards to expand the range of services they provide in support of the wider healthcare system. Pharmacies are able to do this successfully because of their proximity to where people live and the very high level of trust in which they are regarded by the public. The news from the Prime Minister to increase the use of pharmacies is welcomed within this context.

16.4. Darrell Gale said it is unfortunate there is not a specific planning class for pharmacies and other health providers like optometrists. The PNA, however, demonstrates that the current provision of pharmacies is meeting the needs of the population and there is no need for further consolidation or expansion.

16.5. The Board asked whether the PNA reported that there was adequate end of life care commissioned in East Sussex.

16.6. Darrell Gale clarified that the PNA reported adequate end of life care provision from pharmacies (i.e. the supply of appropriate drugs).

16.7. The Board asked why some rural pharmacies are not open for the duration of their advertised opening times.

16.8. Darrell Gale explained that rural pharmacies sometimes have to close due to staffing issues or because the consulting room privacy requirements mean that the counter cannot be operated when someone is receiving an emergency consultation that requires more privacy than a booked consultation.

16.9. The Board asked whether the travel times reported to travel to rural pharmacies are based on projections, or the actual reported times of people travelling to them, which can be longer due to the impact of unadvertised closures.

16.10. Darrell Gale explained that the travel times have been calculated using Basemap's TRACC software to model the time taken by residents of East Sussex to access a pharmacy

service. They do not take into account the potential that the pharmacy may not be open on arrival and are based around the advertised open hours, as that is the level of data available to the Public Health Team.

16.11. The Board asked for more details of why pharmacies do not always meet the physical access needs of patients.

16.12. Darrell Gale said physical access needs often include the entire journey from their residence to the pharmacy and includes public transport and parking costs, and not just access within the pharmacy itself. He agreed it was disappointing that the Public Health Team had not heard back from all providers and did not have a more complete picture of the extent of disabled access in East Sussex pharmacies. He added that the protections afforded to some of the very old shopfronts in East Sussex meant that major access changes would not be possible for all pharmacies.

16.13. The Board RESOLVED to:

- 1) Approve the 2022 East Sussex Pharmaceutical Needs Assessment attached as Appendix 1 subject to the inclusion of the changes set out in the addendum;
- 2) Agree to the publication of the Pharmaceutical Needs Assessment; and
- 3) Agree to delegate authority to the Director of Public Health in consultation with the Chair of the Health and Wellbeing Board (HWB) to make any necessary minor modifications to the Pharmaceutical Needs Assessment prior to publication.

## 17. BETTER CARE FUND PLANS 2022/23

17.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2022/23 and to seek approval of the East Sussex BCF plans.

17.2. The Board RESOLVED to:

- 1) Note the requirements for 2022/23 Better Care Fund; and
- 2) Approve the East Sussex Better Care Fund Plans for 2022/23.

## 18. EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

18.1. The Board considered a report providing an update on the progress with system integration and related areas of collaboration.

18.2. The Board asked whether the Whole System Barometer Indicators could include a Red, Amber, Green (RAG) colour scheme to aid readability.

18.3. Mark Stainton, Director of Adult Social Care and Health, agreed to add a RAG rating to the dashboard of indicators in future.

18.4. The Board asked why these specific indicators were chosen, i.e., why there was not an indicator around hospital discharge included, and why the performance against the secondary care indicators were a lot lower than the target.

18.5. Mark Stainton said the purpose of the barometer indicators was to provide a snapshot feel for how the system is performing. All parts of the health and social care system are hugely challenged by staff recruitment and retention, increased demand, and the availability of home care and care home packages. The secondary care indicators are therefore representative of a whole system that is under pressures. This is because these pressures impact on the ability of the NHS to meet elective targets and the 4-hour A&E wait times. Performance indicators around discharge, of which there are a few, would appear on the next level down on the scale of detail.

Jessica Britton, Executive Managing Director, East at NHS Sussex, added the national targets for secondary care were significantly impacted by COVID-19 and there are recovery targets against each of the national standards. East Sussex Healthcare NHS Trust (ESHT) performs very well in relation to these parameters, albeit recognising that further work is needed to improve. Richard Milner, Chief of Staff at ESHT, further added this document is reporting the current health and care system's condition, rather than being a performance management document. There are a number of other forums where primary, secondary, community, and mental health care providers are held to account for their performance.

18.6. The Board asked whether the recruitment to positions and governance arrangements for NHS Sussex's East Sussex 'place' are complete and whether the two NHS Sussex vacancies on the HWB would be filled.

18.7. Jessica Britton said that it is anticipated that there will be greater clarity soon about the arrangements for the East Sussex Health and Care Partnership, including appointment to the two vacancies on the HWB. Jessica Britton offered to share with the Board a list of NHS Sussex roles that are focussed on East Sussex.

18.8. The Board RESOLVED to note the contents of the update, including:

- 1) the further proposed updates to the Health and Wellbeing Board (HWB) membership, and;
- 2) the draft Sussex Integrated Care Strategy will be brought to the December meeting of the Board for endorsement.

## 19. EAST SUSSEX SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2021-2022

19.1. The Board considered a report on the Safeguarding Adults Board (SAB) Annual Report as required in the Care Act.

19.2. The Board asked for confirmation the necessary IT support would be put in place to enable ESHT staff to have access to the webinar and flow chart resources on the referral process to ensure they had sufficient knowledge of the process of raising a concern to the Local Authority.

19.3. Lucy Spencer confirmed the issue was raised at the People Scrutiny Committee and the SAB sent off an update request to ESHT on where they are with the process and is awaiting a response. Mark Stainton confirmed the issue was around all staff having access to the e-learning and the Adult Social Care (ASC) Department had contacted the ESHT IT Team for an update that will be forwarded to the People Scrutiny Committee in due course.

19.4. The Board RESOLVED to note the report.

## 20. RESIDENTS AT KENDAL COURT, NEWHAVEN AND HOMELESS PEOPLE ACCOMMODATED BY BRIGHTON AND HOVE CITY COUNCIL IN TEMPORARY ACCOMMODATION IN EAST SUSSEX

20.1. The Board considered a report providing an update on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council.

20.2. The Board thanked the Council's leadership and officers for their work in resolving the issue and welcomed the outcome of the process.

20.3. The Board RESOLVED to note the latest information in respect of Brighton and Hove residents temporarily accommodated in East Sussex

21. WORK PROGRAMME

21.1. The Board considered its work programme.

21.2. The Board RESOLVED to:

- 1) agree its work programme;
- 2) request a future report at the March 2023 meeting on the Healthwatch Listening Tour of Eastbourne; and
- 3) request an email update on the activities undertaken locally to mitigate the cost-of-living challenges.

22. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

22.1. There were none.

The meeting ended at 4.00 pm.

Councillor Keith Glazier (Chair)

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

**Date of meeting:** 13 December 2022

**By:** Chris Robson, East Sussex Safeguarding Children Partnership Independent Chair

**Title:** East Sussex Safeguarding Children Partnership Annual Report 2021/22

**Purpose:** To advise Board Members of the multi-agency arrangements in place to safeguard children in East Sussex.

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## **RECOMMENDATIONS**

**The Board is recommended to receive and consider the East Sussex Safeguarding Children Partnership Annual Report for 2021-2022.**

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### **1. Background**

- 1.1 [Working Together to Safeguard Children](#) 2018 sets out the arrangements for cooperation between organisations and agencies to improve the wellbeing of children. This places a duty on police, clinical commissioning groups (*NHS Sussex as of July 2022*) and the local authority to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. The partnership arrangements are set out in section 4 (page 8) of the report.
- 1.2 In order to bring transparency for children, families and all practitioners about the activity undertaken by the Children's Safeguarding Partnership, Working Together 2018 sets out that the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including child safeguarding practice reviews, and how effective these arrangements have been in practice.
- 1.3 The 2021/22 ESSCP Annual Report focuses on partnership learning, impact, evidence and assurance.

### **2. Supporting information**

- 2.1 The ESSCP Annual Report 2021/22 outlines the work undertaken by the partnership, highlighting key learning and achievements in section 2 (page 6), which includes:
  - 8 multi-agency Rapid Reviews conducted and 4 completed Local Child Safeguarding Practice Reviews (LSCPR).
  - 869 multi-agency staff attended 61 virtual training courses. 98% of evaluations rated the course as Excellent or Good, which is a 2% increase on last year.
  - Three multi-agency audits held: non-accidental injuries in under 2s, step-up step-down from early help, and a regular case file audit.
  - New Independent Chair recruited and ESSCP Development Action Plan created.
  - Strengthened partnership focus on learning, impact and pan-Sussex working.

- Four additional safeguarding projects covering: harmful sexual behaviour in education settings, reducing parental conflict, elective home education (EHE) and a focus on Safeguarding under 1s.
- 2.2 The ESSCP Annual Report 2021/22 will be published on the ESSCP website, and a copy of the published report shared with the Child Safeguarding Practice Review Panel and the What Works Centre for Children’s Social Care as per chapter 3 of Working Together 2018.
- 2.3 The national review into the death of Arthur Labinjo-Hughes and Star Hobson was published in May 2022, after the period the ESSCP annual report focuses on. Arthur Labinjo-Hughes, 6, and Star Hobson, 16 months, were both murdered in 2020 as a result of sustained abuse and neglect by their caregivers. A summary of the learning from this review and the initial ESSCP response is provided below:
- 2.4 In analysing what happened to Arthur and Star and how their local public agencies responded, the review identified a set of issues which hindered professionals’ understanding of what was happening to Arthur and Star. These were:
- Weaknesses in information sharing and seeking within and between agencies.
  - A lack of robust critical thinking and challenge within and between agencies, compounded by a failure to trigger statutory multi-agency child protection processes at a number of key moments.
  - A lack of specialist child protection skills and expertise, especially in relation to complex risk assessment and decision making; engaging reluctant parents; understanding the daily life of children; and domestic abuse.
  - A lack of effective leadership and management which has a powerful enabling impact on child protection practice and creates and protects the optimum organisational context for undertaking this complex activity.
- 2.5 The national review identifies a number of key messages for *all* Safeguarding Partners:
- Robust multi-agency strategy discussions are always being held whenever it is suspected a child may be at risk of suffering significant harm.
  - Sufficient resources are in place from across all agencies to allow for the necessary multi-agency engagement in child protection processes e.g., strategy discussions, section 47 enquiries, Initial Child Protection Conferences.
  - There are robust information sharing arrangements and protocols in place across the Partnership.
  - Referrals are not deemed malicious without a full and thorough multi-agency assessment, including talking with the referrer, and agreement with the appropriate manager.
- 2.6 The ESSCP Independent Chair wrote to the safeguarding leads (police, NHS Sussex and the local authority) in July 2022 to seek assurances with regards to the learning outlined above. The response to this, along with a multi-agency deep dive audit / mock joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk, will be discussed at the ESSCP Steering Group in December. Therefore the 2022/23 ESSCP annual report will include this piece of work.

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

3.1 An effective Safeguarding Children Partnership is in place in East Sussex.

3.2 The Health and Wellbeing Board is requested to receive and consider the ESSCP Annual Report 2021/22 and to note the continuing partnership priorities for 2020-2023:

- Education Safeguarding
- Child Exploitation
- Embedding a Learning Culture
- Safeguarding under 5s

### **CHRIS ROBSON**

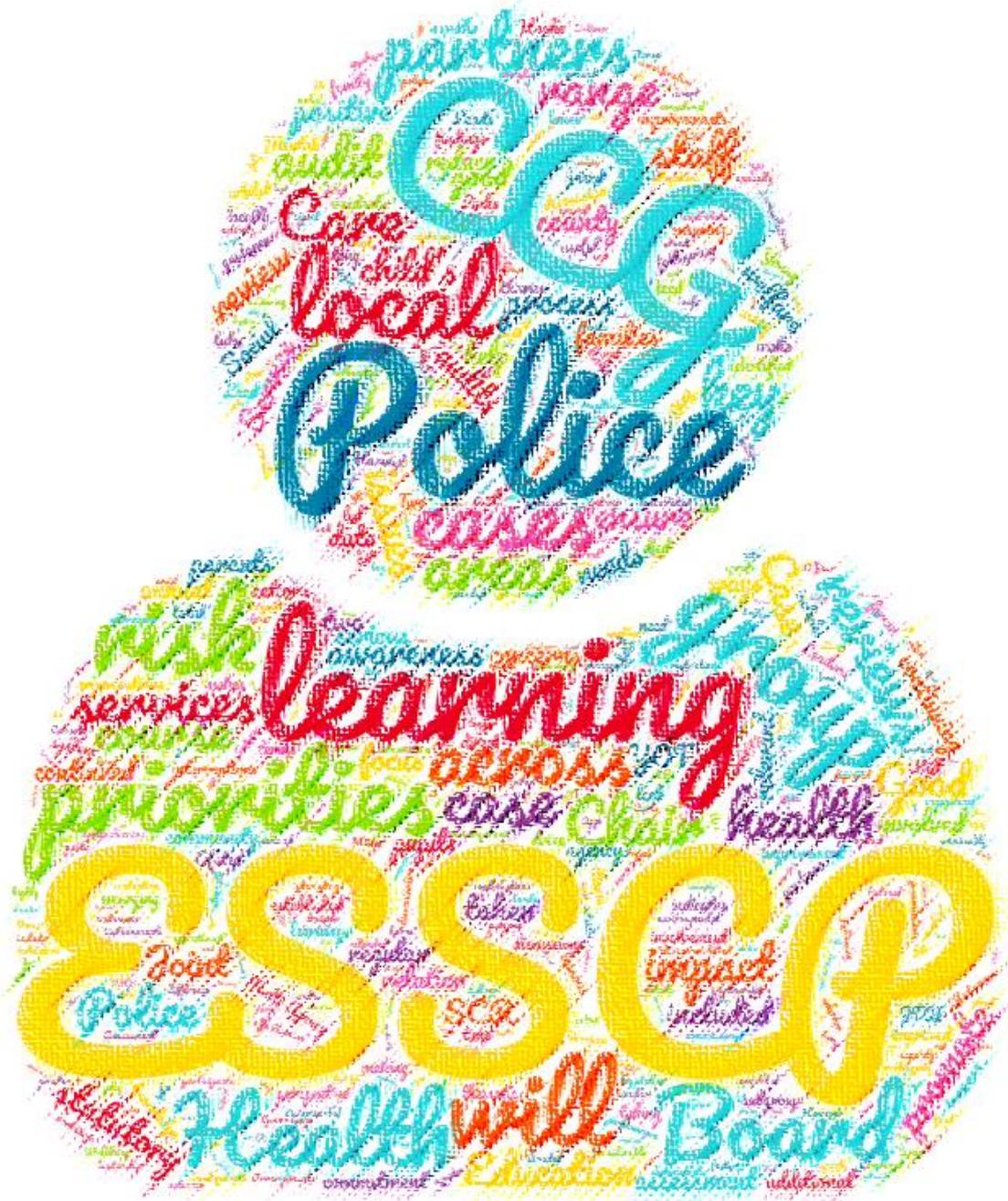
Independent Chair ESSCP

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# East Sussex Safeguarding Children Partnership

Annual Report 2021/22



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## Foreword

It is my privilege to present to you the third annual report of the East Sussex Safeguarding Children Partnership (ESSCP) for the period 2021/22, and my first as the Independent Chair.

I want to start by thanking all of the organisations, individuals and communities who have contributed towards safeguarding children and young people in East Sussex. Sometimes when we read these reports it can be easy to forget the one act of courage or kindness from a person that results in such a positive impact for a child and their family. Please be assured that as a Partnership we are grateful, and we recognise the important part everyone plays in ensuring our children are safe.

In East Sussex it is the statutory responsibility of the local authority, police, and health agencies to jointly oversee multi-agency arrangements to safeguard children in the county. As Independent Chair I assist this by providing independent challenge and scrutiny of those arrangements as well as helping to foment better multi-agency strategic working to protect vulnerable children and young people and ensure positive outcomes for them. I have been hugely impressed by the leaders of all three statutory agencies. They are committed, passionate and work tirelessly to achieve Partnership goals. Whilst it is not always possible to agree there is a clearly held aim to do all they can to safeguard children.

The Partnership has some real strengths that I would like to highlight. This is by no means an exhaustive list but it shows how commitment, professionalism, passion and excellent support can make a real difference. The leadership at all levels is excellent, this extends beyond the three lead partners with other individuals leading and actively participating to ensure we deliver in our priority areas. The wider non-statutory partners play an active part in all aspects of safeguarding providing challenge, support and leadership for a wide range of agencies. This contribution is essential to our success. The support given to the Partnership is exceptional. There are meetings, papers, administration and so many aspects of our work that rely on an exceptional team who support us, without them our effectiveness would be significantly diminished. I would describe ESSCP as a mature, effective, well-functioning Partnership that continues to strive for improvement.

An example of this commitment to continuous improvement can be seen when we look at the number of Rapid Reviews and Local Safeguarding Practice Reviews completed during the reporting period. These reviews arise from some of our most troubling cases where children die or are caused serious harm as a result of abuse. Where we believe we can learn we seek to do so, we are committed to continuous improvement and understand the benefit reviewing multi-agency practice can bring.

We are of course still dealing with a world that is recovering from a pandemic. This has brought challenges for us and the real impact on safeguarding continues to be assessed. Children's mental health, the impact of lockdown on children and families and the stark fact that some children remained hidden from the view of those who can safeguard them are all matters that the Partnership has considered and continue to deal with. Other challenges have developed not least the economic pressures we all face. What we have learned is that we need to engage with our communities and seek their help to safeguard our children.

This was a positive aspect of Covid-19 and as a Partnership we need to ensure we maintain the links we developed.

We continue to work hard to achieve in our four priority areas and the Partnership is updated on progress in each of them. You can read about these priorities in chapter four of the report. It is important to recognise that whilst these are key areas for us we continue to address all other areas of safeguarding. ESSCP is mature in its approach and will flex and respond to any other safeguarding threat.

The safeguarding arrangements for the diversity of children in East Sussex are complex. This report has a strong focus on what impact the partnership has had in priority areas and the evidence on which it bases its decisions in a way that, we hope, guides the reader through the complexity. I hope you find the report interesting and informative.



**Chris Robson**

**Independent Chair of the East Sussex Safeguarding Children Partnership**

# 1. Introduction

We are delighted to present this annual report on behalf of the three statutory partners of the East Sussex Safeguarding Children Partnership.

2021/2022 was the year in which we started to come out of the pandemic, with lock downs lifted. The context was nevertheless challenging. Workforce shortages tested all agencies with the most acute impact felt in the health visiting service, in which difficult decisions had to be taken about the targeting of resource, closely overseen by the Safeguarding Partners. Referrals to early help and social care increased and school attendance did not return to pre pandemic levels; numbers of children electively home educated increased.

Partners worked closely together, however, to ensure that children were safeguarded as well as possible. A number of important rapid and local practice reviews were undertaken, and readers of this report will see that a significant level of both learning and improvement activity took place, with measurable impact. Strengthening relationships between family members and with wider networks continues to be a major focus for the Partnership and there has been much successful practice innovation, for example in the work to support young people and families affected by exploitation and involved in the youth justice system.

We hope you find this year's report informative and reflective; many thanks to those who have put it together. Huge thanks as always are due to everyone in all agencies, statutory and voluntary, workers and volunteers, who work so hard to keep children and young people safe.



**Naomi Ellis**

**Director of Safeguarding & Clinical Standards, NHS Sussex**



**Alison Jeffery**

**Director of Children's Services, East Sussex County Council**



**Jon Hull**

**Detective Superintendent – Public Protection, Sussex Police**

## 2. Key Learning & Achievements 2021/22



### 3. Safeguarding Context 2021/22

#### Impact of multi-agency working

17,011 family contacts (to SPOA and other excluding MASH)  
19,383 information gatherings by Multi-agency Safeguarding Hub (MASH)  
4,169 referrals to statutory social care  
45 Privately Fostered children

#### Children supported by statutory services

536 children with a child protection plan  
628 Looked After Children  
46 unaccompanied asylum-seeking children  
5 young people at high risk of child exploitation  
542 sexual offences against children

106,575 children aged 0-17 years  
10,443 children claiming free school meals  
9,675 black and minority ethnic pupils

2129 children living with domestic violence (MARAC)  
371 vulnerable young carers  
1355 children educated at home

19 children with disabilities with a Child Protection Plan  
592 children attending A&E due to self-harm  
3653 referrals to child mental health services

#### Children with health related vulnerabilities

1404 missing episodes  
12 births to under-18 year olds  
100 young people entered the youth justice system  
11 occasions of young people held overnight in Police custody

#### Children with family related vulnerabilities

#### Children whose actions place them at risk

See **Appendix A** for more detailed information

## 4. Governance Arrangements

### 4.1 Overview of the Partnership

The East Sussex Safeguarding Children Partnership acts as a forum for the lead safeguarding partners ([Sussex Police](#), [East Sussex County Council](#), and the [Sussex Clinical Commissioning Group](#)) to:

- agree on ways to coordinate safeguarding services in (the geographical local authority borders of) East Sussex.
- act as a strategic leadership group in supporting and engaging other agencies across East Sussex; and
- implement local, regional, and national learning, including from serious child safeguarding incidents.

From the 1 July 2022 the Sussex Clinical Commissioning Group will cease to exist and the new lead safeguarding partner will be NHS Sussex.

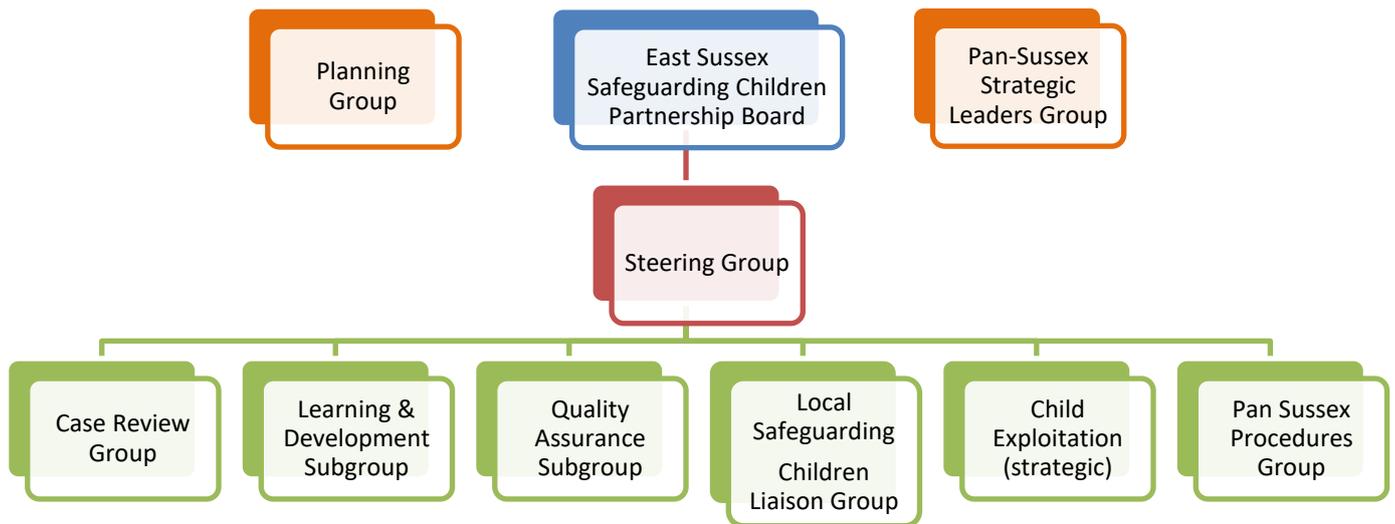
### 4.2 Partnership Structure and Subgroups

The Board is chaired by an Independent Chair, meets four times a year and is made up of the statutory safeguarding partners and relevant agencies (full list of board members is included in Appendix B). The Independent Chair also chairs the ESSCP Steering Group which meets four times a year. The Independent Chair fulfils the role of the Independent Scrutineer and acts as a constructive critical friend to promote reflection to drive continuous improvement.

The main Board is supported by a range of subgroups that lead on areas of ESSCP business and are crucial in ensuring that the Partnership's priorities are delivered. These groups ensure that the Partnership really makes a difference to local practice and to the outcomes for children and young people. Each subgroup has a clear remit and a transparent mechanism for reporting to the ESSCP, and each subgroup's terms of reference and membership are reviewed annually.

The three ESSCP safeguarding leads and the Independent Chair form the Planning Group, which also meets quarterly. The Planning Group discusses and agrees the short-term agenda for the work of the partnership and addresses any emerging safeguarding issues requiring strategic input. It also agrees the budget for the ESSCP (see Appendix C).

The Pan-Sussex Strategic Leaders Group membership consists of lead safeguarding partners across East Sussex, West Sussex, and Brighton & Hove. The group's purpose is to focus on setting the 'road map' for future partnership development and identify shared safeguarding priorities and opportunities across the three areas.



Terms of Reference for all the groups are in the process of being refreshed and will be shared on the ESSCP’s website here: [Subgroups - ESSCP](#)

### 4.3 Links to Other Partnerships

The Partnership has formal links with other East Sussex and Pan-Sussex strategic partnerships, namely the Health and Wellbeing Board; Pan Sussex Child Death Overview Panel (CDOP), Safeguarding Adults Board (SAB); Safer Communities Partnership; West Sussex and Brighton & Hove Safeguarding Children Partnerships; Children and Young People Trust (CYPT) and Local Head Teacher Forums. Links to other significant partnership documents are highlighted in Appendix D.

The ESSCP Independent Chair is also the Independent Scrutineer for the West Sussex and Brighton & Hove Safeguarding Children Boards which will enable and facilitate greater joint working between the three areas. The Chair also maintains regular liaison with other key strategic leaders, for example, the Police and Crime Commissioner, Adult Partnership Chairs and Government inspection bodies.

The ESSCP annual report is presented to the East Sussex County Council People Scrutiny Committee, East Sussex SAB, the Safer Communities Board, the Police and Crime Commissioner and other ESSCP member organisations’ senior management boards.

In 2021/22 the ESSCP worked with the Safeguarding Adults Board (SAB); Safer Communities Partnership; Children and Young People Trust (CYPT) and the Health and Wellbeing Board to develop the ‘[East Sussex Partnership Protocol](#)’. The protocol sets out the relationships between key partnerships to promote the health and wellbeing of East Sussex’s communities. In relation to safeguarding, the protocol aims to secure coordinated partnership working that avoids duplication and achieves better outcomes for the people of East Sussex.

## 4.4 Pan Sussex Working

Although the ESSCP's focus is on safeguarding children in East Sussex, it should be expected that child protection and safeguarding procedure continue to be developed at a Pan Sussex level, and opportunities for joined up working across Sussex will be promoted where appropriate. Examples of Pan Sussex working in 2021/22 include:

- **Pan-Sussex Learning & Development** opportunities:
  - *2021/22 training:* Multi-Agency Public Protection Arrangement (MAPPA), Improving Outcomes for Looked After Children, Harmful Practices. Suicide Prevention is a Pan Sussex offer via Grassroots – four sessions, two looking at under 16 year olds and two at 16-18 year olds.
  - *Planned training in development:* Cultural Competency
- **Safeguarding Children Under 5** – The three SCPs delivered a very successful 'Safeguarding Under 5s' virtual conference in November in which nearly 200 professionals attended.
- The three SCPs have worked together to support two publicity campaigns: "**ICON Week**" held at the end of September 2021 and "Its Your Call Campaign", including working with the NSPCC to promote community and wider partnership awareness of safeguarding children
- **The Pan-Sussex procedures working group** reviews, updates and develops safeguarding and child protection policies and procedures in response to local and national issues, changes in legislation, practice developments and learning from LCSPRs and quality assurance activities. Since March 2020 approximately 95 policy/procedures/protocols/guidance have been reviewed by the group (some policies will have been reviewed more than once in this timeframe. Since March 2021 a number of new policies have been published. These include:
  - A new procedure has been published which sets out the actions to be taken in relation to children and families who move across local authority boundaries, either on a temporary or permanent basis.
  - A policy in relation to safeguarding children in hospital.
  - A Children Missing Education Procedure.
  - Responding to a potential cluster of suicides for those aged under 18.

There has also been some significant re-drafting of existing policies and procedures. This includes:

- Bringing together existing guidance around criminal and sexual exploitation with serious organised crime and gangs.
- An updated Safeguarding Children impacted by Domestic Abuse policy, following the Domestic Abuse Bill receiving Royal Assent.
- An updated Fabricated or induced illness (FII) and Perplexing Presentations (including FII by carers) policy following learning from local cases.

After each meeting, a short briefing is disseminated to the Group for onward cascading across their agencies to front line professionals.

- **Suicide Prevention and Emotional Health and Wellbeing** - there is an emerging picture of increased pressure on already pressed CAMHS and acute services across the Sussex. Acute hospital settings have also seen a rise in self-harm presentations. A Sussex Strategic Self-Harm and Suicide Prevention group has been established to take forward a pan-Sussex strategy and take responsibility for actions arising from a spike in child suicides during May/June 2021. This group is

Chaired by the Director of Public Health in East Sussex. A cluster response plan was developed by West Sussex County Council to address local risks.

- **Pan Sussex LCSPR Procedures** – work is progressing on the development of a Pan Sussex procedure for conducting LCSPRs. All three areas have met and discussed with local CRG reps to review the proposed procedure. Edits to be made to final version.

## 4.5 Ongoing review of Partnership Arrangements

### Lead Safeguarding Partners Self-Assessment

At the end of 2020/21 the ESSCP lead safeguarding partners undertook a self-assessment as part of the activity to review the effectiveness of our partnership arrangements. The self-assessment tool was developed based on the University of Bedfordshire research *'six steps for independent scrutiny of safeguarding children partnership arrangements'*. Leads separately self-assessed the partnership, followed by a collective discussion at the Planning Group to agree a red, amber, or green rating against specific questions linked to the six statements. The process will be repeated again at the end of 2022/23.

For 2021/22 a Partnership Development Action Plan was created to address the areas rated as amber or red. A number of actions included *'involving children, young people and families in plans for safeguarding children'*. Examples of progress made include:

- Improvement was made in *'involving young people in the review of safeguarding activities'* by inviting a young person to be part of the panel for the section 11 audit.
- A young people panel was held for the recruitment of the Independent Chair
- In late 2021/22 work started on developing the role of a young person scrutineer.

### Review of arrangements with Board Members

At the end of 2020/21, the ESSCP Chair, Business Managers and Lay Members spoke to a total of 14 board members to consider the effectiveness of current partnership arrangements. Specifically, those board members were asked about their role and the support to fulfil the expectations of that role, and the functioning of partnership board meetings.

Generally, the feedback was very positive with all board members interviewed commenting on the effectiveness of the partnership and board meetings in general. A few Pan Sussex agencies commented that the East Sussex SCP feels particularly well-functioning and collaborative, with good attendance by agencies. Given the diversity of agencies interviewed, it was encouraging that all members understood and valued their membership of the board, and how this supported the safeguarding of children across the whole system.

Identified areas for improvement were added to the Partnership Development Action Plan. Examples of progress in 2021/22 include:

- Publication of the East Sussex Partnership Protocol between the ESSCP and other East Sussex Partnerships, to ensure that opportunities to share learning are maximised.
- The Partnership's Induction Guidance for New Members was formalised and shared.

- A new Independent Chair and Lay Member were recruited.
- The ESSCP Learning and Improvement Framework was refreshed.

## 4.6 ESSCP Priorities for 2020/23

Following the formation of the ESSCP in September 2019, discussions took place to determine our priority areas of focus for 2020 to 2023. The partnership felt strongly that priorities should relate to key areas of child safeguarding; those identified as of highest risk in the county, where multi-agency working is essential and where significant change and/or commitment is necessary to reduce risk.

Priority development took place at the start of the year, with both the Steering Group and Board, and were agreed by the three safeguarding partners in May 2020. More information on the priorities is contained in the impact and evidence sections of this report. The agreed ESSCP Priorities for 2020-2023 are:

- **Safeguarding in Education**  
Lead: Senior Manager, Safeguarding and Assessment, Standards and Learning Effectiveness Service (SLES), Children's Services
- **Child Exploitation**  
Joint Leads: Detective Chief Inspector, Safeguarding Investigation Unit, Sussex Police / Head of Specialist Services, Children's Services
- **Embedding a Learning Culture**  
Lead: Managers, East Sussex Safeguarding Children Partnership
- **Safeguarding under 5s**  
Joint Leads: Designated Nurse Safeguarding Children, Sussex CCG / Consultant in Public Health, Public Health

It is considered that ensuring the voice of the child is heard, and taking a contextual safeguarding approach, should be cross cutting over all the ESSCP priorities.

## 5. Learning

The ESSCP is committed to creating and strengthening a learning culture across all agencies in East Sussex who work with children and young people. A culture which is open, and able to challenge all partner agencies, will be able to identify learning, improve, and then evaluate effectiveness.

Below are examples of ‘learning’ within and across the ESSCP in 2021/22.

### 5.1 Learning from Rapid Reviews and Serious Case Reviews

#### Case Review Activity 2021/22

In 2021/22 the ESSCP undertook eight Rapid Reviews following serious safeguarding incidents, where a child had died or been seriously injured, and where abuse or neglect is known or suspected. Of the eight rapid reviews undertaken:

- ✓ Four progressed to LCSPRs (Family CC, Child AA and a Thematic Review based on two cases);
- ✓ Four did not lead to a LCSPR. In these cases learning was shared via learning briefings and individual agency actions from rapid reviews are monitored by CRG

One outstanding SCRs – Child V (Infant injuries) due to be published imminently following completing of criminal procedures (expected Sept 2022).

During 2021/22 the three safeguarding leads and ESSCP Board signed off the following LCSPRs:

<p><b>Child X</b> (not published locally due to on-going safeguarding vulnerabilities, anonymous report published on NSPCC repository)</p> <p><a href="#"><u>Child Y Learning Briefing 2022 (esscp.org.uk)</u></a></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Enhance safeguarding for electively home educated children</li> <li>✓ How agencies respond to safeguarding concerns about children from minority faith groups such as the Jehovah’s Witness community</li> <li>✓ Information sharing</li> <li>✓ Access to health resources</li> </ul>	<p><b>Child Y</b> (not published locally due to on-going safeguarding vulnerabilities, anonymous report deposited on NSPCC repository)</p> <p><a href="#"><u>Child Y Learning Briefing 2022 (esscp.org.uk)</u></a></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Importance of communicating with the child</li> <li>✓ Convening multi-agency meeting</li> <li>✓ Improving practice and quality of Achieving Best Evidence (ABE) interviews</li> <li>✓ Building effective relationships with families</li> </ul>
<p><b>Child Z</b> (delay in publication due to ongoing criminal proceedings)</p> <p><a href="#"><u>Child Z Learning Briefing 2022 (esscp.org.uk)</u></a></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ The legacy of relationships characterised by domestic abuse</li> </ul>	<p><b>Thematic Review</b> (publication expected Sept 22)</p> <p><a href="#"><u>Thematic Review Learning Briefing 2022 (esscp.org.uk)</u></a></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Knowing and considering a parent’s history and vulnerabilities</li> </ul>

<ul style="list-style-type: none"> <li>✓ Information sharing about adults who may pose risks to children</li> <li>✓ The importance of assessing background information</li> <li>✓ Assessing risk to children from risky adults who are not household members, but part of the child's wider network</li> </ul>	<ul style="list-style-type: none"> <li>✓ Working with hard to engage families who refuse to cooperate with child protection planning</li> <li>✓ Recognising if there is no further police investigation of an issue does not mean that a child is not at risk</li> <li>✓ The impact on children of reoccurring domestic abuse and parental mental health issues</li> <li>✓ Vulnerable children approaching adulthood</li> <li>✓ The impact of COVID-19</li> </ul>
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The **Child W Serious Case Review** was also published in July 2021, following completion of the criminal proceedings. The SCR was conducted following the death of an eight-week old baby, known as Child W, who died from non-accidental injuries in 2018.

The full report and learning briefing can be found here: [East-Sussex-SCP-SCR-report-Child-W-FINAL-.pdf \(esscp.org.uk\)](#) and [Newsletter \(esscp.org.uk\)](#)

**Key learning:**

- ✓ Infant injury and promotion of ICON programme
- ✓ Support to care leavers as parents
- ✓ Proactive information seeking and sharing
- ✓ Challenge to families and professionals

**Rapid Review learning**

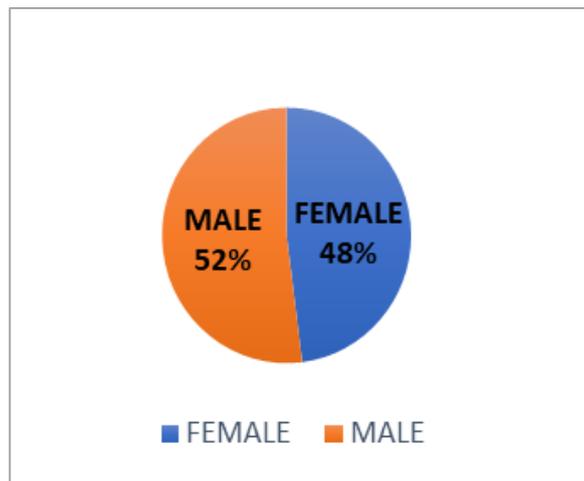
<p><b>Child 1</b> <a href="#">Child 1 Rapid Review Learning (esscp.org.uk)</a></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Children who have disabilities are at an increased risk of being abused compared to their non-disabled peers</li> <li>✓ Professionals to better identify, consider and work with fathers and male partners</li> <li>✓ Impact of caring on parent's mental health</li> </ul>	<p><b>Child 2</b></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ The importance of adhering to the bruise protocol</li> <li>✓ Appropriate action to be taken by GP on receipt of discharge letter</li> </ul>
<p><b>Child 3</b></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Better collaboration between services when risk is known</li> <li>✓ The negative impact poor living conditions has on children's wellbeing</li> </ul>	<p><b>Child 4</b></p> <p><b>Key learning:</b></p> <ul style="list-style-type: none"> <li>✓ Over optimism of professionals that parent could maintain a safe environment considering known risks</li> <li>✓ Exploitation of vulnerable parent</li> </ul>

✓ Responding appropriately to the learning needs of parents

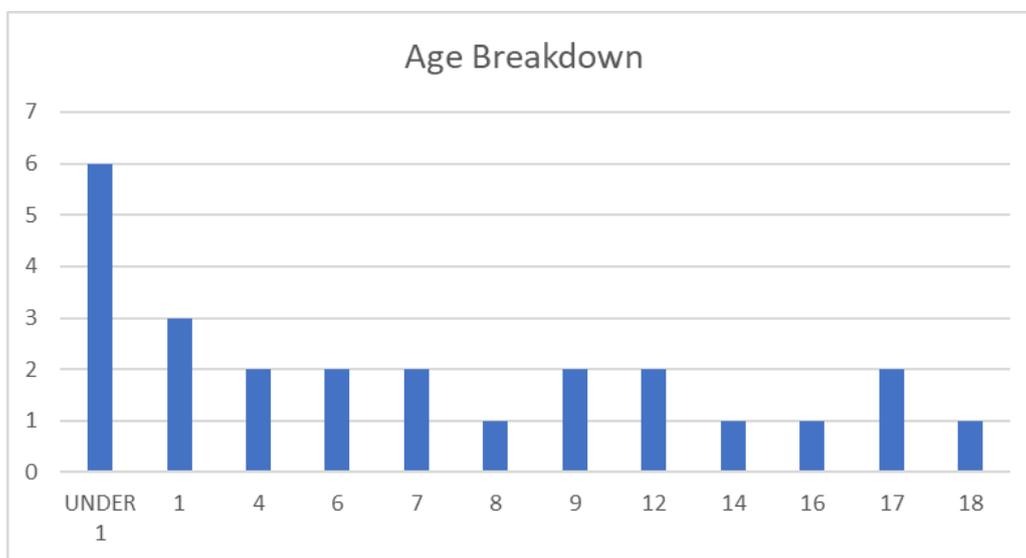
✓ Impact of parental substance misuse, domestic abuse and exposure to sexual activity between mother and partners

### Analysis of Case Review Activity

Since the Safeguarding Children Partnership arrangements began in East Sussex in October 2019, the partnership Case Review Group (CRG) has undertaken **14 Rapid Reviews**, resulting in **6 Local Child Safeguarding Practice Reviews** (figures up to March 22). A total of 25 children are the subjects of the 14 Rapid Reviews, with the gender split of the children being almost equal.

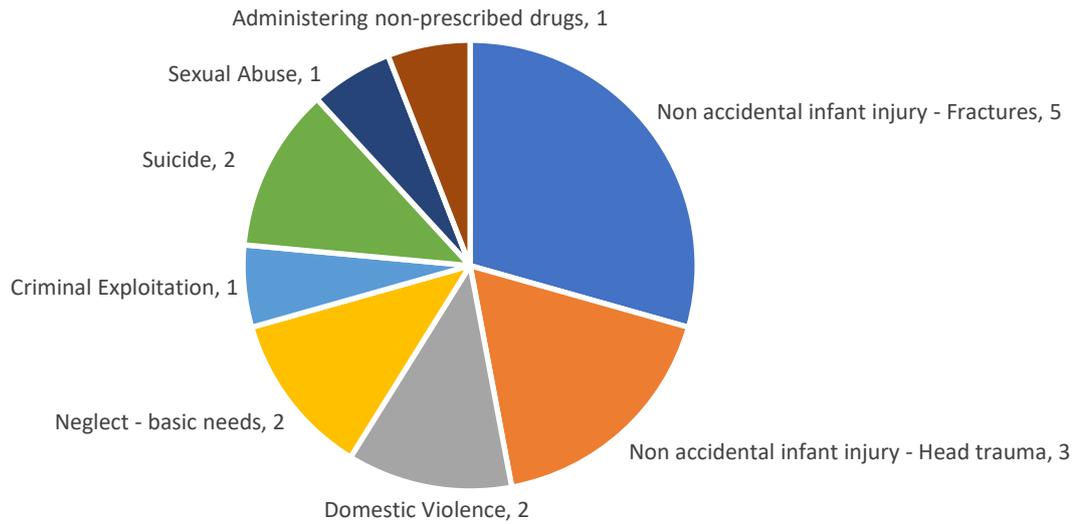


The most common age group for Rapid Reviews in East Sussex is under 1-year olds (6 of 25 children considered within rapid reviews; 24%). This age group featured predominately due to experiencing non-accidental injuries, such as fractures and abusive head trauma. When under 1s and 1 year olds are combined they represent 38% of all children considered within rapid reviews. This is in keeping with the national picture which also shows a predominance of infants under 1 amongst children involved in serious incidents notified to the National Child Safeguarding Practice Review Panel (35% of 514 children notified in 2020)



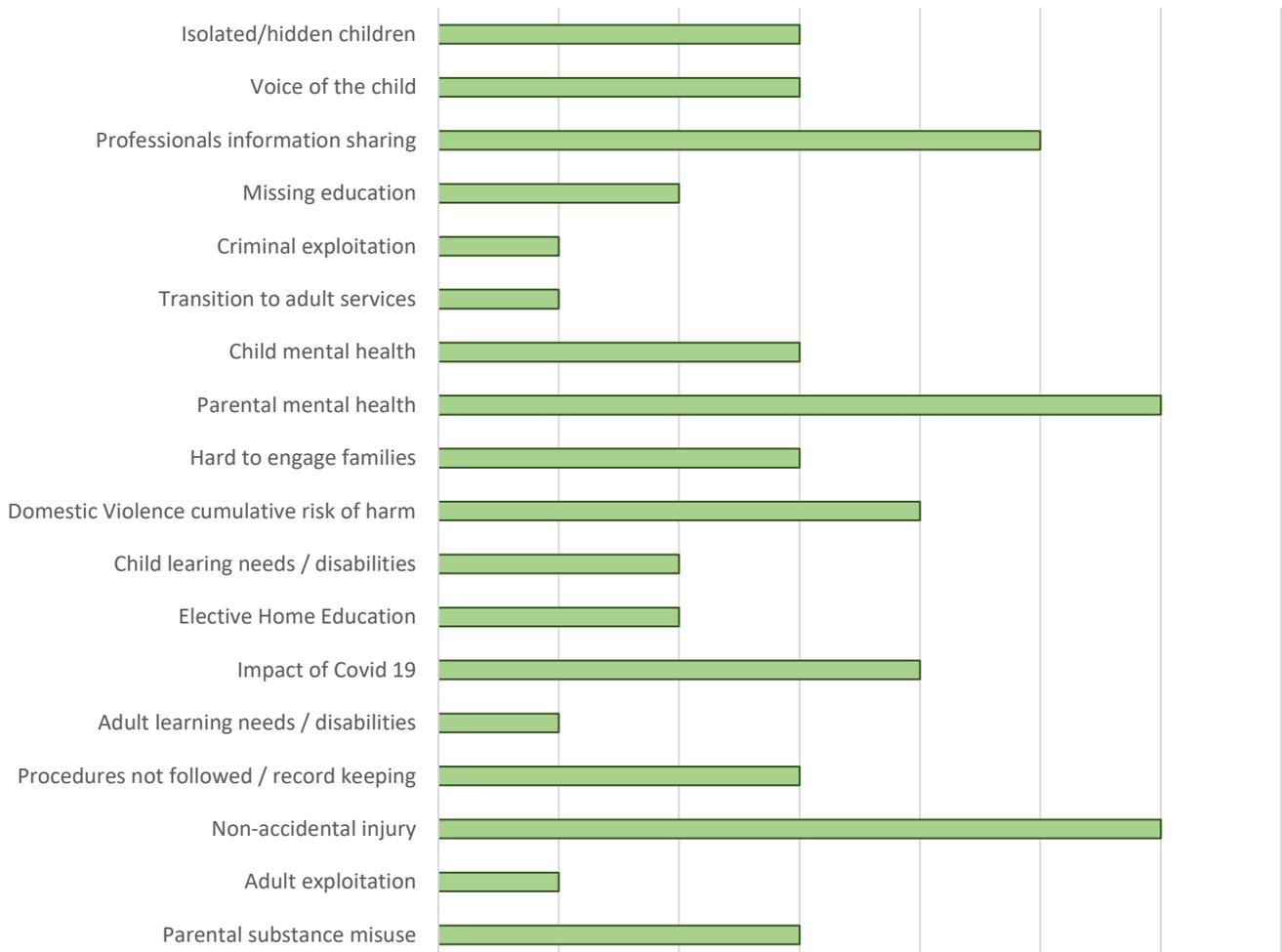
When the rapid reviews were analysed by the primary types of abuse and/or neglect known in the family at the point of notification of the serious incident, non-accidental infant injuries (fractures) featured in 5 of the cases; non-accidental infant injuries (head trauma) featured in 3, followed by suicide (2), neglect (2) and domestic violence (2). However, most cases involved complex families with multiple factors contributing to the safeguarding risk to the child/children.

### Primary Types of Abuse/Neglect recorded in Rapid Reviews



Each Rapid Review can result in a number of key themes for learning. The table below shows the breadth of learning themes captured across the 14 Rapid Reviews:

### Key Themes for learning captured in the Rapid Reviews



The three most commonly occurring learning themes in Rapid Reviews and Local Child Safeguarding Practice reviews are:

- Poor or unmanaged parental mental health
- Fatal and non-fatal non-accidental fractures and head trauma injuries in under 2 year olds
- Inadequate information sharing between agencies

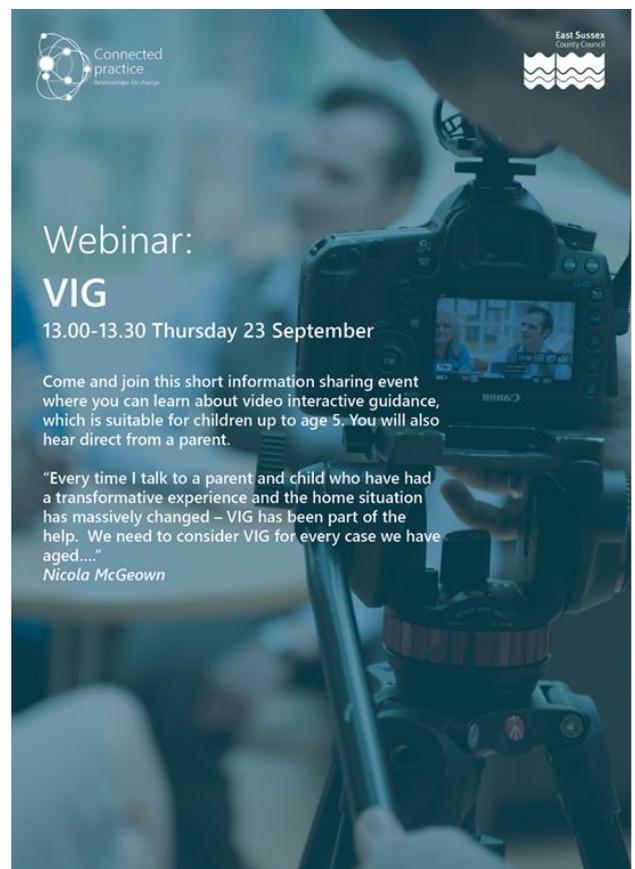
In 2021/22 the CRG further developed the local Rapid Review process to capture the necessary information to undertake a swift but thorough analysis of the serious incident, identifying key learning, developing effective action plans and ensuring learning is shared widely and embedded in local practice. Feedback from the National Panel has supported the CRG to improve the approach to explore the learning for improving practice without the requirement for a full LCSPR.

## 5.2 Quality Assurance Audits

The QA subgroup held **three audits** during 2021/22 on non-accidental injury to children under 2, the step up and step down between statutory social care and Early Help, and a regular case file audit. Learning from the audits is shared at the ESSP Steering Group and one page learning briefings are shared with the wider ESSCP network and on the ESSCP website here: [Quality Assurance Group - ESSCP](#). QA audit reports and one page learning summaries are now routinely shared at the Learning & Development Subgroup to ensure that learning arising from audit activity is more efficiently and effectively embedded into local training and learning activity.

Two examples of action taken following learning arising from QA audits in 2021/22 include:

- As identified as good practice in the deep dive audit into non-accidental injuries in infants, it was agreed that the use of Video Interaction Guidance (VIG) should be promoted as an intervention in Children's Services, as it helps to enhance relationships between parents and children. The Principle Social Worker ran a webinar in September 2021 which is available for social workers to access via the intranet.
- To promote the importance of professional challenge and escalation of concern, the Pan Sussex Procedures Group agreed that a 'Professional Difference Statement' is read out by the Chair to reiterate that all professionals have a responsibility to challenge anything that they do not think is right. The statement will be read out at Strategy meetings, initial child protection conferences, and repeat child protection conferences.



## 5.3 Learning from Child Death Overview Panel

The Chair of the Sussex Child Death Overview Panel (CDOP) attended the ESSCP Board in November 2021 to present the CDOP Annual Report. Key headlines from the work of the panel included:

- *Between April 2020 and March 2021, the CDOP was notified of 54 deaths of children who were residents within Sussex. This is a decrease in the numbers of deaths since last year for all areas, with the lowest number to date at a Pan Sussex level since CDOPs were established 11 years ago. East Sussex had the lowest number of deaths (17).*
- *The age profile of child deaths reviewed in Sussex has shown there were no significant differences in rates of child death in Sussex compared to England, when analysed by age group.*
- *Locally, the mortality rate for children aged under eighteen in Brighton & Hove and East Sussex combined is significantly higher in the most deprived 40% of areas compared to the least deprived areas.*
- *Across Sussex, perinatal/neonatal event was the largest category of death (38% of reviews) followed by chromosomal, genetic and congenital anomalies (15%).*
- *Cancers are the largest cause of death in children aged 1-17 years ranging from 26% of deaths in East Sussex to 35% in Brighton and Hove.*
- *27 (34%) deaths reviewed in 2020/21 had identified modifiable factors, a decrease from the last year (45%).*

During the process of reviewing child deaths, CDOP identified learning that the ESSCP was asked to consider, including:

- What further work is required to improve effective communication that builds understanding, trust and has consideration of cultural sensitivities to better understand and respond to personal need? Discussion commenced with the Learning & Development sub group to address this learning alongside extensive single agency investment into equality and diversity resources.
- Reassurance that there are inadequate services for mothers who are using (misusing) substances. ESSCP were asked to consider if services adequately met the need. This was discussed at the ESSCP Board in April 2022 and assurance was received that there are no gaps in provision in East Sussex.

## 5.4 ESSCP Learning & Improvement Framework

The ESSCP Learning and & Improvement Framework was refreshed in 2021/22, with additional chapters on how the partnership uses 'Independent Scrutiny' and the 'Voice of the Child' to learn and improve local practice. The refreshed framework includes a stronger focus on how learning will be disseminated and how partners will review and evaluate the impact learning has on practice. The ESSCP steering group agreed the framework and proposals:

- ✓ For an ESSCP response to the findings of LCSPRs to be drafted and published, in order to achieve better transparency about how the partnership is responding to and learning from reviews.
- ✓ To produce short presentations and podcasts, available on the ESSCP website and agency's internal websites, which professionals can watch at any time on key themes and learning from LCSPRs.

- ✓ To explore conducting ‘evidencing impact’ LCSRP events with front-line practitioners and managers, including those involved in the original case. The event will be used to consider how the review has impacted on practice and outcomes for children and families. It is proposed that two of these events are held in 2022/23 – one on the impact of learning from the Child T serious case review and a further event on the theme of infant injuries.
- ✓ To explore the potential of a Young Person Scrutineer, to work alongside the Independent Chair, to attend Board meetings, relevant subgroup meetings and lead on other scrutiny activities.

## 5.5 ESSCP Learning Strategy

‘Embedding a Learning Culture’ was identified as a priority for the ESSCP for 2020-2023, which includes effective strategic development of training, shared learning and improved multi-agency training links. The aforementioned ESSCP Learning and Improvement Framework outlines the partnership activity undertaken across various sub groups to identify learning, improve, and then establish effectiveness.

The work of the ESSCP Learning and Development sub group is to ensure that East Sussex workforce and volunteers working with children, young people and/or adults who are parents/carers are provided with appropriate and effective multi-agency training to meet their needs, and that practice is underpinned with appropriate policies and procedures. The Learning Strategy was developed and published at the end of 2020 to ensure that ESSCP has a clear and shared vision as to the priorities for safeguarding learning and training and how this will be achieved. The Strategy aims to:

- ✓ Ensure that safeguarding training/learning activities are based on local necessity and enable practitioners to recognise and respond to need and risk.
- ✓ Measure the impact of safeguarding training on practice and improving outcomes for children and young people.
- ✓ Ensure that learning from Local Child Safeguarding Practice Reviews, Audits, the Child Death Overview Process (CDOP) and the Voice of the Child is embedded into practice and ensures continuous learning and improvement.
- ✓ Ensure key safeguarding messages (local, pan-Sussex and national) are communicated.

These requirements are delegated to the ESSCP Learning & Development Subgroup which produces quarterly training reports, which form the basis of the Annual Learning & Development Report to the ESSCP Steering Group.

## 5.6 ESSCP Training Programme

Throughout 2021/22 the ESSCP Learning, and Development (L&D) Subgroup continued to respond proactively and effectively to the ongoing challenges posed by the Covid-19 Pandemic. It was hoped to resume some classroom-based training for Safeguarding Children Partnership partners from September 2021, however due to the ongoing risks brought by Covid-19, trainers have continued to use MS Teams as the format for meetings/training. In January 2022, the situation was reviewed, and classroom-based training will now be phased in from April 2022.

Between 1st April 2021 and 31st March 2022, 61 virtual training courses ran with 869 participants which equates to an attendance rate of 67%. A large majority of participants continue to rate courses as either Excellent (63%) or Good (35%). There are specific questions in the evaluation form relating to the delegates experience of Virtual training. Overall, the feedback continues to be very positive with participants having become accustomed to remote delivery, and appreciative of the trainer's efforts to resolve any technical issues. The use of break-out rooms enhanced the training experience as did regular breaks and whole group discussion, as opposed to 'lecture style' presentations. However, for many participants virtual training is not their preferred learning medium, and those specifically mentioned finding the length of 'screen time' tiring, missing the 'classroom experience' and the networking opportunities gained through face-to-face training.

New courses introduced in 2021-2022 training programme were:

1. ESSCP: Safeguarding Issues in an LGBTQ Context: Domestic Abuse, Exploitation, Substance Misuse and Sexual Health
2. ESSCP: Improving Outcomes For Children in Care – Pan Sussex
3. ESSCP: Female Genital Mutilation (FGM) and Breast Ironing - identifying and challenging harmful traditional practices – Pan Sussex
4. ESSCP: Safeguarding Under 1's Bite Size Briefing
5. ESSCP: Harmful Practices - Honour Based Abuse and Forced Marriage – Pan Sussex

## 6. Impact of Partnership Activity

This section aims to convey the impact of multi-agency and partnership activity on outcomes for children and families. The examples of impact are structures around the ESSCP's four priority areas.



### 6.1 Safeguarding in Education:

<b>“Whole Schools” approach to the prevention of Child Criminal Exploitation.</b>	
<b>What was the multi-agency area of need identified/responded to?</b>	Identified gaps in schools’ knowledge and understanding of the issues surrounding County Lines, and the lack of a coherent package of preventative education for East Sussex students.
<b>What action was taken to address that need?</b>	<p>The Multi-Agency Criminal Exploitation Panel (MACE) secured funding from Project Adder, Children’s Services Department (CSD) and Public Health to be able to offer all state-funded secondary schools in East Sussex (to include special schools) a comprehensive and fully funded package of support.</p> <p>A two-phase project was developed around providing specific support and resources regarding County Lines and Harmful Sexual Behaviour. Phase 1 of the project relates to ‘gangs, peer influence and coercion, including county lines’ and phase 2 relates to ‘consent, relationships and harmful sexual behaviours’. The full package included 5 key elements:</p> <ol style="list-style-type: none"> <li>1. Mandatory CPD webinar - Following attendance of the webinar, schools received materials including 15-minute pre-recorded video to</li> </ol>

	<p>support cascading information to PSHE staff in school, lesson plans, letter templates and other resources</p> <ol style="list-style-type: none"> <li>2. Pre-performance lesson</li> <li>3. Theatre in Education performance</li> <li>4. Post-performance lesson</li> <li>5. Evaluation</li> </ol> <p>The Schools Learning and Effectiveness Service (SLES) co-ordinated the project and all 26 secondary schools and 7 special schools participated.</p>
<p><b>What was the impact of that action on Children, Young People and Families? How have you measured this impact?</b></p>	<p>An Evaluation which included direct feedback from school staff and pupils recognised the improved value of taking a whole school response to CCE risks. Evaluation feedback has generated learning for professional agencies which includes planned improvements for student reporting of concerns. PSHE Leads fed back very positively, commenting that this was a coherent package that helped ensure County Lines was high on the PSHE agenda. The final report includes a set of recommendations which include the need for primary schools to be supported with similar-type preventative education materials.</p>
<p><b>Voice of the child – provide feedback from service users on impact the project/initiative has had.</b></p>	<p>From the 6,300 students that took part in the project, 1,138 evaluation responses were received. Students were able to demonstrate an improved knowledge and understanding of County Lines and that they now knew where to go for help and support.</p> <p><i>“They helped us to see the early warning signs of a groomer and what to watch out for. They also gave us information on how to get out if you are ever in a dangerous situation with a groomer”</i></p> <p><i>“It helped me to see how serious it gets and that it is ok to tell people and report it if it happens to you or someone else you know. You will not be in trouble for it if you ask for help”</i></p>

### **The expansion of Mental Health Support Teams (MHSTs) in schools**

<p><b>What was the multi-agency area of need identified/responded to?</b></p>	<p>The (MHSTs) are an important strand of the Government’s 2017 Green Paper ‘Transforming Children and Young People’s Mental Health Provision’. The NHS-funded teams provide a vital source of support in schools for children and young people experiencing mild-moderate mental health /emotional well-being issues.</p>
<p><b>What action was taken to address that need?</b></p>	<p>East Sussex currently has 4 MHSTs operating in 52 schools and a post-16 college. Further expansion is planned for, resulting in coverage of approximately 52% of ES schools by 2024. The teams work with individual children and young people, and groups of pupils, as well as providing support for developing whole-school approaches and direct support for parents and carers.</p>
<p><b>What was the impact of that action on Children, Young People and Families?</b></p>	<p>To date, 1,300 children and young people have been referred to the service. East Sussex MHSTs are developing comprehensive data sets on individual pupil outcomes following interventions, as well as analysis of referral data which provides learning for the whole county. In terms of outcomes, The end of</p>

	<p>intervention Revised Children’s Anxiety and Depression Scale (RCADS) scores show an average -25% reduction in anxiety and depression scores.</p> <p>The majority of referrals to the MHST are for anxiety; this led to the development of an Anxiety Toolkit for use by all schools and colleges in East Sussex. MHSTs are also working with 3 special schools and are broadening the scope of work to include children and young people with SEND and specifically, autistic spectrum condition across all participating mainstream schools.</p>
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## 6.2 Child Exploitation

<b>Hastings Pathfinder – Session Youth Group</b>	
<b><i>What was the multi-agency area of need identified/responded to?</i></b>	<p>During the first national lockdown, we saw an increase and changes within the risk presentation of those children victim to criminal exploitation in the Hastings area. Changes included increased and extended missing episodes out of county; offending relating to drug supply and possession of weapons; and intelligence linking children to county lines and gang activity.</p> <p>Sussex Police identified seven children to be the focus of a police operation – Operation Wagon. Despite all the children having open interventions with Children’s Services, there was a gap in information about how the peer group interacted with each other, partly due to the lack of engagement with professionals. Due to this gap and the police hypothesis that the children were linked in a peer group, the Youth Offending Team (YOT) undertook a peer group assessment using the approach adapted by the Contextual Safeguarding Network. A key theme from the assessment was that the children were very reluctant to engage with professionals and none of the children were willing to share any information about their experiences in a 1 to 1 situation.</p>
<b><i>What action was taken to address that need?</i></b>	<p>Over the spring/summer of 2021 YOT youth centre-based staff encouraged targeted children from the Operation Wagon cohort to attend for YOT appointments/appointments with professionals. Naturally, they came with their friends and workers actively sought to engage them as a group. The group started with 6 children and, at its highest, the group was made up of 10 children. The profile of this group is such that they are likely to be excluded from the universal youth work offer either because a) they wouldn’t see it as relatable or b) there behaviour is too risky. All of the cohort have had negative experiences of education, including multiple exclusions, and would struggle in a traditional group setting.</p> <p>The initial focus was on developing a relationship with the group and building trust and confidence. Workers allowed the group to set its own agenda and sessions were very informal which was incredibly important for the group and as soon as they felt we were trying to “educate” them, they closed and became immediately suspicious. Over time however, workers from the Youth</p>

	Employability Services (YES) and Substance misuse services were invited to join the group.
<b>What was the impact of that action on Children, Young People and Families? How have you measured this impact?</b>	<p>One of the workers described the session as engaging the “un-engageable”. Despite the best efforts of some very skilled and tenacious workers, some of the group had persistently refused to engage with professionals. Bringing them together as a group enabled them to build positive, trusting, and enduring relationships with staff. Engaging with the children as a group enabled professionals to develop their understanding of their lifestyle and experiences in a way that more formal assessments had not.</p> <p>Most of the children engaged with the YES worker and some were supported into employment and college. All the children started to talk positively about doing something constructive with their day and seeing their peers succeed seem to motivate them as a group.</p> <p>None of the children are now on MACE and there has been a reduction in crime and anti-social behaviour among the group.</p>
<b>Voice of the child – provide feedback from service users on impact the project/initiative has had.</b>	<p>Feedback from group members:</p> <p><i>“We need the session to help us with day-to-day life. All the time we have jobs, we are off the street. It was one of the most beneficial things that happened to our group”</i></p> <p><i>“Everyone likes coming here... we get treated like human beings. The school system has treated us really badly but here we get treated like we are teenagers. We are not naughty people just because we might have a different vocabulary”</i></p> <p><i>“We all need somewhere to go where we can relax for a bit”</i></p> <p><i>“It’s a bit of Mindspace, you can go and play football for a little while and know it’s okay”</i></p>

<b>MACE Family Key Work</b>	
<b>What was the multi-agency area of need identified/responded to?</b>	<p>An increasing number of young people are identified as being exploited both criminally and sexually. Many of the risks were identified as coming from outside the family home.</p> <p>There was an additional identified area of need that the parents/carers of the identified young people needed targeted input to increase their protective skills, as well as the service providing intensive support to the individual young person.</p> <p>Many of the individuals who receive support through the MACE Family Key Work service are engaged in anti-social behaviour in their local areas.</p>
<b>What action was taken to address that need?</b>	<p>The service is embedded within the MACE and VARP (Vulnerable Adolescent Risk Panel) and takes direct referrals via these forums.</p> <p>The service delivers an intensive assertive outreach approach to young people and their parents/carers always working with at least one other lead professional i.e. Social Worker, Youth Justice Practitioner.</p>

	<p>The service aims to engage young people in education and positive activities as well as upskilling the parents/carers protective abilities. The Key Worker support is provided to both the young person and to the family. Some sessions are with the young person, some are with the family, and some are joint. This ensures the family is fully engaged and empowered to better support their child. The support is flexible and tailored to the individuals involved and can happen in the home, or out in the community. Support can be every day, or every few days, and can involve check ins on the phone as well as face to face visits. The intensive nature of the support means that the Key Worker provides a level of consistency for families, which is important when dealing with multiple agencies, and they become the trusted professional who can continually reinforce the messages. The Key Workers aim to get young people involved in activities in the community, and to provide them with opportunities they might not otherwise be able to access. The CACE (Collaboration against child exploitation) parents support intervention has been developed across East Sussex providing parents and carers of children who are experiencing exploitation access to a six week educative programme, monthly support groups and mentors with 'lived experience'.</p>
<p><b>What was the impact of that action on Children, Young People and Families? How have you measured this impact?</b></p>	<p>Data is provided monthly via the VRP and is reviewed by the MACE Panel and includes the number of 101 and 999 calls made, school attendance, RAG rating on MACE (or VARP), number of A&amp;E attendances, number of missing episodes and the number of arrests. The Key Workers also pass on partnership intelligence directly to Police. An independent evaluation took place in 2021:</p> <p><i>'The family is like a different family. The mum's protective capacity has improved and her ability to protect and parent her daughter has increased. The relationship between mother and daughter has also improved and the daughter is back in full time education after being on a reduced timetable. One of the key things we did was to disrupt the relationships the daughter had, but once she stopped seeing those friends, she felt lonely and isolated, so it was important to replace that contact and social environment with a more positive one and the diversionary activities the key worker organised where great'</i></p> <p>(Social Worker)</p>
<p><b>Voice of the child – provide feedback from service users on impact the project/initiative has had.</b></p>	<p>An independent evaluation of the service took place in 2021:</p> <p><i>'Our son was completely out of control. He had been groomed by a local group we didn't know what was going on initially, we lost him, he wasn't allowing us to be his parents. It was so frightening whilst we were in it. The keyworker put into words what was happening and gave us the mental strength and tools to help him, they had seen it before and help us to stay positive. When the keyworker started working with him as it was them, us, the social worker and the school all 'singing from the same hymn sheet'. The keyworker had regular one to one time with him took him out they were superb with him. Now he has a job its an absolute transformation our 'chatty' boy is back'</i> (Parent)</p>

## 6.3 Embedding a Learning Culture

<b>Safeguarding Under 5s Conference</b>	
<b>What was the multi-agency area of need identified/responded to?</b>	Local and national learning tells us that babies and young children are particularly vulnerable to abuse and neglect. Following two serious case reviews locally, the East Sussex Safeguarding Children Partnership decided to focus on 'safeguarding Under 5s' as one of its key priorities. The partnership also conducted three rapid reviews in the early months of the first COVID-19 lockdown, involving non-accidental injuries in babies. The identified need was increase professional knowledge and understanding of the safeguarding risks to infants from all agencies, not just those from health backgrounds.
<b>What action was taken to address that need?</b>	The Partnership agreed to host an all-day learning event, in collaboration with the Brighton & Hove and West Sussex Safeguarding Children Partnership's, as an opportunity to share and learn from colleagues across the Sussex area. The event included presentations from Annie Hudson (Chair of the National Safeguarding Panel) on learning from the 'Myth of Invisible Men' review of non-accidental injuries in children under 1; John Harris, lead reviewer of the 'Out of Routine' review of Sudden Unexplained Infant Death, and Sally Hogg, Head of Policy and Communication at the Parent-Infant Foundation, on the importance of infant mental health and early parent/child relationships. There were breakout groups allowing discussion on the challenges and strengths of practice across Sussex, and Strategic Safeguarding Leads were involved in a plenary session at the end of the conference.
<b>What was the impact of that action on Children, Young People and Families? How have you measured this impact?</b>	Over 200 staff from across partner agencies attended the event and feedback from those who attended has been overwhelmingly positive. During the event polls were taken to demonstrate improvement in practitioner knowledge and understanding of the key issues, with average confidence increasing from 3 out of 6, to 5 out of 6 for all topic areas.  <i>"Greater knowledge of risks for the vulnerable under 5's will make me more aware of signs &amp; indicators &amp; how to impart safety advice to parents/carers"</i>

<b>Impact of training on practice</b>
<i>'I have already used what I learned in my work, particularly when looking at referrals and assessing level of need within these. I hope that this means improved outcomes for children from a safeguarding perspective'</i> Learning from Serious Safeguarding Practice Reviews - Key Themes and Learning briefing attendee
<i>"Through my role as Head of School across two schools and as Deputy DSL. I will apply the learning in interviews, induction of new staff and through interactions with all stakeholders, staff, parents, and governors"</i> Managing Allegations Against Staff course attendee

*“With greater awareness of the Gypsy, Roma and Traveller (GRT) culture, engagement with families should be easier and therefore service delivery can be more consistent resulting in better outcomes. Before starting the training, I had limited understanding and knowledge of the GRT community and found majority of my knowledge was based on stereotypes that are just not true”*

Working with Gypsy, Roma and Traveller Communities – Safeguarding, Risk planning and intervention course attendee

*“I feel more confident in challenging poor practice, and I have a greater understanding of the value different professionals play in building a bigger picture”*

Child Protection Conference and Core Group Process course attendee

*“The learning will directly impact my practice with children and young people identifying as LGBTQ+ through changing how I approach the topic of identity and providing support”*

Safeguarding Issues in an LGBTQ Context course attendee

## 6.4 Safeguarding under 5s

<b>NHS and Sussex Partners ICON week 2021</b>	
<b>What was the multi-agency area of need identified/responded to?</b>	To promote ICON messages to reduce the incidence of Abusive Head Trauma. A weeklong multiagency approach to promoting the ICON programme via social media and other communication routes to expectant and new parents, wider family and grandparents and professionals with a focus on fathers and non-birthing partners day. 27 September to 1 October 2021.
<b>What action was taken to address that need?</b>	<ul style="list-style-type: none"> <li>• Communication and engagement focusing upon one week of intensive activity, reinforcing key messages.</li> <li>• Embed ICON as a preventative programme that supports and educates new and expectant parents to cope with the challenges of parenting and promote safe handling and safe sleeping.</li> <li>• Worked as a partnership to Identify and agree key audiences to target and collaborated to produce, own and implement plans that detail planned communications and engagement activities.</li> <li>• Enabled Primary Care providers, partners and stakeholders to promote key messages through their networks via a campaign toolkit.</li> </ul>
<b>What was the impact of that action on Children, Young People and Families? How have you measured this impact?</b>	<p>The data suggested there was some real traction in ICON week, leading to increased awareness of the ICON programme within East Sussex: Conversations readily occurring between professionals. Conversations are taking place at key opportunities and contacts with parents/expectant parents as well as the wider family and support network. Twitter engagement was up 30% while Facebook page had an increase of visits by 297%.</p> <p>There was a cascade to the website with an average of 600 users. This is compared to a normal average of 400 users within our ongoing campaign and under 100 outside of those periods.</p>

	The biggest increase in traffic to one page was the parent's advice page. To be expected as this was the main link used in the social media. This increased by 117% (1636 page views) in the week. Other pages of note were the resource pages where downloads saw an increase of between 100% and 200%.
<b><i>Voice of the child – provide feedback from service users on impact the project/initiative has had.</i></b>	Babies and young children need consistent nurturing and safe care to be able to thrive, develop and reach their full potential. By raising the profile of the vulnerability of babies and young children to parent's, carers and professionals with simple strategies to cope with crying, the impact helps to keep babies and young children safe from potential harm. Further work is planned to measure the impact of ICON over the coming year.

<b>Public Health - Reducing childhood unintentional injuries</b>	
<b><i>What was the multi-agency area of need identified/responded to?</i></b>	To increase awareness of the issue of childhood unintentional injuries (and key home safety messages) with both professionals and families in order to help prevent and reduce childhood unintentional injuries in East Sussex (particularly in the under 5's)
<b><i>What action was taken to address that need?</i></b>	In the 2020/21 Annual Report a number of initiatives were outlined, including: <ul style="list-style-type: none"> <li>• 'Keeping Children Safe' social media toolkit.</li> <li>• The East Sussex Child Home Safety Advice and Equipment Service (ESCHSAES).</li> <li>• A virtual accident prevention training offer.</li> <li>• The 'Staying Safe with Sam' resource for infant/primary schools.</li> <li>• Communications to highlight the significance of childhood unintentional injuries, including Child Safety Week and 'Keeping Children Safe' social media toolkit.</li> <li>• HALO Accident prevention training.</li> </ul>
<b><i>What was the impact of that action on Children, Young People and Families? How have you measured this impact? Voice of the child – provide feedback from service users on impact the project/initiative has had.</i></b>	<p><b>Keeping Children Safe social media toolkit:</b> Between March 2019 and Feb 2021, 285 social media posts were shared via the ESCC corporate social media page, with a reach of 10,295 and generating 949 reactions and 717 shares. Across all ESCC children's services social media accounts, a total of 779 social media posts were shared, with a reach of 158, 087 and generating 145 reactions and 174 shares.</p> <p><b>East Sussex Child Home Safety Advice and Equipment Service:</b> In 2020/21, referrals to the service and ability of the ESFRS to fit home safety equipment was significantly impacted by the COVID-19 pandemic. During 20/21 a total of 194 referrals were made to the service which was a reduction from the 303 referrals made in 2019/20. However at the end of 2021/22, the total number of referrals had risen to pre pandemic levels (302).</p> <p><b>CAPT Accident prevention training:</b> Between March 2021 and March 2022, 13 x 'Supporting Home Safety for Under 5's' courses were delivered, with just over 200 staff participating. Analysis of 172 pre and post course questionnaires demonstrate significant increases in knowledge and</p>

confidence. For example, in terms of 'knowledge and understanding of the current national and local context regarding accident prevention for children (0-4)', using a scale of 1-5 (with 1 being very low), the average participant self-rating pre course was 2.8, with this increasing to 4.1 post course. When asked to rate their agreement with a number of statements post course, 97% agreed or strongly agreed with the statement 'I now feel more able to provide home safety messages and recommendations to the families that I work with.'

**Staying Safe with Sam:** Due to the COVID-19 pandemic, it particularly challenging to gain feedback from education settings regarding use of the Staying with Same resource with reception year children (responses to an evaluation survey for schools were extremely limited). Use of the resource was evaluated with schools as part of the CAPT pilot (prior to COVID-19 pandemic and results can be found [here](#)).

**HALO Accident prevention training:** Between June 2019 and March 2022, 13 accident prevention training courses have been delivered, with a total of 134 participants from across 80 early years settings. Just over 50% of these settings were located in the 40% most deprived areas of East Sussex (based on Index Deprivation Affecting Children Index). Analysis of pre and post course knowledge questionnaires demonstrate a substantial increase in accident prevention knowledge post course, with 82% of participants who completed a post course questionnaire (n = 132) rating their confidence to relay accident prevention information to parents and carers as either 5 or 6 (1 = 'Not confident' and 6 = 'Very confident')

## 6.5 Updates from activities included in 2020-2021 Annual Report:

### ***Accident & Emergency (A&E) self-harm pathway with schools for children and young people (C&YP)***

To help keep children safer and to share their difficulties with their school, in 2020/21 a multi-agency task and finish group developed a pathway for information sharing from A&E to secondary schools, with consent. Agreement that if a parent or child has signed consent that their CAMHS care plan would be sent securely to their school.

Data is collated monthly regarding numbers of care plans sent on and to which schools. Any themes relating to individual schools are liaised with the schools safeguarding team.

The original pathway was for age 11+, however it has been proposed that it should be developed to include any child who is seen by CAMHS after attending emergency department with mental health or self-harm concerns. Usually for this age group (under 11) co-morbidities exist and it is common for the child to be awaiting a diagnosis for autism and social communication disorders.

### ***Elective Home Education (EHE) communication and training task & finish group***

In 2020/21 a task & finish group was commenced to address an uncoordinated and inconsistent approach to communication with the EHE team regarding potential safeguarding risks. Inconsistent

levels of knowledge and understanding were identified across teams within the partnership. Since reported in 2020/21;

- ✓ A network of EHE Leads has been developed (on the same model as SPoA) across other partnership teams, such as Duty and Assessment Team (DAT), MASH and Youth Support Teams. Health colleagues have committed to nominate EHE Leads
- ✓ ESCC EHE policy document has been embedded into current practice and was published on ESCC website in March 2021. The policy has been reviewed by an independent Practice Review author and agreed as best practice
- ✓ The vulnerability criteria was reviewed
- ✓ Communication links made with wider agencies, such as dentistry
- ✓ EHE training resources – a short series of training videos devised and delivered to raise awareness of EHE safeguarding risks

<https://web.microsoftstream.com/video/309be393-7271-46a2-90b3-6b1886a15b5d>

#### **EHE National update:**

- **21<sup>st</sup> July 2021 Education Select Committee published its report which states** *‘We are convinced that a statutory register of children who do not receive their principal education in a mainstream school, including home-educated children, is essential and that they call on the government to implement this as soon as possible’.*
- **December 2021 Case Law Change** subject of the High Court’s consideration in Goodred v Portsmouth City Council. This now gives local authorities (LA) the legal basis to request evidence from parents of a suitable home education without a cause for concern. The ESCC EHE policy is currently being changed with the support of the legal team and an Equalities Impact Statement.
- **3<sup>rd</sup> February 2022 Published consultation results Children Not in School.** The government will now legislate the following four duties following the necessary time in parliament:
  - A duty on LAs to maintain a register of children of compulsory school age who are not registered at school, including flexi-schooling arrangement.
  - A legal duty on parents to provide information to a register. It will also include securing resources to implement this.
  - Place a duty on unregistered settings to register children accessing settings for the majority of a child’s week.
  - A duty on local authorities to provide support to EHE families where this has been requested.
- **1<sup>st</sup> March 2022** Further government consultation completed by Teaching and Learning Partnership on the proposed costs for a register and the potential support offer for families.

#### **Multi-agency safeguarding Hub - Specialist health provision**

In 2020/21 a 6-month pilot took place for a Multi-Agency Safeguarding Hub (MASH) Specialist Nurse Safeguarding Children (SNSC) and Admin Assistant. The purpose was to strengthen the process of health information gathering around children and young people to inform decision making within

the MASH. Following the successful pilot, permanent funding has now been agreed for 2 Specialist Nurse/health practitioners in MASH, and a health administrator. Posts are recruited to and will be in post by end May 2022.

Whilst permanent funding has just begun, we have already received positive feedback about contribution to decision making; this is particularly relevant in cases where it is not clear about threshold for example impact of neglect on a child's health and welfare; or where they may be an impact on a child's developmental trajectory - for example very young children and impact of domestic abuse/parental mental ill health.

## 7. Evidence

This section of the ESSCP Annual Report sets out how the partnership are using evidence to determine its priorities; shape the way multi-agency partners have taken actions or adopted specific practice models; and evaluate the impact of partnership work. Examples of how the partnership have used evidence are also given in section 3 (Impact).

ESSCP priorities for 2020-23 were chosen because they were identified as of highest risk in the county, where multi-agency working is essential and where significant change and/or commitment is necessary to reduce risk. It is in such areas where the partnership can be most effective in scrutinising and supporting.

The following priorities were agreed for ESSCP focus for 2020-2023:

- **Safeguarding in Education**
- **Child Exploitation**
- **Embedding a Learning Culture**
- **Safeguarding Under 5s**

### 7.1 Safeguarding in Education

#### ***Why is safeguarding in education a priority?***

Everyone who encounters 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 can identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form a key part of the wider safeguarding system for children.

Strengthening safeguarding in schools has been a priority for East Sussex Safeguarding partners since 2015. During that time, many developments have been made to ensure that schools are able better to appropriately identify and respond to child protection concerns and effectively safeguarding children in school.

The ESSCP agreed that by making this area a priority for 2020-2023, there will be a continued focus on effective joint working between local agencies and schools, strategically and at a school level. The COVID-19 pandemic and extended school closures for most children highlighted to many services the critical importance of schools' role in safeguarding.

#### ***Safeguarding in education in East Sussex***

East Sussex schools responded well to the requirements for remote safeguarding throughout the pandemic. All schools engage with the local authority wide systems for monitoring and supporting the most vulnerable children during school closures/partial closures and encouraging their attendance at school to mitigate risks.

Key achievements during 2021/22 include:

- The January 2022 revision of East Sussex guidance to schools encourages schools to “be the EYES and EARS” in order to promote direct contact and communication with children temporarily not at school.
- All statutory safeguarding training for Designated Safeguarding Leads (DSLs) has now reverted to in-person training delivery and this is very welcome in terms of enhancing networking and building relationships with new DSLs. In some cases however, the training programme has been enhanced and improved through the virtual delivery; a new training module, *Advanced DSL programme*, has been developed to support DSLs manage complex safeguarding issues such as managing disclosure of Child Sexual Abuse.
- Joint funding from the Police and Public Health has provided for two county-wide preventative curriculum programmes for secondary and special schools. These programmes have focussed on County Lines, and peer on peer Sexual Harassment, including PSHE training and resources, and Theatre in Education performances for students.



Video of pupils discussing the AlterEgo productions regarding healthy relationships

### ***Focus for safeguarding in education in East Sussex***

This academic year has provided on-going challenges for school leaders with regards to safeguarding. Most schools report that new safeguarding issues for different groups of children have emerged. These include higher incidences of children witnessing domestic abuse, demonstrating harmful sexual behaviour, and experiencing mental health issues.

Planned activity for 2022/23 includes:

- Continuing the ESSCP Task and Finish group focusing on Harmful Sexual Behaviour (HSB) in schools.
- A Police and Public Health funded preventative education project on Violence Against Women and Girls for all secondary and special schools.
- The development of toolkits for schools such as the Self-harm Toolkit.
- Training for DSLs, including the Sexual Risk Leads Programme and the Advanced DSL Programme

### **USING EVIDENCE: Ofsted Review of sexual abuse in schools and colleges (June 2021)**

The “Everyone’s Invited” national campaign highlighted the issues of peer-on-peer harmful sexual behaviour (HSB) in schools and colleges and led to Ofsted conducting a review of sexual abuse in schools and colleges. That review recommended that local safeguarding partners should work to improve engagement with schools on this issue.

Following agreement at the ESSCP Steering Group, a Task & Finish Group was formed, with broad multi-agency engagement and representation from all types of schools. This group reviewed learning from the Review, existing multi-agency data sets – which captured incidents of peer-on-peer abuse – as well as gathering further specific data directly from schools.

The work of this group will continue in to 2022/23, however it has made recommendations for additional resources and training for schools which will strengthen and add to the existing East Sussex Protocol for Managing Peer on Peer Harmful Sexual Behaviour in Schools. Schools already receive guidance and support with their PSHE/RSE provision through Public Health funding. A recent round of Theatre in Education for secondary schools has supported classroom learning around HSB. An emerging recommendation is around sustaining intervention for secondary schools, as well as developing additional and specific input for primary schools.

To inform the work of this group local organisation ‘Priority 1-54’ completed a pilot project of creative workshops across five educational settings in East Sussex, to explore children’s perceptions, understanding and experiences of HSBs.

Schools have been involved in the LCSPRs of a number of children during 2022/23. Some key learning for education has been identified through a couple of reviews and these will result in multi-agency action plans. One example of this is the development of the Vulnerable Learners’ Protocol to support schools and colleges in managing transition to post-16 education.

### ***Evidence to measure success (2021-22)***

- ✓ **The number of schools where Ofsted has rated ‘safeguarding’ as effective.**  
All OFSTED Inspections of state-funded schools to date this academic year, safeguarding has been judged as effective. One independent special school’s residential provision was judged as ineffective in terms of safeguarding.
- ✓ **Increase in the proportion of schools who complete their annual s175/157 safeguarding audit.**  
Of the 190 state funded schools, 182 have returned their audit. For Independent schools, only 9 out of 34 have so far returned.
- ✓ **The proportion of secondary and special schools that participate in the multi-agency project on County Lines and Harmful Sexual Behaviour and evaluation data on impact.**  
All 26 secondaries and 7 eligible special schools took part in the County Lines and Harmful Sexual Behaviour projects. The ‘County Lines’ production reached 6300 students and ‘Unacceptable’ reached 6470 students.
- ✓ **The development and implementation of a multi-agency action plan to address HSB in schools arising from the work of the task and finish group.** This work is on track for completion July 2022.

## 7.2 Child Exploitation

### *Why is child exploitation a priority?*

Child Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual.

'County lines' is a form of criminal exploitation. It is a police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines'. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money.

East Sussex Safeguarding Children Partnership has a strategic focus on child exploitation due to the geographical location of East Sussex, its transport links with London and the mix of rural and city conurbations.

### *Tackling child exploitation in East Sussex*

The MACE action plan is focused on four areas:

- **PREVENT** - Raising awareness and delivering targeted responses to Criminal Exploitation
- **PREPARE** - Working in partnership, with strong leadership, effective systems, and professional support to tackle CSE
- **PROTECT** - Safeguarding young people
- **PURSUE** - Intelligence gathering, disruption and prosecution

Key achievements during 2021/22 include:

- Development of multi-agency disruption training, and disruption toolkit implemented. Audit of cases demonstrated an increase in use of disruption techniques from 12% to 58% of all MACE plans at the end of quarter 3.
- No looked after children have been permanently excluded in 2021/22
- Sharper focus on recording of risk, recognition of protective factors, education, action plans – including disruption – clear timescales and accountability.
- Implementation of CACE Programme (Parent/Carer trauma informed programme) offering a bespoke support offer to children at risk of exploitation over a 6 week group sessions.
- Co-location of Police 'Missing and Exploitation' Officer in MASH, allowing dedicated resource to focus on all missing strategy meetings and improved use of data and information software to target children at highest risk.
- Implementation of Education Review Meetings for children discussed at MACE, to secure resources from Violence Reduction Partnership to support individual student plans.

## USING EVIDENCE: Project ADDER

Project ADDER is a Home Office initiative to tackle drugs in Hastings which stands for Addiction, Diversion, Disruption, Enforcement and Recovery. It sees local agencies (Sussex Police, East Sussex County Council and health services) focus on coordinated law enforcement activity, alongside expanded diversionary programmes, to divert people away from offending.

Using the funding from the Home Office, agencies have developed a Sussex Police led campaign targeting young people in Hastings, to raise awareness of the personal implications and consequences of drug-related activity. The campaign will look to increase awareness of drug exploitation and educate on drug use amongst parents and carers. The campaign is called 'choose your future', where agencies hope to empower young people to think about the choices they are making through educating them on the risks of drug use and signposting to support services, where they can seek help.

As part of the campaign, Sussex Police have sought support from secondary schools and colleges, as well as health agencies and youth community groups in Hastings to distribute and share the campaign material and key messages. Sussex Police have also used out of home advertising, where the locations in Hastings have been informed by operational information/hot spots to reach those most vulnerable and at risk of drug harm and exploitation.

The campaign initially launched in Hastings and in early 2022 will look to be expanded force wide across Sussex.

### **Evidence to measure success**

- ✓ At the end of March 2022 there were 12 children registered on the MACE cohort, and a total of 34 children discussed at MACE in the 2021/22 financial year. During the year there has been a **44% reduction in 'red' cases and a 25% reduction in MACE cases overall**.
- ✓ Over the course of the 2021/22 year, 8 children have had their concern rating increased from amber to red, and **20 children have had their concern rating decrease** (only 1 child saw a RAG rating increase in the last 8 months, during which time 11 have decreased).
- ✓ The average time for a child to be removed from MACE due to lower risk is 11 months. 59% of the March 2022 cohort have been considered at MACE for four months or less.
- ✓ In 2021/21 only there were only **11 incidences of young people held overnight in police custody** compared to 26 incidences in 2020/21.
- ✓ There was a **slight increase in the number of children's social care assessments completed where 'gangs' is a factor**; 124 in 2021/22 compared to 115 in 2020/21.
- ✓ There was an **increase in the number of East Sussex hospital admissions for assaults with a knife or sharp object among victims aged under 25** – a rise from 9 in 2020/21 to 15 in 2021/22.
- ✓ Across Sussex, there has been a reduction of -36% in the number of offenders of serious violent crime, aged under 25, compared to the previous year.

## 7.3 Embedding a learning culture

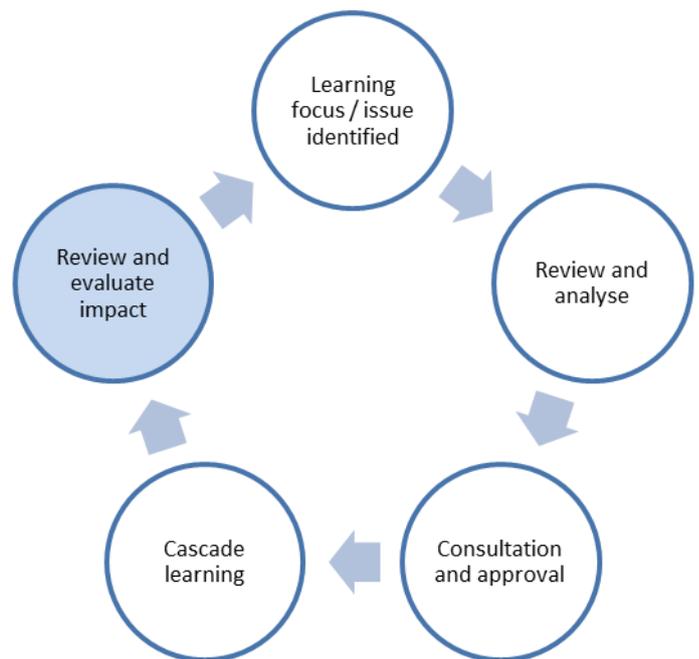
### *Why is embedding a learning culture a priority?*

The ESSCP is committed to creating and strengthening a learning culture across all agencies in East Sussex who work with children and young people. A culture which is open, and able to challenge all partner agencies, will be able to identify learning, improve, and then evaluate effectiveness. The ESSCP agreed to make 'embedding a learning culture' a priority to ensure that the partnership becomes better focused on learning with the following three aims:

- the learning reaches the right people.
- we have effective mechanisms for sharing learning.
- and we test that learning is embedding into practice and outcomes for children.

### *Embedding a learning culture in East Sussex*

One of the roles of the ESSCP is to ensure the effectiveness of safeguarding practice, which it does through evidence-based auditing, performance management, and self-analysis. The SCP ensures that there is continual evaluation of the quality of services being provided, as well as effective communication and joint working between all SCP partner agencies. The arrangements for assuring the effectiveness of safeguarding practice are set out in the **ESSCP's Learning & Improvement Framework**.



In addition, the partnership has focused on:

- Supporting the dissemination of multi-agency learning from Rapid Reviews, Local Child Safeguarding Practice Reviews, and audits (multi-agency and single agency) and the multi format ESSCP training offer.
- Linking learning to the other 3 ESSCP Priorities: Child Exploitation, Education Safeguarding and Safeguarding under 5's.
- Linking learning to wider agencies, such as the Safeguarding Adults Board, the National Safeguarding Children Panel and Child Death Overview Panel.
- Provide a simple 'one stop shop' for SCP professionals to access learning resources.

## USING EVIDENCE: Wood Report – Sector expert review of new multi-agency safeguarding arrangements (May 2021)

Following feedback from the Alan Wood Review and the National Safeguarding Panel's analysis of SCP's annual reports, the ESSCP Annual Report for 2021/22 has been restructured so that it is more clearly focused on the impact of partnership working; the evidence used to inform multi-agency working; how the lead safeguarding partners are given assurance of local safeguarding practice; and the learning arising from partnership review activity.

Examples of activity in 2021/22 include:

- Refresh of the ESSCP Learning and & Improvement Framework, with additional chapters on how the partnership uses 'Independent Scrutiny' and the 'Voice of the Child'. The refreshed framework includes a stronger focus on how learning will be disseminated and how partners will review and evaluate the impact learning has on practice.
- Quarterly communication plan for the ESSCP shared with the L&D subgroup.
- Learning briefings produced on completed LCSPRs and rapid reviews. 1 page learning briefings have also been published on learning from the Quality Assurance subgroup's multi-agency audits.
- Three 'Learning from Review' lunchtime seminars held in May, October and November 2021. These include learning arising from the Child Y and Child X LCSPRs.
- Board briefings from each quarterly board meeting shared with ESSCP network and uploaded on to ESSCP Website.

### ***Evidence to measure success***

- ✓ Front line staff and leaders/managers in every agency to know what the ESSCP is can recall learning themes from recent learning briefings
- ✓ Front line staff to feel confident in how to respond if they have a safeguarding concern.
- ✓ Staff to know where to look for more information/resources on safeguarding themes.
  - *to be evidenced via 2022 Section 11 process or other survey.*

## **7.4 Safeguarding under 5s**

### ***Why is safeguarding under 5s a priority?***

Local and national learning tells us that babies and young children are particularly vulnerable to abuse and neglect. Following on from two local serious case reviews involving babies and young children, the ESSCP decided to focus on 'safeguarding Under 5s, as one of its key priorities, to ensure that action arising from the reviews was coordinated and the profile of safeguarding under 5s was raised across partner agencies.

Nationally, babies under 12 months old continue to be the most prevalent group notified to the national safeguarding panel following serious incidences, with around 40% of serious case reviews involving children aged under 1. There were also a high proportion of cases involving non-accidental injury and

sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk. In the first few months of the 2020 Covid lockdown the ESSCP also completed three rapid reviews following serious safeguarding incidents involving non-accidental injuries involving children under the age of one. Learning arising from these reviews was compiled in a learning briefing for professionals and a combined action plan produced, which has informed ongoing work in this priority area, and is monitored regularly by the ESSCP Case Review Group and Steering Group.

Learning from the Pan Sussex Child Death Overview Panel has also highlighted the need for a multi-agency response to the number of incidences of sudden and unexplained infant deaths where modifiable factors were identified.

### ***Safeguarding in Under 5s in East Sussex***

The 'Safeguarding Under 5s' action plan is jointly owned by the Designated Nurse for Safeguarding in the CCG and the Children's Lead in East Sussex Public Health. The leads were supported by a short-life Task and Finish Group to drive ahead action in this area. In 2021/22 the Task and Finish Group agreed it had met its objectives and ended the group, however the network of key professionals still exists to share information and resources on this topic.

Key achievements during 2021/22 include:

- Embedding of ICON across multi-agency network to reduce abusive head trauma – this included the launch of the first national ICON week in September 2021, to raise awareness of infant crying and how to cope amongst professionals and the general public, led by Sussex CCG and the Sussex Safeguarding Children Partnerships. Direct training sessions have also been delivered to different groups of professionals, including GPs, midwifery, Sussex Police, health visitors, early help, and children's social care.
- Updating of Pan Sussex procedures on non-accidental injuries (including bruising) and leaflet for parents on 'bruising on non-mobile babies – what happens next?'
- Launch of a social media toolkit to raise awareness amongst professionals and the general public to reduce and prevent childhood unintentional injuries, highlighting how many accidents can be prevented with the right knowledge.
- Research conducted on fathers and non-birthing parents. Learning to be embedded into partnership training.
- Sussex wide conference for front-line staff, managers and strategic leads on Safeguarding Under 5s. Over 200 staff attended the virtual event which included key note speakers on learning arising from the National Child Safeguarding Panel reports on 'The Myth of Invisible Men' (non-accidental injuries in under 1s), 'Out of Routine' (SUDI in families where children are at risk of harm), and the importance of early years mental health.

### ***Evidence to measure success***

- ✓ There has been a very **small reduction in the number of women in East Sussex who smoke at the time of delivery** (12.2% compared to 13.2% at the same point in 2020/21), however this is still much higher than the England average of 8.5%.
- ✓ There have been **no child deaths across Sussex involving abusive head trauma (AHT)**, over the past 2021/22 and 2020/21 years. This follows three suspected AHT in 2019/20.
- ✓ Reduction in the number of children aged under five with a child protection plans

- ✓ The **number of children aged 0-4 attending East Sussex hospital A&Es due to accidents has increased** by 11.8% from 2,507 in 2020/21 to 2,803 in 2021/22. Poisonings accounted for 122 of those attendances; falls from furniture accounted for 511 attendances.

### **USING EVIDENCE: The Myth of Invisible Men – Safeguarding children under 1 from non-accidental injury caused by male carers (September 2021)**

The National Child Safeguarding Review Panel report [The Myth of Invisible Men](#) published in September 2021 outlined the pressing need to engage with fathers and father figures more effectively:

“In summary, we believe that those leading and commissioning services and practitioners active in this work should do more, much more, to make the seemingly invisible visible and the hidden known. Much more must be done to offer the necessary support, challenge and engagement with the men with whom they work or with whom they should be working in order to prevent more babies suffering the harm described in this report.”

“It is the recommendation of this review that all local safeguarding partnerships respond comprehensively to these challenges and develop local strategies and action plans to support improved practice and effective service responses.”

Coupled with learning arising from recent Serious Case Reviews and rapid reviews, between October 2021 and February 2022 independent researchers were commissioned to complete qualitative interviews to gain a greater understanding of the views and experiences of fathers and non-birthing partners (FNBP), health professionals and pregnant women/mothers to help inform how, as a local system, we can improve our support to FNBP during the perinatal period.

## 8. Assurance

One of the roles of the ESSCP is to ensure the effectiveness of safeguarding practice, which it does through evidence-based auditing, performance management, and self-analysis. The SCP ensures that there is continual evaluation of the quality of services being provided, as well as effective communication and joint working between all SCP partner agencies.

The **Quality Assurance (QA) Subgroup** has the lead role, on behalf of the Partnership, for monitoring and evaluating the effectiveness of the work carried out by partners. 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. This subgroup is chaired by the Detective Chief Inspector of the Safeguarding Investigation Unit in Sussex Police.

Examples of assurance undertaken by the ESSCP during 2021/22 include:

- The **ESSCP has an Independent Chair** whose function is to provide challenge and scrutiny of the effectiveness of the lead partners and other relevant agencies, via the Board and Steering Group meetings, and to also work with the lead partners to ensure the effectiveness of the safeguarding work carried out by partners. In January 2022 the ESSCP recruited a new Independent Chair. Lay Members and Members of the Children in Care Council were part of the selection panel. The approach of both Chairs throughout year has been to act as a constructive critical friend to promote reflection and continuous improvement and to provide support to that improvement. Examples include: endorsing the need to conduct three Local Child Safeguarding Practice Reviews (LCSPRs) in arising from four serious safeguarding incidents; liaising with the National Child Safeguarding Panel on the rationale for decision making in rapid reviews; facilitating resolution of agency conflicts, championing local issues at national and ministerial level, and raising for action and scrutiny by Board of emerging issues.
- In addition to the Independent Chair, **three Lay Members** play a critical role in the partnership. The Lay Members act as further independent insight, on behalf of the public, into the work of agencies and of the partnership. As well as acting as critical friends at Board meetings, providing additional challenge and scrutiny, one Lay Member is a standing member of the SCP Case Review Group (CRG), and Lay Members are involved in the panel meetings for all LCSPRs. Their role has been critical at CRG – via the rapid review process and subsequent LCSPR process - in advocating the voice of the child. In 2022/23 the ESSCP will recruit new Lay Members as two of the three Lay Members will be leaving in summer 2022.

*“I have been a lay member on the Partnership Board for four years now. I continue to be impressed by the dedication and care with which all the agencies approach children’s safeguarding and their collaborative approach. This has not wavered even in the face of the stresses and demands of Covid. Everyone has settled into a pattern of virtual meetings which seem to work well and certainly reduces travel. Much of my time this year has been taken up with the Case Review Group. The number of rapid reviews and local child safeguarding practice reviews has been increasing in recent years and this group has a heavy workload. I have been pleased to see that there is focus*

*on monitoring changes in practice that come out of the learning from these reviews. There are detailed action plans drawn up from the recommendations and these are followed up. A number of the reviews have emphasised the importance of hearing the voice of the child and understanding children's lives from their perspective. This is an important issue for me and I hope, now that we are able to be out and about more, we might be able to re-look at how we consult children and young people about safeguarding. I continue to find the role of lay person interesting and would like to contribute in some way for a while to come".*

- The QA Subgroup reviews the '**ESSCP Performance Dashboard**' on a quarterly basis. The dashboard includes 60 performance indicators which are presented by: impact of multi-agency practice; children supported by statutory services; children with family related vulnerabilities; children with health-related vulnerabilities; and children whose actions place them at risk. Indicators are reviewed by the QA subgroup and escalated to the Steering Group if required. During 2021/22, performance indicators escalated by QA included the increase in referrals to Early Help; the significant decrease in the numbers of children held overnight in Police custody and in secure units; the rise in the numbers of unaccompanied asylum-seeking children – due to changes in government guidelines and arrivals via Newhaven Port; the continued rise in the numbers of children electively home educated, and the rise in the number of sexual offences recorded against children. The typical action is illustrated below:
  - **Action** The rise in sexual offences against children was escalated as a specific item for focus at the Steering Group. The Detective Chief Inspector of the East Sussex Safeguarding Investigation Unit in Sussex Police, with responsibility for rape and serious sexual offences, commissioned the Sussex Police Intelligence Team to undertake a specific piece of analysis looking at the profile of sexual offences across Sussex. The report was scrutinised at Steering and the QA subgroup and it was agreed that further work would be commissioned to support the work of the Harmful Sexual Behaviours (HSB) in Schools/Colleges Task & Finish Group.
  - **As a result**, the HSB Task & Finish Group has been able to target resources and support to schools where there have been reported incidences of sexual offences.
- The QA subgroup held only **three audits** during 2021/22, as two audits were cancelled due to capacity within Sussex Police to undertake non-statutory audits (this situation was closely monitored by the Independent Chair and Lead Safeguarding Partners). The three audits completed included a 'deep dive' audit on non-accidental injury to children under 2, one thematic audit on the step up and down between statutory social care and Early Help, and a regular case file audit looking across the whole front door safeguarding process. Key learning included:
  - ✓ The importance of professional challenge and escalation of concern.
  - ✓ The need for GPs to follow up with families when a child misses an appointment.
  - ✓ Providers should not use family members for translating and should access translator services.
  - ✓ To ensure agencies document the voice of the child in their assessment. Children's views are integral to evidence-informed practice.
  - ✓ The need for all agencies to engage fathers and significant men in their work with families.

- The Partnership has a key role in **evaluating the effectiveness of support for looked after children and care leavers** – it does this via the annual scrutiny of the ESCC Annual Looked After Child & Care Leaver Report, the Annual Independent Reviewing Officer (IRO) report, regular monitoring of key performance information in the ESSCPs quarterly dashboard, and via the Section 11 process.
- The Partnership has a key role in **evaluating the effectiveness of early help services** – it does this via the regular monitoring of key performance information in the ESSCPs quarterly dashboard and, in 2021/22, via a QA Subgroup audit on the robustness of the step-up and step-down between early help and statutory social care.
- In 2022/23 the ESSCP, along with Brighton & Hove SCP and West Sussex SCP, will hold its seventh bi-annual '**section 11**' audit. All organisations represented on the ESSCP are asked to complete a self-assessment and provide evidence of how they comply with s11 when carrying out their day-to-day business. The audit provides an indication of how well organisations are working to keep children safe. During 2021/22 representatives from the three lead safeguarding partners have been developing the tool, following feedback from agencies, to ensure it is more proportionate for agencies to complete and provides stronger assurance for safeguarding partners of the quality and effectiveness of safeguarding in individual agencies. The 2022 section 11 audit will be framed more as an 'improvement' tool, rather than simply demonstrating compliance with the standards, and more focus will be given to the scrutiny and follow up of agency and partnership actions.
- The Annual **Schools Safeguarding Audit Report (s175)** was presented to the ESSCP Board for scrutiny and challenge in January 2022. All schools (including maintained, independent, academies, free schools, and colleges) in East Sussex are requested to complete the safeguarding audit toolkit on an annual basis – assessing their practice in line with statutory guidance and local good practice. Engagement with the process is strong with 97% of state funded schools returning their audit. The audit provides schools with a robust framework against which they can evaluate their practice and identify areas for development as necessary and the data gathered by SLES Safeguarding, through having the audits returned to them, informs the ongoing development of guidance, training and support to schools. In the 2021/22 audit, online safety remains an area for development for schools. SLES Safeguarding is supporting practice in this area, having produced an [Online Safety Toolkit](#) for schools. Schools are in general very good at raising awareness around online safety with children, within the curriculum. The ongoing challenge for schools is raising awareness with parents. Despite best efforts most initiatives only land with a narrow band of parents, who are often 'tech savvy', and fails to reach the families who could most benefit from additional support, acknowledging this issue is broader than just schools' responsibility.
- Other examples of assurance work undertaken include:
  - ✓ **Health Visitor numbers and service capacity** has been a regular item at the ESSCP Steering, Planning and Board during 2021/22. Over the past year, the service continues to experience high vacancy rates with implications on the capacity of the service to identify safeguarding concerns with the families on their caseloads and provide support to prevent concerns escalating. In partnership with other agencies in May 2021, the service made the decision to suspend routine HV attendance at child protection conferences and core group meetings for children on child

protection plans and to suspend conduct of universal and enhanced HV antenatal care/services (such as the pre-birth contact). Lead Safeguarding Partners have closely monitored the situation, ensuring all relevant agencies are aware of the situation, and agreeing strategies to reduce and mitigate safeguarding risks.

✓ **Engagement of General Practice in Child Protection Conferences** was escalated to Steering Group following continued concerns about lack of GP engagement in CP conferences. Following consultation, to address the situation the:

- Safeguarding Unit has asked locality Social Work teams to invite and request information from GP practices 3 weeks in advance of Review Conferences to allow time for information to be collated and shared. Whilst the timescale for circulating professional invites and requests for information for Initial Conferences is unavoidably very tight the GPs receive the Strategy Discussion Record to alert them to safeguarding concerns.
- CP Chair has been contacting the GP practice if a report is not received in time for Conference, or if the information is not what is required, to explore the reasons and explain the importance.
- Safeguarding Unit also monitors late GP reports and where necessary the named GP for Safeguarding is made aware.

The Safeguarding Operations Manager and Named GP for Safeguarding have liaised closely to monitor and improve practice in this area. Whilst GP participation in person (virtual) is still rare, some progress has been made in information sharing and written participation. The improvements in direct communication between the CPAs and GPs has contributed to a better understanding of family need and risks to children which in turn informs safer decision making and planning. There is now improved GP input in to conferences. In Quarter 1 2020/21 there were a total of 19 late GP reports, compared to only 7 in Quarter 2 2021/22.

✓ **Scrutiny at Board of the report from the Manager at Lansdown Secure Children's Home**, highlighting safeguarding and behaviour management practice at the unit over the past year. Annual presentation of this report to the ESSCP is a regulatory requirement given the significant vulnerability of young people in secure establishments. The Board noted how the unit uses and monitors techniques such as enforced separation and restraint; and how a more values-based style at the unit had impacted on the continued reduced use of these techniques. The Partnership agreed to support further scrutiny of the use of these techniques through a quarterly review by representatives of the Partnership.

## 9. Appendices

### 9.A Safeguarding Context

Impact of multi-agency working		
Family contacts (to SPOA and other excluding MASH)	↑	The total number of Contacts is up 29% on last year (17,011 compared with 13,218). Contacts did not show the same drop in Jan/Feb as the previous year.
Information gatherings by Multi-agency Safeguarding Hub (MASH)	↑	MIG's is also up for the same period (19,383 compared with 17,452)
Referrals to statutory social care	↑	In 2021/22 the number of referrals to statutory social care was up 10% from last year (4,169 compared to 3,811)
Privately Fostered children	↓	Despite some fluctuations, the number of Privately Fostered children shows a gradually increasing trend, from 22 in Jun 20 to 45 in Mar 22
Children supported by statutory services		
Children with a child protection plan	↔	The number of CP plans has remained consistently below target this year, averaging 527 plans per month. Overall, the number of children with a CP Plan at the end of March was slightly higher than last year (536 compared to 525).
Looked After Children	↑	The number of looked after children has slightly increased to 628 at the end of March 2022, compared to 612 at the end of March 2021.
Unaccompanied asylum seeking children	↓	There were 46 unaccompanied asylum seeking children in East Sussex at the end of March 2022, slightly lower than at the same point in March 2021 (53)
Young people at high risk of child exploitation	↓	There were five children at high risks of child exploitation at the end of March 2022, compared to 9 at the end of March 2021. Overall, in the past 12 months there has been a 44% reduction in 'red' cases and a 25% reduction in MACE cases.
Sexual offences against children	↑	The number of sexual offences (penetrative and non-penetrative) has increased over the past year, from a total of 438 in 2020/21 to 542 in 2021/22 (24% increase)
Children with family related vulnerabilities		
Children living with domestic violence (MARAC)	↑	The number of MARAC cases is up 12% overall on last year (1,105 in 2021/22 compared to 986 in 2020/21). There were a total of 2129 children recorded on those cases.
Vulnerable young carers	↑	There were 371 children's social care assessments completed in 2021/22 where young carer was identified as a factor, this is an increased compared to 317 in the previous year.

Children educated at home	↑	1355 children were recorded as being electively home educated at the end of March 2022, compared to 1227 at the same point in 2021.
<b>Children with health related vulnerabilities</b>		
Children with disabilities with a Child Protection Plan	↑	At the end of March 2022 there were 19 children with disabilities with a child protection plan. This represents an average of 4% of all CP plans compared to 3% at the end of 2020/21.
Children attending A&E due to self-harm	↑	592 children in 2021/22 attended A&E in East Sussex hospitals due to deliberate self-harm, an increase from 445 the previous year.
Referrals to child mental health services	↑	A total of 3,653 new CAMHS referrals were received in 2021/22 a 39% increase on 2020/21 figure of 2,629.
<b>Children whose actions place them at risk</b>		
Missing episodes	↑	There were a total of 1,404 missing episodes in 2021/22, a slight increase (7.6%) on the previous 2020/21 figure of 1,305.
Births to under-18 year olds	↑	Awaiting Qtr 4 data. There were 12 live births in East Sussex hospitals to children under the age of 18.
Young people entering the youth justice system	↑	100 young people entered the youth justice system for the first time in 2021/22 compared to 91 in 2020/21.
Young people held overnight in Police custody	↓	There were only 11 occasions of young people being held overnight in Police custody in 2021/22, compared to 26 in 2020/21.

## 9.B: Board Membership

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex SCP Chair (To Feb.22)
Chris Robson (Chair)	Independent East Sussex SCP Chair (From Feb.22)
Louise MacQuire-Plows	Manager, East Sussex SCP
Victoria Jones	Manager, East Sussex SCP
Graham Cook	Lay Member, East Sussex SCP
Harriet Martin	Lay Member, East Sussex SCP
Jacqueline Muntzer	Lay Member, East Sussex SCP (From Oct.21)
Maxine Nankervis	Admin Support Officer, East Sussex SCP

Domenica Basini	Assistant Director for Safeguarding and Quality, Nursing and Quality Directorate NHS England
Gareth Knowles	SECamb Trust Safeguarding Lead, Clinical Supervisor
Jayne Bruce	Deputy Chief Nurse, Sussex Partnership Foundation Trust (SPFT)
Jo Tomlinson	Assistant Head of Safeguarding Children/Designated Nurse, Sussex CCGs
Judith Sakala	Named GP for Child Safeguarding
Martin Ryan	Named Nurse/Associate Director Safeguarding Children (Interim)
Naomi Ellis	Head of Safeguarding and Looked After Children, Sussex CCGs
Tracey Ward (Dep. Chair)	Designated Doctor Safeguarding Children, East Sussex
Vikki Carruth	Director of Nursing, ESHT

Andrea Holtham	Service Manager, Sussex CAF/CASS
David Kemp	Head of Community Safety, East Sussex Fire & Rescue Service
David Satchell	National Probation Service, Sussex (To Jul.21)
Jon Hull	D/Sup Sussex Police
Debbie Knight	National Probation Service (From Jul.21)

Annabel Hodge	Dir. Of Safeguarding, Bede's Senior School
Kate Bishop	Head Teacher, Rotherfield Primary School
Richard Green	Deputy Head Teacher, Chailey Heritage School
Richard Preece	Executive Head teacher, Torfield & Saxon Mount Federation

Ben Brown	Consultant, Public Health, ESCC
Catherine Dooley	Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services
Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services
George Kouridis	Head of Service, Adult Safeguarding (To Jan. 22)
Justine Armstrong	Safer Communities Manager
Liz Rugg	Assistant Director (Early Help & Social Care), Children's Services (To Feb.22)
Kathy Marriott	Assistant Director (Early Help & Social Care), Children's Services (From Mar.22)
Stuart Gallimore	Director of Children's Services (To Sep .21)
Alison Jeffery	Director of Children's Services (From Sep.21))
Sylvia Tidy, Cllr	Lead Member for Children and Families (To May .21)
Bob Bowdler, Cllr	Lead Member for Children and Families (To Jul.21)
Vicky Finnemore	Head of Specialist Services, Children's Services

<b>Jeremy Leach</b>	Principal Policy Adviser, Wealden District Council
<b>Malcolm Johnston</b>	Executive Director for Resources, Rother District Council
<b>Oliver Jones</b>	Strategy and Partnerships Lead, Eastbourne District Council (To Jul.21)
<b>Seanne Sweaney</b>	Strategy and Corporate Projects Officer, Lewes DC and Eastbourne BC
<b>Verna Connolly</b>	Head of Personnel and Organisational Development, Hastings Borough Council
<b>Kate Lawrence</b>	Chief Executive Home-Start East Sussex

## 9.C ESSCP Budget

### ESSCP – Actual Income and Expenditure 2021/22:

Actual Income 2021/22		Expenditure 2021/22	
Sussex Police	£35,000	Independent Chair	£28,618
Sussex CCG	£53,400	Business Manager(s) 1.4 FTE & Administrator	£106,063
East Sussex County Council (ESCC)	£114,300	Administration	£1,586
Training Income	£10,613	Trainer	£54,386
National Probation Service	£1,434	Training Programme and Conferences	£3,603
ESSCP brought forward from 20/21	£55,553	Projects	£15,000
		Pan Sussex Procedures	£7,455
		IT Software & Hardware	£64
		Safeguarding Practice Reviews	£29,670
		carry fwd (balancing fig)	£23,855
<b>Total</b>	<b>£270,300</b>		<b>£270,300</b>

### Projected Income and Expenditure 2022/23:

Projected Income 2022/23		Projected Expenditure 2022/23	
Sussex Police	£35,000	Independent Chair	£24,500
Sussex CCG	£53,400	Business Manager(s) 1.4 FTE & Administrator	£107,500
East Sussex County Council (ESCC)	£114,300	Administration	£1,500
Training Income	£7,500	Trainer	£58,000
ESSCP brought forward from 2021/22	£23,855	Training Programme and Conferences	£7,000
National Probation Service	Not yet advised	Projects	£15,000
		Pan Sussex Procedures	£7,500
		IT Software & Hardware	£1,500
		Safeguarding Practice Reviews	£9,870
		Carry fwd (balancing fig)	1,685
<b>Total</b>	<b>£234,055</b>		<b>£234,055</b>

## 9.D Links to other documents

### [East Sussex Health and Wellbeing Strategy](#)

This strategy is a framework for the commissioning of health and wellbeing services in the County. The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy.

The main priority is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, to enable us to do this over the next three years the strategy will focus on: Accountable care; Improving access to services; Bringing together health and social care; Improving emergency and urgent care; Improving health and wellbeing; Improving mental health care; Improving primary care; Better use of medicines; Better community services.

### [Sussex Police and Crime Commissioner – Police and Crime Plan 2021-24](#)

The Commissioner has identified the following four policing and crime objectives:

- Strengthen local policing
- Work with local communities and partners to keep Sussex safe
- Protect our vulnerable and help victims cope and recover from crime and abuse
- Improve access to justice for victims and witnesses

### [East Sussex Safer Communities Partnerships' Business Plan 2020-23](#)

The East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety every three years with an annual refresh in order to select work streams and plan activity for the year ahead.

Colleagues from the ESSCP and ESCC Children's Services work closely with the Safer Communities Partnership to respond to the broader threat of exploitation. Sustaining existing work within the partnership and developing new and existing relationships with partners is of particular importance to ensure that we are supporting vulnerable individuals within the community and helping them feel safe and confident in their everyday lives.

### [East Sussex Safeguarding Adult Board Strategic Plan 2021-24](#)

The ESSCP works closely with the SAB on the overlapping themes of Modern Slavery, Domestic Abuse, and Cuckooing. The two boards are also collaborating on a needs analysis for the cohort of 18-25 year olds who may be at risk of exploitation to identify any current gaps in service provision

## 9.E Acronyms

<b>ABE</b>	Achieving Best Evidence
<b>AMH</b>	Adult Mental Health
<b>B&amp;H</b>	Brighton & Hove
<b>BC</b>	Borough Council
<b>CAFCASS</b>	Children and Family Court Advisory and Support Service
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CC</b>	County Council
<b>CCG</b>	Clinical Commissioning Groups
<b>CDOP</b>	Child Death Overview Panel
<b>CQC</b>	Care Quality Commission
<b>CRG</b>	Case Review Subgroup
<b>CSARC</b>	Children’s Sexual Assault Referral Centre
<b>CSP</b>	Community Safety Partnership
<b>CYPT</b>	Children and Young People Trust
<b>DAT</b>	Duty and Assessment Team
<b>DC</b>	District Council
<b>DfE</b>	Department for Education
<b>EET</b>	Education, Employment, or Training
<b>EHE</b>	Electively Home Educated
<b>ESCC</b>	East Sussex County Council
<b>ESFRS</b>	East Sussex Fire & Rescue Service
<b>ESHT</b>	East Sussex Health Trust
<b>ESSCP</b>	East Sussex Safeguarding Children Partnership
<b>GP</b>	General Practitioner
<b>JTAI</b>	Joint Targeted Area Inspection
<b>LA</b>	Local Authority
<b>L&amp;D</b>	Learning & Development
<b>LAC</b>	Looked After Children
<b>LADO</b>	Local Authority Designated Officer
<b>LCSPR</b>	Local Child Safeguarding Practice Review
<b>LSCLG</b>	Local Safeguarding Children Liaison Groups
<b>MACE</b>	Multi-Agency Child Exploitation Group
<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>NHS</b>	National Health Service
<b>NPS</b>	National Probation Service
<b>QA</b>	Quality Assurance
<b>SAB</b>	Safeguarding Adults Board
<b>SCARF</b>	Single Combined Agency Report Form
<b>SCP</b>	Safeguarding Children Partnership
<b>SCR</b>	Serious Case Reviews
<b>SECamb</b>	South East Coast Ambulance
<b>SLES</b>	Standards and Learning Effectiveness Service
<b>SPFT</b>	Sussex Partnership Foundation Trust
<b>SPOA</b>	Single Point of Advice
<b>STP</b>	Sustainability and Transformation Plan
<b>SUDI</b>	Sudden Unexpected Death in Infancy
<b>SWIFT</b>	Specialist Family Services
<b>T+F</b>	Task and Finish
<b>YOT</b>	Youth Offending Team

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

**Date of meeting:** 13 December 2022

**By:** Director of Public Health

**Title:** East Sussex Joint Strategic Needs Assessment (JSNA) Update

**Purposes:** To present to the Health and Wellbeing Board an update on the Joint Strategic Needs Assessment for East Sussex and share plans for its refresh.

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## RECOMMENDATIONS

The Board is recommended to approve the JSNA refresh plans for 2023 and beyond.

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### 1. Background

1.1 The Joint Strategic Needs Assessment (JSNA) programme was established in 2007 and reports on the health and wellbeing needs of the people of East Sussex. It brings together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities. The JSNA is an on-going, iterative process, led by Public Health within the County Council.

1.2 [Statutory guidance](#) for Joint Strategic Needs Assessments states that the responsibility for overseeing JSNAs lies with the Health and Wellbeing Board and this has been reiterated in more [recent guidance](#) on health and wellbeing boards published in November 2022. In East Sussex this process has been led by Public Health on behalf of the Health and Wellbeing Board.

1.3 Since January 2012, all JSNA work and resources have been placed on the [East Sussex JSNA website](#) so that it provides a central resource of local and national information relevant to East Sussex.

1.4 Resources include local needs assessments, local briefings on specific topics, direct links to national tools containing local data, Director of Public Health (DPH) Annual Reports and signposts to other useful resources such as [East Sussex in Figures \(ESiF\)](#).

### 2. JSNA developments since the last report to HWB

2.1 COVID-19 and the local response has meant that we have had to re-prioritise some aspects of work within the Public Health team which has had some impact on the JSNA in 2022. JSNA updates have included:

- End of Life briefing, Dec 2021
- LGBTQ+ Needs Assessment, Dec 2021
- Health Inequalities briefing, Mar 2022
- Population projections briefing, May 2022
- COVID Overview, May 2022
- DPH annual report – Work, Skills and Health, July 2022
- State of the County Demographic Overview, Aug 2022
- Pharmaceutical Needs Assessment, Oct 2022

2.2 The plan had been to move the current content to a new interim site, which passes accessibility requirements, but this has been delayed. The transfer should complete in the next few weeks.

### 3. JSNA refresh project

3.1 As agreed in last year's report, the JSNA content needs to evolve and develop to meet the needs and challenges in East Sussex. There have been significant changes both from a population perspective, in part because of the pandemic, but also as a result of an evolving health and care system in East Sussex which includes the establishment of an Integrated Care Board at a Sussex level. The JSNA website also needs to develop alongside other resources, such as East Sussex in Figures, to make it easier for users to find the resources they need on population needs in East Sussex.

3.2 During the summer of 2022 a working group was formed to propose the next steps for the JSNA refresh. The group considered JSNAs from other local authority areas including those that were [identified as good practice](#) by the former Public Health England.

3.3 Whilst the JSNA is in statutory guidance (Health and Social Care Act 2012), there is no set format for their production with local areas free to manage and design JSNAs that fit their local requirements. The group were keen to move from a collection of useful resources to a JSNA that also answered some key questions and provided some key priorities to improve the health and wellbeing of people in East Sussex. The group also reviewed the different topics that were included in other JSNAs, and it quickly became clear that a new framework for the East Sussex JSNA was required to bring more structure to the JSNA resources. A Project Initiation Document (PID) was developed for a two phased project.

#### **Phase 1 - Planning**, to be completed by the end of December 2022

- Develop a shared understanding of the role of the JSNA in East Sussex.
- Develop a framework for the East Sussex JSNA content
- Agree who participates in the governance, prioritisation, development, and work programme of the JSNA.
- Develop a work programme and agree milestones for phase 2.

#### **Phase 2 – Building**, for 2023 and beyond

- To begin the JSNA work programme agreed in phase 1.

### 4. Phase 1 progress

4.0 The PID for the JSNA refresh has been shared and discussed at many meetings across East Sussex County Council (ESCC) and the wider system partnership which has enabled us to update and improve the proposed approach. Engagement has included all Department Management Teams within ESCC as well as the East Sussex Population Health Prevention and Health Inequalities Steering Group (Aug 2022) and the East Sussex Health and Social Care System Partnership Board (Oct 2022).

#### 4.1 Shared understanding of the JSNA

4.1.1 The working group have drafted a mission statement for the JSNA as follows

*Our Joint Strategic Needs Assessment (JSNA) identifies the current and future health and wellbeing needs and strengths of local communities. These resources help to inform decisions and plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex.*

## **4.2 Integration with East Sussex in Figures (ESiF)**

4.2.1 We are working with the Performance, Research and Intelligence team at ESCC on the replacement for East Sussex in Figures, which is necessary as it does not currently pass accessibility requirements and updates are no longer supported by the provider. The Head of Performance, Research and Intelligence sits on the JSNA refresh working group and the Head of Public Health Intelligence sits on the ESiF/JSNA replacement working group to ensure consistency in the approach.

## **4.3 JSNA Framework**

4.3.1 Appendix 1 contains the framework that we have shared and evolved during our phase 1 engagement work.

4.3.2 At the top of the framework will be an overall summary describing the key identified priorities in the JSNA. These will be developed from the resources within the rest of the framework. Within the overview section will be some accessible summaries of key issues across the life course which will focus on data for East Sussex.

4.3.3 The middle section of the framework will look at three big questions for East Sussex around how we improve healthy life expectancy, reduce health and wellbeing inequalities and understand need and demand now and in the future. These will explore local data and evidence in more detail and provide recommendations for action.

4.3.4 The lower section of the framework will explore the determinants of health and wellbeing looking at the local data, evidence and services relevant for each topic. Some will be briefings and/or links to other useful resources and some will require a more detailed comprehensive needs assessment. There are limited resources to undertake a needs assessment, so the choice of topics will need to be prioritised.

## **4.4 Types of resources required**

4.4.1 The types of resources within the framework will include strategic summaries, briefings, evidence reviews, accessible infographic summaries, area profiles and signposting to external resources such as tools, profiles and reports.

4.4.2 As well as resources within the framework, there will be clear links to relevant data, profiles and summaries as part of the integration with ESiF. These will include work on describing key demographic outputs from the 2021 Census, Indices of Deprivation, population projections and resources relating to equalities groups to help inform Equality Impact Assessments.

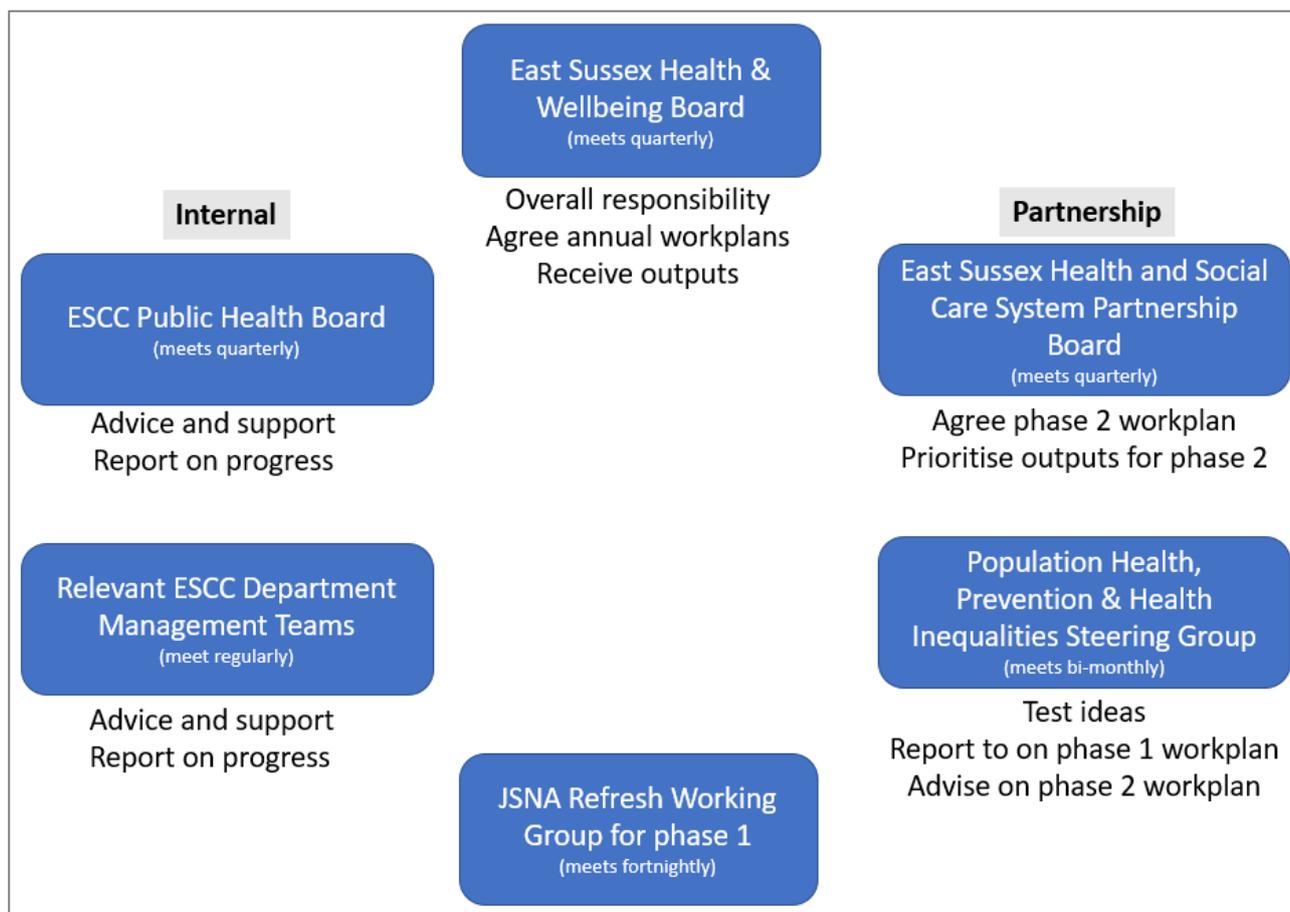
## **4.5 Joint approach**

4.5.1 Key to a successful JSNA is the joint approach from across the health and care system. The framework includes key collaborators for the JSNA, who will be involved in the design and production of the resources. This may involve the creation of task and finish groups to work on resources, or utilising/signposting to other resources to save duplication of effort.

## **4.6 Governance**

4.6.1 The working group are proposing a governance structure that includes both internal ESCC and cross partnership oversight.

Figure: Governance structure for the JSNA refresh



## 5. Workplan for phase 2 during 2023/24

5.0 The refresh will not be a quick piece of work so we will start on the following resources during 2023/24.

1. Complete the transfer of current JSNA resources to interim JSNA site whilst ESiF replacement is developed
2. Publish accessible overviews of key issues across the life course
3. Publish strategic summaries for each of the Big Three JSNA questions
4. Publish the key priorities from the JSNA based on work to date
5. Continue integration with ESiF replacement developing area profiles and local data to be explored by users

### 5.1 Proposed process for developing and agreeing an annual workplan

5.1.1 It is crucial that the JSNA workplan is developed to ensure that it meets the requirements of the Health and Wellbeing Board and supports the wider health and care system in East Sussex. This means that outputs need to be prioritised for development with commitment from key collaborators to support the design and development of those outputs.

5.1.2 The working group proposes that in the summer of 2023 the Population Health, Prevention & Health Inequalities Steering Group discuss the key resources that will be required 2024/25. These will then be taken to the East Sussex Health and Social Care System Partnership Board in the autumn to prioritise outputs for the workplan. This workplan will then be presented to the Health and Wellbeing Board in December 2023 for endorsement.

## **6. Conclusion and Reason for Recommendation**

6.1 The Health and Wellbeing Board is recommended to:

1. Endorse the approach and governance for the JSNA refresh programme.
2. Agree to the workplan for 2023/24 and the proposal for developing and agreeing future annual workplans.

**DARRELL GALE**

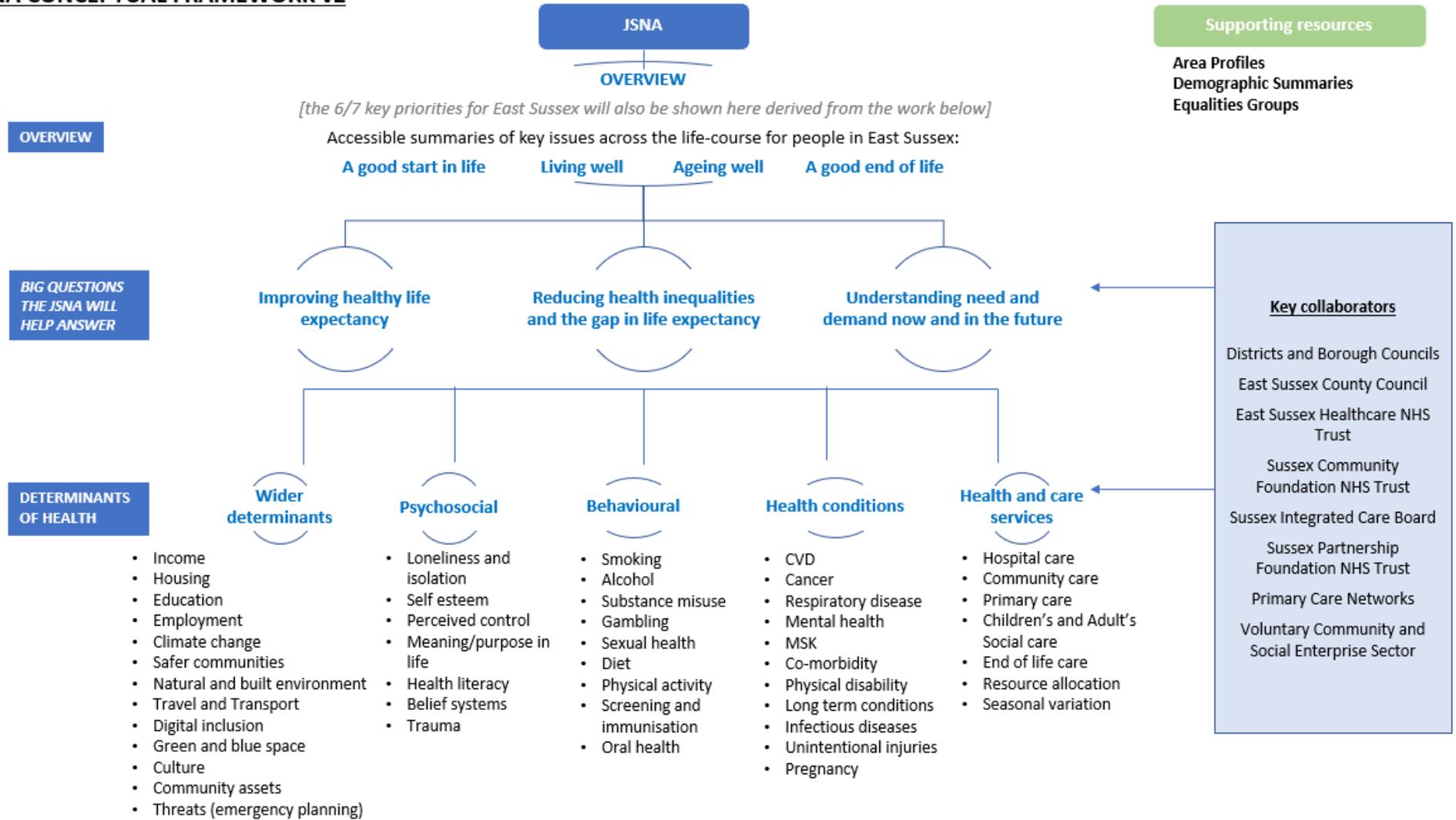
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# APPENDIX 1

## JSNA CONCEPTUAL FRAMEWORK v2



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

**Date of meeting:** 13 December 2022

**By:** Executive Managing Director, East Sussex, NHS Sussex and Director of Adult Social Care

**Title:** Draft Sussex Integrated Care Strategy

**Purpose:** To enable consideration of the key elements of the draft joint Sussex Integrated Care Strategy as they relate to East Sussex, and the suggested shared priorities to be taken forward on a partnership basis through the statutory Sussex Health and Care Assembly.

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## **RECOMMENDATIONS**

**The Board is recommended to endorse the draft joint Sussex Integrated Care Strategy, specifically the elements that relate to East Sussex and its alignment with priorities set out in the East Sussex Health and Wellbeing Strategy ‘Healthy Lives, Healthy People 2022 – 2027’.**

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### **1. Background**

1.1 At the last meeting of the Health and Wellbeing Board (HWB), alongside information about our local health and social care integration activity, the HWB received an update about the new statutory committee set up by NHS Sussex, East Sussex County Council (ESCC), West Sussex County Council (WSCC) and Brighton & Hove City Council (BHCC) – known as the Sussex Health and Care Assembly - and plans to develop the Sussex Integrated Care Strategy by December 2022. In summary this covered:

- The Sussex Health and Care Assembly’s role to formally agree the strategic direction for the system to meet the broader health, public health and social care needs of the population in the ICS footprint. This will be carried out primarily through considering Sussex-wide matters and producing an integrated care strategy for Sussex, building on local Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies in each of the three ‘places’ in Sussex (East Sussex, West Sussex and Brighton & Hove), and identifying a small number of key priorities to focus on collectively at a Sussex level;
- The unchanged statutory role of HWBs to provide whole system leadership and strategic influence over population health needs and how they are met in East Sussex, including ensuring commissioners have regard to and contribute to the delivery of the Joint Local Health and Wellbeing Strategy. As part of the new NHS Sussex commissioning arrangements, HWBs in Sussex will focus their role on overseeing place-based commissioning through the work of the three place-based health and care partnerships.

1.2 In light of this it is important that the HWB considers the draft Sussex Integrated Care Strategy, and is able to endorse it as aligning with and supporting delivery of the shared integration priorities identified to support the needs of the population of East Sussex. These are set out in our refreshed East Sussex HWB Strategy [‘Healthy Lives, Healthy People’](#) (2022 – 2027), which was agreed by the HWB in July 2022.

1.3 This report brings the draft Sussex Integrated Care Strategy (draft Strategy) for consideration. It replaces the programme update that we would normally bring to the HWB, as this work will further shape the context for our existing integration work, and specifically how the Health

and Wellbeing Board and the Sussex Health and Care Assembly can work together in the future to improve health, reduce health inequalities and integrate care for our population.

1.4 Once the draft Strategy has been approved by the Assembly the delivery planning stage will start, which will inform the next phase of our planning for 2023/24 to progress the shared priorities within East Sussex. A further report will be brought to the March meeting of the HWB on locally focussed implementation and delivery.

## **2. Supporting information**

### ***Health and Wellbeing Boards and Place***

2.1 Previous reports to the HWB have set out our new context for partnership working across the NHS, Local Government and wider partners to support improved health and integrated care for local populations. This includes the two new statutory bodies that make up the Sussex Integrated Care System (ICS): the new Sussex NHS Integrated Care Board (ICB) and the wider Sussex Health and Care Assembly 'integrated care partnership'.

2.2 The Health and Care Act 2022 made no changes to the role of Health and Wellbeing Boards, as statutory committees hosted by upper tier authorities responsible for assessing local health and care needs and agreeing a health and wellbeing strategy for their place. The East Sussex HWB brings together representation from the county council, borough and district councils, local NHS organisations, Healthwatch and voluntary, community, social enterprise organisations, and other key public services, to assess needs and agree strategies, focussed on improving health, care and the overall social and economic wellbeing of their populations.

2.3 The importance of 'Place', defined by upper tier authority and HWB boundaries, has also been recognised by our Sussex ICS to ensure a strong focus on local population health and care needs, integrated care and reducing health inequalities. This is in keeping with national Guidance and the flexibility built into the Health and Care Act for ICSs to develop arrangements suited to their local circumstances, that can support close working across the NHS and Local Government based on the principle of subsidiarity and the primacy of Place.

2.4 To support this a set of principles were agreed by Sussex ICS partners as the framework for how the NHS Sussex ICB will work with and in East Sussex, as one of three 'Places' in the Sussex ICS. Central to these principles is the agreement that Place is key to strategic leadership and implementation within the Sussex ICS, as well as the local commissioning and delivery of population services. Our existing informal East Sussex Health and Care Partnership enables joint working across organisations at Place to deliver the Health and Wellbeing Board Strategy, and associated plans and activities.

2.5 A summary of the new statutory arrangements and the supporting principles underpinning how we will work together is provided in Appendix 1, for reference.

### ***Draft Sussex Integrated Care Strategy***

2.6 The report to the HWB in September set out the new statutory responsibility for NHS Integrated Care Boards (NHS Sussex) and the upper tier Local Authorities in their area to work together to produce an integrated care strategy by December 2022. This included supporting co-production of the Strategy involving organisations across the Sussex Integrated care System (ICS), and engagement with our citizens and workforce to inform the strategy.

2.7 The draft Sussex Integrated Care Strategy (draft Strategy) is intended as a public-facing and accessible strategic statement of common purpose. Covering the period 2022 – 2027, it sets out the emerging areas that are being focussed on for developing the five-year strategy, which aims to improve the lives of everyone living in Sussex now and in the future and will address the needs of all our communities. Covering all ages across the whole life course it will:

- Help local people start their lives well;
- Help local people to live their lives well;
- Help local people to age well;
- Help local people get the treatment, care and support they need when they do become ill.

2.8 Following Assembly and partner discussions, the draft Strategy sets out the rationale for supporting a key shared Sussex-wide ambition to deliver this aim. This ambition is focussed on a new community-based approach, which will work with and within different communities to better understand local population needs and respond in the best possible way. This will enable a greater focus on keeping people healthy, supporting all aspects of people's lives and the specific needs of children and young people. The draft Strategy also sets out how a shared focus on the following critical areas will further enable this ambition to be delivered:

- Doing more to grow and support our workforce;
- Improving the use of digital technology and information, and;
- Building on the partnership working that has developed across health and care, including the Place-based Health and Care Partnerships that report into the three Health and Wellbeing Boards.

2.9 The summary of the shared ambition is set out in Appendix 2, and the full draft Sussex Integrated Care Strategy is included in Appendix 3. The draft Strategy has been shaped by the themes and insight gained from public engagement exercises over the last two years. The strategy summary has also been shared widely during November with the opportunity for the public and staff from across the system to provide feedback, in order to meet the expected timescales of a finalised Strategy by December 2022. This has included an online survey and engagement sessions with the Chair of the Assembly, and engagement on a face-to-face basis in towns and cities is continuing across Sussex. Analysis of the findings and themes will also be used to support the delivery plan.

2.10 Additional plans are being taken forward to scope a deliberative engagement exercise with frontline staff, which will continue in the coming months to support the delivery planning process. An assessment of potential equalities and health inequalities impacts is also being undertaken of the draft Strategy and is due to be available in December.

### ***Addressing East Sussex population health needs***

2.11 The draft Strategy is informed by the Joint Strategic Needs Assessments (JSNAs) and the shared priorities in the East Sussex HWB Strategy '[Healthy Lives, Healthy People](#)' (2022 - 2027), and the supporting information and evidence that was used to refresh the HWB Strategy, including national strategies, plans and good practice guidelines.

2.12 The shared focus on the key ambitions and life course described in the draft Strategy complements and aligns with the agreed vision, ambition and strategic outcomes for the East Sussex population set out in '*Healthy Lives, Healthy People*'. This includes the shared ambition to ensure measurable outcomes - based on what local people have said is important - to deliver improved quality and experience of care and sustainable services focussed on prevention and early intervention, and improved population health and wellbeing across the key life stages so that children have a good start in life, and people are able to live well, age well and experience a good end of life.

2.13 There is alignment with the HWB Board's existing shared priority to develop more integrated care delivery in communities driven by the specific needs and challenges faced by the population, and enhance this to take in the wider range of services and support that impacts on health, care and wellbeing in our communities.

### ***Local feedback***

2.14 In response to early feedback from the County Council and our System Partnership Board regarding the critical importance of good mental and physical health in early years in order to increase prevention of ill health in later life, a strong focus has been included on supporting children and young people's health and wellbeing across the way the Assembly works together.

2.15 An earlier draft of the Strategy and the ambitions were shared at a meeting of the East Sussex Health and Care System Partnership Board on 22 November, to enable consideration of the alignment with the existing Place partnership plans focussed on the East Sussex population. In summary the Board members welcomed the broad reach of the Strategy, and emphasised the importance of avoiding too narrow a focus on direct health and care services to better enable action on prevention and the wider determinants of health and wellbeing.

2.16 ESCC gave consideration to an earlier draft of the Strategy at the meeting of the Leader and Lead Member for Strategic Management and Economic Development on 29 November. While supportive of the overall ambition and strong alignment with the HWB Strategy and local priorities, feedback was provided to strengthen the draft to enable Council agreement as a statutory partner at the Sussex Health and Care Assembly on 14 December. This has resulted in the current draft which has been strengthened in the following ways:

- The addition of a summary setting out how each Place has made a start with integrated care models and improving health in their communities and their plans to take this forward, in light of the key factors driving needs for services;
- A clear reflection of population, place and the ongoing role of HWBs and the three place-based health and care partnerships in leading implementation and delivery of the ambition;
- Acknowledgement of the strengths of our system and partnership work to date, and what this has been achieving for our population and communities, alongside the need to keep making progress with our shared priorities;
- Clarity about organisational sovereignty and accountability within our context of partnership work as a health and care system.

### ***Place implementation***

2.17 The summary in the draft Strategy about East Sussex describes the strong progress that has been made through putting in place a range of integrated community-based health and social care services for children and adults of all ages, such as Health and Social Care Connect and Joint Community Reablement in Adult Social Care and Integrated Health Assessments across Health Visiting and Children's Services.

2.18 It sets out how our East Sussex Health and Care Partnership intends to build on this by co-designing and agreeing a model for working together in our communities across primary care, community healthcare, social care, mental health, and the full range of voluntary and community sector and accommodation-related support, driven by a deeper shared understanding of local needs. To support broader population health improvement this will link with the wider services that impact on social and economic wellbeing including leisure, housing and the environment and recently jointly agreed development of community and family networks and hubs.

2.19 This will help further inform how partners deploy collective resources more effectively to achieve the wider local vision and ambition for integrated care, through delivering the following shared objectives locally in communities:

- Greater levels of prevention, early intervention and anticipatory care to improve health outcomes for individuals and populations, and reduce health inequalities;
- Greater levels of joined up and personalised care to improve the experience and quality of care and reduce inequalities, building on the strengths people have and the assets they have in their lives and locally, and;

- Introducing new ways to remove the barriers that prevent staff and volunteers working in different teams from working together on the ground.

### **Next steps**

2.20 The draft Strategy will be considered for approval at the Sussex Health and Care Assembly meeting on 14 December 2022. Partners on the Sussex Health and Care Assembly are expected to oversee the development and impact of the final agreed Strategy, through the development of a shared five-year delivery plan to be updated annually, which will need to be finalised by March 2023 for 2023/24.

2.21 As part of this partners in East Sussex will review and refresh the existing Place governance and programme arrangements to ensure they enable the East Sussex Health and Care Partnership to coordinate leadership and delivery of the new approach, across all partners including the County Council, NHS Sussex, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and wider system partners including Primary Care Networks, the East Sussex Voluntary, Community and Social Enterprise (VCSE) Alliance, Healthwatch and Borough and District Councils.

2.22 National Guidance is also awaited on the implementation of key elements of the recent White Paper on health and social care integration '*Joining up care for people, places and populations*' (February 2022). As previously reported to the HWB, in the context of the new statutory ICSs this included measures to further enable the NHS and Local Government to plan, commission and deploy resources jointly at 'Place', to offer co-ordinated, joined up and seamless services that support people to live healthy, independent and dignified lives, and also improve outcomes for the population as a whole. National measures to be initiated during 2023/24 include:

- A lead officer for delivery agreed by, and accountable to, both the Local Authority and the NHS ICB (in the Sussex ICS this will mean a lead officer each for East Sussex, West Sussex and Brighton & Hove);
- A new national shared outcomes framework, with space for local Place priorities, and a resourced plan to support delivery;
- A proposed model for formally pooling resources, making decisions and planning jointly, and a review of the current legal framework for s75 Agreements to support increased financial flexibility;
- A series of proposed actions for workforce and carers including joint roles, career progression and workforce planning;
- Continuation of plans for digital maturity to support seamless data flow across all care settings (including social care providers), person-centred and proactive care at place level, and reporting outcomes.

### **3. Conclusion**

3.1 The draft Strategy is based on the principles of population and Place first (as set out in Appendix 1) and provides a helpful framework that aligns with and adds value to our existing Health and Wellbeing Board Strategy, and associated plans and activities. This recognises the HWB's role and contribution and that, within the Sussex ICS, Place is key to strategic leadership and coordination of plans for integration and the way organisations work together to deliver them in the three Places through local transformation, commissioning and delivery of population services.

3.2 In keeping with this, the draft Strategy sets out a helpful high level strategic statement of common purpose across Sussex, and the critical areas of focus for the Sussex Health and Care Assembly. This will support the Health and Care Partnerships to lead and coordinate work in the three Places aimed at delivering improved health, reduced health inequalities and integrated care for their populations.

3.3 The summary in the Appendix to the Strategy helps locate the key drivers of population health and care needs in East Sussex within the Strategy, the work we have been taking forward to address this and planned next steps which will help inform the strategy delivery plan in 2023/24. This cements a clear focus on leadership and implementation at Place level and avoids duplication. It also supports the principle of subsidiarity within our ICS and adds value through bringing a shared emphasis on a small number of key ambitions at a Sussex level.

3.4 There are no changes to each organisations' statutory role and responsibilities for services and budgets. The approach outlined in the draft Strategy will further help partner organisations focus on the things that can only be achieved well by working together, and the stated outcomes in our East Sussex Health and Wellbeing Board Strategy to:

- Improve Population Health and Wellbeing;
- Improve the quality and experience of care, and;
- Transform services for sustainability.

3.5 Consequently, members of the HWB are recommended to endorse the draft joint Sussex Integrated Care Strategy, specifically the elements that relate to East Sussex and its alignment with priorities set out in the East Sussex Health and Wellbeing Strategy '*Healthy Lives, Healthy People 2022 – 2027*'.

**JESSICA BRITTON**

**Executive Managing Director, East Sussex, NHS Sussex**

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Background documents

None.

Appendix 1 Summary of new statutory arrangements and the supporting principles underpinning how we will work together

Appendix 2 Developing our shared ambition – Strategy summary

Appendix 3 Draft Sussex Integrated Care strategy

## Appendix 1

### Summary of new statutory arrangements and the supporting principles underpinning how we will work together

#### 1) New statutory arrangements for partnership across the NHS and Local Government

- There are two new statutory bodies that make up the Sussex Integrated Care System (ICS): the new Sussex NHS Integrated Care Board (ICB) and the wider Sussex Health and Care Assembly 'integrated care partnership'.
- The Chair of the Health and Wellbeing Board will represent the County Council on the Sussex Health and Care Assembly;
- The three upper tier Councils in Sussex are represented on the NHS Sussex ICB by a Director of Adult Services, a Director of Children's Services and a Director of Public Health drawn from across the Councils;
- The Sussex Health and Care Assembly has been established by NHS Sussex ICB, East Sussex County Council (ESCC) West Sussex County Council (WSCC) and Brighton & Hove City Council (BHCC) as a statutory joint committee, to formally act as the Sussex 'Integrated Care Partnership' with responsibility for agreeing the strategic direction which meets the broader health, public health and social care needs of the population in the Sussex ICS footprint.

#### 2) Agreed principles for 'Place' within the Sussex ICS

The importance of 'Place' within our ICS has already been recognised by our Sussex ICS to ensure a strong focus on local population health and care needs, integrated care and reducing health inequalities.

There are three Places in the Sussex ICS based on the upper tier Local Authorities and Health and Wellbeing Board boundaries in Sussex – Brighton and Hove, East Sussex and West Sussex – each with informal health and care partnerships that enable joint working across organisations working at Place. In summary it has been agreed that the focus of Place and Place-based partnership plans is on the coordination and delivery of the following:

- Population health management using public health principles
- Addressing health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care – accelerate the development of Primary Care Networks (PCNs) and neighbourhood working
- Priorities for social care and housing, and other services related to delivering outcomes for our community
- Operational issues and pressures

The following high level principles have been produced to underpin how the NHS Sussex ICB will work with and at Place, to support close working between the three Local Authorities and the NHS in the ICS:

- The three Place-based Health and Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.

- In collaborating at Place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- The **Joint Strategic Needs Assessments** and the **Health and Wellbeing Strategies** agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at Place are identified.
- Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, and Borough and District Councils (where applicable), will be engaged to mobilise and support the best use of the resources collectively available.
- At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the **Integrated Care Strategy** for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- NHS Sussex is required to develop and implement a **Delivery Plan** that delivers the Assembly's Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex's Delivery Plan will be implemented through the three place-based Health and Care Partnerships, unless there is collective agreement that it makes more sense to deliver an element at the pan-Sussex level. NHS Sussex will align resources and management capacity to support the three place-based Health and Care Partnerships to implement the Delivery Plan
- Effective delivery at place therefore requires the full involvement of local authority partners in the development of NHS Sussex's Delivery Plan and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.



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**Sussex**  
Health&Care

# Improving Lives Together

Developing our ambition for a  
healthier future in Sussex

## Summary

*Better health and care for all*

Appendix 2

# What we are trying to do

We are developing an ambition for health and care that aims to improve the lives of people living across Sussex now and in the future.

It will be agreed across health and care organisations in December and set out what we want to achieve over the next five years.

Its purpose is to set out the areas of work that we want to achieve across the health and care system that will make the biggest difference to local people.

By working together across all partners, and with local people and communities, we will be able to combine our collective energy, resource and expertise to bring bigger benefits for our population.

It will be built on the Health and Wellbeing Strategies that are already in place across Brighton and Hove, East Sussex and West Sussex, is influenced by supporting information and evidence, has been shaped by feedback and insight from partners and the public engagement, and responds to a number of national strategies, plans and guidelines that need to be met.



The Sussex Health and Care Assembly has been established to oversee its development and its impact. The Assembly is a new statutory joint committee between the NHS Sussex, Brighton & Hove City Council, East Sussex County Council and West Sussex County Council, and includes membership from a wide range of leaders from the NHS, local authorities, universities, voluntary and community organisations, Healthwatch and other specialist members with expertise in further education, housing and local enterprise.

We will be discussing across organisations, staff, and our communities over the coming months what we need to do to make our ambition a reality.

# Why we need to change

A lot of work has already taken place across health and care over recent years to improve the support, care and treatment available, and the timeliness of how people access services, and progress has been made that has brought real benefits to local people.

However, we recognise this has still not gone far or fast enough in many areas and a lot of the issues we face can only be resolved with bigger, longer-term and more ambitious change.

There are many issues and challenges that are currently impacting on the health and care of our population, and the services that are available to support them, that means some people are not always getting the experience we all want.

These include:



## Greater need for services

We are seeing an increasing need for care and support, which is putting pressure on services and staff, meaning some people are waiting longer than they should for the care, support and treatment. This is due to a number of factors:

- Someone's life circumstances that are leading to poor health;
- Society and economic environment and conditions our local communities are living within;
- Our growing and ageing population that means more people need more care more often;
- Impact of the pandemic and the current cost of living on people's health and wellbeing.



## Health inequalities

We currently have communities and groups of people who have worse health, outcomes and access to services than other people because of who they are or where they live, particularly for those living in our most deprived areas.



## Disjointed care

Local people have told us that services and organisations do not always work in a joined-up way which can cause delays in care and treatment, resulting in poor experiences and outcomes. They have also said that the large number of health and care organisations providing care are variable in quality and can be confusing, making it difficult to know where to go for help when they need it.



## Use of digital technology and resources

We need to do more to harness the potential of digital technology to improve access and join-up of services. We also need to get more out of the resources we have available in terms of the buildings we use and the public funding we have to spend.



## Development and support for our workforce

There are three key issues that we need to address to better develop and support our workforce:



- The increasing pressure on staff is resulting in more people going off sick and more people leaving health and care professions.
- We are currently unable to recruit enough care professionals to cover vacancies in our services and it takes time to train and develop future staff.
- We are not doing enough to support staff to develop new skills which can be used in the best possible way across different teams and services.

***We now have an opportunity to respond and tackle to the issues we face across the Sussex health and care system.***

# Our ambition for the future

Our ambition is improve the lives of people living across Sussex by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them. We want to:



## Help local people start their lives well by:

- Improving mother and baby health and wellbeing and supporting parents and carers.
- Creating healthy environments for children to grow up in.
- Supporting good mental health for all children.
- Better supporting the most vulnerable children and young people.



## Help local people to live their lives well by:

- Supporting people to look after their own health and wellbeing.
- Supporting people to live, work and play in places that promote health and wellbeing.
- Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined up care.
- Ensuring more access to services for people who have traditionally been under-served, for example homeless people and other groups.



## Help local people to age well by:

- Ensuring fewer older people feel lonely or isolated.
- Helping older people to stay healthy and live independently for longer.
- Reducing the number of older people who suffer falls.
- Helping older people receive good quality care at the end of their lives and to die at a place of their choosing.



## Help local people get the treatment, care and support they need when they do become ill by:

- Tailoring care to support people in their own home, or as close to home as possible.
- Supporting the health and wellbeing of informal carers.
- Giving them access to the most appropriate and best experts and professionals as early as possible that best suits their needs.
- Giving greater joined-up care and support for people with long-term conditions and a number of health issues.



## Help our staff get more support, development and work in an by:

- Growing our workforce by making it easier for people to go into care professions.
- Providing more and varied training opportunities.
- Creating a more inclusive and diverse working environment.

# Achieving our ambition

We need to respond to the issues we face, and what local people and staff have said, and make the biggest difference to improve the lives of people living across Sussex.

We will do this with a **new Joined-Up Community approach**.

This will involve a different way of working to how services are working today. There will be three big differences:

- **Involvement of local people:** Local people, and carers, will be supported to have greater involvement and say in how health and care services work for them.
- **Joined-up working:** Teams of professionals and experts will work closer together across different organisations within local communities to tailor support, care and treatment to what local people need.



- **Partnership with communities:** Health and care will work with communities to shape support and care around what works best for them, building on what already works well and creating new solutions where needed.

We know that every community is different, and local people will have different needs, so there will not be a one-size fits all approach.

As well as changes to how services work, this new way of working will also have three big differences in how we approach health and care for local people:

- **Bigger focus on all aspects of your life:** We will be focusing on all areas of people's lives that influence their health and wellbeing.
- **Bigger focus on supporting you to stay healthy:** We will focus more of our effort, resource and expertise into helping people you healthy and supporting you to continue to live a fulfilled life if you do become ill or have a health issue.
- **Bigger focus on our children and young people:** We will be focusing on children and young people as we know giving them greater support will help them for the rest of their lives.



## Our success factors

For the new way of working to be successful, there are three critical success factors that we need to develop and improve:

- **Growing and supporting our workforce**
- **Improving the use of digital technology and information**
- **Maximising the benefit of partnership working**

# Success factor: Growing and supporting our workforce

To achieve our ambition, we need to grow and develop our workforce and make sure they are more supported to do the best job they can for local people.

There are five key areas we want to achieve:

- **Joined-up working** across the workforce.
- We want staff to be able to work more flexibly, to **develop more general skills** and expand the skills they have.
- We want to **develop more roles** that cover a number of different disciplines and bring greater expertise.
- We want to encourage and make it **easier for more young people to want and have a career in health and care**.
- We want to create a **culture where people feel valued and supported** to develop their skills and expertise at work.



# Success factor: Improving the use of digital technology and information

A lot of work has taken place to improve our use of digital technology and information to improve services and help people can access support, care and treatment more easily. However, we are not maximising the potential that it can bring and we need to now focus on how we can better do this to make our ambition a success. There are five key areas we want to achieve:

- We want to **connect information** across our health and care services, so the service and support you receive is as properly joined-up.
- We want to **improve the way services use technology** and how they share data to improve the support, care and treatment they provide.
- We want **staff to have access to the information they need**, wherever they are and whenever they need it, to better support the health and care needs of local people.
- We want to **support local people** to access and manage their own health and care information, care preferences and the way in which they wish to interact with services.
- We want to do more to **help people use and know how to use digital technology** in the way that will best suit them and their needs.

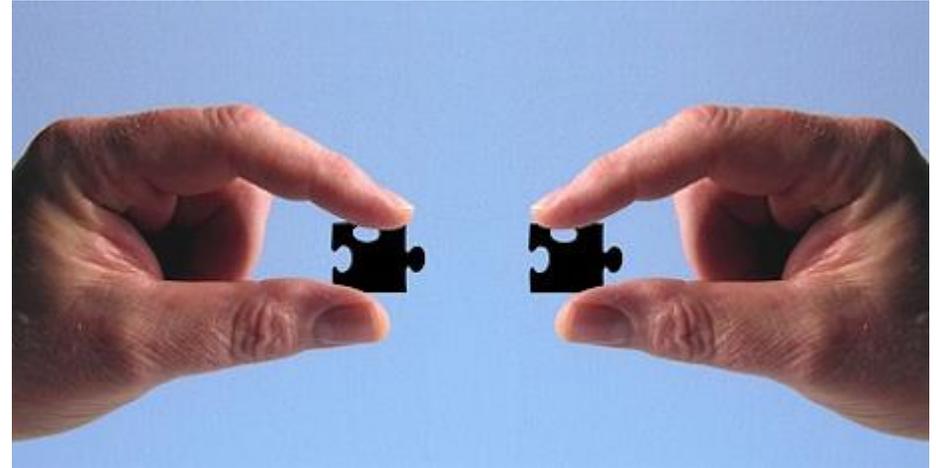


# Success factor: Maximising the benefit of partnership working

To achieve our ambition, organisations responsible for the planning, co-ordination, and delivery of health and care need to work closer together and with other organisations that play a part in influencing a person's health and care.

In addition to working at a local level with communities, we will do this in three ways:

- **More leadership at “place”:** We aim to strengthen how our organisations can work together formally across our populations in Brighton and Hove, East Sussex and West Sussex, focussing on distinct needs and challenges in our local areas. We call this working at “place” and it is where the local NHS, local government and a wide range of local partners come together to shape and transform health and care and the make the most of the collective resources we have available. Our three Health and Care Partnerships will increase ways to offer joined-up care and action to improve health and reduce health inequalities in our local communities.
- **Working across Sussex:** Our new “Health and Care Assembly” will strengthen how key organisations can work together formally on the complex and challenging issues that are shared across Sussex.



This is a new way of working and will mean more organisations will be able to contribute to improving health and care, through creating innovative solutions to help make sure our ambition becomes a reality.

- **Greater joined-up of the local NHS:** The local NHS will be doing more to join-up services across the 1,100 different NHS organisations across Sussex, to improve the experience and outcomes of local people and staff.

# Next steps

We are engaging with local people, communities, stakeholders and partners to make sure our ambition and what we want to achieve will make the biggest difference to improve health and care in the future.

We want to hear from as many people as possible to answer the following questions:

-  Does our ambition resonate with what you believe will make the biggest difference to improve the health and care needs of local people and staff?
-  Is there anything missing that needs to be considered?
-  What are the opportunities and how we can best harness and develop them?
-  What are the challenges and barriers we need to consider and what can be done to overcome them?
-  What changes do you think need to take place across our health and care system and communities to make the ambition a reality?



Achieving our ambition will need change, with how health and care organisations, services and teams work, and how communities interact and are involved in their own health, care and wellbeing.

Once agreed, we will be discussing across organisations, staff, and our communities over the next six months what this will actually look like and involve, and a plan for how we will achieve our ambition will be agreed early next year.



**Improving Lives Together**  
Our ambition for a healthier  
future in Sussex

## Our ambition for a healthier future

We want to improve the lives of people living across Sussex now and in the future and we will be working differently with our communities to make this happen. We want people to thrive and be the best they can be; to be healthier and feel supported; and have the best possible services available to them when needed.

We know this is not happening often enough at the moment, particularly for those who are the most disadvantaged in our communities.

Not enough people are being supported to live healthier. Too many people are living in poor health. And too many people are waiting too long for treatment or care. This is despite our dedicated health and care staff working hard every day to give local people the best care they can.

In some areas, this has been the case for many years, but things have been made worse by the impact of the pandemic and the current pressures on people's lives due to the cost-of-living crisis.

A lot of work has already taken place across health and care to make improvements and we have made some progress for our population. But this has still not gone far enough for some people and more needs to be done.

A lot of the issues we face can only be resolved with long-term change. We need to think and work differently to make a bigger difference to local people. And this needs an even greater and longer-term ambition to build on what we have done in the past.

*Improving Lives Together* represents that ambition.

We are building on the Health and Wellbeing Strategies we have in place across Brighton and Hove, East Sussex and West Sussex that focus on the priorities across our local populations.

In addition to this, we have agreed the areas that will make the biggest positive difference to people's lives that can be best achieved by working across the whole of Sussex. These are:

- **A new joined-up community approach to health and care.**
- **Growing and developing our workforce.**
- **Improving the use digital technology and information.**
- **Maximising the power of partnership working.**

We now have a better opportunity to make our ambition a reality because of the different way we – the organisations responsible for planning, providing, supporting and influencing health and care - are working together.

We will be strengthening how our organisations work formally in partnership across our populations in Brighton and Hove, East Sussex and West Sussex - what we call working at "place". This is where our organisations have already been working to

better join-up care and take positive action, co-ordinated through three Health and Care Partnerships whose work is overseen by Health and Wellbeing Boards.

We cannot do this alone though and will be working with local people, our communities, and our staff to make it happen. We will all need to be committed to making the changes we want to make and help support each other to do so.

### **Who we are**

The Sussex Health and Care Assembly is a formal joint committee set up between NHS Sussex, Brighton & Hove City Council, East Sussex County Council and West Sussex County Council. Its membership includes representatives from universities, voluntary and community organisations, Healthwatch, further education, housing and local enterprise, across Sussex. Although each organisation is responsible for decisions about its own priorities and resources, we want to use the approach outlined in *Improving Lives Together* to keep us focussed on the things we can only achieve well by working together. You can read more information on the Assembly [here](#).

### **About our Health and Wellbeing Boards and Strategies**

There are three Health and Wellbeing Boards in Sussex covering Brighton and Hove, East Sussex and West Sussex. They have a statutory role to bring together representation from local government, including borough and district councils, local NHS organisations, Healthwatch and voluntary, community, social enterprise organisations, and other key public services to assess needs and agree strategies, focussed on improving health, care and the overall social and economic wellbeing of their populations.

The Health and Wellbeing Board Strategies use local evidence, data and insight to set out the priorities for improving health and wellbeing of their populations, responding to the distinct issues and challenges in these places.

There are three Health and Care Partnerships that support the Health and Wellbeing Boards to deliver these strategies. The additional improvements we want to make in *Improving Lives Together* aim to support, build on, and accelerate these local priorities.

- [Brighton and Hove Joint Health and Wellbeing Strategy](#)
- [Healthy lives, healthy people: East Sussex Health and Wellbeing Board Strategy](#)
- [West Sussex Joint Health and Wellbeing Strategy](#)

# 1. Where we are now: Why we need to change

The majority of people in Sussex receive good quality support, care and treatment most of the time. Satisfaction rates are still high among those using services and a lot of work has taken place to improve health and care over the last few years that has brought real benefits.

This includes giving people better and quicker access to the right services when they need them. For example:

- We are creating more appointments at GP practices at more convenient times of the day.
- We have improved how people get urgent care by introducing Urgent Treatment Centres at hospital sites and expanding the 111 service.
- There has been an expansion of mental health services to include a single point of access service in West Sussex, to go along with that already in place in Brighton and Hove and East Sussex.
- More is being done to prevent people going to hospitals for care, such as the 'virtual wards' we are creating to support people at home, and the community diagnostic centres being rolled out to provide people with tests, scans and treatments closer to where they live.
- There has been greater focus and improvements on how people can manage long-term conditions and on supporting people's wellbeing.

During the Covid pandemic, all health and care organisations and staff worked together, and with our communities, to rapidly do whatever was needed to keep local people as safe and well as possible. Many of these ways of working have been maintained and improved, and the partnership working and learning from the pandemic has continued. We successfully rolled out the biggest vaccination programme in history and to date have delivered more than 3.8m jabs to keep people protected thanks to the efforts of health and care staff, and our partners.

## **Case study: Supporting people at home during Covid**

The Covid Oximetry at Home (CO@Home) and Covid Virtual Ward services were rapidly rolled out from December 2021 as part of the Sussex response to the pandemic. These supported patients to manage their Covid symptoms at home using simple technologies, that identified deterioration early. Patients were monitored virtually three times a day and clinical questions from doctors and healthcare professionals were sent via a portal, text, email or telephone call. Feedback shows the simple equipment and flexible contact methods made it easy for patients to monitor and report on their health and worked well for patients with learning difficulties, sensory impairment and mental health conditions, as well as those for whom English is not their first language. Across five months, over 2,100 patients were cared for by the services.

## People are telling us things need to change

Despite the good work to improve and maintain high quality health and care, local people are telling us they are not always getting what they need, when they need it.

We are constantly hearing feedback from individuals, communities and staff and we need to listen and respond to what they are saying. A lot of feedback is positive, but we also hear a lot about areas that need to improve. Every person has a different experience and story to tell, but there are common themes people keep telling us:

- **People say we need to improve access to services**

*“Getting to see the right service can be slow, inaccessible and makes you reluctant to ask for help. You don’t want to bother emergency services which are already stretched and not the correct first point of call, so you just muddle through and feel unwell.”*

- **People are finding care disjointed and a confusing ‘system’**

*“Services can be disjointed and appointments often seem unnecessary. Some services could be made much more accessible by being community based.”*

*“My mother has a complex condition, both mental and physical. The biggest challenge has been dealing with all the different teams, being batted around, and no one really taking responsibility. You don’t want to have to repeat your situation with each person you come into contact with. You can feel like you’re going back to square one.”*

*“I am carer for my husband who has Alzheimer’s. I struggle to get help as the whole process from diagnosis is too confusing. You end up feeling you have been left to get on with it.”*

- **People need more involvement in their own care**

*“Someone’s health belongs to them, not to the system. A person knows their body and mind best even if they can’t diagnose what’s wrong. They know what motivates and disincentivises them. A system built around the needs and preferences of an individual is more likely to see that person fully engage with it.”*

- **People need more focus on their individual needs**

*“I think the thing that gets missed is the individual person - what people actually need for them beyond a one size fits all. That’s where people fall through the gaps.”*

- **People need better access to information**

*“I know the information I need is out there but I either cannot find or access it. This is a problem that other family members have faced.”*

- **People need support for all aspects of their lives**

*“I think you should be working with local activity and social groups to help get people out in their local community to show that people can help them.”*

- **We need to better support our workforce**

*“Tackling the issues and supporting local people better can only be done if the workforce is sufficient and encouraged, not stressed to the point of leaving the service or becoming ill themselves.”*

*“I work in healthcare and don’t really feel I can progress beyond my current role. I’ve done the same thing for many years and would like to develop and learn new skills but I don’t know how best to do it.”*

### **How we have engaged with local people**

We have collated feedback from local people over the last two years to help shape our ambition. This includes:

- Direct feedback from **18,000** people.
- Face-to-face and virtual workshops with **420** people.
- **500** interviews and direct feedback through partners, including Healthwatch.
- **1,440** survey responses on our ambition priorities.
- Online communication that has reached more than **200,000** people across our website, social media and podcasts.
- **800** individual conversations in public engagement events during the summer and autumn of 2022.
- Engagement with communities who experience health inequalities and marginalised groups, working with the voluntary and community sector.

## **Understanding the reasons behind the need to change**

More people living across Sussex now need more support, care and treatment more often and the services currently available cannot keep up. This is causing some people to get sicker, experience delays and is putting staff under more pressure. We need to understand what the reasons are behind this so we can tackle them and make improvements.

Across Brighton and Hove, East Sussex and West Sussex, there are unique strengths and challenges, which contribute to differences in the overall health of their populations. This informs the different approaches being taken in the three Health and Wellbeing Strategies and other local plans. There are also common themes across Sussex that we need to tackle and improve.

## Different factors affecting health

Many factors influence a person's health and wellbeing, most of which they are unable to control or improve themselves without support. Many different organisations are responsible for influencing these factors and they have not always worked in a joined-up way in the past. To make improvements, we need to consider all the factors and make sure all the organisations are working more closely together.

### What influences a person's health

- 40% socioeconomic factors, including education, employment, family support and income.
- 30% health behaviours, including smoking, diet and exercise and alcohol use.
- 20% health care, including access and quality of care.
- 10% physical environment, including housing and air quality.

## Growing and ageing population

We have a growing population, with the main reason being that more people are coming to live in Sussex. We also have an ageing population. This means more people are needing more care and support more often.

### Brighton and Hove

- 291,000 people live in Brighton and Hove.
- The population is predicted to increase by 3% by 2032.
- There is a younger population with 83% are aged under 60, but the greatest population increase is expected in the 65 and over age group.

### East Sussex

- 559,000 people live in East Sussex.
- The population is predicted to increase by 4.1% by 2032.
- Over half the increase in population is expected to be people aged 65 years and older.

### West Sussex

- 867,000 people live in West Sussex.
- The population is predicted to increase by 5.3% by 2032.
- Over half the increase in population is expected to be people aged 65 years and older.

## Living with long term conditions

Many people are living with long-term conditions that are affecting their day-to-day lives and need to be better supported to manage their condition. The common causes across all our populations are:

- Respiratory problems
- Mental health problems
- Lower backpain and joint problems
- Cardiovascular disease

## Health inequalities

There are avoidable and unfair differences in health between different groups of people across Sussex that we need to reduce. There are many reasons for 'health inequalities', including employment, where someone lives, income, housing, education, their ethnicity and their personal situation.

People living in more **deprived areas** have worse health and outcomes and there are big differences in life expectancy across Sussex which matches deprivation. The greatest levels of deprivation in Sussex are along the coast and in South West Crawley.

### Brighton and Hove

- The difference in life expectancy between the most and least deprived areas is 9.9 years for men and 7.7 years for women.
- The difference in the number of years a person can expect to live in good health ('healthy life expectancy') is xxx for men and xxxx for women.

### East Sussex

- The difference in life expectancy between the most and least deprived areas is more than 11 years for men and almost 10 years for women.
- The difference in the number of years a person can expect to live in good health ('healthy life expectancy') is xxx for men and xxxx for women

### West Sussex

- The difference in life expectancy between the most and least deprived areas is xxxx years for men and xxxx years for women.
- The difference in the number of years a person can expect to live in good health ('healthy life expectancy') is xxx for men and xxxx for women

## The impact of Covid and cost-of-living

The Covid pandemic, and the lockdowns we lived through, impacted on people's health and wellbeing in different ways. As a result, we have seen:

- More children needing support for mental health issues.
- Increasing alcohol consumption, smoking and obesity among adults.
- Physical and mental wellbeing of older people getting worse.
- Waiting times for procedures and treatment growing.
- Sicker patients coming into hospital.
- Inequalities made worse for some people, including ethnic minority communities.
- More health and care staff leaving the profession.

The current cost of living crisis is also having an impact on people's wellbeing and more are likely to need support and care as a result in future.

## Why services cannot keep up with the need

There are a number of reasons services are not always able to keep up with the growing need. These include:

- **How services are arranged and organised:** Services are currently run by different parts of the NHS, local authorities and other organisations and many people need support and care from more than one service at a time. Services do not always work seamlessly, which means they can sometimes feel disjointed, slow, and people have to repeat their stories many times.
- **Emphasis on prevention:** The majority of health and care services are focused on treating and supporting people when they become ill. This is often necessary but there is more that could be done to focus on helping to prevent people becoming ill in the first place.
- **Digital technology:** We have been developing new ways of using digital technology over the last few years to improve health and care services. But we are still not using it in the best possible way and not tapping into all the benefits it could bring.
- **Limited money and facilities available:** There is a limited amount of public funding available for health and care and this has an impact on investment in services. There is not enough money available to do everything we ideally would want to do, so we have to get the best value out of the funding we have. We are still using ageing buildings in some areas, which can make it difficult to provide high quality care and we need to think differently around how we can best use the buildings and land we have.

## Our workforce challenge

When we talk about workforce, we are describing those that keep people safe and who deliver care and support, either through paid employment or volunteering. Working in health and care is incredibly rewarding and those that do want to give the best possible care, in the best possible way. They are currently not always able to do this because of the growing pressure on services and the way some services are run. There are three main issues we need to tackle:

- **Retaining our staff:** The increasing pressure, and the lasting impact of their efforts during the pandemic, has resulted in some staff being stressed, overworked and tired, which is resulting in more going off sick and leaving health and care professions.
- **Recruitment:** We are currently not able to recruit enough health and care professionals to cover vacancies in our services and it takes time to train and develop future staff. Housing is also very expensive in some parts of Sussex, which can mean some staff are not able to afford to live locally and makes it more difficult to recruit and keep a local workforce.

- **Development:** We are not doing enough to support staff to develop new skills which can be used in the best possible way across different teams and services.

## Other areas we need to improve

Alongside our commitment to give greater support to our most disadvantaged people and communities, we have agreed three other areas that need particular focus:

### Children and young people

Our early years have a big impact on the rest of our lives. More children and young people are needing help and care, and the issues they have are more complicated and severe than they were, but services are not always able to meet this growing need. We have to give more focus on our children, young people and families, to better support them in all aspects of their lives. This includes the environment they grow up, their education, and the support around them. We need to give particular focus to children in and leaving care, those who need support to keep them safe, and young people as they become adults.

### Unpaid carers

Unpaid carers play an important role and on average have poorer health than people who are not carers. Over 10% of adults across Sussex say they provide unpaid care to a relative or friend. Many carers do not get the support they need and we need to do more to help them maintain their own health and that of those they are caring for.

### People who feel lonely and live in social isolation

The feeling of being alone and a lack of social connections can have major impacts on someone's health and wellbeing. This is an issue for people of all ages, but particularly for our older population, and we can make a big positive difference by giving them more support.

## 2. Where we want to get to: Our ambition for a healthier future

We are taking collective action to respond to what local people are telling us and to tackle and improve the issues.

Our ambition is to improve the lives of people living across Sussex by supporting them to live healthier for longer and making sure they get the best possible care and treatment when needed.

To make this a reality, we have four goals we want to achieve:

- Improve health and health outcomes for local people and communities, especially those who are most disadvantaged.
- Tackling the health inequalities we have.
- Working better and smarter, and getting the most value out of funding we have.
- Doing more to support our communities to develop socially and economically.

We will do this by organisations working closer together and differently with and within our communities to support people through each stage of their lives. We want to:

- **Help local people start their lives well by:**
  - Improving mother and baby health and wellbeing, especially for those most in need.
  - Creating healthy environments for children, young people and families to grow up in.
  - Supporting parents and carers.
  - Linking health and care up in a better way with education and schools.
  - Supporting good mental health for all children and young people.
  - Doing more to support the most vulnerable children and young people, including those in and leaving care, and those who need to be kept safe.
- **Help local people to live their lives well by:**
  - Supporting people to look after their own health and wellbeing.
  - Supporting people to live, work and play in places that promote health and wellbeing.
  - Supporting people to know how they can look after themselves better when they have a health issue.
  - Supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined-up care and support, including access to opportunities such as accommodation, housing and employment.
  - Ensuring more access to services for people who have traditionally been under-served, for example homeless people and other groups

- **Help local people to age well by:**
  - Ensuring fewer older people feel lonely or isolated.
  - Helping older people to stay healthy and live independently for longer.
  - Reducing the number of older people who suffer falls.
  - Helping people receive good quality care at the end of their lives and to die at a place of their choosing.
  
- **Help local people get the treatment, care and support they need when they do become ill by:**
  - Tailoring care to support people in their own homes, or as close to home as possible.
  - Supporting the health and wellbeing of informal carers.
  - Giving them access to the most appropriate and best experts and professionals as early as possible that best suits their needs.
  - Managing risk factors for long-term conditions.
  - Giving greater joined-up care and support for people with long-term conditions and a number of health issues.
  - Making sure people only need to use health and care services when they really need to.
  
- **Help our staff to do the best job they can in the best possible working environment by:**
  - Providing more support to them and creating a more diverse, inclusive and healthier working environment.
  - Encouraging and supporting more people to go into health and care professions, particularly young people and students.
  - Developing our staff to give them the skills they need to work more flexibly and progress their career.

### 3. What we will do to get there: Making our ambition a reality

We are not starting from scratch as we look to achieve our ambition. We have our Health and Wellbeing Board Strategies and other pieces of work underway that are making improvements all the time to try to meet the immediate needs of local people.

We will now be building on this with bolder long-term action and change that aims to make a greater positive difference to local people.

This involves developing '**Joined-up Community working**' that will better meet the specific needs of local residents.

To support this, there are three 'success factors' that we need to develop and improve:

- **Growing and supporting our workforce**
- **Improving the use of digital technology and information**
- **Maximising the power of partnerships**

So how will this work and what difference will it make?

#### Joined-up Community working

In future, health and care organisations will work in a more joined-up way with and within communities to better understand and respond to their specific needs. Support and services will be shaped around local people, rather than expect them to fit into the 'system'. When we say communities, we mean both the local area people live in and also communities that we know people identify with, such as those with the same interest, beliefs, or way of life.

#### What will be different?

This will involve a very different way of working to how health and care organisations have often worked with communities in the past. There will be three big differences:

- **Greater joined-up working:** Joined-up Community Teams of professionals and experts will work together across different organisations and within local communities to tailor support, care and treatment to what local people need. This will involve linking up all the services and organisations that influence a person's health, care and wellbeing - including primary care (GP services, pharmacy, dental and eye health services), social prescribing, community, mental health and social care services, hospitals, the full range of support provided by local voluntary and community organisations, and wider services such as public health, schools and lifelong learning institutions, leisure, housing, environment and support for business. When someone needs more specialist care and treatment, they will be better supported to get it as quickly as possible.

- **Different relationship with communities:** We want to change the relationship between health and care organisations, the staff providing services and those who are receiving care and treatment. We will work with, rather than 'doing to', people and communities to better understand their needs and circumstances, maximise the use of what already works well for them, and find solutions together to issues they face. This will involve greater engagement with local people, community leaders and those with lived experience.
- **Greater involvement of individuals:** Local people will be more involved in, and get more support for, their own health, wellbeing and care. People will be given more support to have the confidence to keep themselves healthy and, if they do become ill, help them manage better themselves so they can carry on living a fulfilled life. There will also be more involvement of, and support for, carers so they can stay healthy themselves and can better support the person they are caring for.

We know every community is different so there will not be a one-size fits all approach, and we will start by specifically focusing on communities who experience the poorest health and have the biggest needs.

As well as changes to how services work, this new way of working will have three differences in how we approach health and care:

- **Greater focus on all aspects of a person's life:** We will be focusing more on all the factors that influence a person's health. This will include doing more to support and contribute to local communities, such as supporting local businesses and employment, working in a more joined-up way with housing and education, the community and voluntary sector, and supporting and working with community groups and local initiatives that encourage healthy living.
- **Greater focus on supporting you to stay healthy:** We want to shift more of our effort, resource and expertise into helping people stay healthy and supporting them to continue to live a fulfilled life if they do have a health issue. This includes more of what we call 'proactive care' which focuses on prevention and not just cure. We will make sure more people get urgent, emergency and specialist care as early as possible when they need it to avoid their condition getting worse.
- **Greater focus on our children and young people:** We will focus more on supporting children, young people and families with every aspect of their lives to help them stay healthy and get the support, care, and access to services they need when they need it. This includes more support during the early years, working closer together with schools and further education, and providing more career opportunities.

## Bringing our ambition to life: Case study on Universal Healthcare in Hastings

The local NHS is currently working with councils, community and voluntary organisations and local people in Hastings to design and develop health and care services and support in the future. A project called 'Universal Healthcare' is already underway with a number of community engagement workshops taking place to understand the needs of local people and help shape how they can be better supported in the long term. We intend to be able to start new ways of working from Spring 2023 and this is a good example of the way we want to work with our communities in future.

## Our success factors

We have three success factors – workforce, digital technology and information, and partnership working - that need to be improved and developed. Without these, there will not be enough staff and the right expertise to give local people what they need, and services and organisations will not work in the best way.

### Growing and supporting our workforce

We want to support our staff and volunteers to do the best job they can by growing and developing our workforce. The number of people working in health and care has grown and we need to carry on increasing staff numbers but recruiting more is not the only answer. We need to also get the best out of the staff we already have.

There are five objectives we want to achieve:

- **Working as 'one team':** We want to create a 'one team' approach across health and care, as well as the voluntary sector, other professionals and volunteers, so they can work together and across different areas to help local people get the support and care they need.
- **A more multi-skilled workforce:** We will support staff to develop new skills and expand the skills they have. This will allow them to work across different disciplines and areas and help staff to have more opportunities to progress in their careers.
- **Creating an inclusive environment:** We want to create a more inclusive working environment that recognises diversity and has a workforce that better represents the population they care for.
- **More recruitment and career opportunities:** We will encourage, and make it easier for, more young people, students, and people who have never considered a career in health and care, to work with us. We will do this by working more closely with local further education, colleges and our universities. We want to employ more local people and we will give greater opportunities for those living in the most disadvantaged areas.

- **Learning culture:** We want to create a culture where people feel valued and supported to develop their skills and expertise. We want to take a 'lifelong learning' approach where people never stop developing their skills throughout their career.

## Improving the use of digital technology and information

We will build on the work that has already taken place to improve the use of digital technology. This will help staff make better decisions, work more efficiently and provide better care. It will also help local people access services more easily, to tell their story once and have more involvement and control over their own health and care.

There are five objectives we want to achieve:

- **Connecting services:** We want to connect information better across our different services to help them work in a more joined-up way.
- **Improving technology and sharing data:** We want to support organisations to improve the way they use technology and how they share data to improve the support, care and treatment they provide.
- **Supporting staff:** We want to help staff access the information they need, wherever they are and whenever they need it.
- **Giving local people information:** We want to support local people better to access and manage their own health and care information, care preferences and choice, and the way they wish to interact with those providing services.
- **Supporting people to use technology:** We want to do more to help people use and know how to use digital technology that will best suit them and their needs. This will help those who do not have regular access to technology or are unsure how to use it.

## Maximising the power of partnerships

In addition to working at a local level across our communities, organisations responsible for influencing health and care will be working more closely together and with other organisations for the benefit of local people.

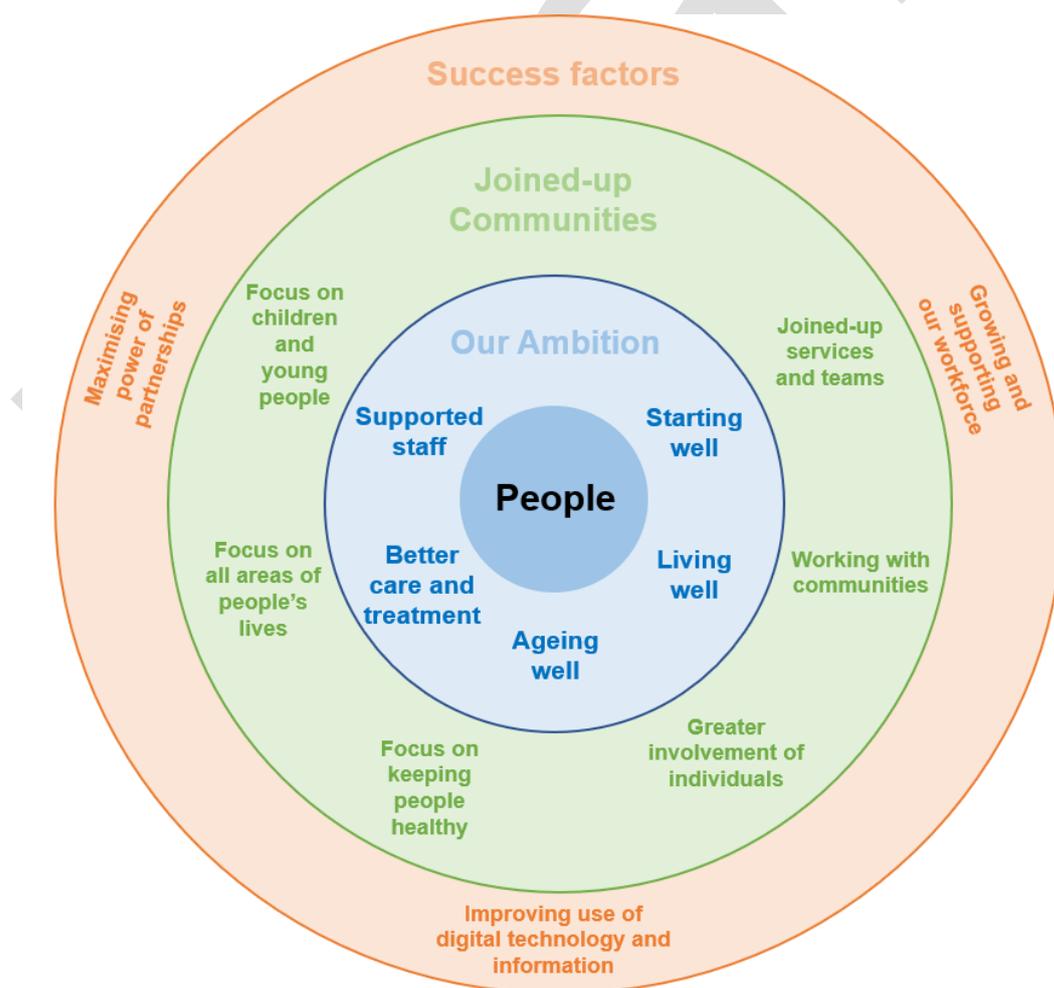
There are three objectives we want to achieve:

- **More leadership at “place”:** We will strengthen how our organisations can work together formally across our populations in Brighton and Hove, East Sussex and West Sussex, focussing on the distinct needs and challenges in our local areas. We call this working at “place” and it is where the local NHS, local government and a wide range of local partners come together to shape and transform health and care, and make the most of the collective resources

available. We will do this by working in our three Health and Care Partnerships to increase ways for our staff and volunteers to work together to deliver joined-up care and improve health in our local communities. More information can be found in the Appendices about how each place has made a start with this, and what we plan to do next.

- **Working across Sussex:** Our new Health and Care Assembly will strengthen how key organisations can work together formally on the complex and challenging issues that are shared across Sussex. This is a new way of working and will mean more organisations will be able to contribute to improving health and care.
- **Greater joining-up of the local NHS:** The local NHS will be doing more to join-up services in future. The NHS across Sussex is made up of 1,100 different organisations and we will be supporting them to work in a more effective and seamless way to improve the care and experience of local people.

## Our ambition in summary



## How this will benefit local people and staff

Achieving our ambition will bring real benefits to the lives of local people. Examples of what this will look like in future are set out below and are based on the situations of real people living across Sussex.

**Emily**, 13, lives with her mum, brother and cat in a block of flats. She used to like doing gymnastics but gave it up last year and now spends most of her spare time chatting to her friends on social media. She has been feeling quite anxious recently, is having more arguments with her mum and is less keen on going to school than she used to be. What will be different for Emily in future?

- There will be more health and wellbeing support for her at school.
- There will be more opportunities for her and her family to be supported by healthy activities, facilities, groups and services where she lives, both virtually and physically.
- There will be more and quicker access to health, care and wellbeing services if she does become ill or need support.
- She will have more opportunities to make health and care a career choice when she leaves school.

**Harpreet**, 42, is a mum of two and lives with her husband in an old Victorian terraced house. She is relatively healthy, goes to the gym whenever she can, and hasn't needed to use health and care services for a long time. What will be different for Harpreet in future?

- She will be better supported and informed to make her feel more confident about what she and her family can do to stay healthy.
- Her family will have more access to healthy activities.
- If she does become ill, she will be able to access the right service for her at a time that is more suitable for her busy life.
- She will be able to access services, and keep better track of her own health, through digital technology, such as her mobile phone.

**Dave**, 82, lives alone and has a number of long-term health conditions. His mobility is restricted, he doesn't go out of his house very often and needs support to travel. He needs care from a number of different professionals and services and his daughter is increasingly helping to look after him. What will be different for Dave in future?

- He will have a personalised care and support plan in place so she doesn't have to repeat his story and the number of contacts he has with services will be reduced.
- All the health and care professionals supporting him will know his needs and what is important to him.
- His daughter will be treated as one of the team supporting Dave and will also be supported herself.
- His condition and health will be regularly reviewed to prevent him from deteriorating.
- If he needs a higher level of care, this will be done in his own home through a 'virtual ward' and Urgent Community Response service.
- He will be supported to have more opportunities to meet other people socially.

## 4. How we will get there: Achieving our ambition

Achieving our ambition will need change, with how health and care organisations, services and teams work, and how communities interact with services and are involved in their own health, care and wellbeing.

We want to achieve our ambition over the next five years and we will not be able to do everything at once, with some things taking longer than others to get up and running. We need to be focused on what we can do and when. We will also need to do it in a realistic way, using the funding, staff and facilities we have available. This is alongside all the work that we continue to do every day to improve and maintain the immediate and short-term support, care and treatment local people need.

This will be a big challenge but we need to be ambitious and bold because just doing what we have always done, or what we are doing now, is not going to make the difference we want and need. This will need a collective effort and everyone will need to play their part.

How we will achieve our ambition is something we will be discussing across organisations, staff, and our communities over the coming months. We will be developing a plan that clearly sets out what actions need to be taken and will be agreeing across organisations how they will need to work differently in the future. We will engage with local people and staff to discuss what will be different for them and how they can play a role in supporting the change.

We will also be setting out how we will measure progress and success to make sure we know whether or not our ambition has become a reality.

### **How we developed *Improving Live Together***

*Improving Lives Together* has been developed with input from a large number of people. The Sussex Health and Care Assembly has been established to oversee its development and representatives have been involved in shaping what it looks like and agreeing the areas we want to focus on.

We have engaged with representatives and experts from NHS organisations, public health, social care, voluntary and community organisations, Healthwatch and other people who have an interest and knowledge of health and care.

We have used a significant amount of feedback from local people and communities from engagement carried out over the last two years and have been testing what we are proposing across our communities over the last six months.

Our ambition responds to a number of national strategies, plans and guidelines.

As well as being informed by the Health and Wellbeing Strategies across Brighton and Hove, East Sussex and West Sussex, we have used a range of evidence and supporting information. [This can be viewed here.](#)

## 5. Appendices

The following section summarises the key areas of focus and plans in Brighton and Hove, East Sussex and West Sussex. These form the basis of the work we are doing to achieve our ambition.

### Appendix 1: Brighton and Hove

Brighton and Hove has a population of 290,855 people (ONS estimates) and is the 131st most deprived local authority in England (of 317) according to the 2019 Index of Multiple Deprivation (IMD).

Brighton and Hove is a diverse city with:

- A younger population: 83% are aged under 60, but in planning for the future we know the greatest population increase is expected in the 65 and over age group.
- An estimated 11-15% of residents lesbian, gay or bisexual and an estimated 2,500 transgender residents.
- 19.5% of our population who are from a black or minority ethnic group and 20% of the population born outside the UK (higher than England at 16% and the South East at 14%).
- Over 3,000 known refugees/globally displaced migrants.

Some areas of the city - Whitehawk, Moulsecoomb, Hollingdean and pockets of Woodingdean - fall in the 20% most deprived areas in England. There is a life expectancy gap of 9.9 years between men in the most and least deprived areas and of 7.7 years between women in the most and least deprived areas. The gap in healthy life expectancy is 14 years between men and 12.5 years between women in the most and least deprived areas.

The city has the fifth highest rate of homelessness, the ninth highest rate of deaths related to drugs misuse, and higher than average rates of self-harm and suicide by local authority in England.

Alongside this, however, there are a number of positive health promoting assets across the city – such as access to green space - and higher rates of some positive lifestyle behaviours and activity. For example we have high rates of breastfeeding, and more people use outdoor spaces for exercise or health reasons in Brighton and Hove than England (18.3% compared with 17.9%) and are physically active.

Our vision is for everyone in Brighton and Hove to have the best opportunity to live a healthy, happy and fulfilling life. Our Joint Health and Wellbeing strategy, adopted by the Health and Wellbeing Board in 2019, reinforces the Sussex-wide ambition and focuses on improving outcomes by prioritising prevention and reducing health inequalities throughout the key life stages: starting well, living well, ageing well and dying well. We are making health and wellbeing everyone's business and so the Health and Wellbeing Strategy has adopted a collaborative approach to support partners across the city to take action that improves health and reduces health inequalities.

## Brighton and Hove Place-based Plan

The establishment of the Health and Care Partnership Executive Board in January 2020 enables us to continue and build upon the work already started and is now becoming formalised with the Sussex-wide ambition. The firm foundations of the Board enable us to develop and mature service design, delivery and governance over the coming years.

The Board has developed a plan that includes five priority areas for Brighton and Hove:

- 1) **Children and Young People:** We will improve and expand access and existing support to children and young people and their families for mental health, emotional wellbeing, autism, attention deficit hyperactivity disorder (ADHD) and other neurodevelopmental conditions with a focus on population prevention approaches and vulnerable groups. We will improve early diagnosis and outcomes for children and young people.
- 1) **Mental Health:** We will implement the key recommendations of the 2022 mental health Joint Strategic Needs Assessment (JSNA). We will expand our support for people with mental health needs and further develop joined-up community mental health services, connecting mental health services with community assets.
- 2) **Multiple Compound Needs:** We will improve and join-up services to better support people with multiple needs by delivering an integrated service model, co-produced for and by people with lived experience.
- 3) **Multiple Long-Term conditions:** We will improve services to people with long-term conditions to deliver personalised care, tailored to individual needs, strengths and capabilities. We will aim to better understand the interaction of mental and physical health conditions as a factor to improve outcomes. We will proactively identify and/or support and meet the needs of those at risk of or living with long term conditions.
- 4) **Cancer:** We will complete the recovery of cancer services affected by the pandemic, improve performance against cancer waiting times standards and deliver the ambitions of the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas and underserved communities where rates of early diagnosis and screening uptake are lower.

We will have a particular focus on those interventions which can help deliver better outcomes for our priority areas such as:

- Prevention and early detection.
- Supporting communities and building on our community assets approach working with Voluntary and Community Sector services.

- Holistic transformational programmes across the NHS and local authority aimed at supporting communities to thrive.

We will do this by ensuring we have shared ambitions which will help us to deliver:

- Continuing to work across the city to influence the building blocks of health as well as health and care services, including community engagement to reduce health inequalities.
- A joined-up approach to meeting our population needs as opposed to individual organisations working separately.
- Localised provision to meet the needs of communities, prioritising those with the greatest need.
- Having joint teams and posts that work across all settings.
- A more efficient use of technology to ensure better flows of patient data across health and care services.

## Appendix 2: East Sussex

### Responding to our population health and care needs

The following characteristics of our population significantly drive our local plans for integrated health and care in our communities:

- Our growing and ageing population - by 2026 almost one in four people (24%) will be aged 65-84, and more than 4% of our population will be over 85. Added to this by 2028, around 20,000 more people in East Sussex will be living with two or more long-term health conditions than was the case a decade earlier.
- Increasing numbers of children and young people with Education, Health and Care Plans, some of whom will have complex medical and care needs. There are growing levels of need and complexity in relation to safeguarding for children and young people.

More information about East Sussex, its strengths and challenges and our plans overall can be found in our Health and Wellbeing Board [Strategy](#).

In response, we have worked together to offer joined-up care that can enable more support for complex needs in community settings, across all age groups. For children and young people this has meant:

- An integrated service for 0-5 year olds including health visitors, family keyworkers, communication support workers.
- Multidisciplinary staff teams for youth offending, specialist family service (SWIFT) assessments, young people's substance misuse services, and mental health services for children in care and adopted children.
- An integrated Single Point of Advice and front door joining early help, social care and mental health.
- Developing stronger links between mental health and emotional wellbeing services, and enabling access to shared information.

With more older people, which includes those who are frail and have multiple conditions, East Sussex is likely to have higher health and care needs than other areas of our size. To help with this we have put in place a model of integrated care aimed at supporting independence, reducing avoidable admissions to hospital and improving discharge into community-based care. This includes:

- Health and Social Care Connect – a single gateway for community health and care queries open to staff and the public and operating 24 hours a day, seven days of the week throughout the year.
- Joint Community Reablement – a partnership between Adult Social Care and health providing short-term rehabilitation and packages of care in people's own homes after episodes of ill health or time in hospital.
- Crisis response team – responding to certain health pathways as an alternative service to hospital.

- Discharge to assess – a joint approach to assessing people in short-term beds or their own home rather than hospital.
- Integrated health and social care teams – community nursing and social work services aligned and sometimes co-located, with integrated management arrangements and working with local GP surgeries, care homes and home care agencies.

Alongside key voluntary sector and housing services, and support for carers and families, this joined-up offer of care contributes to enabling people to live independently and well, for as long as possible in their own homes.

### **How we want to build on this - integrated health, care and wellbeing in our communities**

Our next steps as the East Sussex Health and Care Partnership will be to build on these strengths to expand the integrated community model for our population in the following ways:

- Designing and agreeing an approach for working together in our communities across primary care, community healthcare, education, social care, mental health, and the full range of local voluntary and community and housing organisations, driven by a deeper shared understanding of local needs.
- Making sure we keep strengthening our offer of integrated care. For children and young people this is about working with whole families (including through the Family Safeguarding model), and linking ever more closely with early years settings, schools and colleges. For adults this includes further developing Trusted Assessor roles, rapid crisis response and support with discharges from hospital, as well as exploring ways to build more integrated leadership and roles to deliver better coordinated care.
- To support improved population health overall and therefore the years of life people spend in good health, we have agreed our model needs to link strongly with the wider services in local areas that impact on social and economic wellbeing as well. This includes leisure, housing and environment services provided by borough and district councils and others.

Our partnership plans to embed hubs in communities to help coordinate access to local sources of support and activities, for example to boost emotional wellbeing and help with loneliness and isolation. We want to develop our plans for using our power as employers and buyers of services to stimulate economic and social wellbeing in our communities. This model will bring:

- Greater capacity in communities to promote mutual support, and deeper levels of joined-up and personalised care, building on the strengths and assets of individuals, families and communities.
- Greater levels of prevention, early intervention and ways to anticipate health and care needs.
- New ways to remove the barriers that prevent staff and volunteers working in different teams from working together on the ground.

## Appendix 3: West Sussex

### The West Sussex Health and Care Partnership

The West Sussex Health and Care Partnership was formed in 2020, bringing together key local health and care partner organisations to work collaboratively to deliver the objectives of the Joint Health and Wellbeing Strategy and the Sussex-wide strategy through a Place-based Plan. The partnership leads on delivering shared population health objectives on behalf of the Health and Wellbeing Board. Having a place-based partnership allows us to adapt our working to the specific population needs that we have in West Sussex and use our local assets to deliver the solutions.

### Partnership working to empower local communities

At the early stages of our partnership formation in 2020, we agreed with our Health and Wellbeing Board to embark on our journey to develop a model of collaboration that brings changes to people directly within their community. This model is our six Local Community Networks. These are co-located with district and borough footprints and are empowering communities to deliver change through collaborative working between primary care, district and borough councils, local Public Health, and voluntary sector enterprises.

All six of our Local Community Networks are already up and running and delivering life-changing differences for local people within their communities. As we continue on our partnership development journey, we will maintain our focus on how Local Community Networks can continue to make the positive changes for people who live in West Sussex.

### The West Sussex Place-based Plan

The West Sussex Health and Care Partnership Place-based Plan uses evidence from our Joint Health and Wellbeing Strategy to determine local priorities and key areas for change agreed across our partners. Our three local priorities in West Sussex are to **tackle health inequality, deliver transformation together** and to **integrate health and care services** for a joined-up experience. In addition to our Sussex-wide priorities, there are six specific priority areas for change that have been identified from the Health and Wellbeing Strategy for West Sussex:

- 1. Tackling the wider determinants of health:** Our partnership will work together to influence the many determinants of healthy living, such as how services are accessed and how communities can be empowered to support healthy living for their residents. This is being done by:
  - Delivering our Crawley transformation programme with new models for accessing health and care.
  - Tackling the heart of health inequality experienced by communities within West Sussex, using public health data to target resources to close the gaps in health inequalities within communities.
  - Building on our commitment to social prescribing to support people with managing their health with help and support.

- 2. Addressing health inequalities:** We will have a targeted and focused approach for those with most need and who need additional support. This is being done by prioritising the key health inequality related areas such as heart disease, respiratory illness and cancer and utilising approaches such as tobacco control, targeted cancer screening and health checks to target activity and resources where it is needed most based on local evidence.
- 3. Adults Services:** Our strategic objective is to help people 'live the life they want to lead', by remaining independent for as long as possible and maintain a high quality of life. Building on our early models of integrated health and social care, we want to grow our model of care in the community to deliver more health services and care to people in their home-setting and local community, supporting people living with long-term conditions.
- 4. Children and Young People:** We will improve the existing support to children and young people so they can have the best possible start to live. This is being delivered through our health priorities set out in our West Sussex Children First programme, improving maternity experiences amongst more deprived people, delivering the best standard health-checks for children who are in care, and developing new services and support for the emotional wellbeing of all young people.
- 5. Mental Health:** We will expand our support for people with mental health needs to address the growing need. We aim to deliver the best standard physical health checks for people with mental illness, and to develop sustainable housing solutions for people living with long-term mental illness, linking to our Health, Housing and Social Care Memorandum of Understanding.
- 6. Learning Disabilities and Neurodevelopmental Needs:** We will provide greater focus and support for those with a learning disability and neurodevelopmental needs. We are reforming our children's and young people's neurodevelopmental diagnosis and care pathway, including social support. We want to ensure regular high-standard health checks for people with a learning disability, and we want to create more long-term paid employment opportunities for people with a learning disability.

## East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
<b>7 March 2023</b>	East Sussex Health and Social Care Programme - update report
	Director of Public Health Annual report
	Building for our Future hospital programme
	Children and Young People's Mental Health programme.
<b>18 July 2023</b>	East Sussex Health and Social Care Programme - update report
	Healthwatch Annual Report
	Sussex learning from lives and deaths (LeDeR) Annual report
<b>28 September 2023</b>	East Sussex Health and Social Care Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2022-23
<b>12 December 2023</b>	East Sussex Health and Social Care Programme - update report
<b>TBC</b>	NHS Health and Care Act (item from Cabinet agreeing MOU and formal participation in ICB).
<b>TBC</b>	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership.

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