

**Report to:** People Scrutiny Committee

**Date of meeting:** 15 September 2020

**By:** Reg Hooke, Independent Chair of East Sussex Local Safeguarding Children Board

**Title:** East Sussex Safeguarding Children Partnership Serious Case Reviews

**Purpose:** To brief the Committee on the findings and learning from published Serious Case Reviews 2019/20

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**RECOMMENDATION:**

**The Committee is recommended to comment on and note the findings and learning from Serious Case Reviews**

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**1 Background**

1.1 The Local Safeguarding Children Board (LSCB) has the statutory responsibility for undertaking and publishing Serious Case Reviews (SCRs). The LSCB came under new governance arrangements in September 2019 following the publication of Working Together 2018 and became the East Sussex Safeguarding Children Partnership (ESSCP), which did not change membership or process significantly in East Sussex. The independent chair has also remained the same.

1.2 The work of the Partnership links to the priority outcome of Keeping Vulnerable People Safe in the Council Plan and informs the Pan-Sussex Child Protection and Safeguarding Procedures.

1.3 The Annual Report and Business Plan of the ESSCP are presented annually to People Scrutiny Committee by the Independent Chair and when it came to the Committee in 2014 it was agreed that the findings and learning from published reviews would be presented to the Committee on an annual basis, this report covers reports published in the year 2019/20.

1.4 The Lead Member for Children and Families is a participating observer on the ESSCP.

1.5 The LSCB was independent of the Council and had the responsibility for scrutinising and challenging multi-agency safeguarding practice. Under the new ESSCP arrangements, Sussex Police, ESCC and the CCG have the statutory responsibility for the safeguarding children arrangements in East Sussex. The SCR reports have been submitted to the Department for Education, Ofsted and to the National Panel of Experts for serious incidents and have been published on the East Sussex LSCB website. Under the new arrangements the process will be the same with SCRs becoming known as Safeguarding Children Practice Reviews.

**2 Supporting information**

2.1 Chapter 4 of Working Together to Safeguard Children 2018 ([Working Together 2018](#)) sets out the requirements for undertaking safeguarding practice reviews in line with section 16C(1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) where a child dies or has been seriously harmed and the case:

- highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified

- highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children
- highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children
- is one which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate

2.2 Since 2013 there has been a national panel of independent experts to advise LSCBs about the initiation and publication of SCRs. The role of the panel is to support LSCBs in ensuring that appropriate action is taken to learn from serious incidents in all cases where the statutory SCR criteria are met and to ensure that those lessons are shared through publication of final SCR reports. The panel also reports to the Government their views of how the SCR system is working. A new National Panel was convened under the new arrangements under Working Together 2018 and commissions both national reviews and thematic reviews.

2.3 If SCRs make recommendations for individual agencies then this leads to an action plan that is scrutinised and signed off by the ESSCP. The action identified will be immediately addressed and does not wait for publication. Learning is disseminated to relevant practitioners and training is updated to reflect the learning. The ESSCP provides training on Learning from Reviews that covers both the local and national context.

2.4 East Sussex LSCB published one SCR in 2019/20 in respect of a child known as Child T. Published in June 2019, the SCR concerns the services provided for a young man aged 18 who died in hospital due to complications associated with his type 1 diabetes which had been diagnosed when he was 13 years old. The case identifies significant neglect both in his care and in how agencies worked together to safeguard his welfare. The case was initially considered by the Adult Safeguarding Board but was appropriately referred to the LSCB as most of his care took place as a child.

2.5 The report attached at Appendix 1 provides a brief summary, key learning and summary of recommendations from the SCR on Child T (the full report can be found on the ESSCP website).

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

3.1 This report has been provided in order to brief members on key learning and findings from the East Sussex LSCB SCR.

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