

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
Multi- agency areas for development				
1	For some children, there are difficulties establishing the right pathway when their emotional well-being needs are first assessed or when there is a need to respond quickly to deteriorating mental health. Where emotional well-being or mental ill health are the presenting issue, professionals do not always consider the wider needs of children and young people. In a very small number of cases, there is delay for children while professionals agree which service is most appropriate to assess and address the children's emotional and mental health needs.	1.1 Undertake an audit of the emotional wellbeing team as part of the SPOA review	October 2020	Celia Lamden, Head of Early Help Services 0 – 19
		1.2 Revise and republish escalation processes for single and multi-professional groups agreed by all partners	October 2020	Health – Matt Stone, CAMHS Head of Service, Head of Service ESCC – Vicky Finnemore, Head of Specialist Services
		1.3 All young people with multiple complexities and risks associated are actively considered for a Multi-Agency Complex Case Plan which is shared with all relevant organisations	October 2020	
		1.4 East Sussex Complex Case planning oversight to be reviewed to ensure: <ul style="list-style-type: none"> there are arenas for shared planning risk management and information sharing available for cases which meet the partnership agreed criteria 	September 2020	
		1.5 Review pathways, interfaces and governance between services.	September 2020	
2	The deep dive analysis of children identified that, although risk and children's mental health needs are recognised, this has not always translated into effective and timely multi-agency interventions for all children. In some cases where children may display chaotic and high-risk behaviours, and frequently go missing, the seriousness of new safeguarding incidents is not sufficiently recognised by professionals. The risks from professional networks becoming 'stuck' or overwhelmed when there is little improvement in children's emotional well-being, or families are highly avoidant, are not always recognised.	2.1 Ensure escalation processes are in place for single and multi-professional groups agreed by all partner agencies (in line with the actions for area 1)	September 2020	Health – Matt Stone, CAMHS Head of Service, ESCC – Vicky Finnemore, Head of Specialist Services
		2.2. Improve the understanding of when we need to suggest the use of the Complex Case Planning Framework (CCPF), especially in cases of high risk adolescents who have an overlap with MACE	Include within Locality PiP 2020/2021 launched on 3rd June 2020	ESCC – Chris Jackson Head of Service, Locality Social Work and Family Assessment
		2.3 Continue to improve the timely review of cases in the Meeting Before Action (MBA) process to ensure that children are not suffering delay whilst assessment and intervention is completed	Introduce formal review of all MBA timescales on cases over 6 months within existing LMT structure (review each quarter in LMT Service Development meeting)	ESCC – Chris Jackson Head of Service, Locality Social Work and Family Assessment
3	Plans for children, including child in need and child protection plans, are not always clear about who is doing what and by when. Contingencies or alternative actions are not clearly set out, including when there is limited engagement by families. There are not always timely and effective escalations by agencies when risk is not reduced, and there is a lack of progress, including a lack of action in criminal investigations related to children with mental ill health who are at risk of harm and exploitation.	3.1 Include within the Locality PiP 2021 an improved focus on clear timescales on all actions set out in the child's plan. If there is no obvious timescale to be added, practitioners are to use the date of the next formal review, e.g. Core Group, Family Support Meeting, Review Conference or LAC Review.	Include within Locality PiP 2020/2021 to be launched on 3rd June 2020.	ESCC Douglas Sinclair, Head of Children's Safeguards & Quality Assurance Chris Jackson, HOS, Locality Social Work and Family Assessment Police DCI Chris Mayle DCI – Emma Vickers

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4	When children are at risk of harm, actions agreed in multi-agency meetings, such as strategy meetings and MACE meetings, do not consistently record who will undertake tasks or timescales; this makes it difficult to hold professionals to account or ensure timely responses to risks. Not all strategy meetings are timely and a very small number lack information from all the key agencies.	4.1 Improve the recording of strategy and MACE discussions so that all the agreed actions have a clear timescale for completion by a responsible person or agency	<p>Include within Locality PiP 2020/2021 to be launched on 3rd June 2020</p> <p>Include in MACE action plan 2020/21 – audit of MACE action plans re. actions/ Timescales</p>	<p>ESCC - Chris Jackson HOS, Locality Social Work and Family Assessment</p> <p>Vicky Finnemore HOS Specialist Services</p> <p>Police - DCI Chris Mayle</p>
5	All children who may be at risk of exploitation are discussed in multi-agency child exploitation meetings. There is insufficient time in the meetings to consider each child in depth and this results in a lack of focus on key aspects of planning to tackle exploitation, including mapping and disruption activities. These weaknesses have been recognised by leaders and the scope and format of MACE meetings are currently under review.	5.1 MACE Hub Pilot to be rolled out on a trial basis across the county on 20 th April 2020. This is to be managed from both MASH Teams and to include representatives from Children's Social Care, YOT, Police, SFPT and Under 19's SMS. This will mirror recent development with the recent MARAC Hub pilot where we have introduced an enhanced screening process amongst core agencies to ensure that only cases requiring the full degree of panel oversight receive it.	<p>Countywide MACE Hub Pilot to be launched on 20th April 2020</p>	<p>ESCC - Vicky Finnemore, Head of Specialist Services</p> <p>Police - DCI Chris Mayle</p>
6	Senior leaders have a range of measures to establish changes or trends in the use of services. However, the use of more qualitative information to establish whether young people have greater access to, and choice of services would better demonstrate the impact of these new services. Leaders intend to incorporate this within a wider review of the recently extended SPOA.	6.1 SPoA Board to determine terms of reference and parameters for SPoA review after 12 month implementation as agreed by LTP Board	<p>September 2020</p> <p>Review December 2020</p>	<p>Health – Matt Stone, CAMHS Head of Service</p>
		6.2 Agreed i-rock qualitative data information to be included in periodic reviews (performance report already provided)	<p>Q2 review as planned</p>	<p>ESCC - Celia Lamden, Head of Early Help Services 0 - 19</p>
		6.3 Agreed PMHW qualitative data information covering impact and reach of service alongside experience of service users to be included in periodic reviews (performance report already provided)	<p>Q2 review as planned</p>	<p>Health – Matt Stone, CAMHS Head of Service</p>
		6.4 East Sussex School Health service to attend the East Sussex multi-agency Emotional Health and Wellbeing group (EHWG) to define and agree School health links with SPOA	<p>November 2020</p>	<p>KCHFT Head of School Health Service – Sally Pullen</p>
		6.5 Define and agree with EHWG re development of the new East Sussex School Health service, EMB level 2 services and mental health support teams.	<p>September 2020</p>	
		6.6 Assess the impact and quality of children's experiences of accessing the new service by agreeing qualitative data source methods/frequency with partners	<p>September 2020</p>	
		6.7 Contribute to East Sussex mapping of mental health offer to schools being led by Schools Mental Health Lead.	<p>September 2020</p>	
East Sussex County Council				
7	For children unable to attend or manage full-time education, referrals by schools for early intervention for attendance or behavioural concerns linked to mental ill health are not always timely. This results in delays for some children receiving a more tailored alternative educational provision.	7.1 Initial communication to all schools on Covid-19 message board that JTAI highlighted the importance of early intervention, remind about how/where to refer and say that ISEND and SLES will be working with the Primary and Secondary Boards to explore any barriers to early intervention and support consistent practice across all schools.	<p>End of June 2020 (need to be mindful of Covid-19 priorities and the message not being lost)</p>	<p>Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND</p>
		7.2 ISEND create a document of signs and indicators (similar to the language and approach for safeguarding) to support schools to see where there is an engagement concern that needs specialist advice/support. Document to include visuals to show the negative impact on the wellbeing of the young person as delay increases.	<p>End of October 2020 (need to be mindful of Covid-</p>	<p>Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND</p>

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			19 priorities and the message not being lost)	
		7.3 SLES and ISEND managers work with the Primary and Secondary Boards to research and develop a programme of communication and intervention to develop a consistent approach across all schools for early identification of need and early response to need.	Programme developed - end of December 2020 Programme run January 2021 to June 2021	Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND
8	When there are cumulative concerns about children, including their mental ill health, these concerns are not always being recognised or informing decision-making. There is not currently a system to consider children about whom there are a high number of repeat contacts to children's social care. This is compounded by limited recording of the rationale for decisions made by managers within the SPOA and the MASH.	8.1 Develop regular audit process where all children who receive 5 or more initial contacts in a quarter and where none of those leads to a service at level 3 or 4 Continuum of Need are reviewed. A selection of children who have received 3 or 4 initial contacts per quarter with the same outcome will also be reviewed	Include within Locality PiP 2020/2021 to be launched on 3rd June 2020. Audits to take place each quarter of at least 15 children who meet these criteria. Audit group to consist of Head of Service, Early Help and Locality together with Operations Managers Early Help and DAT	ESCC Chris Jackson, Head of Locality Social Work and Family Assessment Celia Lamden, Head of Early Help 0 - 19
9	For children who offend, the out-of-court disposal process does not consistently or effectively identify those who would benefit from assessment and interventions to address offending behaviour, including behaviour linked to mental ill health.	9.1 Implement and review the revised ES OCPD process (started April 2020). OCPD Review to include a multi-agency case audit at months 6 and 18. To include social care and mental health representatives.	Quarterly audit – by YOT PM and Police rep. Further 6 & 18 month audits to be undertaken by YOT lead and multi-agency reps independent of service.	Vicky Finnemore, Head of Specialist Services
		9.2 In May 2020 Sussex Police approved a new referral pathway for youth out of court disposals. This will be implemented in July 2020 and will be scrutinised at the Local Policing Accountability Board.	To be implemented in July 2020	Sussex Police Insp Adele Tucknott
Health				
10	The current arrangements for assessing the mental health of children and young people who present at hospital emergency departments in crisis are insufficient due to the limited capacity of the mental health liaison provided to the emergency departments. Some children wait too long to be seen by specialist mental health practitioners and some are admitted to hospital unnecessarily. Leaders have been slow to address this key area of risk; however, plans are now under way to make immediate improvements in the liaison service.	10.1 Sussex Health and Care Partnership (SHCP) developed and approved business case in 2019/20; increasing capacity and coverage in: i) NHS 111 ii) A&E Paediatric Liaison by 60% iii) Working to 24/7 access to assessment iv) Crisis Home Treatment Team	Business case approved Q1 and Q2 2020/21 service model mobilisation; staff recruitment and training.	Health – Matt Stone CAMHS Head of Service Niki Cartwright, Interim Director of Commissioning, NHS East Sussex CCG Brenda Lynes, Associate Director of Operations (Women and Children), ESHT

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11	Some children and young people wait too long for an initial assessment by CAMHS, followed by significant waits to access treatment for mental ill health across most pathways and services within CAMHS. Despite attempts to address these delays, and support provided for some children via primary mental health workers, the overall response to address these unmet needs and the level of scrutiny and monitoring by commissioners have not been effective.	11.1 Implementation of system wide improvements by increasing access to early interventions: i) Drop in Youth Hubs (x3) ii) Joint agency Single point of advice iii) Brief intervention service.	December 2020	Health – Matt Stone, CAMHS Head of Service
		11.2 SPFT to continue to report the CAMHS 'treatment pathway' waiting list to commissioners for each CCG locality on a monthly basis.	December 2020	Niki Cartwright, Interim Director of Commissioning, NHS East Sussex CCG
		11.3 Plans in place to expand the ADHD pathway and further discussions relating to wider intervention demand will continue.	December 2020	Brenda Lynes, Associate Director of Operations (Women and Children), ESHT
		11.4 Business case developed for additional capacity to support CAMHS/ESHT Paeds to provide a single service for young people <11 with more than one neurodevelopmental problem	Business case to be taken to LMT Q2 2020/21	
12	Some children in care wait for a significant length of time for their treatment to begin due to insufficient resources to meet the level of increased demand for the looked after children mental health service (LACMHS). A waiting list of 15 children is actively managed through increased consultations with professionals, including foster carers, and the more recent offer of therapeutic group work. Liaison between looked-after children nurses and LACMHS needs strengthening to ensure that young people's mental health needs are kept under joint review. Leaders recognise that they need to do more to improve the access to therapeutic support for children in care.	12.1 Re-issue the invitation to LAC Nurses to attend monthly referral/review meetings, chaired by LACAMHS and attended by social care and education representatives in order to address the waiting lists: (i) A new network consultation model package has been introduced to offer support for young people who are not presenting with high risk of harm to self or others. (ii) LACMHS has reduced the roll out of the Therapeutic Parenting Group from 2x per year to 1x per year to maximise clinicians' capacity for individual and dyadic work	July 2020	Health – Matt Stone, CAMHS Head of Service ESCC – Teresa Lavelle-Hill, Head of LAC Services
13	Communication and information-sharing between universal health services and GPs are underdeveloped. Not all practices have a named link health visitor although every health visiting team has a duty system in place as a more consistent support to GPs, and some are unaware of how to contact the school health service. This means that information about children's emotional and mental health, and about safeguarding, may not be managed effectively between GPs and universal services, and there is a risk that neither service will have a complete picture of children's needs or risks.	13.1 The health visiting service will ensure that G.Ps have full details of their duty system which should be contacted for all discussions and information sharing about children aged 0 – 5 years. The health visiting service will continue to inform G.Ps when children move from Universal Plus to Universal Partnership Plus with reasons why.	July 2020	ESHT Sue Curties, Head of Safeguarding
		13.2 Task and Finish has been set between Safeguarding Leads for Healthcare provider and Education to identify how information can be better shared (delayed due to Covid 19 Pandemic).	September 2020	
		13.3 Discharge letter from the Emergency Department to the GP has been reviewed and includes safeguarding section.	September 2020	
		13.4 CAMHs to return to the ESHT weekly Safeguarding Risk Meetings	May 2020 - complete	
		13.5 Implement better methods of engagement and information sharing between public health nurses and GPs by: Named GP ES and KCHFT Named Nurse to develop a communication pathway between GPs & school nursing.	September 2020	CCG Named GP -Dr Judith Sakala Designated Nurse - Louise Jackson
		13.6 Update GP safeguarding leads about information sharing process	July 2020	
		13.7 Arrange 3 locality Primary Care engagement events to improve & develop relationships between GPs & HV & School nursing.	September 2020	
		13.8 Share HV & school nurse contacts for each team, with each surgery.	July 2020	
		13.9 Share GP secure emails and bypass numbers with HV & SN teams	September 2020	
		13.10 Named GP to work collaboratively with Head of HV Service to explore ways of extending link HV service to GPs that do not have the service.	July 2020	
		13.11 Details of SHOP to be re-shared with all GP surgeries including marketing literature and details of social media platform access.	July 2020	Sally Pullen, School Health Service KCHFT Head of Service
		13.12 School Nurses will attend GP cluster meetings at the six GP clusters in East Sussex	December 2020	Ben Brown, Consultant in Public Health
		13.13 School Nurses will promote service/refresh staff of service provision and use cluster meetings to understand the barriers that may affect interface between GP and School Health Service.	December 2020	
		13.14 With feedback from cluster meetings, barriers affecting the interface between GP and the school health services to be reviewed and monitored at local	December 2020	

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		governance groups.		
14	Assessment documentation in use in the emergency departments at the Conquest and Eastbourne hospitals does not contain a safeguarding assessment tool, and this does not support staff to be professionally curious about children's presentations. A mental health triage tool designed to support staff in identifying mental health needs is not being used routinely in the Conquest hospital. Furthermore, the child's voice is not consistently captured in the records, which means that practitioners cannot be assured of a holistic assessment of need, including consideration of the impact on a child, when a parent or carer attends the emergency department.	14.1 Assess the use of the current Safeguarding Confidential Tool through Audit.	July 2020 – Audit has commenced to be completed by July	Sue Curties ESHT Head of Safeguarding
		14.2 Disseminate Learning through the divisional governance meetings including Risk Meetings.	August 2020 Relevant Divisions to have sight of the audit findings	
		14.3 The existing Mental Health Assessment Tool usage to be audited internally (Urgent Care)	July 2020 – Audit which has commenced to be completed	
		14.4 Focused training within the EDs from Safeguarding professionals regarding documentation – improving the capturing of the Child's Voice.	September 2020 – already being developed along with Clinical Lead Urgent Care	
		14.5 Monitor documentation through Audit internally (Urgent Care).	September 2020	
		14.6 Named Nurses to deliver Think Family Training which will include ED scenarios.	September 2020	
15	GPs do not always adopt a 'think family' approach to identify the risks to children when parents, carers or other significant adults are seen. Not all GPs visited are yet fully aware of, or engaged with, the local multi-agency risk assessment conference (MARAC) processes to plan for victims at high risk of domestic abuse. The process for requesting information from health services to inform MASH decisions is underdeveloped. Requests do not give enough detail about concerns for children to support the practitioner in identifying what information is appropriate to share, and subsequent decision-making is not consistently fed back to health services.	15.1 Review the roles and responsibilities of the MASH Specialist Health Visitors and in particular whether enough of their time is being spent in MASH and whether processes are clear enough about what information they are being asked to gather to inform decision making. Review how the Specialist Health Visitors record such information on the MASH Information Gathering form (MIG). Review how we are informing health services about the outcome of MASH episodes.	Include within Locality PiP 2020/2021 to be launched on 3 rd June 2020 formally and then reviewed in supervision between Operations Manager and Practice Manager DAT by August 2020	ESCC Chris Jackson, Head of Locality Social Work and Family Assessment ESHT Sue Curties, Head of Safeguarding
		15.2 Audit of the information supplied by ESHT at MARAC Meetings	Audit undertaken June 2020	ESHT Sue Curties, Head of Safeguarding
		15.3 HIDVA funding is in place which will improve information sharing between organisations and health.	December 2020	
		15.4 Health Specialist to undertake an Audit of health information sharing within MASH	September 2020	
		15.5 Improve information sharing by: Update CCG safeguarding training package for GPs to include specific section on information sharing & record keeping.	June 2020	CCG Named GP -Dr Judith Sakala Designated Nurse - Louise Jackson
		15.6 Review CCG training regarding the 'think family' approach; update to include unborn babies.	May 2020: Complete	
		15.7 Share briefings/newsletters to promote think family message.	May 2020: Complete	
		15.8 Review use of Single View and promote use to Primary Care	September 2020	
		15.9 Organise joint engagement events (links with action above) to include think family learning and record keeping.	September 2020	
		15.10 Develop & implement learning for GP's on DA & develop pathway for information sharing with MARAC for primary care. Working group to review pathways and processes for information sharing between primary care and MARAC.	September 2020	
		15.11 Working group to involve MARAC coordinators, and agree pathway.		

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			September 2020	
		15.12 Working group to review and identify best resources for primary care in relation to MARAC.	July 2020	
		15.13 Prepare and send out a briefing to GPs regarding MARAC process.	September 2020	
		15.14 Prepare and deliver a session for primary care protected learning events.	September 2020	
		15.15 Working group to implement methods to ensure GPs are routinely notified of the outcome of MARAC meetings, particularly where they have provided information to inform those meetings	September 2020	
		15.16 Designated Nurses (for adults & children) to link in with strategic commissioner in review of MARAC hubs in East Sussex	September 2020	
		15.17 Link with police to develop pathway & implement sharing of Domestic Abuse SCARF's, police notifications with GPs.	September 2020	
		15.18 Improve liaison with GPs & MASH: Named GP to complete an audit looking at when & how primary care are involved when children are referred to MASH.	July 2020	
		15.19 DN to link with MASH manager and share GP contact details with MASH so GPs can be contacted during screening.	July 2020	
		15.20 Named GP East Sussex to liaise with children services to develop a process for inviting GPs to Strategy meetings.	September 2020	
		15.21 DN to work with MASH manager & Specialist HV in MASH to ensure GP information gathering is considered to inform decision making	September 2020	
		15.22 Review role of specialist HV in MASH and information sharing for school aged children.	September 2020	
		15.23 Assess need & contribute to paper outlining resource requirements for MASH in East Sussex, for the commissioners to take forward.	September 2020	
Police				
16	Where children are detained in custody, officers do not always refer these incidents to children's social care. This means that, despite ongoing awareness-training, some officers do not yet fully understand the vulnerability of children who are in custody.	Vulnerable Suspect Proposal: A plan has been developed to respond to identifying Vulnerable Suspects. The proposal was submitted to the Force lead for Exploitation on 29/04/20 for review. This proposal will embed a new culture across the Force where we understand the notion that a person may be committing crime due to their vulnerability to exploitation from dominant others. These individuals require more careful consideration of their circumstances and a more rigorous safeguarding approach.	'Vulnerable Suspect' Proposal is currently being reviewed by Force Lead for Exploitation – Outcome awaited.	DI Lee Horner
		SCARF training for Custody: It was identified that there was an evident lack of SCARF submissions being submitted from Custody officers, and as a result, there is risk that safeguarding information could be lost. Sergeant Jodie Hearth, Custody Officer circulated comms to custody staff on 16/04/20 regarding the requirement to submit SCARFs when relevant safeguarding information may be disclosed or identified, and a training document was included which provided guidance on how to complete and submit a SCARF.	Completed	T/DCI Mick Richards – Child Protection Lead
17	The use of warning markers and flags for vulnerability and risk on police force systems is inconsistent and does not always support officers in responding to risk. A senior officer is leading a review to identify improvements in this area.	Full review of warning and flags has now been completed. Changes to NICHE will not take effect until at least Autumn / Winter of 2020. This is due to testing processes that need to take place first. Anticipate further training will be required following the implementation phase. Due to the number of NICHE 'signals' available it will still be challenging to ensure flags are applied correctly and consistently. In addition work is being proposed to apply 'virtual flags', resource is limited via CDD but workshops are being arranged to understand what factors could be automatically identified from the system to then flag cases as appropriate. This is a longer term aim.	Autumn/Winter 2020	D/Supt John Hull
18	In this inspection, a review of some children's cases where children were the victims of crime due to abuse or exploitation highlighted that the force has some areas of weakness in its investigations.	Exploitation Leadership: The Force has recently created an Exploitation Strategy Lead. Terms of reference are currently being developed concerning the meeting cycle, content and attendees.	TOR agreed June 2020	D/Supt Stuart Hale – Force Exploitation Lead

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	<p>Leaders are committed to addressing these areas for improvement, including the need for authoritative management and supervision of such investigations.</p>	<p>As part of this strategy an increase in detective numbers will go in to our Community Investigation Teams (CITs). The strategy will focus on a 4P approach to tackling exploitation, and pursuing where children as being trafficked or used in modern slavery offences most commonly associated with county lines. The detective uplift, the creation of the strategy, and the new Supt role will be able to tackle those individuals who exploit children. This will be a multi-agency approach, with coordination between areas including County Line, Serious Violence, Modern Slavery, Counter Terrorism Prevent and Modern Slavery.</p>		
		<p>1. IT Development to identify and respond to exploitation risk: Currently working on an analytics dashboard in Power BI regarding children coming to notice, and their risk profile. This information will be used at the MACE and within MASHs, and will also supplement and identify deficiencies in the submission of SCARFs. The dashboard will identify who the top vulnerable young people are, who is most at risk of exploitation in each area, and provide a data-driven overview of all children coming to the notice of police.</p>	<p>End of June 2020</p>	<p>Laurence Cartwright – Project Manager, Corporate Development</p>