

Public Document Pack
SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 1st February, 2017

Time: 5.00 pm

Place: Committee Room 3 - Civic Suite

Contact: Robert Harris

Email: committeesection@southend.gov.uk

AGENDA

		Time/ Duration
1	Welcome and Apologies for absence	5
2	Declarations of Interest	5
3	Questions from Members of the Public	10
4	Minutes of the meeting held on Wednesday 7th December 2016 – Minutes attached	5
5	Locality Approach and Complex Care Co-ordination Service – Joint report from the Head of Integrated Care Commissioning and BCF Project Manager attached	10
6	Integrated Community Health and Social Care Services – The Next Steps - Report from the BCF Project Manager attached.	10
7	Inclusion of health related performance measures for Southend Council's Corporate Monthly Performance Report - Report from the Council's Team Leader, Policy & Information Management attached	5
8	Southend LSCB and SAB Annual Reports on the Effectiveness of Safeguarding Services 2015-16 - Report from LSCB & SAB Business Manager attached.	10
9	Sustainability & Transformation Plan (STP) Status Briefing - Joint report from the Interim Communications Lead and Programme Director, Mid and South Essex Success Regime attached	10

***	INFORMATION ITEMS	***
10	Southend Multi-Agency Risk Assessment Team (MARAT) – Review of Progress - Joint report from External Consultant and The Council's Group Manager for Children's Services attached (for noting)	5
11	HWB Forward Plan - Report from the Health and Wellbeing Advisor attached (for noting).	5
***	A Better Start Governance	
12	A Better Start Southend – Strategic Proposition for 2017/18 – report to follow	20
13	Date and time of future meetings Wednesday 22nd March 2017 at 5pm	5

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 7th December, 2016

Place: Darwin Room - Tickfield

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Present: Councillor Salter (Chair), Dr J G Lobera (Vice-Chair)
Councillors F Evans, J Lamb, B Ayling, T Callaghan, *Borton
Ms C Doorly, Ms M Craig, Ms A Semmence, Mr R Tinlin, Mr
S Leftley, Ms A Atherton and Mr N Leitch, Ms L Crabb, Ms W Smith,

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Mr R Harris, Mr R Walters, Ms A Dowley, Councillor Moyies
(observer – People Scrutiny Committee Chairman).

Start/End Time: 5.00 - 7.00 pm

515 Apologies for Absence

Apologies for absence were received from Councillor Willis (substitute: Cllr Borton), Sue Hardy, Sally Morris, Andy Vowles (substitute: Wendy Smith), and Mandy O'Callaghan (substitute: Leanne Crabb).

516 Declarations of Interest

(a) Councillor Borton – All agenda items – Disclosable Non-pecuniary interest – Council appointed Member of People Scrutiny Committee;

(b) Councillor Salter – Agenda Item 6 (Essex Success Regime / Sustainability Transformation Plan) – non-pecuniary interest – husband is Consultant Surgeon at Southend Hospital and holds senior posts at the Hospital; son-in-law is GP; daughter is a doctor at Broomfield Hospital;

517 Public Questions

The Chairman responded to the written questions received from Mr Traub.

518 Minutes of the Meeting held on Wednesday, 7th September 2016

Resolved:-

That the Minutes of the Meeting held on Wednesday, 7th September 2016, be confirmed as a correct record and signed.

519 Health Profile 2016

The Board considered a report from the Director of Public Health which highlighted the key findings of the 2016 Health Profile for Southend-on-Sea.

The Board asked a number of questions which were responded to by the Director of Public Health.

Resolved:

That the report be noted.

520 Essex Success Regime Briefing / Sustainability Transformation Plan

The Board considered a report from the Programme Director, Mid and South Essex Success Regime which provided an update on the progress of the Success Regime (SR) and Sustainability and Transformation Plan (STP).

The SR Interim Communications Lead, SR/STP Independent Chair and Chief Officer, SCCG, responded to a number of questions from the Board covering recruitment and retention, use of technology, data sharing and prevention. In providing their responses it was emphasised that no decisions have been made in respect to the STP and there would be no changes to the existing centres of excellence.

Reference was made to the three different options for the three hospitals and the possible combinations for the redesigned hospitals and the most likely outcome for Southend and what this would mean for residents and patients in the borough.

Resolved:

1. That the update and the opportunities to give views on the STP and developing options for service change, be noted.

2. That the Board continues to participate in discussions with the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Southend, Essex and Thurrock Boards.

521 Essex Wide Mental Health Strategy

The Board considered a report from the Director of Strategy, Commissioning and Procurement which presented the Southend, Essex and Thurrock multi-partner Mental Health Strategy. The report also outlined the strategic direction of travel for the mental health system over the next five years.

The Board asked a number of questions which were responded to by the HWB Vice-Chair and Deputy Chief Executive (People).

The Board noted that the strategy was considered by the Southend CCG Governing body on 1st December 2016 and would be submitted to the Southend and Thurrock Cabinets in January 2017. The strategy was also considered at the Council's People Scrutiny Committee held on 29th November 2016 by way of pre-Cabinet Scrutiny.

Resolved:

That the Draft Southend, Essex and Thurrock Mental Health Strategy be noted and approved.

522 The Third Sector in Southend-on-Sea

The Board received a presentation from the Chief Executive Officer, SAVS, which provided an overview of the key achievements and critical issues for the Third Sector in Southend-on-Sea.

The Chief Officer drew attention to the financial pressures within the voluntary and community sector. It also emphasised the value that the voluntary sector can add in the co-production of strategies and initiatives.

Resolved:

That the presentation on the Third Sector in Southend-on-Sea, be noted.

523 A Better Start: Governance, Finance, Performance and Workforce Development

The Board considered three reports from the Programme Manager, A Better Start, which covered governance, finance, performance and workforce development.

Members discussed the proposed refreshed governance model and emphasised the Board's role as the strategic lead.

Resolved:

In respect to the Governance and Co-production report:

1. That the progress in developing the refreshed and expanded governance structure, be noted;
2. That additional partners be invited to join the Partnership Board to ensure cross-system representation and leadership.
3. That further consideration be given to how parents should be involved and engaged on the Health & Wellbeing Board.
4. That approval authority for the operational delivery and project spend for the programme be delegated to the current Executive Board (then to the Partnership Board when it assumes responsibility in April 2017), whilst the overarching 'strategic' and 'oversight' responsibility be retained by the Health & Wellbeing Board, in its role as the ABS Strategic Governance Board.

In respect to Finance and performance:

5. That the total spend in the first two years of the programme to date which stands at £2.4m, of which £1.3m, was on programme management costs, £650k was on revenue projects and £330k on capital projects, be noted.

In respect to Workforce Development:

6. That the direction of travel, be noted.

7. That respective organisations nominate people who can take an active role in taking forward the ABS workforce development projects.

8. That respective organisations identify and notify the Programme Director of key people or resources across the borough which the programme should join up with.

Chairman: _____

Southend Health & Wellbeing Board

Agenda

Item No.

5

Joint Report of

Simon Leftley, Deputy Chief Executive (People), Southend on Sea Borough Council

Melanie Craig, Chief Officer, Southend CCG

to

Health & Wellbeing Board

on

01 February 2016

Report prepared by:

Caroline McCarron, Head of Integrated Care Commissioning

Nick Faint, BCF Project Manager

For discussion	X	For information only	X	Approval required
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Locality Approach & Complex Care Co-ordination Service

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to provide Health & Wellbeing Board (HWB) with a briefing and update regarding;

- 1.1 the formation of commissioning localities for health & social care in Southend on Sea; and
- 1.2 the commissioning and 'go live' of the Complex Care Co-ordination service;

2 Recommendations

HWB are asked to;

- 2.1 Note the updates to both the locality approach and the complex care co-ordination service and discuss the risks and challenges (section 5).

3 Background

- 3.1 The Locality approach and the complex care co-ordination service is the result of a system partnership led by Southend on Sea Borough Council (SBC) and Southend Clinical Commissioning Group (SCCG). The partnership was agreed over 3 years ago through gaining status as an Integrated Pioneer Programme. In April 2015 an integrated commissioning team was formed through joint

resources from both SBC and SCCG, the team has since led on delivering the direction provided by the HWB for integrated health and social care services in Southend.

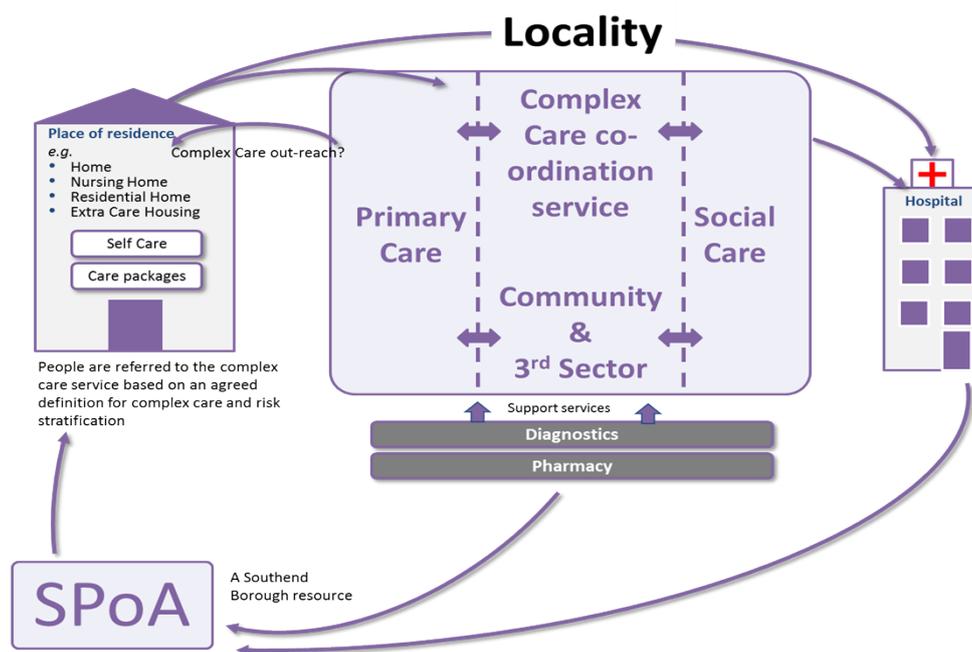
Locality approach

- 3.2 The vision for the locality approach is that a locality is the central place where integrated health and social care interventions are delivered and co-ordinated. This is represented by a shift away from hospital centric care into community based delivery through all system partners working in a collaborative and integrated way.
- 3.3 A number of factors have driven the move towards integrated care provision across Southend. Published in October 2014 by NHS England, The NHS five Year forward view (5YFV) sets out a positive vision for the future based around integrated service provision and new models of care.
- 3.4 The new models of care outlined in the 5YFW suggest GP practices group into localities and expand to bring together nurses, community services, hospital specialists, community groups and the voluntary sector to provide integrated out-of-hospital care. Through moving the majority of outpatient consultations and ambulatory care to out-of-hospital settings, demand for primary care is expected to be reduced and patients will experience better outcomes. To support the 5YFV approach the Essex Success Regime (ESR) has highlighted the requirement for health and care economies to join up and address problems systematically, rather than in isolation.
- 3.5 The General Practice Forward View was published in 2016 and set out the vision for transforming general practice and the various schemes at a national and local level being developed to support this. Southend is under-doctored, heavily reliant on locum GPs, has a large number of small practices, significant clinical variation across practices and has 40% of GPs over the age of 55. Recruitment and retention is also proving challenging and as such Southend CCG has been considering how it might support developments in general practice to improve sustainability and resilience. The Southend locality approach includes working with general practices to support them in working differently to address these issues.
- 3.6 A specific piece of work is underway to work with GP practices to support them in their approach to locality working. A launch event will be held in February 2017 and a phased approach will be taken to supporting the development of locality working. Possible outcomes from this work could include practices working to share back office services, develop shared call taking, home visiting services, urgent appointments and where the practices wish, practice mergers.
- 3.7 To further help support the transition towards commissioning integrated care for adults, in May 2016 it was agreed jointly by local health and social care system partners that the number of localities within Southend would be four; (1) West; (2) West Central; (3) East Central; and (4) East.

Diagram 1 – agreed four localities for Southend.

3.8 Each locality will utilise existing (or new) NHS / Council estate to provide primary, community and social care services working in a multi-disciplinary team environment so that patients; (1) receive co-ordinated care and, those that need it, have an integrated care plan; (2) have a named professional for all health and care needs; (3) are empowered to engage with community assets; and (4) receive seamless care. The agreed model for locality working is outlined below in diagram 2.

Diagram 2 – agreed locality model.



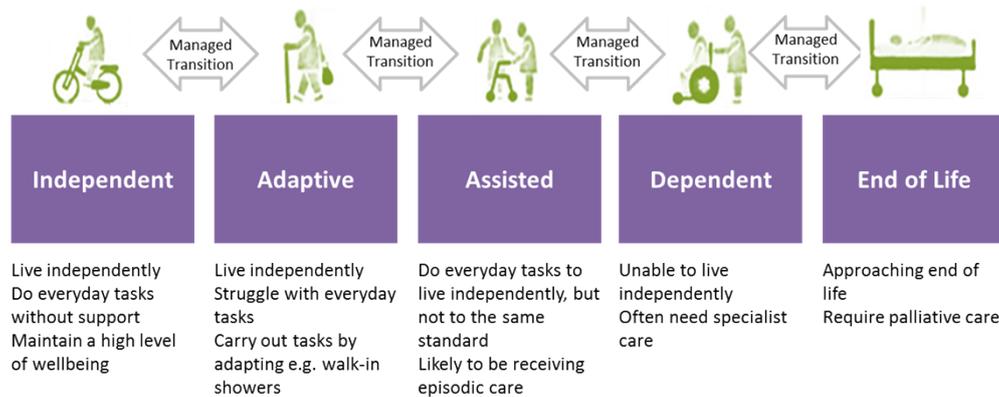
3.9 Through a programme of transformation adult social care is undergoing significant change. The adult social care re-design project will change the approach to adults, families, carers and the community. The re-design is a whole system transformational approach to change and includes community groups, health and social care. Using strength-based assessments and care planning, the focus is on individuals abilities and community assets, rather than an approach that overly focuses on deficits and services to meet need. The approach is empowering, and facilitates the adult in taking control of their own lives rather than being told what is best for them with social workers taking a preventative approach to their practice in community settings. This programme of transformation is aligned to the locality approach.

Complex Care Co-ordination service

3.10 Closely aligned to the locality approach is the transitional pathway (diagram 3) through which patients are assessed and supported. The aim of the locality approach and complex care service is to move patients as much as possible from 'dependent' to 'independent' and then keep patients as close as possible to the 'independent' end of the pathway. Patients are measured via a combination of a frailty index and integrated health and social care data – those

with multiple long term conditions, high volumes of admissions to hospital and presentations at A&E and high users of social care services. These are eligible for the complex care co-ordination service. The cohort is broadly defined as those over the age of 55 years old, and are considered to be between the 'assisted' and 'end of life' part of the transitional pathway.

Diagram 3 – the transitional pathway.



- 3.11 The complex care co-ordination service, commissioned by Southend CCG, provides a truly holistic and integrated health and social care approach to proactive and co-ordinated care, enabling patients to maintain their independence and wellbeing and the opportunity to re-connect with their community. This support ensures that patients have their care co-ordinated and delivered so as to avoid unnecessary demand on system resource, unnecessary presentations at A&E, unnecessary non-elective admissions and unnecessary demand on social care.
- 3.12 The vision of the complex care service is to provide complex care patients with a proactive service that co-ordinates their health and social care provision based upon existing services and need. The aim of the service is to ensure care needs are assessed, care plans are co-designed through an established MDT approach and care is delivered in a co-ordinated way.
- 3.13 Following a period of contractual and commercial negotiation, South Essex Partnership University NHS Trust (SEPT) were commissioned to provide the complex care co-ordination service. SEPT and SBC agreed to work in partnership to deliver the service with the main contract placed with SEPT.
- 3.14 The service model will work within GP practices and with wider existing system resource and will be staffed as follows;
- 3.14.1 A clinical lead (approx.0.5 days per week / per Locality) providing clinical guidance and oversight for the care co-ordinators;
- 3.14.2 A team leader providing managerial support and supervision to the co-ordination service;

- 3.14.3 Care co-ordinators and care navigators (1 each per Locality) will work as a flexible team in each locality. The co-ordinators and care navigators will work with primary care, community based health and care services and community assets to assess a patient's individual care needs, co-design a package of care and proactively co-ordinate the delivery of the care;
- 3.14.4 Admin support providing support to both the co-ordinators, navigators and GP practices across the localities to support the delivery of the co-ordination service.
- 3.14.5 Community pharmacist and prescribing support will work as part of the MDT and closely with the co-ordination service. The pharmacist function will review medications and support GPs to ensure patients receive medicines that will improve quality of life, reduce medicine waste and reduce emergency hospital admissions.
- 3.15 The complex care coordination system went live on 9th January 2017, a press release, at Appendix 1, was circulated to all partners.

4 Current status

Locality approach

- 4.1 Following the showcase of the East Central locality in the Success Regime Pre-Consultation business case, the natural next step was to pilot locality working within East Central and develop a multi-disciplinary integrated team approach, which would undergo a period of 'testing and learning'. This was supported by the ESR and East Central has been identified as a pilot area for the ESR programme.
- 4.2 With organisational and key stakeholder support a core group of individuals from a number of disciplines and spanning all system partners were identified and tasked with developing an integrated approach across the East Central locality. Priorities for East Central were agreed and a workplan was developed that focuses on the following areas;
- 4.3 Adult social services, through the transformational programme of social care redesign have aligned to the agreed localities. Social workers have been assigned to the larger GP practices in each locality with smaller practices having designated access to social care support.

- 4.3.1 **Moderate needs Multi-Disciplinary Team (MDT).** An East Central locality MDT will be created to identify and work with people who have moderate health and care needs, i.e. those who sit between the 'adaptive' and 'dependant' element of the transitional pathway. Through the Electronic Frailty Index (EFI) – a risk stratification tool – we will identify appropriate patients who would benefit from an integrated MDT approach. We expect this cohort to be from the age of 35 upwards, possibly with long term conditions and vulnerable due to factors such as mental health issues, homelessness or substance misuse. The aim is to take a proactive approach, prevent people from deteriorating and their needs escalating. The first MDT will be held on 9th February 2017 and staff attending will drawn from the East Central core integrated team.
- 4.3.2 **Engaging General Practice (GPs).** Locality working is designed to build relationships and trust amongst professionals in order to share the both the burden and joy of care and to ensure the best outcomes for the population. GP practices networking together and with key community and third sector staff within the locality is essential for successful integrated working. This will help to divert the public away from hospital and in the longer term from GPs and other services, where people's needs can be better met in other ways. Given their central role it is vital that GPs are engaged in this work. The integrated team is planning to provide support for GPs which will;
- 4.3.2.1 map various professionals GPs can draw upon in their locality;
 - 4.3.2.2 evidence case studies to GPs to illustrate how different professionals (including domiciliary care and those doing out reach work with vulnerable groups in communities) can help with the care and treatment of different sorts of patients;
 - 4.3.2.3 risk stratify patients such as frail elderly, to help focus attention on priorities;
 - 4.3.2.4 explore and test different ways of working across professions with priority groups in one or two specific GP practices; and
 - 4.3.2.5 bring all GP practices together to share and learn from best practice.
- 4.3.3 **Community.** Led by Social Care this area of work has three priorities that will focus on;
- 4.3.3.1 Communication and community engagement to build understanding of how localities are working and learn about how we might design them in a way that will facilitate local people's use of what's available;
 - 4.3.3.2 Asset mapping and co-production which will identify tangible and intangible assets (personal, private sector, public and third sector) that communities can draw upon to develop community capacity; and
 - 4.3.3.3 Behavioural change, by working with people in a different way and bringing community and private sector resources into play a shift in behaviour will be achieved.

4.3.4 Other enablers that are being progressed by the integrated locality team include;

4.3.4.1 IT and record sharing through access to each other's IT systems;

4.3.4.2 Shared assessment tools such as EFI;

4.3.4.3 Training and development of those involved in new ways of working; and

4.3.4.4 Evaluation to demonstrate impact / progress/learning

Complex Care Co-ordination service

4.4 Resource. All posts are fully recruited to with the exception of the clinical lead and pharmacist. Three care co-ordinators and 4 care navigators are in post and operational. The care co-ordinators have a background in health and social care whilst the care navigators all come from a social care background and remain employed by SBC through the partnership arrangements with SEPT. The remaining care co-ordinator will commence employment mid February 2017.

4.5 Recruitment to the pharmacist post has been challenging, the post has been recently re-advertised. The clinical lead posts are scheduled to be fully recruited to by the end of February 2017.

4.6 Risk stratification and patient identification. A significant majority of GP practices in Southend are System One users which has facilitated the use of the EFI risk stratification tool and enabled a consistent approach to patient identification across the localities. The complex care service are also building relationships with the discharge team (Southend Hospital), social care, domiciliary care providers, community health services, substance misuse providers, mental health services, the voluntary sector and housing to support and help identify patients who might be appropriate for the service. The complex care service continues to work with practices and system partners to identify patients and receive referrals.

4.7 GP engagement. All GPs in Southend have been engaged, through various media, re the opportunity to work closely with the complex care service. Engagement by GPs has been varied across localities and the complex care service continues to promote the service.

4.8 Case load, assessments and case studies. Please refer to Appendix 2 for a detailed update.

5 Risks and challenges

5.1 Closer integration and alignment with community mental health services. Community based mental health services presents a significant challenge in Southend. The demand for services is high and continues to increase. Many of the patients identified as being appropriate for the complex care service and many that will benefit from an integrated locality approach will have emerging or established (either diagnosed or undiagnosed) mental health issues. The

challenge to integrate community based mental health services into the locality approach remains a high priority for the integrated team. Work is underway to ensure closer operational integration but it is acknowledged across the system that more work needs to be done on the direction of travel.

- 5.2 Closer integration with hospital and acute services. The Essex Success Regime continues to reconfigure acute service at pace placing high demand on the locality approach to deliver community based integrated services and an infrastructure to support the reconfiguration of the acute services. Closer engagement between acute services and community integrated teams is required to ensure reconfiguration and transformation activities are aligned.
- 5.3 Transformation of community health services. Aligned to the implementation of the locality approach is the redesign of community health services. This is required so that they are configured to support and respond to the changing demand within each locality.
- 5.4 Engagement with GPs. The work required to engage with GPs and transform primary care services remains a significant risk to the locality approach and the complex care service. The challenges within primary care are varied in each locality and through a process of open communication, transformation and partnership, GP practices will in time be integrated with the wider health and social care system.

6 Health & Wellbeing Board Priorities / Added Value

The locality approach and complex care service contributes to delivering HWB Strategy ambitions in the following ways

- 6.1 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff the approach will actively support individuals living independently.
- 6.2 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and
- 6.3 Ambition 9 – Maximising opportunity; the approach is the drive to improve and integrate health and social services. Through initiatives within the approach we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

7 Reasons for Recommendations

- 7.1 As part of its governance role, HWB has oversight of the locality approach.

8 Financial / Resource Implications

- 8.1 None at this stage

9 Legal Implications

9.1 None at this stage

10 Equality & Diversity

10.1 The Locality approach should result in more efficient and effective provision for vulnerable people of all ages.

11 Appendices

Appendix 1 – press release re Complex Care Co-ordination service	Appended separately
Appendix 2 – detailed update re Complex Care	Appended separately

HWB Strategy Ambitions

<p>Ambition 1. A positive start in life</p> <p>A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles</p> <p>A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing</p> <p>A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population</p> <p>A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently</p> <p>A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing</p> <p>A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health</p> <p>A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing</p> <p>A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity</p> <p>A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>

Appendix 1

A NEW care co-ordination service has been launched in Southend offering early support and a co-ordination of care for people with complex needs. The Complex Care Coordination Service is led by a team from the South Essex Partnership University NHS Foundation Trust (SEPT) and aims to identify and support patients to maintain personal independence, delay disease progression and improve overall outcomes.

The service has been commissioned by NHS Southend Clinical Commissioning Group (CCG) and will see health and social care staff from a number of agencies working side-by-side including local GP practices, social care and housing, community physical and mental health and substance misuse. The service aims to:

1. Support GP practices to improve the health and social wellbeing of those living with frailty and or complex needs from 55 years and over
2. Maintain optimum levels of independence and recovery through the provision of effective and coordinated health and social care services
3. Prevent the individuals' needs escalating and avoid increasing demand on health and social care services, both pre and post hospital admission
4. Provide a complex care coordinator as a dedicated and consistent point of contact
5. Provide timely access to support and reconnection to local communities through dedicated complex care navigators
6. Work with complex care patients to help them understand what services may be available to them

Sharon Houlden, Director of Adult Services and Housing, Southend-on-Sea Borough Council, said: "I am really excited about the introduction of the complex care service in Southend. Social workers and their health colleagues will work side-by-side. This will help them have a strong understanding of their local community and engage wholly with residents to maximise independence and inclusion and reduce marginalization."

Southend's NHS and social care services are being arranged around four localities (West, West Central, East Central and East) and the new service is initially being launched within East Central before being rolled-out in the remaining three localities. Each locality will have a named Complex Care Coordinator and a named Complex Care Navigator.

Dr Josè Garcia Lobera, Chair of NHS Southend CCG, said: "We have identified a cohort of patients across the borough whose needs we consider to be amongst the most complex and who already access a range of different health and social care services, and may also have repeated hospital admissions. By delivering all their services together through a multidisciplinary team of health and social care workers we can place the patient at the centre of these services and better support them within their own home, delivering much better outcomes for them."

The service is expected to be co-ordinated and integrated with other services which support and deliver care to individuals with complex care needs, their carers and families including:

1. Community Geriatrician
2. Community Falls team

Appendix 1

3. Community mental health services
4. Voluntary Services and Community Groups

For more information contact:

Paul Ilett, Head of Communications and Engagement

NHS Southend Clinical Commissioning Group

e: paulilett@nhs.net

COMPLEX CARE COORDINATION UPDATE

LOCALITY	GP/PRACTICE	NUMBER OF REFERRALS	CURRENT CASELOAD	MDT SCHEDULED/ ATTENDED
EAST CENTRAL	DR VASHISHT	56	33	
	DR. SHAH	70	27	
	DR. HADLEY	66	52	
	DR. KHAN	49	25	
	DR.JACK &PARTNERS	416		
	CARNARVON	75	ONGOING REGISTRATION/ASSESSMENTS	
	DR. KENT & PARTNERS	183	ONGOING REGISTRATION/ASSESSMENTS	17/01/2017
	DR SIDDIQUE			15/02/2017
EAST	DR. MARASCO	9	5	
	DR MOSS	70	ONGOING REGISTRATION/ASSESSMENTS	03/02/2017
	DR. MARIO			18/01/2017
WEST	DR. KRISHAN	100	ONGOING REGISTRATION/ASSESSMENTS	
	DR. SATHANANDAN	192	ONGOING REGISTRATION/ASSESSMENTS	02/02/2017
	DR. NAGLE	1	1	19/01/2017
	DR. ZAIDI	235	ONGOING REGISTRATION/ASSESSMENTS	
	DR. GUL	2	DECLINED	
WEST CENTRAL	DR SOORIAKUMARAN	1		
	DR. CHATURVEDI	4	3	13/02/2017
	DR.BEKAS	1	1	
	DR. NG	4	3	23/12/2017

GP Engagement

GP engagement has been positive and encouraging. Sourcing and case finding the complex care cohort through the NELIE system as was initially intended had proved challenging. The suggested use of the frailty index on SystemOne has proved more successful and more patients have been populated using this method. The complex care team continue to screen the acquired list to ensure the right patients are targeted for assessment and ongoing support.

CASE STUDIES

To protect the privacy and interests of patients, all written and verbal information are disclosed under confidentiality. Care has been taken to anonymise all names of patients.

Mr. S

A Case Study in Complex Care Coordination

Background - Mr S is a 66 year old man with a history of progressive type 2 diabetes complicated by elevated blood pressure, COPD, asthma and a problematic heavy smoker with occasional feeling of depression. He has also had a stroke in the past and highly susceptible to falls. He has limited mobility and walks with the aid of a stick. He is currently on 13 different medications. Mr S is able to drive when absolutely necessary. He was referred by a local GP within the East Central locality having been identified by the NELIE system as an at risk patient of unplanned hospital admission.

Mr S can be described as an elderly man with a lean frame weighing about 7 stone, lives alone on first floor supported local housing association with a tamed parrot. He spends most of his time confined in his flat with no support from any other relations or friends.

Presenting issues - Mr S's poor mobility means he is unable to do much for himself. He has difficulty managing the stairs due to his breathlessness and therefore has been unable to do regular food shopping and had nothing in his fridge. The presentation of his flat was very poor with dirty dishes, left over food and rubbish. He had bags of outdated medication littered across the flat. Mr S indicated he has a contract with an external pharmacy that delivers his medication monthly. He appeared nonchalant in his attitude towards his health care. He has been non-compliant with his medication regime and had not attended several of his diabetic checks and other GP routine appointments. He also appeared socially isolated with almost non-existent communication with the outside world.

Complex care Coordination involvement – Mr S initially put up a resistance to any support from the service and declined any onward support or referral but gradually took to accepting support after a few visits. The initial assessment prompted a safe disposal of his outdated medication and signed an agreement to allow his GP to send his prescription to a local pharmacy to deliver in blister pack for a more effective administration. He agreed to attend his next appointment with support from the complex care coordination team. Referral was made to the falls team for an assessment, referral also made to ascertain a social care package and to the pharmacist for a medication review. The team agreed to visit again the following week. Mr S however phoned the office to inform he has had 9 falls over the weekend, and a Complex Navigator went to visit straight away but Mr. M had called 111 for an ambulance and was taken to A&E and later admitted to Shopland ward. Mr S asked if the team could feed his parrot as that is all he has. Another visit to his house revealed the flat in a squalid state posing a hazard. He would also require a lot of support on discharge with personal care and around the home. Concerns were raised with the hospital social care team and together a care page was put in place for Mr S.

Coordination outcome – Working with Mr. S in a co-productive way has enhanced collaborative work among professionals providing care for Mr S. He has now consented to being discharged to an in house rehabilitation centre where he will receive support with his poor mobility. He also has a care package with domestic support two times a day to enable him stay safely in his own home.

Mr. R

A Case Study in Complex Care Coordination

Background - Mr. R is a 64 year old gentleman who lives with his wife Mrs. D as his main carer in South Essex Homes house. His daughter and grandson have recently moved in to provide emotional support to both Mr R and his wife. Mr R has been downstairs living for 10 years. He has an ensuite with fully adapted level access shower facility.

Presenting issues - Mr. R has a medical history of - MI x4, Ischaemic Cardiomyopathy, Chronic Cardiac Failure, Atrial Fibrillation, Angina, Defective heart valve, Enlarged heart, Enlarged Spleen, Enlarged liver, Cirrhosis, Chronic Kidney Disease, Insulin dependent type 2 diabetes myelitis, Peripheral Neuropathy, Insulin needle stuck in leg – unable to have CT/MRI scans, Pneumonia, Aneurism, Blind in left eye, Hearing impaired, Reduced mobility, Shortness of breath on exertion and weak right arm.

Mr R feels he no longer has any quality of life and only has access to his bedroom and bathroom. He has difficulty accessing the community and has found transport service very unreliable. He has an electric wheelchair currently at repairs. Mrs. D doesn't drive so they rely on transport services. He would like to be able to access community for better social inclusion. Mr R has a phobia around hospital procedures and wants services at home with his wife. He would like to access support with his hearing so he can watch TV without disturbing others. Mr R currently in receipt of DLA (low mobility, high care) and ESA benefits and would like advice on any additional benefits. Mrs. D receives Carer's Allowance last reviewed in June 2016.

Complex Care Coordination input – have established a good relationship with patient and carer and the following referrals were made on his behalf:

- Referral to social services sensory team for loop system/hearing assessment.
- Information to be sourced on disabled transport services.
- Offered and additional benefits advice.
- Made enquiries about Carer's Assessments and support groups.

Complex Care Coordination Outcome – Explanation of outcome of Mrs. D's Carer's Assessment and Carer's Personal Budget which was last reviewed in June 2016 to be reviewed annually unless there are any new concerns communicated. Mr R waiting for his assessment with the sensory team for hearing equipment. Information obtained on the Southend SHIP Directory for wheelchair transport services including Access Anyone, information on Carer's Forum, Blind Welfare Association and Sitting Services all forwarded to patients with a follow up to discuss further if required. Again Information obtained on Pension and Savings Credit communicated to patient offering support to complete if required.

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Southend Health & Wellbeing Board

Joint Report of
Simon Leftley, Deputy Chief Executive (People), Southend on Sea Borough
Council
Melanie Craig, Chief Officer, Southend CCG

to
Health & Wellbeing Board

on
01 February 2016

Report prepared by:
Nick Faint, BCF Project Manager

Agenda

Item No.

6

For discussion	X	For information only	Approval required	X
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Integrated Community Health and Social Care Services – the next steps

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to provide Health & Wellbeing Board (HWB) with an update regarding community health and social care integration and to request approval from HWB to explore the opportunities to further integrate community health and social care services.

2 Recommendations

HWB are asked to;

- 2.1 Approve the commissioning of a joint report by Southend on Sea Borough Council (SBC), Southend Clinical Commissioning Group (SCCG) and Southend Public Health, that explores the community health and social care integration opportunities, evaluates the options and makes a recommendation for consideration and approval.

3 Background

- 3.1 A number of factors, at a national level, are driving the move towards integrated care provision. Published in October 2014 by NHS England, The NHS five Year forward view (5YFV) sets out a positive vision for the future based around integrated service provision and new models of care.
- 3.2 The new models of care outlined in the 5YFW suggest that primary care consolidate into localities and expand to bring together health and social care

professionals from across a system to provide integrated out-of-hospital care, based in the community.

- 3.3 To support the 5YFV approach the Essex Success Regime (ESR) has highlighted the requirement for health and care economies to join up and address problems systematically, rather than in isolation. Whilst the direction of travel for ESR is focused on acute service reconfiguration there is an underlying assumption that community based integrated health and social care will provide the platform for the changes required within the acute services.
- 3.4 At a local level Southend has been recognised nationally as one of eleven local areas to be awarded status as an integrated pioneer programme. This has allowed us to make strategic and operational change to our community health and social care services, at pace, which is now delivering planned outcomes to patients and residents within the borough of Southend.

4 Successes in Southend

- 4.1 There are many examples that evidence the success of integration in Southend. Since achieving the status of integrated pioneer programme some of these include;
 - 4.1.1 *Data sharing*. It is well recognised in Southend that accurate commissioning, case finding and risk stratification for integrated health and social care services forms the platform for an integrated service provision. During the early history of the Pioneer programme Southend led a workstream to ensure that data across health and social care could be linked and shared.
 - 4.1.2 *Better Care Fund (BCF)*. For the previous 3 years Southend has been required to draft and submit a BCF plan which outlines the local plans for integration. Each organisation contributes resource to a pooled fund which is spent on joined up health and social care services aimed at reducing unavoidable admissions, reducing delays in transfers of care and protecting social services. Southend has a successful track record in delivering plans for BCF and remains well placed for the 2017 – 19 planning round.
 - 4.1.3 *Transforming Care Partnership*. A pan Essex partnership has been formed to develop a plan that will change local services in a way that will make a real difference to the lives of children, young people and adults with a learning disability and / or autism who display challenging behaviour, including those with a mental health condition. Our plans will include things like improving community services so that people can live near their family and friends, and making sure that the right staff with the right skills are in place to support and care for people with a learning disability. Our plans will be a ‘living’ document which will continue to be developed in partnership with the service users, their friends, family and carers as well as charities and other groups.

- 4.1.4 *Integrated commissioning team.* In April 2015 an integrated commissioning team was formed from resource from both SBC and SCCG. The team are responsible for health and social care services in Southend for adults, the elderly and frail, mental health, dementia and childrens. Commissioned services include Child and Adolescent Mental Health Services (CAMHS) and a complex care co-ordination service.
- 4.1.5 *Locality approach.* In May 2016 it was jointly agreed that 4 localities would be formed across Southend and that the locality would be the central place where integrated health and social care interventions are delivered and co-ordinated. This represents a shift away from hospital centric care into community based delivery through all system partners working in a collaborative and integrated way.
- 4.1.6 *Single Point of Referral (SPoR) co-location with Southend Access.* In July 2016 the SPoR and the Access team co-located at SBC to ensure that professionals who were referring patients into a health and social care system had the opportunity to refer through a single front door. Phase 1 of the project included co-locating two well established health and social care teams into one team. Working in partnership with our providers Phase 2 includes a review of activity and a redesign of service specification.
- 4.1.7 *Complex Care co-ordination service.* In January 2017 a complex care service commenced operations which would co-ordinate existing community based health and social care services around an individual with complex needs. New resource has begun to work with patients in southend to ensure that the support and care patients receive is integrated and seamless.
- 4.1.8 *Mental Health strategy and dementia services.* Mental Health services face significant demand in Southend which is forecast to increase. An Essex wide (including Southend and Thurrock) Mental Health strategy has recently been agreed, this strategy provides the direction for mental health services and the challenge to develop a Southend specific implementation plan will now be addressed. Strategically, dementia services for Southend have recently been remodelled following a period of staff and community engagement and will now incorporate an enhanced service that is fully integrated within existing health, social care and community assets. From a performance perspective SCCG is historically and continues to be top of the league for East of England CCGs when diagnosing dementia.

5 The opportunity

- 5.1 Set within the national context, the 5YFV and ESR has presented Southend with the opportunity to consider and explore the community health and social care opportunities that exist for the borough.
- 5.2 The experience Southend has at a local level in funding and operating community integrated health and social care services places Southend in an ideal position to consider and explore the options available to further integrate our health and social care systems.

- 5.3 Due to the ESR and the acute reconfiguration required the opportunity is considered to be services related to community based health and social care, that would include, but not limit to; adults, older people, mental health and learning disability and children services.
- 5.4 With our local knowledge aligned to nationally recognised integration reports and studies the unrealised opportunity to further integrated community health and social care services could deliver greater outcomes for the people of Southend that centre around the areas listed below;
 - 5.4.1 Greater consistency in decision making;
 - 5.4.2 Non elective admission avoidance;
 - 5.4.3 Discharge planning;
 - 5.4.4 Recruitment, retention and skill mix; and
 - 5.4.5 Community health and social care
- 5.5 The next steps would include consultation with health and social care providers in Southend that would include the Southend University Hospitals NHS Trust (SUHFT), South Essex Partnerships NHS Trust (SEPT) and the Local Authority Trading Company (LATC).

6 Health & Wellbeing Board Priorities / Added Value

Realising further integration opportunities contributes to delivering HWB Strategy ambitions in the following ways

- 6.1 Ambition 5 – Living Independently; through the promotion of prevention and engagement with residents, patients and staff integration will actively support individuals living independently.
- 6.2 Ambition 6 – Active and healthy ageing; through engaging and integrating health and social services within the community the services will be aligned to assisting individuals to age healthily and actively; and
- 6.3 Ambition 9 – Maximising opportunity; integration is the drive to improve and integrate health and social services. Through initiatives within the approach we will empower staff to personalize the integrated care individuals receive and residents to have a say in the care they receive.

7 Reasons for Recommendations

- 7.1 As part of its governance role, HWB has oversight of integration.

8 Financial / Resource Implications

- 8.1 None at this stage

9 Legal Implications

9.1 None at this stage

10 Equality & Diversity

10.1 Integration should result in more efficient and effective provision for vulnerable people of all ages.

HWB Strategy Ambitions

<p>Ambition 1. A positive start in life</p> <p>A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles</p> <p>A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing</p> <p>A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population</p> <p>A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently</p> <p>A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing</p> <p>A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health</p> <p>A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing</p> <p>A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity</p> <p>A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>

Southend Health & Wellbeing Board

Agenda
Item No.

7

Report of the Deputy Chief Executive, People

to

Health & Wellbeing Board

on

1 February 2017

Report prepared by: Tim MacGregor – Team Leader, Policy & Information Management

For information only		For discussion	x	Approval required	
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Inclusion of health related performance measures for Southend Council's Corporate Monthly Performance Report

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1. To consider appropriate health related performance measures for inclusion in the Council's Corporate Monthly Performance Report from April 2017.

2. Recommendation

- 2.1. That the Health & Wellbeing Board consider and help to identify a small (about 4-5) basket of health related performance measures that can be included in the Council's Monthly Performance Report.

3. Background & Context

- 3.1. Each month the Council produces a monthly performance report (MPR) which outlines progress against key performance measures that underpin the Council's corporate priorities and corporate priority actions for the year. The report, consisting of about 30 performance measures, is monitored each month by the Corporate Management Team, Cabinet, and each Scrutiny Committee and published on the Council's website.
- 3.2. The Council's Cabinet, on 19.1.17 agreed that, from April, the MPR should also include a small basket of indicators relating to areas where the Council does not necessarily have lead responsibility or direct control, but which are of importance in achieving its corporate priorities. This will also support elected members in undertaking their scrutiny function. Areas highlighted for inclusion were community safety, the local economy and health.
- 3.3. A set of about 12 performance measures in total are, therefore, in the process of being identified (about four for each theme) and the Health and Wellbeing Board is asked to consider which performance measures could be the most appropriate for inclusion in the MPR.

3.4. Three public health related indicators are already included (and are being retained for 2017/18) in the MPR, namely:

- Number of people successfully completing 4 week stop smoking course.
- Take up of the NHS Health Check programme – by those eligible (number of people).
- Public Health Responsibility Deal (number of new local organisations signed up).

3.5. Criteria for performance measures being included in the MPR include:

- They are a priority for residents and/or elected members;
- They require particular focus for the year;
- They are timely (they can be reported regularly, ideally monthly);
- They can be monitored with minimal administrative effort;
- There are a spread of indicators that cover customers, staff, finance and key projects.

3.6. With this in mind suggested additional performance measures for inclusion in the MPR could be a selection of 4-5 indicators from:

	Potential Performance Measures	Rationale for inclusion
1	% of patients attending Southend Hospital A&E, seen and discharged in under 4 hours (95% target)	To provide information in relation to the effectiveness of the urgent care system.
2	Number of patients attending A&E (by month)	Provides an indication of the effectiveness of measures being undertaken to reduce numbers presenting at A&E.
3	Numbers of delayed transfers of care: <u>health sector related (and % split?)</u>	Highlight the effectiveness of health and social care sectors in relation to hospital discharges
4	Numbers of delayed transfers of care: <u>social care sector (and % split?)</u>	Highlight the effectiveness of health and social care sectors in relation to hospital discharges
5	Cancer - Two week operational standard (referral from GP for diagnostic assessment within 2 weeks?)	Provides a measure of performance on a priority area for public.
6	Mental health indicator – Improving Access to Psychological Therapy (IAPT) indicator (% of people with common mental health problems accessing the service and entering treatment in the current year)	Provides an indicator for a priority area for councillors and one of the HWB Strategy ambitions

3.6 A similar number of indicators will be developed in relation to community safety and the local economy. It is intended that the indicators will be drawn from existing data sets, requiring minimal additional reporting. However, a short commentary may be considered to be desirable for particular, or all, indicators, to provide an explanation for what is being reported.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)
- Three HWB “Broad Impact Goals” which add value;
 - a) *Increased physical activity (prevention)*
 - b) *Increased aspiration & opportunity (addressing inequality)*
 - c) *Increased personal responsibility/participation (sustainability)*

4.1 To provide a wider group of councillors with more information in relation to promoting a positive health agenda for Southend, helping them to understand the context, challenges and some of the key issues of the health sector.

4.2 Contributes to Ambitions 3, 6c and 9a.

5. Reasons for Recommendations

5.1. To enable the Health and Wellbeing Board to contribute to the identification of appropriate performance measures for inclusion in the Council’s Monthly Performance Report.

6. Financial / Resource Implications

6.1 None specific

7. Legal Implications

7.1. None specific

8. Equality & Diversity

8.1. None specific

9. Background Papers

9.1. Southend Council’s Monthly Performance Report

10. Appendices

None

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

<p>Ambition 1. A positive start in life</p> <ul style="list-style-type: none"> a) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children’s mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges 	<p>Ambition 2. Promoting healthy lifestyles</p> <ul style="list-style-type: none"> a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse 	<p>Ambition 3. Improving mental wellbeing</p> <ul style="list-style-type: none"> a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
<p>Ambition 4. A safer population</p> <ul style="list-style-type: none"> a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s 	<p>Ambition 5. Living independently</p> <ul style="list-style-type: none"> a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer 	<p>Ambition 6. Active and healthy ageing</p> <ul style="list-style-type: none"> a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
<p>Ambition 7. Protecting health</p> <ul style="list-style-type: none"> a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough 	<p>Ambition 8. Housing</p> <ul style="list-style-type: none"> a) Work together to; <ul style="list-style-type: none"> o Tackle homelessness o Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources 	<p>Ambition 9. Maximising opportunity</p> <ul style="list-style-type: none"> a) Have a joined up view of Southend’s health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

Southend Health & Wellbeing Board

Agenda
Item No.

8

Report of
Liz Chidgey, LSCB & SAB Chair
to
Health & Wellbeing Board
on
1st February 2017

Report prepared by: Helen Wilson, LSCB & SAB Business
Manager

For information only		For discussion	x	Approval required	
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Title of Report

**Southend LSCB and SAB Annual Reports on the Effectiveness of Safeguarding
Services 2015-16**

Part 1 (Public Agenda Item) / Part 2

1. Purpose of Report

1.1. The Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board Annual Reports for 2015-16 (appendices 1 & 2 respectively) provide an assurance statement of the effectiveness of safeguarding services in Southend and identify areas for development for consideration by other strategic and commissioning bodies when reviewing their strategic and business plans for the new financial year 2017-18

2. Recommendations

2.1. It is recommended that the Health and Wellbeing Board ensures the areas for development identified in the LSCB and SAB Annual Reports for 2015-16 (appendices 1 & 2) and in sections 3.1 and 3.2 of this report are reflected in its strategic planning for the coming year.

2.2. That the Schematic of Strategic Leads for Safeguarding and Community Safety Priorities (appendix 3) is agreed by the Health and Wellbeing Board

3. Background & Context

3.1. 'Working Together to Safeguard Children 2015' states that the LSCB Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should fit with local agencies' planning, commissioning and budget cycles. The report is

submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The report identifies areas for development which should be considered by other strategic bodies and commissioners when reviewing their strategic plans and business plans for the coming year. The areas for development identified are as follows:

- i) Work is required to ensure children and young people who self-harm or have other mental health issues access services in a timely way and through the most appropriate routes. This will include more analysis of the issues and the development of a multi-agency action plan
- ii) The analysis of intelligence from all partners, including the public, to identify, disrupt and prosecute those who exploit children and young people
- iii) Mainstreaming of funding and development of timely specialist support services for victims of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- iv) Mainstreaming of funding and development of timely specialist support services for perpetrators of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- v) To continue to exercise oversight of, and analyse, the child protection process and application of thresholds by children's social care, and review the conferencing system to ensure partners maximise its effectiveness and impact on families
- vi) To ensure that the early help model is fully integrated with child protection processes, making one unified and comprehensive system to ensure all children and safeguarded and professionals know how and where to get the right help. Early Help services will be tested by the LSCB in 2017-18 to ensure hard to reach groups have the right access to those services.
- vii) To ensure that the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals.
- viii) To continue to address and improve the governance of the Safeguarding Partnership (currently the LSCB) in light of the Wood Review of LSCBs, to ensure that cross cutting areas of work are approached holistically across the partnership, and that potential gaps and overlaps are identified and addressed effectively.
- ix) To respond to the Violence and Against Women and girls agenda, including FGM, providing a comprehensive programme of work

- 3.2 The Care Act Guidance 2014 states that the SAB must publish an annual report that must clearly identify what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic/business plan.

In order to continue to have an impact on improving services across the partnership the following areas for development have been identified for 2016-19:

- i) Ensure the provision of services for young people who require extra support and assessment but do not meet the criteria for statutory adult services are integrated and accessible. The SAB proposes there should be a one year funded project to look at the scale of this group and their needs, and how to work with them with, possibly using a worker in the third sector. The project to report back at the end of the year on issues and recommendations for this role in the future.
- ii) Improving the experiences of adults discharged from hospital ensuring good co-ordination between relevant partner agencies. The SAB to propose a project to look at drilling down into the issues underpinning hospital discharge concerns and develop “whole system” recommendations to be rolled out across the partnership to improve the safety, coherence, and consistency of this process for patients.
- iii) The provision of funding by commissioning agencies for a specialist hoarding support service
- iv) The provision of support services for domestic abuse perpetrators who are not in the criminal justice system, which has a good evidence base, by commissioning agencies
- v) Increase capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole, and a reduction in the use of section 136. As a matter of urgency Southend CCG to look into the reasons for the delays in refurbishing the existing section 136 health suites, and ensure adequate levels of local provision. (Referred to the CCG for action November 2016).
- vi) Commissioning agencies to ensure there is sufficient capacity in registered care homes and domiciliary care providers to meet the demands of an increasing elderly population
- vii) Ensuring DoLS assessments continue to be undertaken in a timely way to ensure the rights of adults with additional care and support needs are safeguarded effectively

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)

1 a, e & g; 2 d; 3 all; 4 all; 5 c & e; 6 all; 9 all

- Three HWB “Broad Impact Goals” which add value;
 - a) Increased physical activity (prevention)
 - b) Increased aspiration & opportunity (addressing inequality)
 - c) Increased personal responsibility/participation (sustainability)

4.1 Addresses the following Strategy Ambitions:
1 a, e & g; 2 d; 3 all; 4 all; 5 c & e; 6 all; 9 all

5. Reasons for Recommendations

5.1. To ensure priority areas for development of services to safeguard children and adults are addressed effectively

6. Financial / Resource Implications

6.1 Additional financial and other resources may be required to address the areas for development identified in the reports

7. Legal Implications

7.1. None

8. Equality & Diversity

8.1. None

9. Background Papers

9.1. None

10. Appendices

10.1. LSCB Annual Report on the Effectiveness of Safeguarding Children Services 2015-16

10.2. SAB Annual Report on the Effectiveness of safeguarding Adults Services 2015-16

10.3. Schematic of Strategic Leads for Safeguarding and Community Safety Priorities

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

Ambition 1. A positive	Ambition 2. Promoting	Ambition 3. Improving
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<p>start in life</p> <ul style="list-style-type: none"> a) Reduce need for children to be in care b) Narrow the education achievement gap c) Improve education provision for 16-19s d) Better support more young carers e) Promote children’s mental wellbeing f) Reduce under-18 conception rates g) Support families with significant social challenges 	<p>healthy lifestyles</p> <ul style="list-style-type: none"> a) Reduce the use of tobacco b) Encourage use of green spaces and seafront c) Promote healthy weight d) Prevention and support for substance & alcohol misuse 	<p>mental wellbeing</p> <ul style="list-style-type: none"> a) A holistic approach to mental and physical wellbeing b) Provide the right support and care at an early stage c) Reduce stigma of mental illness d) Work to prevent suicide and self-harm e) Support parents postnatal
<p>Ambition 4. A safer population</p> <ul style="list-style-type: none"> a) Safeguard children and vulnerable adults against neglect and abuse b) Support the Domestic Abuse Strategy Group in their work c) Work to prevent unintentional injuries among under 15s 	<p>Ambition 5. Living independently</p> <ul style="list-style-type: none"> a) Promote personalised budgets b) Enable supported community living c) People feel informed and empowered in their own care d) Reablement where possible e) People feel supported to live independently for longer 	<p>Ambition 6. Active and healthy ageing</p> <ul style="list-style-type: none"> a) Join up health & social care services b) Reduce isolation of older people c) Physical & mental wellbeing d) Support those with long term conditions e) Empower people to be more in control of their care
<p>Ambition 7. Protecting health</p> <ul style="list-style-type: none"> a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough 	<p>Ambition 8. Housing</p> <ul style="list-style-type: none"> a) Work together to; <ul style="list-style-type: none"> o Tackle homelessness o Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources 	<p>Ambition 9. Maximising opportunity</p> <ul style="list-style-type: none"> a) Have a joined up view of Southend’s health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment

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2015-16

Annual Report on the Effectiveness of
Safeguarding Children in Southend



Southend LSCB

October 2015 to September 20 16

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Key

Text – areas for development

Text – areas of notable progress

SECTION 1 - INTRODUCTION

1.1 Introduction from the LSCB Chair

This is my final annual report as I am stepping down from the role of Southend LSCB chair after 11 years.

The Annual Report shows how the span of work of the Board has continued to both grow, and become more complex, over this period. Areas such as Child Sexual Exploitation, Female Genital Mutilation and Domestic Abuse, which cut across a number of governance structures and partner agencies, as well as functions within those agencies, have increasingly come to be part of safeguarding and to have, rightfully, a strong profile.

The report shows that the LSCB continues to have an impact on practice through its Learning and Development framework, and through the individual and collective contributions of the partners. The partnership in Southend remains strong and cohesive, and the Board is well attended and supported in its subgroups and campaigns by those partners and others.

The three external safeguarding inspections which have taken place this year (Essex Police follow up inspection, Local Authority Safeguarding Inspection and Health System Safeguarding Inspection) have shown there is no room for complacency, and there continue to be challenges in getting things right. However, we have also seen the individual and collective will to get things right in the improvements which have been, and continue to be, made in response to these findings.

Looking to the future, there has been work undertaken looking at how the governance of the LSCB can be strengthened within the local arrangement of other boards (SAB, CSP and HWB), and the strengthening of the Public Protection approach which we have been taking in Southend, which allows more complex and cross cutting areas such as CSE and Domestic Abuse to be tightly yet flexibly responded to. Therefore in terms of a response to the Alan Wood Review of LSCB's, I believe this local work has laid a good basis on which to build, ensuring maximum value is extracted from local arrangements, whilst continuing to build on the contribution and skill of all partners.

It has been a pleasure and a privilege to work with such committed and capable partners in Southend during my time here, all of whom I would like to thank for their personal, organizational, and financial support to the Board.

I wish the incoming Chair every success in taking this very important work forward.

Chris Doorly

November 2016

1.2 Role of the Board

The LSCB is a statutory body created under the Children Act 2004. Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- (ii) training of persons who work with children or in services affecting the safety and welfare of children;
- (iii) recruitment and supervision of persons who work with children;
- (iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

An LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory functions an LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

To evidence its fulfilment of its statutory responsibilities the LSCB produces an annual report covering its reporting year of October to September. The LSCB has agreed this reporting cycle in order that the findings of the annual report and the identified priorities for the coming year can be considered and built into the development of the strategies and delivery plans of other partnership boards and commissioners, including the Chief Executive and

Leader of Southend Borough Council; the Health and Wellbeing Board; the Children's Partnership Board (Success For All Children Group in Southend); and the Essex Police and Crime Commissioner.

1.3 Governance and Accountability

Although the LSCB is an independent statutory body the Chief Executive and the Leader of Southend Borough Council hold the Chair to account for the effective working of the LSCB. The Chair of the LSCB meets with the Chief Executive and Leader of Southend Borough Council to present the LSCB Annual Report on the effectiveness of safeguarding children, following its approval by the LSCB's Board, in November annually.

1.4 Strategic Links to Other Boards and Partnerships

The Chair of the LSCB is a member of the Health and Wellbeing Board (HWB) and presents the LSCB's annual report on the effectiveness of safeguarding children in Southend to the Board in January each year. The HWB ensures that the Police and Crime Commissioner is present at this meeting.

The LSCB chair as a member of the HWB ensures that the HWB is effectively considering children's safeguarding in the decisions it makes. The HWB uses the LSCB as a 'critical friend' in safeguarding children considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The LSCB has a direct relationship with the Success for all Children Group (SACG) and the Corporate Parenting Group (CPG). The SACG and CPG report to the HWB and have responsibility for shaping and delivering children and young people's and looked after children's health and wellbeing agenda. The LSCB holds the SACG and CPG to account for ensuring the safeguarding of children and looked after children are considered in the

decisions they make and their strategic priorities. The LSCB considers the annual reports from the SACG and CPG and their safeguarding children and looked after children priorities.

The LSCB also has a direct relationship with the Community Safety Partnership (CSP). The LSCB seeks assurance that the CSP is appropriately considering children's safeguarding in the decisions it makes. The LSCB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has been recognized by Ofsted as a model of good practice. The Panel has now been extended to scrutinize the work of the Safeguarding Adults Board (SAB) from September 2016.

The Chief Executive of Southend Borough Council ensures strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the LSCB, SAB, HWB, CSP and Success for all Children Group, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police, and Southend Clinical Commissioning Group (CCG).

Following the publication of the Alan Wood Review of LSCBs, and the Government response, a review of the governance of the strategic Boards in Southend has been initiated by the Chief Executive of the Local Authority, Essex Police and Southend CCG, as key statutory partners.

1.5 Inspections

In the period October 2015 to September 2016 inspections of the effectiveness of safeguarding and looked after children services were undertaken by Ofsted (local authority and LSCB); Care Quality Commission (Southend CCG); and Her Majesty's Inspectorate of

Constabulary (Essex Police). The outcomes of these inspections are covered in detail in section 7 of this report.

SECTION 2 – EXECUTIVE SUMMARY

2.1 Overview

It has been a productive and busy year with external inspections taking place in Essex Police (including a follow up inspection); the local authority Ofsted Safeguarding inspection including the LSCB itself; and finally the CQC inspection of the Health System in terms of its safeguarding practice.

The LSCB has continued to monitor action plans arising from these inspections, and the Chair of the LSCB sits on the Children’s Services Improvement Board set up by the Local Authority to monitor progress, a body which was not mandatory as the overall judgement was that services “require improvement”, but which Southend Borough Council instituted to ensure rapid and effective progress was made.

At a strategic level governance has continued to develop, with the LSCB Chair now being a member of the Health and Wellbeing Board, with a view to strengthening the link between safeguarding and commissioning, and enabling better co-ordination of the work of these two groups. The Chief Executive of the Council has continued to chair a group which has representatives of the three statutory partners (Health, Police and Local Authority) as well as the chairs of the Community Safety Partnership, Safeguarding Adults Board, and Health and Wellbeing Board, enabling better co ordination of all areas of work which are cross cutting (such as Child Sexual Exploitation and Domestic Abuse).

This work has laid a good foundation for the Southend response to the Alan Wood review of LSCB’s, which offers some greater freedoms to develop a local approach in terms of how the safeguarding partnership can work effectively. In addition, a review of governance of CSE in Southend, post the OFSTED inspection, has led to some proposals for improving the collective co–ordination across the work of different sub groups and to make a clearer separation of the operational and strategic management of this work. In addition, the Schools Forum has been more strongly linked in to the work of the LSCB through a clearer governance link with the Executive, recognizing the important contribution that schools make in this arena.

During this year, the Southend Multi Agency Risk Assessment Team (MARAT) has been established, taking over from the previous MARAC system, which was Essex-wide and which had significant delays in terms of hearing High Risk domestic abuse cases. This has enabled much more effective and timely delivery of plans to keep victims and their families safe, and also to share intelligence and act through the newly established Southend multi agency Hub, which positions police and local social workers together to work in this area. There are developing services for perpetrators of domestic abuse who do not meet the threshold (a conviction) for other services, but who wish to address their abusive behaviour. It is anticipated that this new service will reduce the incidence of domestic abuse in Southend, which is currently relatively high.

The Local Authority has undertaken during the year a refresh of its Early Help Services, aiming to make them more accessible to partners, and better co-ordinated in terms of resources, and the Local Authority has also introduced the framework “Signs of Safety” into its reviewing function, with the objective of making plans more focused on outcomes for children and young people in terms of wellbeing and feeling safe.

There has also been the development of a service for victims of sexual abuse which has been funded for three years. This was a service gap identified in last years Annual Report which has now been addressed. The CAMHS service has been re-commissioned in Southend to allow for direct access, therefore not requiring a GP referral, and this should strengthen the ability of partners to work collaboratively with young people who have complex needs, through better co-ordination of timely services.

The Local Authority continues to show good performance in its functions as Corporate Parent, with all Looked After Children who are in residential care settings being in ones which were graded good or outstanding at the last report. There have been good developments in terms of adoption, fostering and guardianship, and the stability of placements has continued to improve. The Local Authority Designated Officer (LADO) annual report shows that concerns about workforce continue to be reported and investigated across the partnership, and the LADO role working well in terms of advice and support.

The LSCB has identified increases in self harm and concern about the mental health of young people as areas of concern. This continues to be investigated by the LSCB to understand what the causes are and what can be done to address this trend.

Single agency reports contained within this annual report show the ongoing strong contribution of partner agencies to the LSCB; the good level of work by partners in terms of the safeguarding agenda, and highlight steps being taken to increase the voice of the child in their work (a previous year long theme of the LSCB); and the degree of single agency auditing to ensure safeguarding practice is of a good standard and agencies are continuously seeking improvements in their service responses. The reports also show the Prevent agenda being developed and that there are good local arrangements for this approach.

The LSCB has continued to receive reports from the Child Death Overview Panel (CDOP) and there have been 12 Southend referrals to the panel this year, with 10 cases reviewed. In these 10 cases there were no very strong modifying factors, with maternal and household smoking being the strongest area to address, which will be considered by the LSCB next year as a task. There continue to be no reported cases of death from co sleeping in Southend, following the introduction of procedures to ensure all prospective parents understand and have explained to them the risks involved in this. Road traffic deaths also have continued to fall in response to work in this area.

The LSCB has undertaken one serious case review during this year. It has not yet been completed or published as it was “paused” pending court proceedings. However all the emerging learning in the review has been progressed whilst the case has been paused, and most has now been implemented. There was one learning review undertaken which concerned mainly a school issue. The school’s Individual Management Report was not considered to be sufficiently challenging of their practice, and the review team have made some further recommendations to strengthen their safeguarding practice.

In conclusion this has been a challenging and busy year, with three very substantial inspections making a good contribution to the future direction of the work of the LSCB, along with areas generated internally by individual agencies, or through the collective learning and improvement framework. The strength of the partnership remains high despite the pressures on budgets and the impact of the austerity regime on families.

During the coming year, some priorities will be to develop the post Alan Wood proposals and to continue to follow up the actions of the inspection findings. We have agreed to change the CSE governance and to strengthen individual partners, contributions to this work. The LSCB has agreed to improve its performance management framework and ensure its learning and improvement framework delivers to maximum effect.

There will need to be a response to the issue of increasing self harm and mental health issues for young people, and there continue to be opportunities, with the sharing of the chair role between adults and children's boards, to look at the role of adults in the lives of children and young people and to look at how these adults and children's services can work more seamlessly and effectively to promote good outcomes for children.

2.2 Progress Against LSCB's 2015-16 Business Plan Priorities

	Priority	Progress
A	Developing a culture of communication between all stakeholders to safeguard children	LSCB multi-agency audits evidence that health practitioners are not always contacted as part of assessments following safeguarding referrals to stage 4 and 3 services.
B	Reduce the number of children and young people who have experienced bullying including face to face, text or internet	21 schools have participated in the Equality and Diversity Programme which works with children and staff to decrease all types of bullying
C	Ensure that the Domestic Abuse Strategy is effectively implemented to reduce the impact of Domestic Abuse on children and young peoples' life chances	New Multi Agency Risk Assessment Team (MARAT) launched June 2016 has seen significant improvement in the timeliness and effectiveness of the multi agency response to high risk cases of domestic violence
D	Support families at the earliest opportunity to prevent their needs escalating	A refresh of the early help service by Southend Borough Council and co-location of initial contact teams ensures children and families are supported by the services which can best meet their needs.
E	Reduce the number of children killed, seriously and slightly injured in road traffic collisions	Data not available currently
F	Identify and provide early support to children at risk of sexual exploitation, to prevent harm and reduce the impact on their life chances	In August 2016 the LSCB had identified 74 children at risk of sexual exploitation. 13 were assessed as being at high risk; 36 as medium risk; and 22 as standard risk. A Multi Agency Child Exploitation (MACE) Panel ensures children at risk of exploitation are supported appropriately

G	Ensure that looked after children are safeguarded effectively	96% of looked after children are in placements rated 'outstanding' or 'good' by Ofsted (remaining 4% in provision not yet inspected by Ofsted)
H	Identify and provide support to vulnerable adolescents to ensure they are safeguarded effectively	<p>Hospital admissions for self-harm in children and young people aged 10-24 years have decreased in Southend in recent years (compared to an increase in England), however hospital admissions for mental health conditions are significantly worse than the England average</p> <p>Child and Adolescent Mental Health Services (CAMHS) re-commissioned with a new Emotional Wellbeing and Mental Health Service (EWMHS) operational from November 2015. Access to the service has been improved, and no longer requires a GP referral.</p> <p>Publication of 'Talk to me' a 5 year plan to prevent suicide and self harm</p> <p>'Open up, Reach out' transformation plan for the emotional wellbeing and mental health of children and young people in Southend agreed</p>

2.3 Key Successes

- A coherent early help offer is effective in supporting families to make the changes needed to ensure that their children's needs are met (Ofsted 2016)
- Work to secure children's lives through adoption and services for care leavers are areas of significant strength (Ofsted 2016)
- The social care workforce is stable. Supervision arrangements for social workers have been revised to separate supervision on case work from discussions about workers' professional development. This has been positive for social workers, who report feeling well supported by managers. (Ofsted 2016)
- Strengthened oversight and direction at strategic level in response to child sexual exploitation, children who go missing and other vulnerabilities, such as female genital mutilation and the risk of radicalisation (Ofsted 2016)
- Child protection conferences are well chaired, and facilitate information sharing through good attendance and engagement from partner agencies. Conference reports from partners use the 'strengthening families' model. This contributes to making the conferences an effective forum for identifying risks, strengths and grey areas. (Ofsted 2016)
- Development of the MARAT and resulting improvement in the effectiveness and timeliness of the multi-agency response to assessment and reduction of risk for children affected by domestic abuse
- Identification of and support for children and young people who are at risk of exploitation and those who go missing from home or care
- Since 2010 no completed Child Death Review has found that the death of a baby was as a result of co-sleeping

- Emotional Wellbeing and Mental Health Service (EWMHS) single point of contact enables professionals and parent/carers to make a referral or seek advice and signposting. The service has also developed the 'Big White Wall' providing online access to advice and support
- Police and Crime Commissioner has provided 3 year funding for SOS Rape Crisis to deliver specialist services to male and female victims of sexual abuse across all ages
- All educational establishments and other statutory partners have a trained Prevent lead
- All Southend secondary schools have participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships.
- A&E admissions for zero to four years were considerably lower than the England average. Hospital admissions caused by injuries in both children and young people are in line with or better than the England average

SECTION 3 – CONTEXT

3.1 Demographics

Approximately 38,216 children and young people under the age of 18 years live in Southend-on-Sea. This is 21.5% of the total population in the area.

Approximately 18.8% of the local authority's children are living in poverty (August 2013).

The proportion of children entitled to free school meals:

- in primary schools is 15.4% (the national average is 15.6%)
- in secondary schools is 9.8% (the national average is 13.9%).

Children and young people from minority ethnic groups account for 22.9% of all children attending Southend schools, compared with 22% in the country as a whole.

The largest minority ethnic groups of children and young people in Southend's schools are mixed and Asian.

The proportion of children and young people with English as an additional language:

- in primary schools is 13.3% (the national average is 19.4%)
- in secondary schools is 12.7% (the national average is 15%).

A&E admissions for zero to four years were considerably lower than the England average.

Hospital admissions caused by injuries in both children and young people are in line with or better than the England average.

Hospital admissions of children for mental health conditions are significantly worse than the England average.

In May 2016:

- 999 children had been identified through assessment as being formally in need of a specialist children's service (a reduction from 1,024 at 31 March 2015).

- 183 children and young people were the subject of a child protection plan (184 at 31 March 2015).
- 263 children were being looked after by the local authority (a rate of 68.8 per 10,000 children). This is an increase from 230 (60 per 10,000 children) at 31 March 2015.

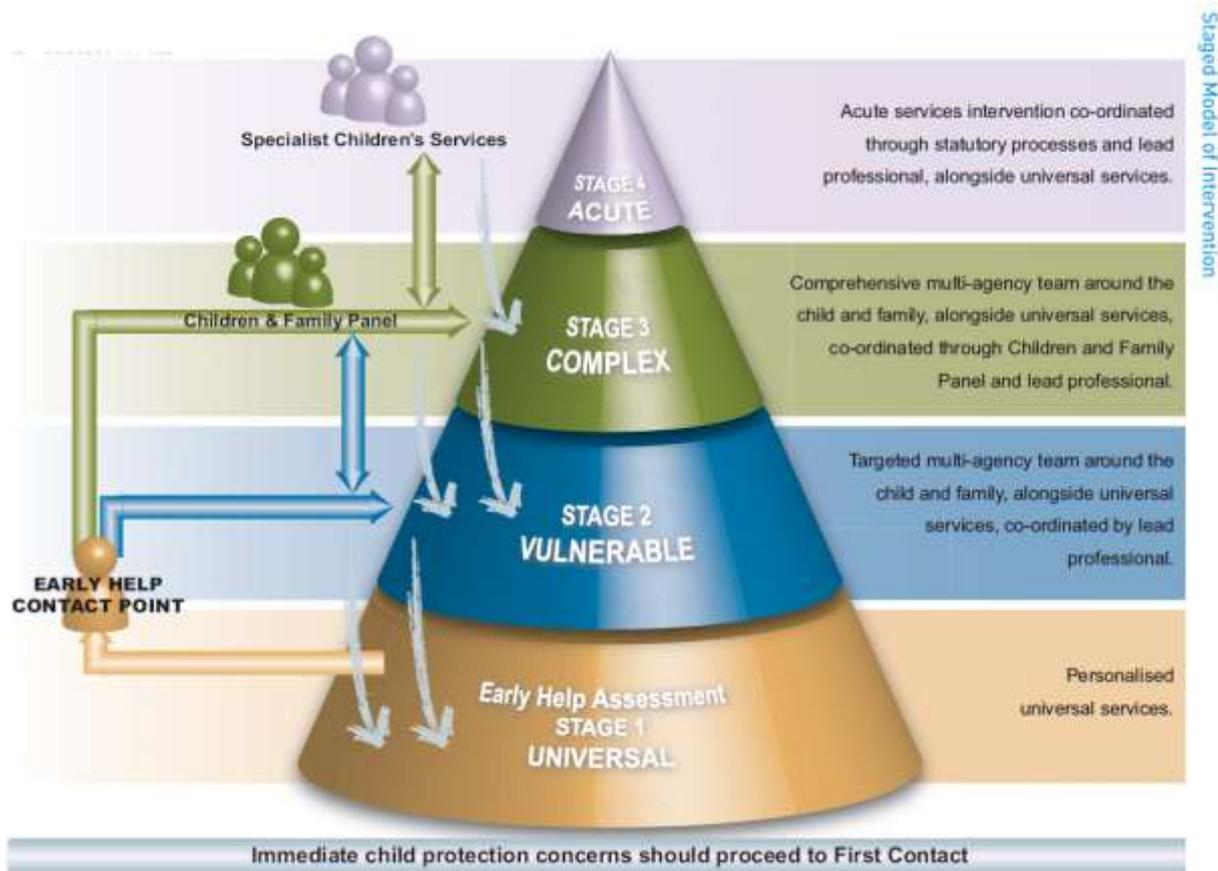
From June 2015 to May 2016:

- There were 24 adoptions
- 19 children became subject to special guardianship orders
- 114 children ceased to be looked after, of whom 10.5% subsequently returned to be looked after
- 26 children and young people ceased to be looked after and moved on to independent living

3.2 Integrated Approach to Safeguarding Children

Southend's integrated staged approach to intervention ensures a partnership approach to identifying and meeting children's needs as soon as possible (see diagram below).

Southend has developed and implemented an Early Help and Family Support Assessment and uses a well embedded 'Team Around the Child/Family' approach to improve outcomes for children and young people and provide them and their families with early support to prevent escalation of risk to children.



3.3 The LSCB's Learning and Improvement Framework

All LSCBs are required to establish and maintain a Learning and Improvement Framework which “enables organizations to be clear about their responsibilities, to learn from experience, and improve services as a result” (Working Together to Safeguard Children 2015). The focus in Working Together is on the use of reviews and audits to inform the learning and improvement framework. Southend LSCB has identified additional areas for obtaining learning to improve practice, to develop an integrated framework which builds on its culture of learning and improvement. The following elements form the basis of the LSCB's Learning and Improvement Framework:

Element	Activity	Lead for Activity	Expected Outcome/Impact
Serious Case Reviews and other Case Reviews	Practitioner Learning Events	Case Review Panel	Learning from SCRs and improvement actions are informed by the views of practitioners.
	Identification of learning and activity for implementation	Case Review Panel	
	<i>Implementation of learning - links to Learning & Development Strategy (appendix 1) and Communications Strategy (appendix 2)</i>	Learning and Development Sub Group Community Sub Group (Communications)	Learning from SCRs is implemented effectively and changes in services and professionals' practice is evidenced
	Measuring impact of implementation of learning - <i>links to single and multi-agency audit activity and performance information</i>	Monitoring Sub Group	

Child Death Reviews	Identification of learning and activity for implementation	Learning and Development Sub Group	Actions taken in response to findings from CDRs reduce the number of child deaths with modifiable factors
	Implementation of learning - <i>links to Learning & Development Strategy (appendix 1) and Communications Strategy (appendix 2)</i>	Community Sub Group (Communications)	
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	Monitoring Sub Group	LSCB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of LSCB multi agency audits	Monitoring Sub Group	LSCB evidences the effectiveness of safeguarding services throughout the safeguarding journey of the child
Section 11 Audits	Reporting of qualitative and quantitative data by LSCB partner agencies	LSCB Executive	Partner agency self assessments of safeguarding efficacy is robust

Qualitative Information from Children, Young People and their Families (including compliments and complaints)	Analysis of information obtained to quality assure the effectiveness of safeguarding across the tiers of intervention	Monitoring Sub Group	The development and improvement of safeguarding services is informed by the views and experience of children, young people and families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	LSCB Executive	Risks to the effectiveness of safeguarding children services are identified early and addressed in a timely way. Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding children practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative data from partner organizations	Monitoring Sub Group	Evidence of improvement in identified key areas of safeguarding practice.

<p>Annual Reports from Strategic Partners (e.g. Corporate Parenting and LADO) and LSCB member agencies</p>	<p>Needs analysis and monitoring of safeguarding effectiveness</p>	<p>LSCB Board</p>	<p>The LSCB evidences the effectiveness of safeguarding practice throughout the journey of the child</p>
<p>Strategic & Themed Work (e.g. self harm)</p>	<p>Mapping of issues and development of overarching strategies</p>	<p>LSCB Executive</p>	<p>The LSCB and its strategic partners identify any risk and/or need and implement improvements to address these</p>

SECTION 4 – THE JOURNEY OF THE CHILD

The LSCB undertakes a multi-agency audit of the Journey of the Child annually. The audit found that decisions were based on clear assessments of the child/young person's needs and circumstances, and those of their family, with a clear analysis of risk and needs at all levels of intervention, and assessments that identified specific risks such as missing children, sexual exploitation, domestic abuse, parental mental health or parental substance misuse.

4.1 Prevention and Early Help– Stage 1

Prevention and Early Help is undertaken at stage 1 of the integrated staged approach to intervention. There is a strong and developing prevention and early help offer in Southend which reduces the escalation of risk to children and young people. Support to children and families, at stage 1, is provided by personalised universal services.

The Early Help Family Support Practitioner Toolkit reflects the 'Early Help' offer and includes guidance on the application of thresholds for services at each stage of intervention in Southend. Early Help and family Support has a single point of access

Southend Information Point (SHIP) encourages service users and practitioners to access the earliest help independently through a universal website. Service users can access information, advice and guidance on childcare, activities, clubs and community events, voluntary and targeted services, health needs, education, and finances, and a comprehensive Local Offer for Special Educational Needs and Disability.

The LSCB and its partners also support a number of services and initiatives providing prevention and early help within schools and other settings

Activities and Impact

Since 2012 the LSCB has contributed, with Public Health, to the delivery of an Equality and Diversity Programme for schools. To date 21 schools have participated in the programme which works with children and staff to decrease all types of bullying, (physical, verbal, emotional or cyber) of children and young people for being gay or people thinking they are;

for not acting in a gender stereotypical way; for having a disability, or not being able to do something; because of race or religion; because of the way they look or a health condition; because they look after family members at home; because they are in the care of the local authority.

The programme is supported by CEOP, Stonewall, Bullybeat, Hope Not Hate, Ability Action, Sport Arts 4 All, South Essex College, Show Racism the Red Card and Southend Borough Council. These agencies share their expertise with the schools enabling staff to up skill, and children to have the benefit of their particular knowledge and passion.

Schools are required to develop their PSHE and R.E programmes to include the input that they have received to sustain the improvements in future years.



All Southend secondary schools have participated in the 'Prince Charming' project, an interactive play providing an opportunity for young people to explore domestic abuse within teenage relationships. The Soroptomists supported the project by providing additional information for young people about domestic abuse.

Feedback from young people about the project has been positive and evidences improved understanding and perception of healthy relationships

Prince Charming is an interactive drama performance where children and young people in the audience can intervene and stop the performance to discuss the events and choices the characters are making in their relationships.

Public Health has provided sex and relationship education (SRE) programmes for all primary and secondary schools in Southend with implementation support. This has ensured a consistent content and approach to SRE across Southend schools.

All secondary schools, statutory agencies, GPs, children's homes, fostering agencies, as well as some private and community organisations and primary schools, have trained Child Sexual Exploitation (CSE) Champions. CSE Champions raise awareness of indicators of CSE within their organisations to support the early identification and support of children and young people at risk of CSE. Children and young people identified as being at risk of CSE are supported within the integrated staged approach to prevent escalation of risk. A CSE Champions Forum provides on-going support and professional development for Champions. 162 CSE Champions and key practitioners have been identified and successfully completed training. 713 practitioners have undertaken online training

In late July 2016 the LSCB, Safeguarding Adults Board, the Southend Soroptomists, and the Boarder Agency worked in partnership to raise awareness of trafficking using a 'Stop The Traffik' 'gift box', situated in the High Street. Over three days the team distributed 680 leaflets and recorded 991 conversations with members of the public, raising awareness of trafficking.

Essex County Fire and Rescue Service (ECFRS) undertake Home Fire Safety Checks and educational visits to schools.

The LSCB, Safeguarding Adults Board, Southend Borough Council, and SHIELDS (a community organisation) have worked in partnership to launch the Keep Safe Scheme in Southend. The scheme enables young people over the age of 16 with a disability, and adults with additional care and support needs to feel safer when independently accessing the town centre. Those signing up to the scheme are provided with key fobs and/or wallet cards containing emergency contact details for a carer or trusted person. Businesses in the town centre participating in the scheme display a Keep Safe sticker which lets young people and adults who are part of the scheme know that members of staff will support them to call their carer or trusted person if they feel unsafe.

Southend LSCB, Health Visitors and other partners have been promoting the Safer Sleeping for Babies message since 2010. On their first visit to new parents Health Visitors use an LSCB Safe Asleep leaflet to explain the risks of co-sleeping, and the importance and safety of the baby's sleeping environment. **Since 2010 no completed Child Death Review has found that the death of a baby was as a result of co-sleeping.**

Child Death Reviews from the wider Essex area had identified risks associated with Water Safety around private pools. A water safety awareness campaign was undertaken by Southend LSCB in summer 2015 and 2016. There were no deaths of children in private pools in 2015-16.

Child and Adolescent Mental Health Services (CAMHS) have been re-commissioned during the period, with a new provider (NELFT) offering a restructured Emotional Wellbeing and Mental Health Service (EWMHS) from November 2015. **A single point of contact enables professionals and parent/carers to contact the service to make a referral or seek advice and signposting. The service has also developed the 'Big White Wall' providing online access to advice and support, and an App is in development.**

SBC Public Health has provided training for schools regarding mental health and self harm.

EWMHS will also be providing training for school staff

A Suicide and Self Harm Prevention Toolkit had been developed for schools and other agencies

4.2 Early Help and Children in Need – Stages 2 & 3

Early Help takes place at stages 2 and 3 of the integrated staged approach, where children and their families require additional, coordinated support to that provided by universal services alone. A new Early Help and Family Support Assessment enables practitioners to assess the needs of children and their families and identify areas for support.

During the year a refresh of Early Help has been undertaken

Phase 1 of the refresh has delivered a restructured Early Help Family Support Service within Southend Borough Council providing:

- an integrated single point of contact for Early Help which is co-located with Children's Services First Contact Team (stage 4 point of contact); and
- refreshed, integrated processes and governance

Phase 2 of the refresh will:

- Embed and further refine the **single point of contact** and integrated processes for Early Help established in Phase 1.
- Further extend Early Help **integration with NHS England, Public Health and Children's Centres**
- Further develop the integrated **children's workforce** for Early Help
- Strengthen integrated systems for sharing Early Help **data and information**

At Stage 2, a 'Team Around the Child', coordinated by a lead professional and working with universal services, provides targeted support to vulnerable children and their families. At

Stage 3 support to children and their families with complex needs is coordinated by Child and Family Panels with a comprehensive 'Team Around the Child' and a lead professional.

The implementation of the Counter-Terrorism and Security Act 2015 placed a duty on local authorities and other public bodies to have "due regard to the need to prevent people from being drawn into terrorism", as part of the Prevent Duty. To support partner agencies the LSCB, in partnership with the Safeguarding Adults Board and Community Safety Partnership, with Essex Police, have provided accredited training. All educational establishments and other statutory partners have a trained Prevent lead to cascade training to other practitioners. A Channel Panel, to coordinate support for those identified as being vulnerable to radicalisation, has also been established and has identified support for a small number of individuals.

Where a parent has made a private arrangement for someone who is not a close relative to care for their child this is described as private fostering. There is a statutory requirement for the local authority to be informed of these arrangements so that they can ensure the child is safeguarded and supported appropriately. There were 4 private fostering arrangements known to the local authority in September 2016. There were 2 private fostering arrangements in the period which were found to be unsuitable, and the private foster carer prohibited from entering into private fostering arrangements following assessment by Southend Borough Council Children's Services.

Emotional Wellbeing and Mental Health Service (EWMHS)

A single point of contact has been established in Southend, linked to the Early Help and Family Support Service, which receives all mental health referrals from professionals, parents and carers, for screening, triage, signposting and allocation to EWMHS locality teams or telephone advice and support. All referrals to EWMHS are prioritised according to the

presenting clinical need with urgent assessments undertaken within two weeks and all treatment starting within 18 weeks of the date of referral.

A multi-agency audit of young people who were found to self-harm identified that in all cases referrals were made to EWMHS but auditors were unable to identify the nature of the interventions resulting from those referrals or the duration of the service(s) provided.

The EWMHS caseload at the end of September 2016 was 618, 27 of whom were looked after children

From June 2016 the Crisis Service provides 24 hour EWMHS to children and young people in crisis.

During the period April to August 86 children and young people accessed EWMHS through the Accident and Emergency Department at Southend Hospital, indicating that further work is required with the community to raise awareness of the alternative and more appropriate access points via the single point of contact and Crisis Service

Hospital admissions for self-harm in children and young people aged 10-24 years have increased in recent years, across Essex and England, however they have decreased in Southend

The LSCB has undertaken further investigation of data and other information to identify the causes of self-harm among young people; target activity; and monitor the impact of preventative programmes delivered through the new EWMHS on reducing self-harm among young people.

Children With Disabilities

Children with disabilities are included where possible in all multi-agency audits undertaken by the LSCB. An in-depth audit of the journey of the child found that plans meet the child/young person's individual needs with specific and appropriate objectives. At all stages of intervention, the child is effectively protected from harm and their welfare safeguarded.,

When additional information is received relevant strategy discussions take place with multi-agency input, and decisions made to escalate or de-escalate cases are linked to the review of the child's plan.

4.3 Child Protection and Acute Services – Stage 4

Child Protection

Child protection concerns requiring a statutory response are dealt with at stage 4 of the staged model of intervention by Southend Borough Council Children's Services in partnership with Essex Police and other agencies. 98.2% of referrals in May 2016 went on to a Single Social Work Assessment indicating a good understanding of threshold for referral by partner agencies.

A multi-agency audit by the LSCB of initial contacts to Children's Social Care found that in the main, Health practitioners had no knowledge that referrals had been made to First Contact and that assessments were being carried out. They were also unaware of cases being referred on to Early Help. As a result valuable input from Health was missing and there are gaps in Health records regarding the safeguarding history of the child.

The LSCB will be monitoring the implementation and impact of the development of a process to facilitate information sharing between Health and Social Care below Section 17 or 47 thresholds on the basis that there may still be support needs and vulnerability, and health professionals are in a position to contribute to initial social care assessments. Being aware of safeguarding information in cases falling below the aforementioned thresholds would place health practitioners in a better position to make informed assessments of their own and inform decision makers in the wider safeguarding system.

Section 47 Enquiries

An audit of Section 47 enquires by the LSCB found that there is a strong focus on the needs of the child across the child protection system and partner agencies, although practitioners need to be vigilant that this is always the case, especially where children are young and the parent's view dominates discussions. Police officers in particular were found to need to

ensure that they speak to children alone when appropriate and that they ask the child for their views and wishes. Additionally auditors found:

- Clear and appropriate identification of the reasons for undertaking an assessment and the risks to the child or young person.
- Police records showed clear evidence that the investigating officer was aware of the Victim Under 10 Protocol and Enhanced Victim Code
- Assessments clearly identify risks to the child
- That the child's views and wishes are apparent in Early Help, Social Work and SEPT assessments and records.
- That on the whole assessments are individualised
- Evidence of impact assessments for social exclusion, discrimination, and inequalities in Early Help, Social Work, School Nursing and Health Visitor records
- A particularly good example where it was clear that Police intelligence and SBC Children's Services history was available at the point of assessment and initial strategy discussion in order to best inform the decision for joint S47 investigation.
- Assessments are not deemed to be unduly repetitive, analysis demonstrates the use of theoretical frameworks in most cases, and action plans are based on analysis of the assessment.
- Recommended actions were generally deemed to be appropriate mechanisms of change and empowerment.
- In the majority of cases involving Essex Police there was evidence of information sharing in a timely manner and the sharing of all relevant information.
- Evidence of appropriate management oversight and approval of the assessment.

The number of children with a child protection plan continues to increase, with 210 in September 2016 compared to 186 in June 2015 and 161 in June 2014. This reflects the national picture.

The Ofsted inspection in May 2016 found that some children are referred and assessed too many times, or their cases are stepped down to early help services prematurely, before intervention has been fully effective. Children are seen and their immediate safety is

assured. However, enquiries are not always completed quickly enough and this delays multi-agency planning, for some children. Inspectors also found that social workers are not spending enough time with children or always visiting them within the statutory timescales. In May 2015 just over 35% of children had their last statutory visit more than 4 weeks ago. Insufficient direct work with children and their families reduces the effectiveness of the service in improving children's lives.

The social care workforce is stable. Few social workers leave the authority and most moves are internal, resulting from promotion or transfers between teams. Supervision arrangements for social workers have been revised to separate supervision on case work from discussions about workers' professional development. This has been positive for social workers, who report feeling well supported by managers

Sexual Abuse

A multi-agency audit of sexual abuse cases was undertaken by the LSCB. The findings of the audit were as follows:

- Where it was appropriate for the child to be involved in the assessment process this was attempted.
- Decisions were based on clear assessments of the child/young person and family's needs and circumstances.
- Assessments at all levels of intervention contained a clear analysis of risk and needs which contributed to/enabled a coordinated approach to support and/or interventions for the child
- The family and child were involved in the assessment process and decisions were shared with them.

Child Protection and Child In Need plans meet the child/young person's needs with specific and appropriate objectives and ongoing reviews of plans respond to the child's changing needs.

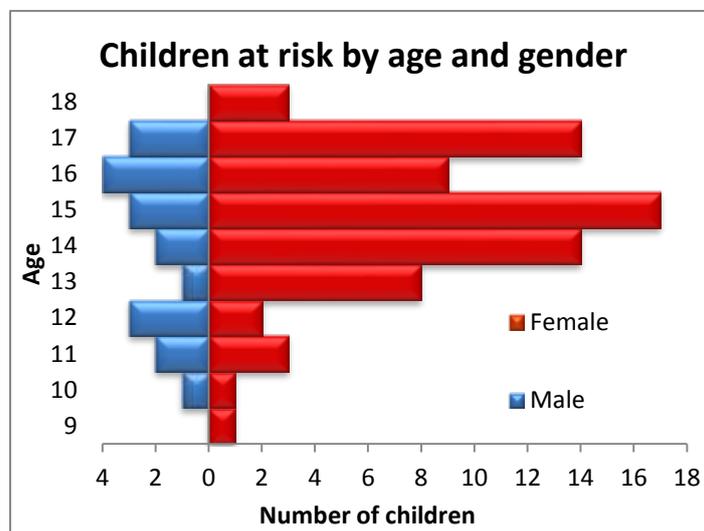
- Parents and children (where appropriate) were involved in the review process.
- Decisions about escalation or de-escalation are specifically linked to the review of the child's plan.

- In the majority of cases there is evidence the child feels she/he has been helped as a result of the multi-agency intervention and that their situation has improved.
- Managers review and monitor decisions at all stages of intervention.
- There was evidence of reflective practise and challenge of practice and remedial management action at all stages of intervention
- Support was offered at the earliest opportunity. Examples given include support from the SARC, SOS Rape Crisis, Early Help, and the Young Person's Drug and Alcohol Team (Streets Ahead).
- The child's voice had been heard by a clear demonstration that the child/young person's views/wishes have influenced planning and intervention
- Evidence that the child's voice had been heard and their views/wishes had influenced planning and intervention

Child Sexual Exploitation (CSE)

In the six months between 01/01/2016 - 30/06/2016, 89 children in Southend-on-Sea were considered to be at risk of Child Sexual Exploitation (CSE). 36 of the 89 children came to the attention of the local authority in these 6 months as presenting new CSE risks. 7 of the 89 children had previous CSE risks resurface in the period. The remaining 46 children had a CSE risk identified prior to the 6 month period and were on-going cases. 27 of the 89 children had their CSE risk cease during the period

Children at risk of CSE were most commonly 15 years old and female. While male children continue to represent a minority (21%), although they account for a larger proportion of the CSE cohort than found previously



20 children were involved with multiple adults (groups of linked adults or multiple lone adults), while 15 were involved with a specific single adult. 13 were identified to be associating with known gangs. 12 were predominantly incidents between peers and 9 children were at risk by being generally available to perpetrators online. 20 did not identify involvement with any adults.

The College of Policing recognises 5 types of sexual exploitation:

1. *Inappropriate Relationships:*

These usually involve one offender who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship

2. *Boyfriend Model*

Here the offender befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. The boyfriend may be significantly older than the victim, but not always.

3. *Peer-on-peer exploitation*

This refers to situations where young people are forced or coerced into sexual activity by peers or associates. Sometimes this can be associated with gang activity but not always.

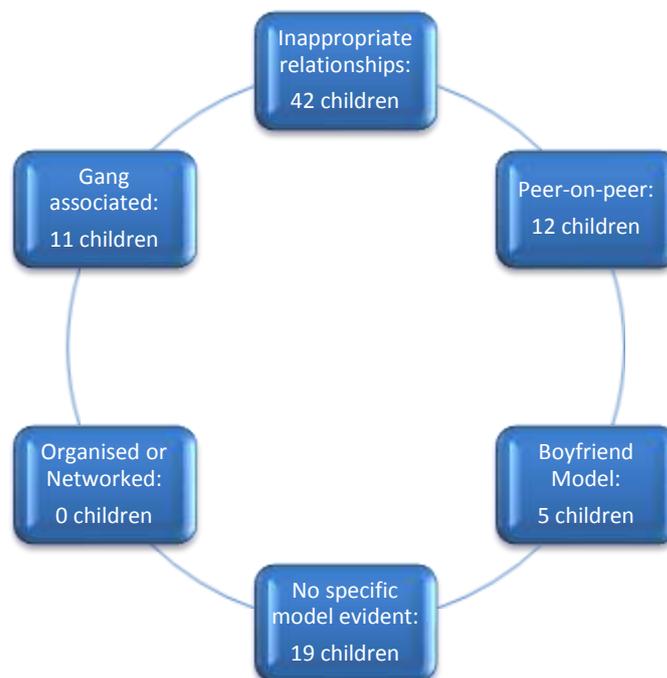
4. *Gang-associated CSE*

Types of exploitation may include using sex as a weapon between rival gangs, as a form of punishment to fellow gang members and/or a means of gaining status within the hierarchy of the gang.

5. *Organised/networked sexual exploitation or trafficking*

Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced/coerced into sexual activity with multiple men. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by offenders.

Children at risk of CSE in Southend were mostly involved in inappropriate relationships



There were no cases identified as organised/networked CSE. While there was evidence of children having contact with multiple adults of concern, be it either groups of adults who know each other or multiple lone individuals, potential abuse did not evidence any sort of structure. Some gang associated cases had implications of networks however the gang aspect of the case was predominant.

62% of children at risk of CSE¹ demonstrated persistent absence² from school. Almost half of those who were persistently absent attended a local school for children with behavioural, emotional, and social difficulties. These children are likely to have had multiple fixed term or permanent exclusions and thus struggle to engage with education

¹ 50 children had available attendance information.

² This analysis defines persistent absence as having an attendance rate of less than 90%

47 (52.8%) children at risk of CSE had at least one missing episode in the 12 month period 01/07/2015-30/06/2016. The local authority triages all children who go missing from home or care to ensure those requiring a visit and assessment on their return have one.

66.7% of children at risk of CSE had a previous domestic violence report on record. For only one fifth of children, there was just one domestic incident. This means that just over half of those at risk of CSE had multiple domestic abuse incidents, evidencing that children at risk often come from violent and dysfunctional backgrounds, with control and power within relationships already normalised in the home

Domestic violence reports are being used as a risk factor for CSE, alongside persistent absence from school, and missing episodes to identify young people who may be vulnerable and in need of support from services.

A Multi-Agency Child Exploitation Panel has been established to ensure a coordinated partnership response to children identified as being at risk of CSE.

The Police and Crime Commissioner has provided funding to Southend on Sea Rape Crisis (SOSRC) to provide specialist support services to female and male children and adult survivors of sexual abuse.

The identification of, and support to, children at risk of CSE is improving

The Community Safety Partnership has led on the establishment of a Channel Panel as part of the multi-agency response to the risk of radicalization of children and adults who are vulnerable. A small number of individuals have been identified and appropriately supported through the Panel

The LSCB and its partners have agreed a strategic plan to identify and support those at risk of Female Genital Mutilation (FGM).

The local authority is participating in a pilot with Barnardos to increase awareness and reporting of FGM, including provision of training to health, social care and other professionals.

“The local authority and its partners have strengthened oversight and direction at strategic level in response to child sexual exploitation, children who go missing and other vulnerabilities, such as female genital mutilation and the risk of radicalisation”

Ofsted July 2016

Looked After Children and Those Leaving Care

Looked After Children are made up of several distinct groups, although they have overlapping as well as specific needs. They include:

- Babies and younger children particularly 0-4yrs (44.4%)
- 16-18yr olds (15.7% a rise from 10.3%)
- Disabled children
- Young People who are parents
- Young people preparing to leave care
- Care leavers from 18-25yrs

There are a total of 87 Care leavers 18-25 supported by the Southend Care Management 16+Team.

Nine looked after children have severe and complex disabilities.

Quality of Placements

Looked after Children do best when they are placed in appropriate provision. It is important the provision is of a high standard. The local authority aims to place looked after children with providers who are rated Good or Outstanding by Ofsted. Checks of the Ofsted Inspection reports are done at least quarterly by the Placement and Commissioning Officer. In August 2016:

- 8 children (16%) are placed with providers rated as Outstanding
- 38 children (80%) are placed with providers rated as Good
- 0 children (0%) are placed with provider rated as Requires Improvement
- 0 children (0%) are placed with providers rated as Inadequate
- 2 children (4%) are in new placements not yet inspected or registered in Wales

Most fostering placements are stable, long term placements where there are no concerns regarding the quality of the placement and service provided by the agency. An 'Acute and Complex Placement Panel' monitors all placements to ensure that the quality of the placement and care remains consistent.

In accordance with the Arrangements for Placement of Children (General) Regulations 1991 and The Care Planning, Placement and Case Review (England) Regulations 2010 a six monthly request is sent to other Local Authorities asking them to inform Southend Borough Council of any looked after children and young people placed in the Southend area. Any

notifications of new placements, change of placements, or termination of placements in the Southend area that are received are recorded by Southend Borough Council to ensure that should any concerns be reported, they are fully aware of the child or young person's looked after status and other agency involvement. The information is also forwarded to appropriate Health and Education contacts.

Outcomes for children looked after

The *Children & Young Person's Plan 2015-16* identified a number of targets and actions. There have been significant achievements in relation to the plan that include:

- Improvements in the general stability of placements
- An increase in the numbers of children with permanent placements through Special Guardianship Orders or Adoption
- A improvement in timescales for children between entering care and being placed with an adoptive family
- An increase in the number of young people with a permanency plan in place by the second review
- More children with up to date health assessments and dental checks
- The virtual school in partnership with the YMCA ran a bespoke programme of re-engagement in education for a group of girls identified as persistently absent from school.
- An increase in the proportion of carers who are in suitable accommodation
- An increase in the proportion of care leavers in education, training employment and at University.

Local Standards and Targets

In terms of local standards and targets, Southend is doing well in the following areas:

- Placing children with relatives and friends
- The proportion of looked after children placed locally with Southend foster carers (56.6%)
- Long term stability (64%).
- Timescales for children being placed for adoption

Being healthy

- 92.1% of children looked after had completed Health assessments
- 94.7% of children had attended in the dentist in the previous 12 months

Staying Safe

- 93.3% of the looked after population have good school attendance. Only 6.7% missed more than 10% attendance in the last academic year.

Enjoy and achieve

- There has been consistent improvement in the educational achievement of looked after children at Key Stage 2
- 100% of looked after children cohort achieved level 4 in reading and 70% in writing and Maths at Key Stage 2.
- Increased performance in pupils achieving at least 5 A*-C grade GCSEs at the end of Key Stage 4

Positive Contribution

- The proportion of care leavers aged 19 & 20 living in suitable accommodation has increased.
- The proportion of care leavers in 'staying put' placements has increased
- The proportion of care leavers aged 20 in employment, education or training continues to increase

“Care leavers are enthusiastic in their praise of the support provided to them. They feel that their workers know them well, and that they make successful transitions to adult life. Social workers and personal advisors have succeeded in remaining in touch with virtually all care leavers, ensuring that they can get help if they need it.”

Ofsted 2016

Pregnancy Support to Looked After Children and Care Leavers

The LSCB undertook a multi-agency audit of Looked After Children (LAC) and young people Leaving Care (LC) who were pregnant or at risk of becoming pregnant. The audit found that preventative advice and support was given prior to the first pregnancy in all cases, and was clearly targeted to the specific needs of the LAC/LC young mother.

Tailored pregnancy advice and support was given in all cases by the Teenage Pregnancy Midwife (TPM)

In all cases, auditors found evidence that the LAC/LC teenage mother had been assessed to identify her vulnerabilities; and that maternity services had referred the young mother on to the Family Nurse Partnership and the Health Visiting Service

Evidence of engagement with the biological fathers was variable

Auditors found evidence that each young mother was provided with advice and support to prevent subsequent pregnancies either once she was pregnant with the first child, or following the delivery of the first child.

SECTION 5 – MANAGEMENT OF ALLEGATIONS AGAINST ADULTS WORKING WITH CHILDREN

The Southend, Essex and Thurrock (SET) Safeguarding and Child Protection Procedures (2015) detail the process that is required to be followed when there is an allegation that a person who works with children, in any connection with her/his employment, voluntary activity or in any personal capacity has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child, or children, in a way that indicates they may pose a risk of harm to children (amended by *Working Together*, 2013)

The Local Authority has a Designated Officer (LADO) to be involved in the management and oversight of allegations against people who work with children. The LADO:

- provides advice and guidance to employers and voluntary organisations;
- liaises with the Police and other agencies; and
- monitors the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

In the period April 2015 to March 2016 there were a total of 28 allegations in respect of adults working with children in a variety of capacities in the area of Southend Borough Council. 46 meetings were held during this period in respect of these allegations, as well as those made prior to this year. An allegation is determined by whether it meets the criteria for LADO involvement. The number of allegations for 1st April 2015 to 31st March 2016 is consistent with the figures for the previous year (29). Numbers of allegations tend to fluctuate on a monthly basis.

The LADO also gave advice in relation to allegations against staff that did not meet the threshold for LADO involvement. During the period 1st April 2015 to 31st March 2016 advice of this nature was given in 166 cases, which is a further increase on the number of cases

(152) the previous year (2014-2015), which was an increase of approximately 50% on the previous year (2013-2014).

This increase is consistent with that reported by LADOs nationally and is thought to be related to the heightened awareness of abuse by adults working with children, as well as the profile of the LADO being raised.

The LADO has noted a significant increase in historic allegations, reported to the Police, which are brought to the attention of the LADO. The increase in the number of Police investigations in respect child abusive on-line images is also relevant.

Sources of Referrals

The majority of referrals come from the Police, Social Care and Education. However, the referrals relate to a range of employment sectors including education, early years, fostering and the private and voluntary sector.

Resolution of Cases

In total 26 cases were resolved during the period. In relation to these cases;

- 35% of cases (9 cases) were resolved within 1 month,
- 58 % of cases (the 9 above, plus an additional 6 cases) were resolved within 3 months,
- a further 6 cases were resolved within six months,
- 15% of the cases (4) took up to 12 months and 1 took over 12 months to resolve.

These cases were where there was a criminal investigation and consideration of prosecution. It is important to note that, safeguarding issues were addressed in all of these cases and the adults were not working with children during this period.

Of the 26 resolved cases 65% (17 cases) were substantiated and 23% (6 cases) were unsubstantiated. A further 3 cases were unfounded; there was evidence to disprove the allegation and/or suggest that the person making the allegation misinterpreted the incident. These percentages are slightly different to the figures for previous years, with an increase in those substantiated; in the period 2014/15, 50% were substantiated. This may be due to a

number of referrals, following an incident in a single agency, which resulted in the allegations being substantiated.

A range of actions were taken in relation to substantiated cases (some cases would have more than one action) from support and training through to dismissal and referral to the Disclosure and Barring Service. The LADO identified that the vast majority of employers understood their roles and responsibilities in managing allegations and any particular areas of difficulty were addressed.

At the conclusion of the process the circumstances of the case are reviewed to determine whether there are any improvements to be made to the individual or organisation's practice or procedures to help prevent similar events in the future.

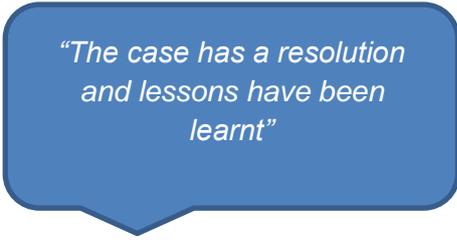
Impact of the Managing Allegations Process

An evaluation questionnaire is sent to participants following the concluding meeting of an allegations management process. In the period 1st April 2015 to 31st March 2016, 26 questionnaires were returned; an increase of 100% on the previous year.

100% of respondents identified the process as positive



"having professional independent support and advice was very useful"

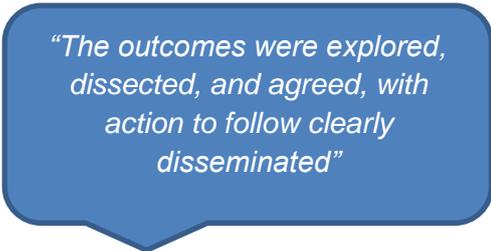


"The case has a resolution and lessons have been learnt"

All respondents graded satisfaction regarding the outcome of the process as 4 or 5 (5 being outstanding and 1 being poor).



"Fair and informed decisions were made"



"The outcomes were explored, dissected, and agreed, with action to follow clearly disseminated"

The recent Ofsted Inspection highlighted, in relation to the Management of Allegations process that, “effective management systems are in place to track enquiries and referrals, information gathering, decision making and actions. Decisions and actions are appropriate’.

“Effective management systems are in place to track enquiries and referrals, information gathering, decision making and actions. Decisions and actions are appropriate.”

Ofsted 2016

SECTION 6 – LSCB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

Details of Challenge	Action Required (<i>inc. any interim arrangements</i>)	Agency Responsible	Progress
Delays in the consideration of high risk domestic abuse cases at MARAC	SET Domestic Abuse Strategic Group to address the effectiveness of the functioning of MARAC as part of its review of the Domestic Abuse Strategy	Southend Community Safety Partnership	Southend specific solution is now in place with establishment of a Multi Agency Risk Assessment Team (MARAT) which went live early April 2016. No backlog of cases September 2016
Provision of performance information regarding the impact of domestic abuse on children	LSCB Business Manager to send request to Essex Police to provide performance information	Essex Police	Introduction of Athena has impacted on performance information provision but reporting now taking place
A number of procedural issues have been identified regarding the implementation of the CSE Strategy by Essex Police	Essex Police to address the recommended actions detailed in the CSE Review Report	Essex Police	Essex Police have ensured effective implementation of the CSE Strategy. Analysis of CSE intelligence has now been completed

<p>Concerns regarding the future sustainability around the provision of support to victims and specialist support services. The concerns related to the ad-hoc nature of the funding, e.g. comes from a variety of sources and was not secured funding</p>	<p>Funding and sustainability of specialist support services and victim needs be raised with relevant agencies and partnership groups including Health and Wellbeing Board and Community Safety Partnership</p>	<p>LSCB Chair</p>	<p>Police and Crime Commissioner has provided 3 year funding for SOS Rape Crisis to deliver specialist services to male and female victims of sexual abuse across all ages</p>
<p>NHS England advised that they would not be able to regularly attend meetings of the LSCB and SAB due to organisational change and reduced resources. Board AGREED that the proposed arrangement was not acceptable</p>	<p>Response to NHS England setting out the Board's concerns about NHS England attendance at the LSCB</p>	<p>LSCB Chair</p>	<p>NHS England has agreed to attend the Executive of both the LSCB and SAB. Attendance has been variable</p>

<p>HMIC Inspections of Police Effectiveness (Vulnerability); and Safeguarding completed and published early 2016.</p> <p>Vulnerability inspection assessed Essex Police as 'inadequate' and the Safeguarding inspection also identified areas for improvement</p>	<p>Improvement Plan to be shared with the LSCB and SAB and monitored by the Boards Executive Groups</p>	<p>Essex Police</p>	<p>Improvement Plan monitored by the LSCB.</p> <p>Re-inspections by HMIC have identified progress made by Essex Police</p>
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**SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS AND OUTCOMES OF
INSPECTIONS/PEER REVIEWS**

7.1 Southend Borough Council

Southend Borough Council Children’s Services produce an annual safeguarding children report which is presented to the Leader of the Council and Chief Executive in December annually prior to its consideration by the full council in January/February. This document is attached to this LSCB Annual Report at appendix 1.

Ofsted Inspection of Safeguarding and Looked After Children

In April 2016 Ofsted undertook an inspection of safeguarding and looked after children. The subsequent report can be found [here](#). The inspection assessed that Children’s Services in Southend-on-Sea require improvement to be good. The local authority has developed an action to address the following recommendations from the inspection:

1. Improve the quality of management oversight and decision making at all levels to ensure that children experience good-quality assessment and care planning to meet their needs in a timely way.
2. Ensure that the results of quality assurance work and independent reviews are analysed, reported and monitored in a way that makes explicit to staff and managers the impact of practice on children and the improvement that is required to deliver good-quality services.
3. Ensure that visits to children are undertaken in line with their plans, and take appropriate action when this is not the case.
4. Ensure that thresholds are applied consistently, so that decisions relating to contacts and referrals to children’s social care are appropriate, and that these are well informed by appropriate checks with other agencies.
5. Ensure that children become looked after without unnecessary delay, when this is what they need, and improve the monitoring of this process.

6. Ensure that children receive ongoing help and support as children in need until this is no longer required.
7. Ensure that child protection investigations are consistently completed within timescales that are in line with statutory guidance, so that children receive the services that they need as soon as they can.
8. Strengthen step-down arrangements between statutory and early help services to ensure that decisions to step down are appropriate and that children receive an effective continuum of support.
9. Strengthen the quality and oversight of assessments and plans for children in need of help and protection, including children affected by domestic violence.
10. Ensure that arrangements for children placed at home with parents under a care order are suitable, and that appropriate action is being taken to secure permanence for these children.
11. Ensure that information presented to elected members provides enough detail of performance, quality assurance or other independent reviews to give them a full picture of the quality of the frontline practice that children experience.
12. Develop and improve the consultation with, and participation of, children and young people, in respect of informing service development and monitoring service quality.

7.2 Essex Police

Her Majesty's Inspectorate of Constabulary (HMIC) examined child protection in Essex Police in September and October 2015. The subsequent report was published in March 2016 and can be found [here](#).

The inspection found that the chief constable, his chief officer team, and the Police and Crime Commissioner (PCC) all have a strong commitment to child protection and there was clear

evidence of work progressing at a strategic level to improve the force's ability to manage identified risks concerning the safeguarding of children. However, overall, HMIC found that the ambitions and aspirations of chief officers were not being realised in child protection practice on the frontline. HMIC found that the force was not adequately protecting all children who are at risk due to widespread serious and systemic failings. Many of the issues reported had been identified and raised with Essex Police by the LSCB prior to the inspection, and the subsequent recommendations and action plan implementation have been monitored by the Board.

Recommendations

Immediate:

- Control room staff assess risks to children, paying particular attention to drawing all relevant information together at an early stage as part of that assessment, and ensure frontline staff are alerted to relevant information
- Incidents are not downgraded or the response delayed without proper justification and without appropriate checks having been made on the welfare of any children involved;
- Any concerns about an incident involving children at risk are escalated if police have been delayed in attending;
- Relevant intelligence to assess risk is routinely updated on police systems in a timely manner and is readily available to frontline officers when attending incidents
- Undertake a review, together with children's social care services and other relevant agencies, to ensure that the police are fulfilling their responsibilities as set out in Working Together to Safeguard Children.
- Act to improve child abuse and child sexual exploitation investigations
- Takes immediate steps to ensure that all relevant information is properly recorded and readily accessible in all cases where there are concerns about the welfare of children
- Reduce the delays in visiting registered sex offenders and to improve the management and response to other offenders who are subject to restrictions under a sexual offence prevention order

- Undertake a review with partners to ensure attendance at MAPPA is at a suitable level to support the creation of effective action plans to protect vulnerable children from those who pose the most risk of harm.

Within 3 months:

- Ensure that officers always check on the welfare of children and record their observations of a child's behaviour and demeanour in domestic abuse incident records, so that a better assessment of a child's needs can be made.
- Takes step to improve practice in cases of children who go missing from home
- Review how it manages the detention of children. Essex Police should request the assistance of children's social care services and other relevant agencies in this review

Within six months:

- Take steps with partners to ensure timely forensic medical examinations are conducted in sexual abuse cases involving children;
- Undertake a review of the initial risk assessment process in domestic abuse cases to understand whether processes are consistently applied by staff and to ensure cumulative risk to children living with domestic abuse is identified and addressed; and
- Take steps with partner agencies to evaluate its current MARAC arrangements, including preliminary meetings to filter cases, to ensure that vulnerable people including victims and children are protected at an early stage.
- Continues its discussions at a senior level with the CPS to address delays in advice and charging decisions.
- Immediately act to improve child abuse and child sexual exploitation investigations

HMIC revisited Essex Police in September 2016 to assess how it is managing the implementation of all of the recommendations. Initial feedback was positive regarding the progress made and the full report is due for publication in early 2017.

Essex Police Assurance Statement

Agency Context

Essex Police key priorities are to reduce and prevent crime, bring offenders to justice and to promote satisfaction and confidence within the community. The Crime and Public Protection command take a strategic lead for the 14 strands of public protection and currently provide the operational response for child abuse investigation, adult abuse investigation CSE, managing dangerous and sexual offenders and online investigation. The command also leads on safeguarding of vulnerable adults, domestic abuse, missing people and hate crime.

The command restructured in September 2016 and created four new departments.

An Operations Centre where all referrals across all 14 strands are received and assessed. This provides the public and partners with a single point of contact for all areas of public protection. It also provides the response to disclosures schemes for both domestic abuse and children.

A strategic centre which provides the force with a centre of excellence whereby all local and national improvements are driven and monitored. They are responsible for policy and procedure as well as development of staff and performance.

The child abuse and adult abuse investigation teams are now co-located within main police stations and domestic abuse investigation teams and CID to provide a link in these areas of business and

A proactive team which develops intelligence to tackle those posing the most risk in the community. This team also deals with online offending.

Safeguarding Children Activity

Essex Police is committed to delivering improved outcomes for vulnerable people across all areas of public protection which includes children. Two robust inspections carried out in 2015 by Her Majesty's Inspectors of Constabulary highlighted areas for improvement which included the response to missing children, victims of child sexual exploitation, victims of

child abuse and children involved in domestic abuse situations. A programme of improvement was undertaken which delivered, amongst many improvements, the introduction of a single referral form, a significant investment in ten new Missing Person Liaison Officers, training officers around Section 47 enquiries and a commitment to conducting multi-agency auditing of Section 47 cases. A force wide awareness campaign of vulnerability significantly improved all front line officer's knowledge of child protection issues and thresholds of risk. This was complimented by the commitment by Chief Officers to provide a three day Public Protection Awareness Course which has been running since August 2015 and which is being rolled out to all officers and staff. All staff have received a personal issue handbook to support them when dealing with any vulnerability issue. This work was reflected in the HMIC follow up to the Vulnerability Inspection, where they noted a broad and impressive range of actions had been undertaken by the Force. They specifically noted a substantial change in approach to protecting vulnerable people. They also recognised the further investment in the number of staff working to protect children. The HMIC returned to force in September 2016 for a follow up to the National Child Protection Inspection and noted a real improvement in the quality of section 47 investigations.

Further improvements are being governed by the Public Protection Programme Board which is chaired by the Deputy Chief Constable and has representation from all three Local Authorities.

Recent problem profiles show Southend to have a high proportion of the County's cases relating to Child Sexual Exploitation and the link to gangs appears to be a factor. These are being addressed by all partners via the CSE and missing sub group and the Community Safety Partnership with a clear CSE strategy and action plan in place to reduce this threat. The recent launch of the Southend MARAT builds on the success of processes set up in the borough where cases of most risk are addressed in a multi-agency environment to deliver quicker and safer interventions. Essex Police has invested resources into the MARAT and remain a key partner in its continued development.

The introduction of the missing person liaison officers and Child and Young Person officers occurred over the last 12 months and they have been embedded into the community safety hub alongside the community policing team. These officers provide expertise and continuity

to cases where children are experiencing frequent missing episodes or offending and look for long term solutions with other agencies to make them safe and divert them from criminality.

Outcomes and Impact of Safeguarding Children Activity

There has been a steady increase of work within the Child Abuse Investigation Teams and this has been reflected in the 21.6% increase in reported offences between quarter 2 (July to Sept) 2015/16 to 2016/17. This is even greater within the South whereby there has been a 56% increase in the same period. The restructure and the introduction of new Investigative Support Officers addresses some of this demand but this is a national trend and one which must be monitored. This has understandably had an impact on recorded outcomes and the solved rate for these offences has fallen in the same quarter. Work is on-going to understand this decline and a new standard operating procedure has been implemented to focus on better decision making, prioritising investigative activity and aligning the investigative resources with demand.

Key Successes

The introduction of the missing person Liaison officers, Child and Young Person Officers and the community safety hub in Southend have been significant developments over the last 12 months. The Launch of the MARAT with partners has also been a highlight.

There have been some key investigations and prosecutions over the last 12 months with regards to protecting children. Of note are two large investigations across the county relating to CSE and organised groups of offenders. Operation Dryad and Operation Cobham are both examples whereby the intelligence shared by agencies has been acted upon and developed to a stage whereby proactive investigations have been commissioned. Essex Police Serious and Organised Crime Unit have led these investigations with both leading to charges linked to CSE.

Key Areas for Development

Improvements are continually sought in the use and response to police protection, the quality of investigations whereby children are affected by domestic abuse and also

developing the management of dangerous offenders. Advances in technology have significantly increased our ability to detect crime and safeguard vulnerable people with the introduction of lie detector testing, the full implementation of a range of technologies to safeguard people whilst using the internet and the introduction of mobile technology to support front line officers and make best use of their time.

The restructure of the Crime and Public Protection Command will be closely monitored and a post implementation review completed to ensure quality of service is enhanced and efficiencies are realised.

7.3 Southend Clinical Commissioning Group (CCG)

Care Quality Commission (CQC) Review

In September 2016, the CQC published its report of safeguarding children and services for looked after children following the review of health services in Southend-on-Sea in July 2016. The report can be found [here](#).

There are no specific judgements on performance, but the report provides a narrative account of the quality of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.

The report makes the following recommendations and health services have developed an action plan to address these which the LSCB will monitor:

Southend University Hospital NHS Foundations Trust should:

- Implement a robust and age appropriate safeguarding assessment tool for use with all children and young people aged under 18 who attend ED. This should include the social history and background of the child and their family and comply with NICE guidance (When to suspect child mal treatment, 2009). Ensure staff understand the importance of capturing this information and monitor compliance with adherence to any new or adapted documentation.
- Assure themselves that midwives are making and recording ongoing enquiries about domestic abuse with all pregnant women to ensure vulnerable women are

identified, offered support and where appropriate, safeguarding processes are instigated.

- Ensure that women are seen alone at least once during pregnancy to promote routine enquiry into sensitive issues including domestic abuse, and incorporate this into the antenatal appointment care plan.
- Fully and explicitly document within ED records how the identification of any pre-existing safeguarding information has been considered and informed a consultation with a child or young person under the age of 18 years.
- Implement a 'think family' approach in ED. Establish and clearly record whether an adult is a parent/carer when they attend ED following risk taking behaviours. Assessments should consider the potential or actual impact of an adult's behaviour on their parenting capacity and on any children in a household. A pathway to notify relevant professionals should be developed and compliance with this monitored.
- Develop a robust quality assurance process to improve the standard of maternity services referrals to children's social care. Ensure information contained within referrals is complete, relevant, clearly analyses and articulates risk, relates to the local threshold document and is outcome focused.
- Evaluate records to ensure that maternity staff comply with professional record keeping requirements as detailed in the Nursing and Midwifery Council, The Code: Professional standards of practice and behaviour for nurses and midwives (2015).
- Put measures in place to significantly improve level three safeguarding children training compliance figures in ED and closely monitor to ensure the CCG key performance indicator target of 95% is achieved and maintained.
- Review the safeguarding supervision provision in ED to ensure staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.
- Ensure that the safeguarding children training provision for maternity department staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health.

- Provide an appropriate environment for children and young people who are awaiting triage that accommodates their needs and those of their accompanying parents, carers and siblings.

Southend University Hospital NHS Foundations Trust and South Essex Partnership

University NHS Foundation Trust should:

- Improve liaison and communication between the maternity and health visiting services to ensure an equitable provision of antenatal advice and guidance is offered to all women from both services. Develop a joint working pathway so that midwives and health visitors actively work together to support vulnerable woman and safeguard unborn or new born babies.

Southend CCG, Southend University Hospital NHS Foundations Trust , South Essex

Partnership University NHS Foundation Trust and Southend Borough council should:

- Strengthen and formalise arrangements for liaison between GPs, maternity and the community health teams, including health visiting and school nursing, to ensure that multi-disciplinary exchange of information takes place for vulnerable families, children and young people.

South Essex Partnership University NHS Foundation Trust should:

- Standardise the utilisation of alerts on the adult mental health electronic patient record system to ensure the information entered is clear, relevant and contains sufficient information to aid staff in considering risks to children within a household.
- Develop liaison and communication pathways between adult mental health services and STARS to improve partnership working when clients who have parent or carer responsibilities are accessing both services.
- Establish a ‘think family’ approach in adult mental health services. All assessments should consider caring responsibilities and the potential or actual impact of an adult’s mental health difficulties on their parenting capacity. This includes fully recording children’s details and undertaking home assessments when appropriate.

- Establish effective operational governance and quality assurance to support adult mental health practitioners in delivering best safeguarding practice and to facilitate practitioners' continuous professional development.
- Expedite the transition to a single electronic patient record system within the sexual health service.
- Improve the record keeping standards, including the use of alerts, in sexual health services to ensure client records are accurate, complete and comply with NMC guidelines.
- Establish a 'think family' approach in the sexual health service. Assessments should consider the potential or actual impact of an adult's behaviour on their parenting capacity and on any children in a household. Children's details should be fully recorded along with the decisions made and actions taken to ensure they are safe.
- Work with their commissioner to increase the visibility and contribution of the sexual health services into the wider safeguarding and child protection arena, particularly in relation to young people's risk of CSE.
- Ensure that the safeguarding children training provision for clinical sexual health staff meets the level, competencies and hours of learning as indicated in the intercollegiate guidance issued by the Royal College of Paediatrics and Child Health.
- Review the safeguarding supervision provision in the sexual health service to ensure staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.
- Until the transfer from paper to electronic patient records in the perinatal mental health team is complete and whilst two recording systems are in place, ensure there are robust processes to ensure practitioners do not miss vital information which may only be held within one system.

Southend CCG, Southend University Hospital NHS Foundations Trust, South Essex Partnership University NHS Foundation Trust and North East London Foundation Trust should:

- Closely monitor compliance with the local agreement regarding 16 to 18 year olds who attend ED with harmful behaviours. Ensure the agreed pathway is adhered to and that young people are accommodated in age appropriate surroundings.

North East London Foundation Trust should:

- Develop a robust quality assurance process to improve the standard of referrals from EWMHS to children’s social care. Ensure information contained within referrals is complete, relevant, clearly analyses and articulates risk, relates to the local threshold document and is outcome focused
- Ensure practitioners in EWMHS receive sufficient training and safeguarding supervision to enable them to identify and confidently act upon risk indicators of significant harm to the children and young people they are working with. Strengthen the management caseload oversight of EWMHS workers when they are working with children or young people for whom there are safeguarding concerns.
- Monitor the planned implementation of the new safeguarding supervision model in EWMHS to ensure that the target timescales are met so staff have regular access to an appropriate level of professional scrutiny and challenge but also support in fulfilling their safeguarding responsibilities.

Southend CCG and NHS England should:

- Review how GPs can provide patient information in a more structured and analytical way to better aid the receiver of the information in their decision making process.
- Ensure that GPs are competent in identifying safeguarding concerns and are able to respond to risk indicators by being clear and confident in the process of referring children or young people to children’s social care.

Southend CCG and South Essex Partnership University NHS Foundation Trust should:

- Improve the quality of initial health assessments to ensure they are undertaken within timescales, are child focussed and accurately reflect the child’s health and individual needs.

- Ensure that GPs are routinely requested to contribute information to inform initial health assessments for looked after children.
- Make every effort to incorporate a looked after child's family's health history in their initial health assessment and include the impact of this history on the child or young person's own health and development.
- Review the quality assurance process for initial health assessments to ensure it is robust and accurately reflects the quality of the assessments undertaken and effectively drives improvement.

Southend Borough Council should:

- Identify a strategy to address the vacancies within the school nursing service to ensure that the provision of services to children and young people is as agreed in the commissioning contract.
- Ensure information contained within reports from the school nursing service to child protection meetings are improved to clearly analyse and articulate risk which will aid multi-agency understanding and better inform the safeguarding decision making process.
- Develop a clear process and pathway for assessing and acting upon relevant information received into the school nursing service. Ensure that decisions and actions are accurately reflected within children and young people's records.

Southend CCG and Southend Borough Council should:

- Facilitate appropriate information sharing agreements between primary care and school nursing services to benefit vulnerable school age children in Southend-on-Sea.

Southend Borough Council and South Essex Partnership University NHS Foundation Trust should:

- Strengthen the liaison and relationship between the health visiting and school nursing services to improve information sharing and promote joint working.

Southend CCG Assurance Statement

Southend Clinical Commission Group (CCG) continues to have a commitment to the safeguarding children agenda and to work with local NHS providers to ensure safeguarding children arrangements are in place in line with the requirements of Section 11 of the Children Act 2004. The CCG is integrated and works in collaboration with all partner agencies.

Executive Leads and Designated/Named professionals for safeguarding and looked after children across the county of Essex work in collaboration as a Safeguarding Children Clinical Network. In 2016 this has been redesigned to include safeguarding adults agenda within the network and has been renamed the Safeguarding Clinical Network to reflect this. CCG Designated/Named professionals are also active participants in regional and national safeguarding networks.

The Care Quality Commission (CQC) undertook a review of health services for children looked after and safeguarding in Southend-on-Sea. The review was conducted under Section 48 of the Health and Social Care Act 2008 which permits the CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children. The focus was on the experiences of looked after children, and children and their families who receive safeguarding services. The CQC reported seeing many good examples of health services supporting early help and working with families to help safeguard children and young people. The report also made a number of recommendations which included a broad theme that relates to communication and record keeping.

The CCG has worked with Primary Care services in Southend to respond effectively to the needs of looked after children and to children and families where there are safeguarding concerns. This has included providing support and oversight for serious case and other reviews and delivering an education programme that covered topics such as female genital mutilation, domestic abuse, physical injuries in non-mobile children and Prevent training.

Areas for development 2016-2017 include:

- 1) Work with health providers and commissioners in Southend to implement and embed into practice the recommendations of the CQC review of health services for children looked after and safeguarding
- 2) Support the implementation of the Child Protection Information Sharing Project locally.
- 3) Work with the seven Essex Clinical Commissioning Groups to improve health services response to domestic abuse.
- 4) Work with primary care to improve their awareness of and response to safeguarding children.

7.4 NHS England

Agency Context

NHS England's core business is one of system leadership and assurance. NHS England has dual safeguarding responsibilities with regards to our directly commissioned health services (GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and safeguarding assurance across the wider health economy. Our core functions are articulated in the revised Accountability and Assurance Framework (2015).

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

We continue to attend, and actively input into, the Health and Executive Forum, which is the local forum for healthcare commissioners and providers within Essex, Thurrock and

Southend. We are kept apprised of risks in the system, which are escalated internally and highlighted on our risk register.

We continue to promote the need to have the voice of children, young people and families within commissioning cycles as standard. We try and ensure that work encapsulated by our patient experience programme does not lose its priority when there are so many other pressing areas of work within our programme of activities. A piece of work is nearing completion examining the patient and public involvement being undertaken by our direct commissioning teams within NHS England and this will help evidence how we meet this requirement.

Safeguarding Children Activity

We ensure staff are compliant with the competencies contained within the Intercollege Guidance (2014). We also support colleagues in the CCGs and, where appropriate, the provider services to attain those competencies.

Those in the nursing and quality team who have a direct responsibility for safeguarding actively seek and receive additional training to enable them to fulfil their. We continue to support the delivery of the national priority areas such as Female Genital Mutilation, Looked After Children and Child Section Exploitation, through education and training and the sponsoring of specific works streams.

We have a seat on the National Safeguarding Steering Group (NSSG) which enables us to keep abreast of priorities and actions nationally and feed into the local system as appropriate; it also enables us to have a process in which to escalate our concerns on a national level.

We work closely with Care Quality Commission and are clear of our responsibilities where there are safeguarding concerns raised within our directly commissioned services.

Serious incidents are closely monitored on a weekly basis by the NHSE Nursing Directorate

and we ensure that those with potential safeguarding implications are raised through the safeguarding process.

Outcomes and Impact of Safeguarding Children Activity

The impact of our work can be challenging to quantify. What we do know is that our input has ensured the workforce is offered, and receives, education and training in the national safeguarding priorities namely.

We worked with NSPCC to develop a bespoke 6 day supervision programme which can be accessed by those working in both adult and children's services (please see inserted document below for more information). The importance of supervision is clearly documented. We are currently working to procure additional training.

The quarterly Children's Forum supports the system's safeguarding activity, as provides peer supervision for both the designated leads and the named GPs.

Key Successes

The key successes for NHS England Midlands and East (East) are the relationships we have with our colleagues from both CCGs and provider services. The Eastern Region Children and Young People's Safeguarding Advisory Forum (for health colleagues) continues to be extremely well attended and provides a valuable, unique and safe opportunity for colleagues to network, share best practice, discuss areas for concern and to keep up to date with developments locally, regionally and nationally. There is also the opportunity for CPD and supervision for the designated leads and named GPs. We delivered an accredited Level 4 & 5 accredited training to 150 delegates from the Eastern region.

Key Areas for Development

There are some challenges with the NHS Standard Contract but we will continue to use all other means we have to ensure that providers of care commissioned by NHS England are complying with Section 11 audits and safeguarding legislative requirements.

The need for education and training of the workforce does not diminish and we will continue to ensure that appropriate workforce training is commissioned and delivered in line with the national priorities and the diverse needs of the workforce.

Ensuring that the voice of children and young people continues to be heard in the commissioning process.

7.5 South Essex Partnership Trust (SEPT)

Agency Context

SEPT is a provider of acute and community adult mental health services, acute in patient adolescent mental health services and community health services. The SEPT safeguarding children team additionally provide specialist safeguarding services to Southend Borough Council School Nursing services.

Safeguarding Children Activity

SEPT have a robust strategic framework for safeguarding children in Southend which establishes the vision for the Safeguarding service and builds on existing achievements to ensure children are safeguarded. The Strategic Priorities reflect the Sec 11 Audit requirements which were presented to the LSCB in September 2016. The Trust Safeguarding group contains the minutes of Southend LSCB Board as a standard agenda item. The Trust continues to have strong representation with the Board and sub groups.

The Trust has a mandatory attendance requirement in place for compliance for safeguarding training based on a competency framework and has seen the addition of key topics for female genital mutilation, child sexual exploitation and refreshing of the PREVENT and domestic abuse training packages.

Core Practice Courses	South East Essex Mental Health		
	Total Target	Trained	
		No	%
Safeguarding Level 1	1834	1735	95%
Safeguarding Level 2	1113	1036	93%
Safeguarding Children Level 3	184	155	84%
Safeguarding Children Levels 4/5/6	1	1	100%

Core Practice Courses	South East Essex Community Health		
	Total Target	Trained	
		No	%
Safeguarding Level 1	782	727	93%
Safeguarding Level 2	619	567	92%
Safeguarding Children Level 3	168	135	80%
Safeguarding Children Levels 4/5/6	6	6	100%

The Trust has a Lessons Learned Group where safeguarding cases are routinely featured. The aim is to raise awareness of specific cases e.g. serious case reviews and to explore how the learning can be integrated into practice across all Trust services. The community service practitioners have incorporated the voice of the child and whether children feel safe into provision and this is being used to inform service.

The organisation contributed to the Ofsted Inspection in Southend and has recently been inspected by the Care Quality Commission for effectiveness of safeguarding services. A

narrative judgement was presented and the key findings were for implementation of think family approach with adult mental health and contraception and sexual health services and greater liaison between midwifery, primary care and health visiting services. An action plan has been developed with the Clinical Commission Group and is now being implemented. Key members of the SEPT safeguarding teams are working in partnership with Southend with the subsequent learning following the Ofsted inspection.

The SEPT safeguarding team are members of the Southend multi agency Child sexual exploitation sub group delivering on the Southend strategy that has been developed.

Outcomes and Impact of Safeguarding Children Activity

Training programmes in place for Foster Carers who sometimes struggle to understand how best to support the health and emotional needs of LAC has resulted in very positive comments from recipients as included below. These sessions provide excellent support and advice to Foster Parents.

“The Course gave me a lot of confidence to initiate more improvements in the care of my young people.”

“It has made me feel more confident to carry on the way I have been working and also helped me to follow up things that I felt needed attention.”

Similarly the LAC team have received feedback regarding the provision of SEPT staff to children placed in the area from other authorities as indicated below.

‘In Harrow we strive to ensure that we offer high a quality service to our children in care. The Review Health Assessment carried out by SEPT Looked After Children’s team was of an excellent standard.

Thank you for your exceptional work”

It is not easy to obtain feedback from children and young people subject to safeguarding however the example below gives testament from a young person receiving services from the Family Nurse Partnership.

The case is regarding a young person who fed back that she feels safe and loved within her family. This person was subject to a Safeguarding plan when her mother was pregnant with her. Intensive support and guidance from the family nurse helped facilitate change and strengthen family relationships, in turn providing a safe a nurturing environment for the baby. When this baby became older she fed back to the nurse how helpful she had been.

Making safeguarding children referrals and informing parents can be difficult to manage and staff often seek advice and support from the safeguarding team.

An example from adult mental health services was with regard to a mother of two small children expressing delusional beliefs. Mental health staff contacted the health visitor and social worker enabling a seamless and joined up approach demonstrating the 'Think Family' model.

Key Successes

- The Safeguarding service has been praised by external independent advisors on the quality of the safeguarding service it provides.
- A comprehensive audit of children and adult safeguarding process received substantial assurance from all Local Safeguarding Boards
- The voice of the service user from Looked After Children and Foster Carers has been very positive.

Key Areas for Development

Implementation of think family approach with adult mental health and Contraception and Sexual Health Services are not fully embedded into practice and is therefore subject to recommendations within the CQC action plan that has been developed. Actions include the strengthening of record keeping systems to clearly identify the assessments of parenting capacity that have been considered for adult clients receiving a service from SEPT staff. This is to also include the outcomes of supervision regarding clients care.

A task and finish group has been established between all parties to improve the

communication and liaison between midwifery, primary care and health visiting services as indicated within the CQC inspection.

7.6 North East London Foundation Trust (NELFT)

Agency Context

- NELFT provides an extensive range of mental health and community health services for people living in the London boroughs of Waltham Forest, Redbridge, Barking & Dagenham and Havering, and community health services for people living in the Basildon & Brentwood and Thurrock areas of Essex. It also provides an Emotional Wellbeing Mental Health Service for the 0 – 18 year olds across Southend, Essex and Thurrock.
- NELFT has Named Doctors and Named Nurses who provide advice, guidance and support to staff across the Trust on safeguarding children issues. Roles and responsibilities for these positions are clearly outlined in the job descriptions.
- NELFT is registered as a provider with the Care Quality Commission (CQC). As part of the CQC requirements an NHS provider compliance assessment in relation to Outcome 7 (Regulation 11) has been completed and evidence collated.
- The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent.
- The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and together with the Associate Director of Safeguarding and LAC supports the management oversight of safeguarding issues in relation to vulnerable adults and children.
- Safeguarding children supervision for the EWMHS service has been added to the risk register as the service is not currently compliant with the Safeguarding Children Supervision Policy in respect of frontline practitioners accessing one to one

supervision. Measures are in place to mitigate against this risk; all staff have access to the safeguarding advice service, group supervision is available to all staff and safeguarding children and adults issues are routinely considered during managerial supervision.

- An action plan that supports the NELFT Safeguarding Supervision model is in progress
- Nominated EWMHS clinicians' are undertaking safeguarding children supervision skills training
- Strengthening of Safeguarding Children Supervision – Linked to SIs/Learning/Reviews NELFT wide. This includes the provision of a NELFT Safeguarding Children Supervision induction and competency sign off for all new supervisors.
- In the interim, teams will continue to receive group safeguarding children supervision. Pathway Leads, Team managers and Psychiatrists all receive one to one supervision.
- As more supervisors are being trained, one to one safeguarding supervision will be progressed to the wider teams, in line with the NELFT safeguarding children supervision policy.

Safeguarding Children Activity

- All staff must complete mandatory safeguarding training appropriate to their role. This is monitored by the training and development department and reviewed at the DPQSG meetings
- Listening to and responding to the voice of child is integral to practice and embedded in training and audit processes. NELFT has a service user engagement programme in place which includes seeking the views of children, young people and their families in relation to their experience of our services. Their views are considered and used to inform improvements in service delivery.
- Prevent, and MCA DoLS have reached overall compliance figures of 85% following successful launch of the MCA and DoLS E learning packages and delivery of bespoke sessions of MCA DoLS and Prevent to MHS inpatient and EWMHS services.
- Safeguarding Adults and Children's training packages have been updated and

strengthened to incorporate learning from SARS/DHRS/SCRs and other Learning reviews as well as legislative and policy updates

- The Safeguarding Children Standard Operating Procedure was published in June 2016. This is a comprehensive safeguarding resource with a live link index to a wide variety of safeguarding areas which have further links to additional information and referral forms. The document supports the implementation of the Safeguarding Children Policy 2016, Domestic & Sexual Abuse Policy 2015, Responding to Domestic Abuse and Harmful Practices and Child Sexual Exploitation Practice Guidance and Procedures 2015 and other key safeguarding policies and guidance.

Southend CQC SLAC inspection July 2016 – key findings:

The CQC highlighted the changes Southend EWMHS has undergone, including 4 identified pathways and the provision of laptops for clinicians, enabling young people to be seen in more convenient locations. EWMHS also supports schools with the training of school facilitators around better management of young people with identified emotional wellbeing difficulties. Young people can now self-refer and further web-based support services allow for better access and enhanced opportunities for early help.

The recommendations for NELFT included the development of a quality assurance process to improve the standard of referrals from EWMHS to children's social care, ensuring practitioners receive sufficient training and safeguarding supervision, strengthening management caseload oversight and monitoring the implementation of the new safeguarding supervision model. The recommendations are being progressed and monitored at DPQSG.

Safeguarding thematic audit Spring 2016 (awaiting full report)

This audit looked at the following themes:

- How practitioners identify safeguarding risk incorporating the voice of the child (including the use of risk assessment tools)
- The quality of intervention to manage safeguarding risk
- The quality of 'Think Family' interventions approach

- The quality of record keeping
- The quality of multi-agency safeguarding arrangements to protect children and their families who are at risk of abuse and neglect

Standards and practice under scrutiny in this audit must reflect the benchmark outlined in the following policy and procedural documents:

- Safeguarding Policy
- Safeguarding Children Supervision Policy
- Domestic Violence/Harmful Practice Policies and Procedures
- Standards of Record Keeping
- Missed Appointments/Non-attendance for adults and children health appointment

Quality of Multi-Agency Referral Form audit to begin autumn 2016

- All EWMHS staff have been advised by safeguarding to complete Level 3 CSE, FGM and DV
- Safeguarding link workers and safeguarding supervisors (to be) are requested to complete the above training within 6 months.
- Named Nurse, Safeguarding Children for EWMHS will be reviewing the Datix raised by EWMHS over the past 6 months to identify themes to flag any training requirements (this will commence January 2017)

Outcomes and Impact of Safeguarding Children Activity

- Southend EWMHS clinicians access the NELFT Safeguarding Advice Service and safeguarding children supervision.
- During Quarter 2, the safeguarding advice service was accessed 10 times by phone and 3 Datix safeguarding children incident reports were responded to.
- The primary reason for calling the advice service was for advice and direction regarding the safeguarding concern
- Five out of the 10 calls resulted in a referral to children's social care and the completion of a Datix

- The remaining calls were to share information, update the safeguarding team regarding referrals made or required no further action

Key Successes

- PREVENT training delivered across EWMHS
- CSE & FGM & DV training was delivered across EWMHS localities (June – October 2016)
- Training on how to record safeguarding onto SystemOne and use of the ‘blue dot’ template delivered across EWMHS, with 2 further sessions as refresher and for those unable to attend the initial training

Key Areas for Development

- As identified above, for all case holding staff within EWMHS to receive one to one safeguarding children supervision as per the NELFT Policy. This is noted on the Southend EWMHS CQC Action Plan and is being monitored within the EWMHS DPQSG and Safeguarding Team meetings
- Assure the quality of referrals to children’s social care – via audit to flag any training issues. This is included in the Southend EWMHS CQC Action plan and monitored as above
- Monitoring of appropriate level of safeguarding training for all EWMHS staff, undertaken at EWMHS DPQSG
- Quality of record keeping monitored across EWMHS by utilising the CQC SLAC Inspection template to dip sample cases within each team and responding to areas of concern.

7.7 Southend University Hospital NHS Foundation Trust

Agency Context

Southend University Hospital NHS Foundation Trust is a Teaching Hospital; linked to the London University. The hospital serves a population of 338,800. We currently employ 4,567

staff.

The Safeguarding Children Team:

- Provide advice, support and guidance to members of staff regarding safeguarding children matters.
- Ensure relevant policies and procedures are in place to support all staff.
- Provide safeguarding supervision to staff - supporting areas of challenging work and ensuring the focus of work remains on the safety and wellbeing of the child.
- Provide training and education for all staff to support them with their safeguarding work.
- Undertake a programme of audit to provide assurance.
- Work closely with key stakeholders and other agencies to safeguard children.

The team consists of:

- Named Nurse for Safeguarding Children
- 2 Safeguarding Specialist Nurses
- Specialist Safeguarding Midwife
- Personal Assistant to the Team
- Named Doctor Safeguarding
- Designated Doctor for Safeguarding

Safeguarding Children Activity

Safeguarding training is incorporated within the Hospital's mandatory training programme. We monitor compliance via the Trust's iLearn system. Training is regularly updated to incorporate new procedures and learning from serious case reviews (SCR's). We provide additional opportunities on specific topics for example, making good referrals, FGM, Early Help and Child Sexual Exploitation (CSE).

We use face to face and e-learning to deliver training as per the Intercollegiate Document 2014 Safeguarding Children and Young People: Roles and competences for health care staff.

The team are working to develop supervision and ensure robust supervision processes are in place in SUHFT - uptake continues to be monitored to ensure that this continues to increase.

The team have managed to absorb this within current capacity, although this has been a challenge. The team will continue to develop the service further within the constraints of team capacity ensuring the quality of supervision is maintained.

A number of audits have been undertaken by the team against recommendations from national and local reviews.

The following audits were carried out;

- Fractures for Children under 18 Months Audit
- GP Safeguarding Information Sharing Audit
- Midwife to Health Visitor Handover Audit (repeated to ensure compliance)

In the last year there has been one SCR commissioned by Southend LSCB which is currently on hold pending the legal case being heard.

The hospital has been part of one single agency review (Baby K) and has contributed to action plans accordingly.

Data has been submitted to the LSCB regarding child death via the Learning and Improvement framework as lessons learnt and recommendations for the Safeguarding Board – themes emerging are parental smoking and co-sleeping.

The Trust Safeguarding Committee will consider how we can support any service development needed to address the themes identified.

Outcomes and Impact of Safeguarding Children Activity

The Safeguarding Children Team remain committed to responding to innovation in practice and feedback from those who have been involved in safeguarding to maintain and develop safeguarding services within the Southend University Foundation NHS Trust, which aims protect the vulnerable and drive positive change. The evidence of this is

noted in our Section 11 audit and in the regular audits of key work streams.

Key Successes

- The Trust has revised the governance arrangements for safeguarding. The existing committee meeting will become a monthly operational meeting which will inform a quarterly joint adult and child safeguarding committee – chaired by the Chief Nurse. This committee will liaise directly with the Trust Board.

- Our on-going training programme 2016-2017 continues to focus on the National agenda for, Sexual Exploitation of Children, Female Genital Mutilation, Domestic Violence and increasing the awareness of staff to the SET toolkit now being used throughout Essex/The FGM reporting requirement.

A multi-agency study day for FGM was facilitated by the team on 18.10.2016. The day had a wide range of speakers:

John Dunworth – Social Care

Sonita Pobi – Head of Training, National FGM Centre

PC's Nicola Pain and Caroline Cudby – Police Protection Unit

Shabina Begum – Solicitor from Dawson Cornwell (London)

Miss Tripathi – Lead for FGM and Consultant Gynaecologist

The feedback from those that attended the day was extremely positive and further seminars are planned for next year.

The Trust Staffnet page has been updated regularly with key documentation and reference guides to assist staff when making referrals to Social Care. The local threshold document has been added to Staffnet to assist practitioners when making assessments/referrals.

In July 2016 the hospital was the part of a review carried out by the CQC which explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.

The focus was on the experiences of looked after children and children and their families who receive safeguarding services. As a result of this an action plan has been agreed and the team continue to work collaboratively with the CCG to ensure the delivery of the actions agreed.

Key Areas for Development

- Improve representation at Child Protection Case Conferences and reporting of data in respect of reports sent to parents and Conference Chairs.
- Improve the compliance with statutory/mandatory safeguarding training for all levels – the team are developing a comprehensive training plan across the Trust particularly where compliance is identified as an issue. This will include raising awareness and monitoring its effectiveness on frontline practice
- Improve participation in multi-agency training.
- To strengthen supervision arrangements across the Trust.
- Voice of the Child - to ensure that the child's voice can be heard in any safeguarding activity we undertake and that our sight is always on the child's journey through our services.
- Quality of referrals – to improve the quality of referrals sent to Social Care whilst embedding the Early Help strategy and recognise our own role in supporting families where need exists.
- The safeguarding team are actively targeting key areas to improve the quality of referrals sent to Social Care whilst embedding the Early Help strategy and encouraging staff to recognise their own role in supporting families where need exists. There is a planned audit focusing on referrals from health (SEPT and SUHFT) which will be carried out with the support of Social Care (November 2016).
- Child Sexual Exploitation (CSE) - We have responded by creating CSE champions, updating our safeguarding training, providing assessment tools and supporting frontline staff. This should enable us to better recognise young people who may become more vulnerable to CSE.
- In light of the recently published Goddard Review and the issues raised in the

case of Dr Bradbury we are reviewing and updating our chaperoning and child protection policies to further ensure that our children are kept safe.

In addition to the Trust strategic objectives, our safeguarding objectives for the next year will also reflect those set by the Local Safeguarding Children's Board.

7.8 East of England Ambulance Service Trust

Agency Context

East of England Ambulance Service Trust provide 24 hour, 365 days a year Accident & Emergency Services to those in need of emergency medical treatment and Transport. We cover 6 counties, Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. We cover a total of 11 children's Boards throughout the region.

The Safeguarding team in EEAST consists of:

Dr Tom Davis (Named Dr for Safeguarding)

Sandy Brown (Director of Clinical Quality & Nursing)

Simon Chase (Safeguarding Lead)

Anna Price (Named Professional for Safeguarding)

Denise Kendall (Safeguarding facilitator)

Rebecca Bavington (Assistant Safeguarding facilitator)

Simon Chase & Anna Price have completed their NSPCC supervision skills training and complete supervision for 27 identified personnel within the Trust.

We have funding for 2 band 7 posts which are currently going through the recruitment process.

Safeguarding Children Activity

The Trust has a Safeguarding Annual Report that reviews actions and outcomes from the previous year and maps requirements for the forthcoming year. The Trust promotes actions

in safeguarding as part of a Trust Outcome Plan and this is promoted in all relevant work streams within the organisation. The Learning and Development Policy includes a training Needs Analysis (TNA).

The Board of the East of England Ambulance Service NHS Trust is focused in ensuring that the statutory requirements are met and that people using Trust services are protected from harm and abuse

East of England Ambulance Service NHS Trust meets all statutory requirements in relation to Disclosure and Barring Service and has systems in place for safer recruitment

East of England Ambulance Service NHS Trust has a Safeguarding Children & Young People policy in place.

The Trust works in partnership with all statutory and non-statutory agencies around the Eastern Region.

Trust Safeguarding Lead works with the National Ambulance Forum for improving safeguarding standards nationally.

Outcomes and Impact of Safeguarding Children Activity

EEAST have seen a month on month increase of all safeguarding referrals, with the top 2 categories of abuse for children being:

1. Neglect
2. Domestic abuse (including being present/witness to abuse)

This is due to the increase in training and awareness, including our Community First Responders (volunteers) and Private Ambulance Providers.

Key Successes

- We continue to work alongside Boards when there are SCRs and DHRs
- We continue to engage where possible with our Boards
- Training figures are increasing
- Referral figures are increasing
- Receiving more feedback from Local Authorities for crews.

Key Areas for Development

- Maintain the external engagement with our Boards
- Maintain the training programme to ensure all staff are trained in Safeguarding
- Continue to promote the safeguarding agenda within EEAST

7.9 Essex Community Rehabilitation Company

Agency Context

Essex Community Rehabilitation Company (ECRC) is contracted by the Ministry of Justice to deliver statutory probation services for adult services users who have committed offences, and are allocated to the CRC by the National Probation Service. These services include the supervision of those assessed as low or medium risk of harm (but they could be high risk of reoffending); the delivery of the community payback scheme, a range of accredited programmes, a range of interventions to address criminogenic need, and resettlement and 'through the gate' services. We have some key operational partners who are contracted by the CRC to deliver parts of our service – these are Nacro, Ormiston Families and Open Road.

During the last year, ECRC has continued to restructure following the Transforming Rehabilitation reforms. These include the establishment of a central administration and case management Hub in Chelmsford, with local management centres and neighbourhood centres in Southend, Basildon, Thurrock, Chelmsford, Harlow and Colchester. In Southend, we are delighted that our south of the county management centre is based in Civic 2.

The biggest challenge for the CRC in the last year has been the transition to the new estates and our new operating model. The pace of change has meant we have not always communicated these changes well with partners, which has the potential to impact safeguarding checks and joint working on cases. Local managers have worked to mitigate this by engaging and working with partners in local teams.

Safeguarding Children Activity

ECRC is an adult service and our staff rarely have direct access to children. Our role is to assess, manage and address risky behaviour in adults which impacts the safeguarding of children. We actively engage in multi-agency information sharing and working to safeguard children through attendance at Child Protection and Child in Need arrangements. In addition, our operational partner Ormiston Families is working with the families of our service users to build healthy and positive family relationships. They are contracted to report any safeguarding concerns immediately.

Safeguarding training is core training for all operational staff to Level 1 or 2 depending on their role.

Essex CRC undertakes monthly quality audits on a selection of cases. This is a holistic audit covering all aspects of our service delivery. Questions are asked about risk assessment, risk management, working with other agencies on the case. Assessing safeguarding practice is a key component of these audits. An area of learning has been the need to consistent make safeguarding checks, at this is now undertaken at the point of allocation to the CRC by the Hub teams.

Essex CRC is subject to independent audit from HMIP (there have been no HMIP inspections in Essex CRC this year) and the National Offender Management System, Operational Assurance (OA) Audits. This year we have had 2 OA audits – one on the ‘Through the Gate’ service and the other on ‘Enforcement’.

Outcomes and Impact of Safeguarding Children Activity

ECRC does not have data to evidence the impact of our activity on safeguarding children.

Key Successes

ECRC engages with multi-agency arrangements to safeguard children. Where we are involved with an adult in the family, we are able to support the safeguarding process and help those adults to engage or to hold them to account. Where lack of compliance or risk

circumstances arise we can take enforcement action as part of this process.

Key Areas for Development

Consistency of undertaking safeguarding checks in every relevant case. The process has been put in place for the Hub team to undertake. Progress against this action will be audited in the monthly quality inspections.

7.10 National Probation Service

Agency Context

The National Probation Service is responsible for assessing the risk posed by adult offenders prior to sentencing and then supervising them in the community either an order or licence. Probation Officers/Probation Service Officers will be in contact with, or supervising, a number who have been identified as presenting a risk or potential risk to children. They will also supervise a significant number of offenders who are parents and/or carers.

The organisation adequately proportions resources to meet its responsibilities with regard to safeguarding. Our commitment to this is set out in the National Partnership Framework for Local Safeguarding Boards, which, in addition to promoting national consistency in the way the NPS relates to the LSCBs, clarifies the roles and responsibilities of divisions in relation to LSCB and the expectations that the LSCB can have of the NPS.

The National Probation Service has started to implement a number of changes under the E3 programme. The main aim being to harmonise roles, policies, etc. the evidence to-date suggests that this should not impact on the effectiveness of safeguarding practice.

Safeguarding Children Activity

As an active member of the multi-agency public protection arrangements, the National Probation Service works with other agencies to safeguard and protect children to ensure that they experience better outcomes. We have systems in place to identify and flag those

offenders who are in contact with a child, considered to be at risk of harm.

We also attend MARAC meetings, where we actively contribute to safeguard and protect children through the timely sharing of information.

Where a probation officer identifies there is a risk of harm to children, they are expected to complete a section 47 referral in respect of the child. If it is considered that the concerns meet the Child in Need criteria, staff are expected to complete a section 17 referral. A supervision objective will be included in an offender's supervision plan if an offender has contact with a child regardless of whether the individual is assessed as presenting a risk, as it would be expected that focus should be on the impact of their behaviour on that child. The sentence plan requires the practitioner to state what they are trying to achieve, who will be involved and the timescale. The timescale for review is a minimum of six months. As an end of order or licence review is required in all cases, we are able to identify risks and out in place effective risk management measures in collaboration with our partners to reduce and manage these risks.

If an offender that the National Probation Service supervises is placed under a plan, the probation officer/probation service officer is expected to attend case conferences and core group meetings.

We respond in a timely manner to request for information from social care relating to adoption and children where consideration is being given to the registration.

We also have a seconded probation officer within the Youth Offending Service.

The systems in place to ensure positive outcomes for children and young people via our work with adult offenders can be found in the Children and Families policy which is applied in consultation with the SET procedures.

There is regular and appropriate level attendance and effective contributions to the

Safeguarding Boards, their subgroups/committees and consultations. This includes attendance at LSCB case audits.

There is effective supervision and support for staff that are engaged in safeguarding children work.

There is effective supervision and support for staff that are engaged in safeguarding children work. As part of this review a Senior Probation Officer is required to review any child protection minutes.

Safeguarding training and development opportunities are provided to all staff at a level appropriate to their role. The National Probation Service has developed both E learning and classroom packages. The e-learning includes: adult safeguarding (88%), domestic abuse (88%), child safeguarding (88%), foreign nationals and hate crime (88%). Those that are yet to complete the training are currently on sick leave and maternity leave. The percentage of classroom training completed is as follows: 65% adult safeguarding training and 80% of appropriate staff have completed the child safeguarding and domestic abuse training.

Outcomes and Impact of Safeguarding Children Activity

The National Probation Service's main responsibility is to supervise adult offenders. By probation officers working to improve the lifestyle of offenders and enabling them to change behaviour, probation officers will safeguard and promote the welfare of children for whom the offenders have a responsibility. The work undertaken will include the following factors: domestic abuse, alcohol misuse, accommodation issues, mental health, drug misuse, thinking and behaviour, education, training and welfare.

However service development is informed, where appropriate, by the views of children and families. An example of this is through the domestic abuse programmes and supporting woman victims and indirectly children in the family. As part of the MAPPA arrangement the NPS works with other agencies to seek better outcomes for children.

As previously noted an offender's supervision plan should be reviewed at a minimum of six monthly, therefore an objective regarding children should be reviewed as part of this review. Also, positive outcomes for children can be evidenced through the work we undertake with adults who may have children or have contact with children to address accommodation, employment, drug, mental health, thinking and behaviour, violence, sex offenders etc. By addressing these needs, which we do in collaboration with partners, we are able to reduce the risk of serious harm and re-offending thus improving the life chances of children with who they may have contact.

We also have positive outcomes in terms of MAPPA in respect of the multi-agency management of violent and sexual offenders who pose risks to children.

Also positive outcomes due to our involvement in MARAC meetings, sharing information and actively working with partners to safeguard children.

Key Successes

Since the National Probation Service came into existence on 1 June 2014, it has made a number of changes to promote consistency. For example, implemented national safeguarding children guidance, national safeguarding adult policy and guidance; MARAC guidance; developed safeguarding children, adults and domestic abuse e-learning and class-based training. Published partnership frameworks for safeguarding children, adults and MARAC.

We have success in regard to work that we undertake with offenders to reduce their reoffending, drug use, monitor and control via MAPPA, which helps to protect and safeguard children (MAPPA, recall etc.) but work we do around accommodation and drugs etc. also helps to ensure positive outcomes for children. In addition report writers also conduct work looking to divert offenders away from custody, which means offenders who receive a community order are less likely to lose their accommodation, employment, relationships with families and children. The evidence of this progress is reviewed in the OASys assessment.

Key Areas for Development

- 100% of staff need to complete the training noted above. The National Probation Service is committed to ensuring that this is achieved for all of the e-learning and face to face training.
- We need to ensure that agency staff undertake safeguarding training.
- National Probation Service needs to agree a national safeguarding performance dataset.
- Given the drive to complete pre-sentence report at the first hearing, we have agreements in place with our police and social care colleagues about how we acquire safeguarding children and domestic abuse information to inform our assessment.
- We continue to ensure that we meet/exceed the safeguarding section 11 minimum requirements.

7.11 South Essex College

Agency Context:

South Essex College is the largest provider of Further Education in the South Essex area. The College's strategic plan clearly outlines how the establishment is moving towards being the first choice provider in the area. The students are at the heart of everything that the College does and this places safeguarding procedures as integral to the student experience.

The College is committed to continually developing its safeguarding procedures in line with legislation, Ofsted guidance and the views of students. The College sits across three local authorities, Southend, Essex and Thurrock, and attends the Local Safeguarding Boards as well as providing regular reports.

Safeguarding Children Activity

The College currently has a broad approach to child protection and safeguarding and this includes the following:

- Senior staff with designated child protection training, experience and skills

- A dedicated team of Safeguarding Advisers
- Online safeguarding training for new and existing staff
- General safeguarding training
- Designated Child Protection Officers on main campuses
- Annually reviewed Policies and procedures
- Staff DBS, employment and identity checks
- Multi agency working

Student Services recently received its Matrix Accreditation. The Safeguarding Provision on offer at South Essex College was considered outstanding and given 'Matrix Excellence'.

The College underwent an Ofsted Inspection and within the report, Safeguarding was referenced as a strength, and good systems in place to make sure students are Safeguarded appropriately.

Key themes/ actions for 2016-2017 include:

- Child Sexual Exploitation
- Gang Prevention (Healthy Relationships)
- Prevent
- E-Safety
- Bullying inc. Cyberbullying

Actions to improve Safeguarding across the College:

E-learning exercises and classroom based lessons on Personal Development Behaviour and Welfare focusing on the above key themes.

Community Teams visiting the College to support with key areas to offer a preventative approach to issues that may develop to become safeguarding concerns. We have held talks on Substance Misuse utilising 'YPDAT teams'; Safer Places and Local Authority providing 'Prince Charming' play on healthy relationships and support in place within the Community; Mind speaking with students regarding Mental Wellbeing.

We also plan on further talks from gang prevention charities such as St Giles Trust to speak with students regarding Gang Prevention.

Outcomes and Impact of Safeguarding Children Activity

In this period we had 14 safeguarding queries regarding students at the Southend Campus regarding 14 students.

9 were Child Protection concerns (4 upheld; 5 rejected)

3 EHA's completed

3 CSE concern

2 incident of Sexting from one learner with unidentified perpetrator (referred to Police)

3 cases referred to Police of Missing Persons

*Percentage of Staff who have completed Safeguarding training:

Training (PREVENT) 77%

Training (Safeguarding Part 2) 82%

Training (Keeping Children Safe in Education Part 1) 88%

Training (Child Protection Online) 75%

*With new staff this number fluctuates regularly depending on size of new cohort.

Staff Safeguarding Issues (Human Resources data):

- Number of staff matters relating to Safeguarding on the casework log from 1 September 2015 to the end of July 2016: 18 cases recorded
- Numbers of any staff that were suspended: 9 staff were suspended
- Numbers of any staff who resigned or left the college and how many of these were reported to Independent Safeguarding Authority: 1 resigned and was reported.
- Number of any open cases with Southend LADO: No open cases. All resolved. None

outstanding.

- Dismals due to a Safeguarding issue: 3 have been dismissed.

Methods undertaken to ensure students are safeguarded:

- The Head of HR ensures that **100%** of staff working at the College have had a DBS (Disclosure and Baring Service), Enhanced Disclosure completed which is considered satisfactory to the management of the College prior to them commencing their employment.
- Direct contact with Social Care/ Virtual School Teams in place. Impact; we know who our LAC cohort consist of prior to first week in enrolment and have a centralised contact for any concerns regarding retention, success, achievement.
- Information from Local Authorities for LACs in place and shared with Funding during Induction week before classes commence.
- Social Workers, Virtual School, YOT Officers – good working relationship with Southend YOT/ Post 16 teams. Concerns flagged up immediately and Serious Breach Meetings include relevant professionals. Impact: retention rates to increase; bespoke support arranged.
- Staff through training aware of referral process for any Safeguarding concerns.
- Specialist trained team of Safeguarding Advisers to meet needs of this service.
- Further links have been made with housing agencies (Family Mosaic) to ensure prompt and robust response to street homeless students.
- Student feedback, when obtained, shows they feel valued and listened too and safe within the college.

Key Successes

- Inter-agency working; Social Care, Virtual Schools, Community Teams (Drugs and Alcohol; Health (inc. Mental Health Teams); Housing; Police (YOT); Young Carers.
- Close links with the Post 16 team in Southend and excellent working relationship with the Virtual School.
- Developing good links with data teams in the Local Authority to develop systems in

place that quickly identify students who fall into vulnerable groups such as LACs/ YOTs etc. prior to first few weeks of school year. Systems and support/ professional contact details are in place to ensure young person is not NEET without LA being unaware of this/ we are aware of support needs and referrals to Departments and data team in College have accurate records for young people attending SEC. This will benefit students to ensure boundaries in place are noted, removed and retention rates increase.

- Training – ongoing, delivered during Induction. Constantly reviewing and altering training provision to meet needs of staff and cover national agenda for Safeguarding.
- High quality Safeguarding Team with excellent knowledge basis for key Safeguarding concerns; ongoing external training proactively researched and attended. This has developed the team’s expertise in relation to key safeguarding issues.
- Expertise in relation to Safeguarding queries and processes for risk management (CP/ VA, Prevent, Housing, serious mental health disclosures (suicidal/ self-harm); risk assessments; CSE)
- Events last academic year very successful; Anxiety Day prior to start of new academic year; Drug and Alcohol Workshops; Gang Talks; supporting Enrichment with Prince Charming tour. Further development for these areas is being arranged (SOS Rape Crisis).
- Flexibility to meet needs of individual students; internal support extensive via counselling and signposting to SENCO, teaching teams as appropriate with appropriate individual strategies in place to ensure barriers to retention, success and support are removed.
- Communication; both internal and external (Student Managers and HODs and Virtual Schools, Social Workers, etc.) informing of ‘at risk learners’ and arranging quick timely interventions to remove ‘at risk’ factors.

Key Areas for Development

Key themes/ actions for 2016-2017 include:

- Child Sexual Exploitation
- Gang Prevention (Healthy Relationships)

- Prevent
- E-Safety
- Bullying inc. Cyberbullying

Ready, Safe Respectful will be strengthened through targeted events throughout the year and will demonstrate this ethos throughout all events. We have YPDAT and Sexual Health Teams arranged to come into during first term to deliver workshops. Second term will focus on Mental Wellbeing.

Prevent Agenda and British Values to be embedded and recognised within all safeguarding practices throughout college. Guest Speaker policy to continue to be used and training disseminated to all staff to develop awareness of PREVENT.

Safeguarding to disseminate all information to Student Manager's focusing on 'at risk' learners with strategies in place and discussed.

Collection of feedback and outcomes for students known to the Safeguarding Team to influence future provision

Continue building strong links with appropriate agencies.

7.12 South Essex Homes

Agency Context

South Essex Homes is the Arms Length Management Organisation set up by Southend on Sea Borough Council. Their aims are to manage and maintain the council's 6,200 properties and associated housing land. Our operational risk register identifies safeguarding as an operational risk "Failure of the organisation that controls are not robust, resulting in unidentified child/adult abuse", and is mitigated by:-

- Extensive risk assessment carried out.

- Referrals made to relevant support agencies.
- Any potential risks referred to safeguarding teams.
- Regular property inspections and room checks carried out.
- Policies and procedures updated regularly and compliance checked.
- Extensive staff training.
- Safeguarding procedures in place.
- Regular support meetings
- Robust staff appraisal and 1:1 system in operation.
- Reviewed and updated the Safeguarding Policy
- Improved reporting mechanisms to the Board and Audit Committee
- Reporting to Local Safeguarding Children's Board (LCSB)
- Audit of revised risk assessments
- Auditing of safeguarding training for staff.
- Analysis of safeguarding referrals and training to reflect common themes.
- Dedicated budget for sanctuary scheme for victims of Hate Crime and Domestic Abuse.

Safeguarding Adults/Children Activity

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs, they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, Safeguarding Adults Executive Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015). The Safeguarding Children policy and procedure complies with the Southend, Essex and Thurrock Safeguarding and Child Protection Procedures 2015 and the Children Act 1989.

All front line staff are trained regularly in safeguarding adult and child awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimer's awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional safety and security measures for victims of domestic abuse and hate crime. There are dedicated officers to identify and respond to vulnerable victims or perpetrators of anti-social behaviour.

The Council's internal audit team recently inspected our Safeguarding involvement and the recommendations included ensuring that our contractors have safeguarding policies in place. This has now been addressed. The action plans for all audit inspections are monitored by the Operational Management Team on a fortnightly basis.

Our Community Development Team support vulnerable tenants who are at risk of losing their tenancy. In our Temporary Accommodation Team we have a dedicated officer to support hostel residents with complex needs.

South Essex Homes work very closely with the officers of the Council's Youth Offending Team in relation to Street Engagement for identified youth issues and Troubled Families for families at risk of homelessness and financial constraints. Our Temporary Accommodation Officers liaise with Family Mosaic to assist in supporting families residing in the Council's temporary accommodation. The income management Team provide a homeless prevention service, this includes an income and expenditure assessment, identifying any social and welfare needs, referrals to our Community Development Team for support in accessing Essential Living Fund (ELF) and Discretionary Housing Payments (DHP) and referrals to the Citizens Advice Bureau (CAB) who can provide benefit and money advice. The CAB also attend the HUB one day per week.

Outcomes and Impact of Safeguarding Adults/Children Activity

The number of evictions for council tenants has reduced this year from 45 to 6 (as at the end of September 2016) primarily due to the support of the Community Development Team.

A partnership with Southend College providing a free counselling service is available at The Hub. Trainee counsellors in their third year of their Counselling course with support from an NHS trained counsellor take referrals from the organisations operating from the HUB, who feel that their clients would benefit from counselling. Thus providing a pivotal service in improving a vulnerable person's life.

Key successes

Since June 2015 the Digital Housing Hub (DHH) has seen over 3000 clients in that time for this programme. Alongside the digital support advice there is health advice and welfare advice. It means that the HUB can offer a complete bespoke service to assist a vulnerable person and to ensure that they receive the maximum amount of help needed to live an independent life.

Healthwatch Southend joined the HUB in September. Since joining they have seen 50 residents giving advice on a wide range of health matters.

The free counselling service headed up by a drug and alcohol specialist has attracted over 75 referrals with 90% of these people having at least 6 sessions.

The introduction of the counselling service provides advice and support to participants requiring help with Life Style, and Mental Health Problems. The twelve by weekly interactive group has provided another avenue that the HUB offers. The results of the sessions so far are:

Group Sessions completed Spring – Summer Programme 2016	24	Group Time Duration	2 Hours	<u>Open Group</u>
				Yes
Male participants Attended	134	Participants Food supplied	Yes	Outcome measures
				Under review
Female participants Attended	31	Participants Transport Provided	Yes	STAR
Total participants Attended	165	Participants Materials supplied	Yes	Locus of control

Key areas for development

Continue with the excellent work provided at the HUB.

Expand the current service offered by Careline to support vulnerable clients to continue to live independently.

7.13 School Governing Body Safeguarding Monitoring Returns Findings

The annual assessment of schools' safeguarding arrangements confirms that, in the main, schools understand their responsibilities and have suitable arrangements in place to meet them. This is particularly evident through senior management commitment to the importance of, and accountability for, safeguarding and the promotion of children's welfare; the existence of clear policies and procedures that align with local and national guidance and cover the issues of bullying and e-safety; and in the area of staff recruitment and training.

Areas for improvement include the timely monitoring of the single central record of staff by governing bodies and ensuring that, where appropriate, parents are provided with a copy of written reports in advance of child protection conferences. The number of referrals for Early Help varies between schools, as do referrals to Children's Social Care over the same period.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

8.1 Serious Case Reviews

The LSCB commissioned a serious case review, under its statutory responsibilities in Working Together to Safeguard Children 2015, in January 2016. The review has been 'paused' by the LSCB due to ongoing legal procedures, and is expected to resume early in January 2017. Emerging learning from the case requiring immediate action is being addressed by the relevant agencies pending the completion of the review.

The recommendations from a serious case review completed in the period 2014-15, but which was not published to safeguard the welfare of surviving family members, have all been implemented.

8.2 Child Death Reviews

In total 12 notifications of child deaths were received during the year April 2015 to March 2016. This equates to a figure of 29 per 100,000 population aged 0-19 years for the period for Southend (compared to 22 for Essex, and 23 for Thurrock). From 2013 there has been a slight increase in notifications of child deaths (per 100,000) in Southend compared to a plateauing of notifications for Essex and Thurrock in the same period.

The infant (aged 0 - 364 days) mortality rate per 1000 live births for Southend is 3.6 (compared to 3.9 for England)

10 Child Death Reviews were completed for children resident in the Southend area. In 7 of these cases no modifiable factors were identified and the deaths were deemed to be not preventable.

In 3 cases modifiable factors were identified:-

- Modifiable factors in the deaths classified as perinatal/neonatal events included maternal smoking and factors related to service provision and possible earlier surgical intervention. No specific recommendations were made following these

reviews as the panel were satisfied that the issues had been identified by a Root Cause Analysis Report. The local hospital Head of Midwifery attended the Child Death Review Panel to reassure the panel members that all recommendations from Root Cause Analysis had been implemented.

- Parental smoking during pregnancy, and in the household, was noted as modifiable factors for a child death in the chromosomal, genetic & congenital anomalies category.

The LSCB is undertaking a review of current activity by partners to reduce parental smoking during pregnancy in order to identify and promote the implementation of programmes and awareness campaigns which are effective in altering parent behaviour.

8.3 Other Reviews

An alternative review of the case of a professional working with children, who used their position to take photographs of children using changing rooms, was also completed in the period. The LSCB's Case Review Panel received analyses of involvement from all of the agencies concerned, however, it has not found the analysis by one agency (a private education establishment) to be sufficiently reflective of the safeguarding practices at the time and how the learning has been identified and implemented (although the Panel is aware that the establishment has undertaken actions to improve its safeguarding practice). The Panel will, based on the learning identified by all agencies, identify actions for implementation to improve safeguarding children practice.

SECTION 9 – FINANCIAL REPORT APRIL 2015 TO MARCH 2016

Funding and staffing of the Southend LSCB is relatively low level, compared to other Boards regionally and nationally. The LSCB shares a business manager, performance and quality assurance project manager (from April 2016) and administrative assistant with the Safeguarding Adults Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, which is critical to the effective functioning of the LSCB.

The LSCB uses the funding formula below to ensure it has adequate resources to undertake its business effectively

Agency	Proposed %age	Proposed Contributions for 2016/17
Southend Borough Council	49.5%	£43065
Essex Police and Crime Commissioner	16.5%	£14355
CCG	26.0%	£22620
National Probation Service	7.2%	£6264
CAFCASS (+ reserves)	0.7%	£609
	0.1%	£87
Total	100%	£87000

Additional income of £21449 was received from the Schools Grant (£10,000) and income from training. **Total income for 2015-16 was £108,449**

For the financial year 2015-16 the LSCB’s expenditure was as follows:

Description	Expenditure (£)
Total Salaries	46,749
Total Consultancy and Professional Services Costs (included LSCB Chair and Serious Case Reviewer costs)	22465
Total Supplies And Services	32992
Total Contribution To Equality & Diversity in Schools Programme	5,000
Total	107,206

For the financial year 2015/16 the LSCB carried forward £79,334.96 in reserves.

SECTION 10 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Christine Doorly -Independent Chair	√	√	√	√
Simon Leftley - Vice Chair - Corporate Director for People	√	√	√	Apologies
Essex Police / CAI Team	Tracy Harman attended	Luke Collison attended	Luke Collison & Tracey Harman attended	Paul Wells, Tracey Hawkings, Kevin Baldwin and Tracey Harman attended
Laurence Doe – Department for People, Chair LSCB Executive	√	√	√	√
Jane Belcher – South Essex College	√		√	√
Chris Perkins - independent schools rep				
Melanie Hall – head teacher, special schools heads rep	Apologies – June Mitchell attended	√	Apologies	√
Jim Johnson – head teacher, primary heads rep – Angela Hutchinson July 2016 onwards	√		√	√

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Mark Schofield – secondary heads rep	√	√	√	√
Brin Martin – Department for People - July 2016 onwards			√	
John O’Loughlin – Department for People	√	√	Apologies – Ruth Baker attended	√
Melanie Craig – NHS Southend CCG	√	√	Apologies	√
Linda Dowse, Southend CCG – Matt Ranguie from July 2016 onwards	√		√	√
Dr A Shrivastava – Designated Doctor	Apologies		√	
Gina Quantrill – Southend Hospital – Sue Kent September 2016 onwards	√	√	√ Sue Kent also attended	Apologies
Elaine Sherwen – NHS England LAT			√	
Margaret Gray – Public Health	√	Apologies	Apologies – Erin Brennan-Douglas attended	√

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Barbara Solomons – community lay member	√	Apologies	√	√
Ellese Degenhart – lay member	√	√	√	Apologies
Stefanie Peck – lay member	√	√	√	Apologies
Theresa Smith – SEPT	√	√	√	Apologies - Stephanie Farr attended
NELFT		Jackie Dennis attended		Brid Johnson – apologies Sharon Hall - apologies
Lisa Fautley – East of England Ambulance Service	√	√	Apologies	
Donna Finch - Essex Fire & Rescue	Apologies		√	
Mona Illisei – CAFCASS	√	√	√	
Alex Osler – Essex Community Rehabilitation Company	√	√	√	Apologies – Katie Castle attended
Sheila Kennerson – National Probation Service , South & South Eastern Division	√	Apologies	Apologies – Sam Brinkley attended	√
Alison Clare – A Better Start Southend			Apologies	

Representative	19th November 2015	22nd February 2016	7th July 2016	29th September 2016
Alison Semmence – voluntary sector	√		√	√
Dorothy Simon – legal advisor	Apologies	Apologies	√	Apologies
Councillor Anne Jones, Lead Member (until May 2016) – Cllr James Courtenay from May 2016 onwards	√	√	√	√

SECTION 11 – ANALYSIS

- Engagement by partner agencies in the work of the LSCB is good
- The Police are progressing recommendations from their recent inspections, and are awaiting an updated inspection report. There remain actions to be completed, including any further findings, but progress has been good.
- The 2016 Health safeguarding inspection showed a number of areas of concern and the LSCB will need to ensure that the actions are completed and have the required impact.
- The Local Authority has an Improvement Board and needs to ensure that continued progress is achieved addressing the findings of the 2016 Ofsted inspection, as well as the Local Authority actions arising from the Health Safeguarding inspection, which are addressed to Public Health.
- Some areas of LSCB governance, including that of the Schools Forum and Care Providers Forum, need to be strengthened
- The Board is effective in challenging partner agencies where there is an identified need to improve services to safeguard children
- Although there are some improvements in mental health services for children and young people these are not yet fully implemented and embedded.
- Children, young people and their parents are continuing to access mental health crisis support via hospital accident and emergency services rather than the EWMHS Crisis Team 24hr service
- There has been a significant improvement in the timeliness and effectiveness of the multi agency response to high risk cases of domestic violence
- There is a coherent early help offer which is effective in supporting families to make the changes needed to ensure that their children's needs are met, however the new 'step up' and 'step down' arrangements between early help and stage 4 services need to be embedded before the LSCB is able to assess whether they have improved this process and that children and families always receive the support they need

- There has been a significant improvement in the analysis of information on a multi-agency basis to identify children and young people at risk of CSE, although sharing of information to identify and disrupt perpetrators requires development
- Although there has been some increase in provision of specialist services for survivors of sexual abuse, there remains a lack of mainstream funding of specialist domestic abuse support services and services for perpetrators of sexual and domestic abuse who are not within the criminal justice system

SECTION 12 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

The following are areas of development in the coming year:

- Work is required to ensure children and young people who self-harm or have other mental health issues access services in a timely way and through the most appropriate routes. This will include more analysis of the issues and the development of a multi-agency action plan
- The analysis of intelligence from all partners, including the public, to identify, disrupt and prosecute those who exploit children and young people
- Mainstreaming of funding and development of timely specialist support services for victims of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- Mainstreaming of funding and development of timely specialist support services for perpetrators of domestic abuse, sexual abuse, and exploitation is required by commissioning agencies
- To continue to exercise oversight of, and analyse, the child protection process and application of thresholds by children's social care, and review the conferencing system to ensure partners maximise its effectiveness and impact on families
- To ensure that the early help model is fully integrated with child protection processes, making one unified and comprehensive system to ensure all children and safeguarded and professionals know how and where to get the right help. Early Help services will be tested by the LSCB in 2017-18 to ensure hard to reach groups have the right access to those services.
- To ensure that the Voice of the Child is increasingly embedded in the way that services are delivered, and that achieving specific outcomes for children are increasingly driving the work of professionals.
- To continue to address and improve the governance of the Safeguarding Partnership (currently the LSCB) in light of the Wood Review of LSCBs, to ensure that cross cutting areas of work are approached holistically across the partnership, and that potential gaps and overlaps are identified and addressed effectively.

- To respond to the Violence and Against Women and girls agenda, including FGM, providing a comprehensive programme of work

2015-16

Annual Report on the Effectiveness of Safeguarding Adults in Southend



Southend SAB

October 2015 to September 20 16

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Key

Text – areas for development

Text – areas of notable progress

SECTION 1 – INTRODUCTION

1.1 Introduction from the SAB Chair

This is my last annual report before stepping down from the role of chair of the Southend Safeguarding Adults Board. The report shows that the statutory services for safeguarding in Southend are working well, and that they are Care Act compliant.

During this year there has been the development of a range of effective safeguarding initiatives in Southend. For example, work has commenced on reducing the incidence of pressure areas for immobile people; the Shields Project is designed to keep people with learning disabilities safe when accessing community facilities; co-ordinated work has been undertaken to reduce hoarding; and there is the development of street triage to respond more effectively to people with mental health issues. People at risk from scams and rogue traders have been identified and supported to prevent them becoming victims of these types of crime.

At national level, it is disappointing that the so called “lower level” pathway for safeguarding, anticipated to become part of the Care Act implementation, does not seem to have taken hold. The research undertaken this year, through chairs visits, showed that, in the Southend services visited, there was a very good awareness of safeguarding issues and risks. In some services there is not always the capacity or authority to undertake any co-ordination or proactive work around risks due to service pressures and a focus on commissioned activity within very tight contracts e.g. domiciliary care services. This restricts safeguarding in these services to making a referral when the statutory threshold is reached. For example, the report flags up the gap around young people who have not been “looked after” but who have higher levels of need, meaning that on transition to adult services it is more difficult to coordinate services to meet their needs. There is, however, commitment and enthusiasm in Southend for addressing these gaps, and I believe this will be progressed through the priorities identified in the report. Certainly individual partner reports show the development of good initiatives and activity which is very promising for the future, and the SAB itself is well supported with capacity having been increased, attendance and funding is good, and the work of the executive and of sub groups has been effective and energetic.

I would like to thank members of the SAB for their support and input during my time as chair, and in particular thanks to those who have chaired and supported the executive and sub groups, and to the excellent board support team itself.

It has been a pleasure and privilege to work with the Southend partnership and I wish you very well for the future, having laid a good foundation for the challenges ahead.

Chris Doorly

Independent Chair

1.2 Role of the Board

The Safeguarding Adults Board (SAB) is a statutory body created under the Care Act 2014. The main objective of an SAB is to assure itself that local safeguarding arrangements are effective and that partner agencies act to help and protect adults in its area who:

- have needs for care and support, and;
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and deal with both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

SABs have three core duties. They must:

- Develop and publish a Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute. The Southend SAB Strategic Plan can be found on our website at www.safeguardingsouthend.co.uk/adults

- Publish an Annual Report detailing how effective their work has been. The Southend SAB publishes its Annual Report each year in December (reporting year Oct – Sept) in order to inform the strategic planning of other statutory boards and commissioners. The Annual Report can be found on our website at www.safeguardingsouthend.co.uk/adults
- Commission Safeguarding Adults Reviews for any cases which meet the criteria for these. The Southend SAB has published one Safeguarding Adults Review in the period for the ‘Anne’ Case, which can be found on the website at www.safeguardingsouthend.co.uk/adults

1.3 Governance and Accountability

Although the SAB is an independent statutory body the Chief Executive and the Lead of Southend Borough Council hold the independent Chair to account for the effective working of the SAB. The Chair of the SAB meets with the Chief Executive and Leader of Southend Borough Council to present the SAB Annual Report on the effectiveness of safeguarding adults in Southend following its approval by the SAB’s Board in November annually.

1.4 Strategic Links to Other Boards and Partnerships

The Chair of the SAB is a member of the Health and Wellbeing Board (HWB) and presents to it the SAB’s annual report on the effectiveness of safeguarding adults in Southend. The HWB will ensure that the Police and Crime Commissioner is present at this meeting in order that they and the other members and commissioners on the board can consider and address the strategic implications of the findings of the annual report.

The Chair of the SAB, as a member of the HWB seeks to gain assurance that the HWB is effectively considering safeguarding adults in the decisions it makes. The HWB in turn uses the SAB as a ‘critical friend’ in safeguarding adults considerations and decisions, including the development of the Health and Wellbeing Strategy; the Joint Strategic Needs Assessment; key Commissioning Strategies; and service re-design.

The SAB also has a direct relationship with the Community Safety Partnership (CSP). The SAB seeks assurance that the CSP is appropriately considering adult's safeguarding in the decisions it makes. The SAB specifically seeks assurance regarding the development and implementation of the Domestic Abuse Strategy and the implementation of lessons learned from domestic homicide reviews.

For a number of years an LSCB Scrutiny Panel, consisting of elected members of Southend Borough Council, has scrutinized and contributed to the work of the LSCB. The Panel has now been extended to scrutinize the work of the Safeguarding Adults Board from September 2016.

The Chief Executive of Southend Borough Council ensures strategic oversight and coordination of safeguarding and community safety priorities through quarterly meetings attended by the chairs and business managers of the SAB, LSCB, HWB, CSP, and commissioners from statutory agencies, including the local authority's children and adult services, Essex Police, and Southend Clinical Commissioning Group (CCG).

Following the publication of the Alan Wood Review of LSCBs, and the Government response, a review of the governance of the strategic Boards, including the SAB, in Southend has been initiated by the Chief Executive of the Local Authority, Essex Police and Southend CCG, as key statutory partners.

SECTION 2 – EXECUTIVE SUMMARY

2.1 Overview

The Southend Safeguarding Adults Board (SAB) has a substantial agenda of activity ranging across the statutory requirements of the Care Act, through to initiatives designed improve the response to adults who may have safeguarding concerns below the statutory threshold, and also to a range of preventive work.

In terms of the Care Act, Southend is fully compliant with its requirements and the SAB itself has been strengthened, both in terms of its support capacity and the addition of two lay members. The elected member scrutiny arrangements in Southend Borough Council have been extended to cover the SAB and the governance arrangements have fully linked the SAB to the Health and Wellbeing Board (HWB), with the chair now sitting on that board too. Further proposals to develop the governance in response to the Wood review of LSCBs are in hand, and opportunities will be taken in Southend to make the overall co-ordination and governance arrangements more effective, building on the public protection approach already being taken with the Chief Executives leadership.

Formal safeguarding investigations in Southend are carried out to a high standard and outcomes (in terms of the vulnerable person's safety and satisfaction) are above national and comparator averages. The process has embedded the principles of "Making Safeguarding Personal" and continues to develop these within the means by which safeguarding work is carried out. Dedicated Safeguarding Adult Managers (DASM's) have been appointed by appropriate partner agencies, and whilst the anticipated "lower level" pathway of safeguarding has not taken off nationally, it is clear in Southend that DASM's are contributing to raising the profile of safeguarding in partner agencies, and that there are a range of initiatives developing which aim to improve the safety and well being of vulnerable people. Some of these are described later in this summary.

In terms of the Mental Capacity Act and the application of Deprivation of Liberty Standards (safeguards to support anyone deprived of their liberty in a circumstance where they are not deemed to have mental capacity to consent) the ruling of the Supreme Court in 2014 has caused pressure on the service in Southend as elsewhere. Despite this there has been a

management of the demand created and the key issue highlighted in this report is the requirement for further good quality advocacy capacity into this process, which has been flagged up as an area for further attention.

The annual report shows a wide range of activity across Southend designed to keep potentially vulnerable adults safe. The Prevent and Channel arrangements are working well. In terms of Domestic Abuse the newly established MARAT (Multi Agency Risk Assessment Team for high risk domestic abuse victims) is working well and has eliminated the backlog of cases, which was a feature of the previous arrangements. Although there are still some agencies who need to be joined into this process, it is a good local initiative which will assist in consolidating the work of partners around ensuring people at risk from domestic abuse are made safer. For the perpetrators of domestic abuse there are interventions designed to change their behaviour once convicted, and more recently a pilot being developed for those whose domestic abuse behaviour is part of a lower level range of poor coping skills. There remains a gap in service planning and provision, in terms of people who perpetrate domestic abuse who do not meet either of these two criteria, and this has been flagged up to commissioners as an ongoing need for service provision. A dedicated service for victims of sexual assault has been developed in Southend, identified as a gap in last years annual safeguarding reports.

A new initiative on hoarding has been developed which recognizes the scale and risks of hoarding behaviour, such as potential fire and environmental risks to the hoarder and to nearby households. A hoarding panel has overseen this work, and a dedicated worker was appointed to undertake the direct work. This post has not been secured with ongoing funding and this report flags up the need to establish a budget to support this work, enabling a worker to be placed within Southend Association of Voluntary Services (SAVS) to continue to develop this important service.

A Shields "Keep Safe" project has been established in the community, enabling people with learning disabilities to seek advice support or shelter from a wide range of outlets in the town if they feel concerned. For older or immobile people a service to reduce the incidence of pressure areas has been instigated and the SAB will receive reports about the effectiveness of this service in due course.

For people at risk of being targeted by scams (criminals who use lists of vulnerable people to target their fraud activity) there has been a project undertaken to advise those at risk of the risks and concerns this raises, and to ensure they are warned about the specific types of activity like to be used.

Activity designed to raise awareness of modern slavery in the town has been undertaken. There has been an Female Genital Mutilation (FGM) initiative put in place to better identify women who may have undergone this abuse, or who may be at risk, as well as the statutory reporting arrangements which were introduced by the Government. The arrangements of Prevent and Channel have been established and are seen as working well.

Essex Police, following their HMIC inspection, have undertaken a complete re-organisation of the Crime and Public Protection Command. This has included ensuring all front line officers are much more aware of vulnerabilities amongst the population served. The police have also introduced a street triage service which positions a police patrol officer with a mental health professional in the “out of hours” times of day. This allows people with mental health issues to be assessed and triaged and therefore helped, avoiding the unnecessary use of police cells or other places of safety under S136 of the Mental Health Act. Southend has a shortage of Health Based Places of Safety and this matter has been escalated to commissioners because from 1st April 2017 it will be illegal to use police cells as a place of safety under S136 in all but the most extreme circumstances. Currently there is over reliance on this practice and this is a strong concern of the SAB.

Essex Fire and Rescue Service maintain a strong commitment to safeguarding and continued to offer home safety targeted advice and support. In addition their “Firebreak” service has ensured people with Downs Syndrome have been assisted in terms of understanding fire safety, again improving safety for this group.

South Essex Homes have introduced a service to reduce evictions which has had a significant impact, and also provides support for tenants with mental health difficulties. The single agency reports in general show that partners are increasingly developing initiatives which are targeted at safeguarding matters as they arise in their services, which is to be welcomed.

Some further gaps in service have been identified by the SAB. Firstly services for young people in transition to adult services. Here there is a gap for young people who were not under a statutory requirement (e.g. because they have not been formally “looked after”) to receive case management approaches, but who were still vulnerable and needing more than one service, and there was no co-ordination function available. This group has been flagged up for more attention. Transition to adult services was also a feature in the only Serious Adult Review (SAR) this year (“Anne”), and there is some further work flagged up by this review to undertake on transition.

Another gap identified was the quality of co-ordination of services post discharge from acute hospital care, and achieving greater consistency around some of the principles involved. For example, how the matter of prescribed medication is dealt with during and after an admission. There seem to be inconsistent practice which leads to confusion amongst professionals about these important medication arrangements, this being one example of the need to tighten the care management in these situations.

In conclusion, the report shows evidence of initiative and energy going into making Southend a safer place for people who might be vulnerable. The quality of partnership and commitment is good and despite budgetary pressures and financial constraints the profile of safeguarding is increasing, and resources are being targeted on this area of work. Gaps in services or shortcomings in practice which were identified last year have been closed, the SAB has a good audit and performance management framework and is able to identify and implement improvements, and further challenges have been highlighted for attention and action this coming year.

2.2 Progress Against SAB's 2015-16 Strategic Plan Priorities

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
A	1	To ensure that the guiding principles and business plan of the Southend Safeguarding Adults Board upholds the safeguarding principles in the Care Act 2014.	Improvement in safeguarding adults practice by all partners.	Outcome of multi-agency audits.	Outcomes included in Annual Report
			Safeguarding adults practice is person centred and outcome focused.	Making Safeguarding Personal implementation progress reports.	Progressing appropriately. There is a high rate of satisfaction from adults who have participated in their safeguarding
			Continued implementation of the safeguarding elements of the Care Act 2014.	SAB Annual Report.	Annual Report found that the Board is fully compliant with the Care Act
			Funding for SAB business support team is secured.	SAB Budget.	Funding secured for 2016-17.
			Engagement of lay members who are provided with appropriate training to fulfil their scrutiny role.	Lay members are appointed.	Lay members identified and will take up positions November 2016 SAB Scrutiny Panel merged with the LSCB Scrutiny Panel from September 2016 to scrutinize the work of the SAB.
A	2	Develop and review SET (Southend, Essex and Thurrock) Safeguarding Adults policies, protocols and procedures across the adult services economy in	Policies, protocols and procedures support the effective safeguarding of adults.	Survey of practitioner awareness and understanding of new SET Safeguarding Adults	Revisions to the SET Safeguarding Adults Procedures completed Survey of practitioner awareness and understanding of the procedures to be completed

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
		Southend on an ongoing basis. Ensure they are reflective and reflexive with regards to changes in government guidance, legislation and lessons learned from Safeguarding Adults Reviews.		Procedures 2015.	
			Development of a large scale investigation procedure.	Procedures signed off by SAB.	Procedure in development with Essex and Thurrock SABs
A	3	Ensure the effective implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) by all partners.	The MCA and DoLS are applied appropriately to adults with additional care and support needs to enable them to make decisions where appropriate regarding their personal life choices.	Outcome of audits of the effectiveness of MCA and DoLS assessments, authorisations and reviews.	Outcome of the audits evidenced effective implementation of MCA and DoLS on the whole. Some learning identified regarding identification of appropriate advocates for adults whose mental capacity requires assessment
			Training for practitioners on the application of MCA and DoLS which is developed, quality assured by the SAB and implemented.	Number of practitioners completing MCA and DoLS training.	Training has been developed and quality assured. Training is underway. Data in development
A	4	Identify and monitor significant safeguarding adults practice or resource issues, and identify ways to resolve these with partnership support.	Risks to effective safeguarding adults practice are identified and mitigated by the Board.	Risk and Challenge register evidences impact of the Board's activity on mitigating identified risks.	Record of identified risks in SAB Executive minutes with progress to mitigate these
			Implementation of the Mental	Reports on implementation	

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
			Health Concordat.	progress of the Mental Health Concordat.	
A & D, E & H	5	Coordinate the work of the Safeguarding Adults Board with that of the Local Safeguarding Children Board; Health and Wellbeing Board; and Community Safety Partnership	<p>The Domestic Abuse Strategy is implemented effectively and within timescales to reduce the impact on victims.</p> <p>Reduction in domestic abuse incidents involving adults with additional care and support needs.</p> <p>Increased reporting of exploitation or radicalization of adults with additional care and support needs.</p>	<p>SAB Annual Report evidences impact of integrated approach to identified key cross cutting issues, including domestic violence, exploitation, radicalization, transition from child to adult services, and implementation of the Family Focus Protocol.</p> <p>Number of domestic abuse incidents involving adults with additional care and support needs.</p> <p>Performance information evidences an improvement in the timeliness of information sharing in the MARAC process</p> <p>Number of referrals regarding the exploitation or radicalization of adults with additional care and support needs.</p> <p>Young people and their families transitioning to adult</p>	<p>Revised SET Domestic Abuse Strategy</p> <p>Southend MARAT 'live' from June 2016. Backlog of MARAC cases cleared.</p> <p>PREVENT training undertaken by safeguarding leads in all statutory partner agencies. CHANNEL Panel now in place and supporting those identified as being at risk of radicalization.</p> <p>Transition from child to adult services addressed in Safeguarding Adults Review 'Anne' learning</p> <p>No referrals regarding the exploitation or radicalization of adults with additional care and support needs received to date</p> <p>Young people transitioning to adult services are supported appropriately on the whole. Following consultation with</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				services report that they were supported appropriately through the process.	community groups is was identified however that there are a small group of young people who require extra support and assessment but do not meet the criteria for statutory adult services. There are some community based services but they do not seem to be fully integrated and accessible
A, B & C	6	Review the processes and procedures for carrying out safeguarding adult's reviews (SARs) or other reviews. To examine other safeguarding adults reviews nationally to identify and implement any relevant learning and recommendations.	<p>The Board has a range of methodologies identified for undertaking reviews and monitoring the implementation of learning.</p> <p>The Board receives an annual summary of learning from national reviews.</p>	Board's Learning and Improvement Framework evidences the impact of implementation of learning from reviews.	<p>Process in place and used successfully to complete the 'Anne' SAR</p> <p>Summary of learning from national reviews to be undertaken early 2017</p>
A, B & C	7	To continue to implement effective multi-agency partnership arrangements to meet the needs of adults who are experiencing abuse, including information sharing processes.	The SET Safeguarding Adults Procedures provide clear guidance on the arrangements for meeting the needs of adults who are experiencing abuse.	Learning and Improvement Framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse.	Information from audits and other elements of the learning and improvement framework evidences that arrangements are being implemented effectively and have a positive impact on adults experiencing abuse.

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
			<p>All agencies have robust arrangements to meet the needs of adults experiencing abuse.</p> <p>Information sharing processes are resourced and implemented appropriately by partner agencies to safeguard adults.</p>	<p>All partners have an identified designated safeguarding adults lead.</p> <p>Board retains record of all designated safeguarding adults leads.</p> <p>SAB audits of the quality of information sharing to safeguard adult's evidences that information is shared appropriately and in a timely way.</p>	<p>All partner agencies have identified a DASM</p> <p>SAB Business manager has record of identified DASMs for all agencies</p> <p>Audit found information sharing is on the whole 'good'</p>
C, D, E & H	8	To raise awareness and promote the prevention agenda	Public and professionals are more awareness of, and report, safeguarding adults issues, including Abuse and Neglect; Exploitation; FGM, so called Honour Based Abuse (HBA), Forced Marriage; Human Trafficking; Radicalization; Fraud and Online Safety; Road Safety; Hoarding; Pressure Ulcers.	<p>Number of safeguarding referrals from professionals, and the public including those regarding FGM, so called HBA, Forced Marriage, Human Trafficking and Radicalization</p> <p>Number of reported doorstep and online fraud.</p> <p>Number of people over 65yrs killed, seriously or slightly injured in road traffic</p>	<p>Data cannot be extracted currently regarding factors included in safeguarding referrals</p> <p>Data not currently available</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				collisions. Number of SET SAFs as a result of pressure ulcers.	Data not available. Awareness raising campaign regarding pressure ulcers developed and launched
B, C & G	9	Ensure that training carried out across Southend meets the SET Training Strategy and that appropriate training needs are identified and training is resourced to meet those needs.	All training delivered by the SAB and its partner agencies and training facilitators are quality assured and approved by the SAB. All partner agencies have as a minimum 90% of their staff trained in safeguarding adults to an appropriate level as defined in the Training Strategy. Evaluations of training evidence that service delivery and practitioner confidence is improved.	Report to Board on number of courses and trainers quality assured. Percentage of practitioners appropriately trained Analysis of training evaluations.	SBC, Southend Hospital, Police and SEPT courses approved SEPT – 100%; Essex CRC – Core training for all staff Essex Police - new safeguarding training programme for all staff to complete within next 2 years Southend Adult & Community College – 83%; South Essex Homes – 99.5%; GPs – 100%. Southend Hospital 80% Data from SBC outstanding.
F	10	Involve, consult, and engage with adults with additional care and support needs and their carers to ensure that the safeguarding process is free from oppression, increases choice and control, and fosters independence for the	Methods of facilitating participation and feedback from service users and the community is fair, transparent, and understood and results in the improvement of safeguarding services.	All partner agencies report on the outcome of service user engagement to the SAB and evidence how this has informed the delivery of effective safeguarding services in the SAB Annual	All agencies represented at Quality, Monitoring and Audit Group have agreed to develop their collection and reporting of service user data

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
		service user, and in turn increases competence in support services.		Report.	
A, B,C, F & G	11	Continue to develop and implement the Learning and Improvement Framework to inform improvements and commissioning of services across statutory and third sector services for adults	<p>SAB Annual Report evidences a positive impact on the effectiveness of safeguarding of adults as a result of the SAB's challenge of partner agencies and other strategic partners, based on the findings from its learning and improvement framework.</p> <p>Assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards are effective.</p> <p>Recommendations from domestic homicides relevant to safeguarding adults are implemented effectively.</p>	<p>Register of SAB challenge to partnership agencies and strategic partners.</p> <p>Percentage of recommendations from safeguarding adult's reviews implemented.</p> <p>Percentage of partner agencies providing performance information.</p> <p>Learning from multi agency audit reports.</p> <p>Percentage of recommendations from multi agency audits implemented.</p>	<p>Register established</p> <p>SCR 'Anne' overview and IMR report recommendations to be monitored</p> <p>SBC, Essex Police, NHS England, Southend Hospital, South Essex Homes and SEPT currently reporting to SAB Executive</p> <p>2015 audit programme actions being implemented</p> <p>All progressing to timescales</p>

Priority	Obj.	Objective	Projected Outcome	Performance Indicators	Progress September 2016
				<p>Report to SAB on the effectiveness of assessments, authorisations and reviews of referrals under the Deprivation of Liberty Safeguards.</p> <p>Reports to SAB on implementation of Domestic Homicide Review recommendations by Domestic Abuse Forum.</p>	<p>Audit completed with outcomes reported in Annual Report</p> <p>Included in reports to SAB</p>

2.3 Key Successes

- Development and implementation of the Southend Multi Agency Risk Assessment Team (MARAT) has ensured the timely sharing of information in high risk domestic abuse cases to reduce risk to victims (case discussion meeting held within 3 days of receipt of referral). Backlog of cases to be considered at the Multi Agency Risk Assessment Conference (MARAC) has been cleared and all cases are now considered within 18 working days
- Implementation of the Keep Safe Scheme in Southend by the SAB, LSCB, Southend Borough Council and SHIELDS (a community organisation).
- The SAB, LSCB, the Southend Soroptomists, and the Border Agency worked in partnership to raise awareness of trafficking using a 'Stop The Traffik' 'gift box', situated in the High Street. Over three days the team distributed 680 leaflets and recorded 991 conversations with members of the public, raising awareness of trafficking.
- Awareness raising campaign regarding pressure ulcers developed and launched
- PREVENT training undertaken by safeguarding leads in all statutory partner agencies. CHANNEL Panel now in place and supporting those identified as being at risk of radicalization.
- The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.
- In 74% of Southend safeguarding cases the action taken to safeguard the individual either removed or reduced the risk compared to 67% in England as a whole and 62% in the comparator group.
- The SAB worked with the Boards in Essex and Thurrock to review the Safeguarding Adults Guidance in 2016, to ensure it is compliant with the Care Act 2014; Mental Capacity Act 2005; and the Supreme Court Judgement regarding DoLS.

- The SAB has implemented a protocol to identify and support people, with hoarding behaviours.
- The SAB has established a multi agency Panel to coordinate the response and support to adults whose hoarding is at the highest risk levels. In September 2016 the Panel had identified 27 high risk hoarders.
- 100% of domestic abuse victims are offered an Independent Domestic Violence Adviser service
- Perpetrators of domestic abuse who are charged and enter the criminal justice system are offered support to address their behaviour.
- A pilot has also been developed to identify and provide support to individuals who are prosecuted for offences not directly concerned with domestic abuse, but whose behaviour may be an indication of potential perpetration of domestic abuse.
- Southend Borough Council is working in partnership with Barnardos, hosting a specialist worker who is working alongside council services to support local action to improve awareness and reporting of Female Genital Mutilation (FGM).
- Specialist support services for male and female victims of sexual assault of all ages is provided in the Southend area

2.4 Key Areas for Development and Challenge 2016-17

- There are some community based services for a small group of young people who require extra support and assessment but do not meet the criteria for statutory adult services, but they do not seem to be fully integrated and accessible
- Care providers identify Hospital discharge as a high risk area, with, at times, poor co-ordination, and variation in medication approaches
- No funding currently available for continuation of a community based specialist hoarding support service (See Change – SAVS) from December 2016
- The SAB has identified that there remains a 'gap' in provision of support services for domestic abuse perpetrators who although they have a history of domestic abuse are not in the criminal justice system, and is challenging local commissioners of services to develop and implement a scheme for this cohort which has a good evidence base
- There is currently insufficient capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole. The use of section 136 across Essex has increased by 19.8% for 2015-2016 compared to 2014-2015.
- With an increasing population of older people the reduction in beds in registered care homes is a concern for future capacity
- There is continual demand on domiciliary care, and recruitment and retention of staff is a particular challenge in this area.

SECTION 3 - CONTEXT

3.1 Demographics

The Office for National Statistics (ONS) estimates the total population for Southend on Sea as at mid-2014 is 177,900.

29.9% of Lower Super Output Areas (LSOA) in Southend are classified as falling within the 30% most deprived areas in the country. Using ONS population figures this equates to just over 56,000 residents. Southend also has 8.4% of LSOA's (just over 16,200 residents) that fall within the 10% most deprived in the country. (Source: Communities and Local Government - 2010 Indices Multiple Deprivation).

The number of older people (65+) in Southend living alone is estimated to have increased from 11,757 in 2011 to 12,627 in 2015, an increase of 7.4%, compared to 9.7% for England. The number of older people (65+) in Southend living in a care home is expected to have increased from 1,586 in 2011 to 1,701 in 2015, an increase of 7.3%, compared to 10.7% for England. The number of people (65+) helped to live independently in Southend is estimated to have increased from 2,668 in 2011 to 2,921 in 2015, an increase of 9.5%, compared to 11% for England.

The number of older people aged 65+ predicted to have a learning disability in Southend is estimated to have increased from 630 in 2011 to 693 in 2015, an increase of 10%, compared to 11.3% for England.

3.2 The Care Act and Other Legislation and Guidance

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Central to the Care Act is the idea of 'wellbeing'. This starts from the assumption that an individual is best placed to judge their own wellbeing. Wellbeing relates to the following areas:

- Personal dignity and respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Individual control over everyday life
- Participation in work, education and training
- Social and economic wellbeing
- Positive family and personal relationships
- Suitability of living accommodation

The Act introduces the first statutory framework for protecting adults from abuse and neglect and includes:

- A new duty for a local authority to carry out enquiries (or cause others to) where it suspects an adult is at risk of abuse or neglect
- A requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together Local Authority, NHS and the police to coordinate activity to protect adults from abuse and neglect
- A requirement for safeguarding adults boards to carry out safeguarding adults reviews into cases where someone who is experiencing abuse or neglect dies or is seriously injured or there is concern about how agencies worked together, to ensure lessons are learned
- Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions

The SAB is fully compliant with the Care Act

The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for their selves. Everyone working with or caring for an adult who may lack capacity must comply with the Mental Capacity Act (2005) and the Code of Practice (2007).

The Mental Capacity Act applies to individuals aged 16 and over and sets out five principles:

1. A person (aged 16 and over) must be assumed to have capacity unless it is established that he/she lacks capacity S1(2)
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success S1(3)
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision S.1(3)
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests S.1(5)
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action S.1(6).

This means:

Every person(aged 16 and over) capable of making decisions, has an absolute right to accept or refuse care, treatment or other intervention regardless of the wisdom or consequences of the decision. The decision does not have to be justified to anyone.

Where there are doubts about an individual's capacity to consent to an action that concerns them, a formal assessment of their capacity to make this specific decision must be carried out in line with the five statutory principles, and the Guidance of the MCA 2005 Code of Practice and the following sections of the Mental Capacity Act (2005).

The SAB has been working with partner agencies to ensure that practitioners comply with the Mental Capacity Act, its Code of Practice and other relevant national guidance, and leading judgements when making decisions about a person's capacity or deprivation of liberty.

The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty. Care homes or hospitals must ask a local authority if they can deprive a person of their liberty.

A Supreme Court judgement in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty, which consisted of two questions:

- Is the person subject to continuous supervision and control? *And*
- Is the person free to leave? – with the focus being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

If someone is subject to that level of supervision, and is not free to leave, then it is likely that they are being deprived of their liberty. But even with the 'acid test' it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merits.

All clinicians and practitioners working with or who have contact with adults need to undertake training on the Deprivation of Liberty Safeguards within their mandatory training on Safeguarding Adults.

3.3 The SAB's Learning and Improvement Framework

The SAB's Learning and Improvement Framework enables partner agencies to be clear about their responsibilities, to learn from experience, and improve services as a result. This is an integrated framework which builds on the SAB's culture of learning and improvement. The following elements form the basis of the SAB's Learning and Improvement Framework:

Element	Activity	Expected Outcome/Impact
Safeguarding Adults Reviews (SARs)	Identification and implementation of learning	<p>Learning from SARs and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety</p>
Other Case Reviews	Identification and implementation of learning	<p>Learning from reviews and improvement actions are informed by the views of families and practitioners.</p> <p>A measurable impact on the level of confidence and satisfaction expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety</p>
Learning from complaints and other enquiries	Identification and implementation of learning	<p>Learning from complaints is informed by the views of adults and their families</p> <p>A measurable impact on the level of confidence and satisfaction</p>

		expressed by families and practitioners on the current arrangements and processes in terms of improving adults' welfare and safety
Single & Multi Agency Audits and Audits of Board Effectiveness	Reporting of single agency audits	SAB partner agencies evidence effectiveness of safeguarding practice and identify areas for improvement
	Programme of SAB audits	SAB evidences the effectiveness of safeguarding services for adults
Qualitative Information from Adults with care and support needs and their Families	Analysis of information obtained to quality assure the effectiveness of safeguarding of adults	The development and improvement of safeguarding services is informed by the views and experience of adults and their families
Qualitative Information from Practitioners	Analysis of information to identify risks to safeguarding practice and learning	Risks to the effectiveness of safeguarding adult's services are identified early and addressed in a timely way. Practitioners report in follow up evaluations that they are aware of key development areas and good practice, with a positive impact on their safeguarding vulnerable adults practice and increase in confidence
Single Agency Performance Information	Analysis of quantitative data from partner organizations	Evidence of improvement in identified key areas of safeguarding practice.

Partner Agency Safeguarding Standards Self Assessments	Reporting of qualitative and quantitative data by SAB partner agencies	Partner agency self assessments of safeguarding efficacy are robust
Annual Reports from Strategic Partners and SAB Members	Needs analysis and monitoring of safeguarding effectiveness	The SAB evidences the effectiveness of safeguarding practice
Strategic & Themed Work	Mapping of issues and development of overarching strategies	The SAB and its strategic partners identify any risk and/or need and implement improvements to address these

SECTION 4 – MAKING SAFEGUARDING PERSONAL

4.1 Prevention and Early Help

The SAB coordinates and monitors prevention and early help activity and its outcomes. The Board and its partners are committed to preventing abuse or neglect and providing early help through universal services where risk is identified early.

The SAB works in partnership with the Boards in Essex and Thurrock to provide the AskSAL helpline for reporting abuse and neglect of any adult with care and support needs. AskSAL received 954 calls across from across wider Essex in the period April 2015 to April 2016. 55 calls during this period were abandoned

Approximately 30% of personal victims of theft are over the age of 65 (*Southend Strategic Intelligence Assessment 2016*). **The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.**

The SAB has worked with Essex Police to provide information about different types of scams and frauds for domiciliary and care workers so that they are more able to identify when vulnerable clients may have been victims of scams or fraud and to help them raise awareness with their clients.

Essex County Fire and Rescue Services increases awareness of fire risks among social workers, domiciliary and community support providers, care home providers and voluntary agencies. The service enables practitioners to identify 'at risk' adults, for example, people who smoke and have mobility problems. Practitioners were then encouraged to make referrals to the Fire and Rescue service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire, including fitting smoke alarms free of charge. The scheme has been rolled out throughout Essex and is available to cover adults aged 18 and over. Awareness raising has also been undertaken with GP safeguarding leads to cascade within their surgeries, and with other health professionals, regarding the risks of

using petroleum based ointments with non mobile patients, especially when there is an added risk of fire from smoking.

With SHIELDS (a community organisation), SBC Children's Services and the Safeguarding Children's Board the SAB has implemented the Keep Safe Scheme. Keep Safe supports people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by BATIAS. Local businesses have been identified and signed up to the scheme; agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who is in distress. Participants in the scheme look for the logo in the shop window. Using the emergency number card or fob provided, the person themselves or a member of staff will call their carer or parent, or the police if needed. The scheme supports people to reduce the feelings of fear or agitation in accessing the community alone.

The SAB has developed and is distributing a leaflet raising awareness with informal carers (family and friends), domiciliary providers and care homes of pressure sores in people with restricted mobility.

Care providers identify Hospital discharge as a high risk area, with, at times, poor co-ordination, and variation in medication approaches. The Safeguarding Adults Review completed by the SAB also identified hospital discharge and medication arrangements as areas of learning

4.2 Early Intervention

The Turning Tides Team from SAVS has been visiting people over the age of 65 who have been identified as being particularly vulnerable to scams. The Turning Times Team works with the victim to shut down the scam, and then provides ongoing support to ensure people don't become victims again.

During a consultation with agencies in Southend some community organisations providing care and support to adults who do not meet the threshold for statutory adult services, stated they did not have the capacity to undertake, in most instances, the lower level pathway of safeguarding activity, integrated into their usual business.

4.3 Adult Protection

For the financial year 2015-16 there were 391 new Section 42 enquiries initiated per 100,000 adults in Southend, which is considerably higher than the average for England of 239 (SAC 2016).

The proportion of each type of risk for concluded section 42 enquiries in Southend is broadly consistent with that in England as a whole and comparator local authorities as indicated below:

Local Authority	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Other Risk Types
England	26%	15%	16%	34%	9%
Southend-on-Sea	21%	18%	20%	30%	11%
Comparator Group	25%	14%	16%	34%	11%

Note: Other Risk Types are; Sexual, Discriminatory, Organisational

(SAC 2016)

A person's own home is the location of the risk of abuse in over half of Section 42 enquiries for Southend, higher than that in England as a whole and the comparator group

Local Authority	Community				
	Own Home	Service	Care Home	Hospital	Other
England	43%	3%	36%	6%	11%
Southend-on-Sea	52%	4%	32%	4%	7%
Comparator Group	41%	3%	38%	7%	10%

(SAC 2016)

The source of the risk of abuse in just over half of cases is someone known to the person being abused, which is consistent with England as a whole and the comparator group. A slightly higher proportion of social care support workers are identified as the source of risk in Southend (36%) compared to England (34%) and the Comparator Group (33%).

Local Authority (Code)	Social care support	Other - Known to individual	Other - Unknown to individual
England	34%	51%	15%
Southend-on-Sea	36%	51%	13%
Comparator Group	33%	48%	19%

(SAC 2016)

The actions and results taken in response to Section 42 enquiries were as follows:

Local Authority (Code)	No Action Taken	Action taken and risk remains	Action taken and risk reduced	Action taken and risk removed
England	25%	8%	47%	20%
Southend-on-Sea	17%	9%	41%	33%
Comparator Group	30%	8%	41%	21%

(SAC 2016)

In 74% of Southend cases the action taken to safeguard the individual either removed or reduced the risk compared to 67% in England as a whole and 62% in the comparator group.

The SAB worked with the Boards in Essex and Thurrock to review the Safeguarding Adults Guidance in 2016, to ensure it is compliant with the Care Act 2014; Mental Capacity Act 2005; and the Supreme Court Judgement regarding DoLS.

The NHS estimates that around 2-5% of the UK adult population experiences symptoms of compulsive hoarding. In Southend alone this would mean approximately 4,000-5,000 people hoard to some degree.

The SAB has implemented a protocol to identify and support people, with hoarding behaviours.

The SAB has also established a multi agency Panel to coordinate the response and support to adults whose hoarding is at the highest risk levels. In September 2016 the Panel had identified 27 high risk hoarders.

The 'See Change' Hoarding Service run by Turning Tides is a pilot service funded by SAVS providing one to one support for people identified as having hoarding behaviours or tendencies. It is the only such service available in the Southend area. The service works in an integrative way to reduce or maintain hoarding levels and behaviours, whilst taking into consideration safety and safeguarding. The pilot is now receiving a level of referrals beyond its capacity. SAVS will be unable to fund the service from December 2016, and is urgently seeking alternative funding from statutory agencies and commissioners.

The SAB audit programme evidences that the safeguarding of adults is largely effective in Southend, with professionals dealing sensitively with cases in a learning culture, and with high levels of satisfaction from those who have been supported through the process.

Domestic Abuse reports to Essex Police continue to rise. The SAB has been scrutinizing progress on the implementation of the Domestic Abuse Strategy. As previously mentioned a Multi Agency Risk Assessment Team (MARAT) has been established and ensures that all high risk cases of domestic abuse receive a timely, multi-agency response to reduce risk to the victim.

The Southend refuge tender has been reviewed and scoped to meet the needs of local people.

100% of domestic abuse victims are offered an Independent Domestic Violence Adviser service

Perpetrators of domestic abuse who are charged and enter the criminal justice system are offered support to address their behaviour.

A pilot has also been developed to identify and provide support to individuals who are prosecuted for offences not directly concerned with domestic abuse, but whose behaviour may be an indication of potential perpetration of domestic abuse. The pilot will require evaluation of impact.

The SAB has identified that there remains a 'gap' in provision of support services for domestic abuse perpetrators who although they have a history of domestic abuse are not in the criminal justice system, and is challenging local commissioners of services to develop and implement a scheme for this cohort which has a good evidence base

Southend Borough Council is working in partnership with Barnardos, hosting a specialist worker who is working alongside council services to support local action to address Female Genital Mutilation

(FGM). Barnardos has also provided a number of FGM training sessions free of charge for practitioners, including GPs, hospital staff and social workers.

Mental Health

The SAB has been closely monitoring the implementation of the Mental Health Concordat and also the preparations by partner agencies for changes in legislation from April 2017 regarding the provision of places of safety for people in mental health crisis. A survey of service use experience was conducted by Southend CCG with 68 people who had experienced a mental health crisis and 27 carers. 69% of people who had experienced a mental health crisis felt they got the help they needed generally compared to carers of whom 51% felt they didn't or only partly got the help they needed.

For people who had experienced a mental health crisis their experience of asking for help at the point of crisis were mixed, with some feeling they had a good experience and others not. Barriers included being stuck in A&E because of a lack of bed, being able to admit they were in a crisis initially; a lack of access to services; lack of warmth/empathy from staff; and no access to a telephone to make initial contact. Carers' experiences were similar and they also cited poor customer service, waiting times, and access to services as negative experiences.

Places of Safety

The Policing and Crime Bill 2016 was placed before Parliament in February of this year. Sections 59-61 represent the amendments to the Mental Health Act 1983 that were announced by the Minister for Preventing Abuse Exploitation and Crime, Karen Bradley, in February. The estimated timescales are Royal Assent and effect from April 2017. Main points/changes identified are:

- No children or young person (under 18) can be taken to police stations as a Place of Safety (POS) under any circumstances.
- Adults can be taken to custody as a POS, only in circumstances to be specified in regulations, yet to be determined, by the Secretary of State. *It is anticipated the criteria will be exceptionally violent individuals, those who cannot be safety managed elsewhere.*

- Maximum assessment time of 72 hours in a POS reduced to 24 hours – which can be extended to 36 hours if authorised by the doctor leading the assessment, or a Superintendent if a custody suite has been used as the POS.
- A requirement, *where practicable*, to consult a doctor, mental health Professional or AMHP prior to removing a person to a POS. No such requirement presently exists.

Challenges and potential risks presented by the legislative changes:

There is currently insufficient capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole. The use of section 136 across Essex has increased by 19.8% for 2015-2016 compared to 2014-2015.

Essex as a whole had the 6th highest use of police cells as a POS nationally in 2015-16. Custody has been as a POS for 115 people from April to September 2016, more than the total number of detentions for the whole of 2015-2016. This is directly counter to the national decrease of the use of custody as a POS in line with national guidance, where for 2015-2016 compared to 2014-2015 it decreased by 73.3%. It should be noted only with 3 of the 115 people detained was custody used correctly as a POS because the person was too violent to be held at a HBPOS, the other 112 occasions were due to lack of capacity in the HBPOS. If current trends continue it is likely that Essex as a whole will have significantly more people detained in police custody as a place of safety by March 2017 than any other area in the country

Partner agencies in Southend are seeking a solution to the inappropriate use of police custody as a place of safety. The Department of Health invited 10 counties to make applications for capital funding and Essex has submitted a bid which has been provisionally approved for approximately £820,000. SEPT and the corresponding CCG's have proposed they will increase capacity of their 2 suites with any funds provided. The CCG is also looking to extend the use of the current street triage car across the South of Essex and including Southend. The street triage car enables police officers and community mental health nurses to respond to persons in mental health crisis, and has been successful in ensuring they are directed to the most appropriate treatment and support pathway

4.4 Mental Capacity Act (MCA and Deprivation of Liberty Standards (DoLS)

The Southend, Essex and Thurrock (SET) Mental Capacity Act and Deprivation of Liberty Standards (DoLS) Policy were launched during the year. Southend Borough Council's Department of People is responsible for statutory assessments under the Deprivation of Liberty Safeguards. In order to ensure that people are not deprived of their liberty without due cause, the Council receives Urgent Authorisations and Standard Authorisations from care homes and hospitals, and is required to carry out up to 4 assessments for each referral. Specialist qualified assessors, called Best Interest Assessors, carry out assessments. An additional two assessments are commissioned by the Council from a qualified Section 12 trained doctor, usually a psychiatrist. All six assessments are mandated in the Deprivation of Liberty Safeguards, as enforced by the Mental Capacity Act 2005. DoLS assessments should usually be carried out within seven calendar days when an Urgent Authorisation is granted. The Council must carry out assessments within twenty one calendar days in cases where a Standard Authorisation alone is applied for. The Council can exercise no discretion as to which type of assessment is carried out.

In March 2014, a landmark Supreme Court judgement [**P v Cheshire West and Chester Council and another and P and Q v Surrey County Council**] radically affected all local authorities in England, including Southend, with a significant spike in DoLS referrals. During the financial year 2014/15, the Council received 401 applications from care homes and hospitals for DoLS assessments. This represented a 568% increase in referrals from 2013/14. **During 2015-16, the Council received 619 DoLS applications which was a further 54.8% increase on 2014-15.** The Council has provided additional funding to train additional Best Interest Assessors and section 12 independent psychiatrist assessments, however there remain **significant resource implications for the Council in undertaking DoLS assessments within prescribed timescales**

SECTION 5 – INSPECTORATE REPORTS

5.1 HMIC Inspection and Re-Inspection of Essex Police

The following is extracted from the report on the re-inspection of Essex Police by Her Majesty's Inspectorate of Constabulary (HMIC):

Essex Police has made significant progress against the two causes of concern and three areas for improvement identified in HMIC's PEEL: Police effectiveness 2015 (vulnerability) – An inspection of Essex Police report. HMIC observed a change of mind set and approach to vulnerability across the force, putting children and vulnerable people at the centre of everything the force does.

The approach taken by the chief officer team and senior managers has been effective in achieving this change. Force communications to the workforce, public and partners have been clear and consistent. We received positive feedback from partners and staff regarding the quality of these messages throughout this revisit.

The force has improved its response to domestic abuse and now has effective and reliable processes in place to respond to and safeguard victims. The confusion we previously found about who was responsible for victims has mostly been resolved. Force policy and procedures apportion responsibility explicitly clearly at all times, and importantly most officers we spoke to had understood this. We found safety plans to be properly recorded in all the case files reviewed and the quality of handovers had improved, helped by the introduction of the PP60 form.

The force continues to develop its detective capacity, but will take time to achieve the desired level. In the meantime, the force has put support in place for officers who find they are either working in a specialist department or allocated the investigation of offences without the preferred qualification, experience or expertise. It is of the utmost importance that the force continues to support and develop those officers and staff involved in the investigation of child protection matters to ensure that all its investigations and interventions are of the highest quality.

The force now has processes in place to properly manage outstanding domestic abuse perpetrators. The force is aware of the numbers of these individuals and the risk each poses. Frontline staff and officers understand the need to make early arrests. The force should continue to monitor levels of outstanding perpetrators and seek to reduce their numbers.

The workloads within the police online investigation team (POLIT) have improved but are still high. The force's decision to allocate lower-risk cases to officers outside the unit is pragmatic and it has built in appropriate support. Thus while investigating officers outside the POLIT may not have the desirable expertise or experience, they do have guidance and ongoing support from specialist officers who do.

The force has greatly improved its safeguarding arrangements, with strong partnership working and support.

The full re-inspection report can be found [here](#)

5.2 CQC Inspection of Southend Hospital

The following is taken from the Care Quality Commission (CQC) inspection report which can be found [here](#)

The inspection was undertaken in January 2016.

During the first day of the inspection the junior doctor's strike was in progress. The trust was offered the option to cancel the inspection but declined. We noted that the trust had a clear plan for patient care during this period of industrial action.

During our inspection the trust was on a high state of escalation due to the increased number of patients coming in to the hospital. This had existed for some time before our inspection.

We rated the services offered by Southend University Hospital NHS Foundation Trust as 'requires improvement'.

Key findings were as follows:

- The increase in the number of beds at the trust had put additional strain on the services, but in particular a strain on the staff.
- Patient to staff nurse ratios are too high particularly in medicine and musculoskeletal surgery.
- High numbers of elective surgery cancellations were seen in addition to clinic cancellations all relating to the alert status, capacity and congestion within the hospital.
- Good patient outcomes were evidenced in particular the stroke service.
- Staff went the extra mile for patients and demonstrated caring and compassionate attitudes.
- The trust scored above the England average for Patient-led assessments of the Care Environment (PLACE) consistently for all categories assessed. (2013-2015)
- Cleaning undertaken by nurses and technicians for November and December 2015 of high risk equipment was 95% and 97% compliance rates. There were no MRSA cases reported and lower than the England average rates of C.Diff.
- Mortality and morbidity meetings took place but they did not follow a consistent format, and actions to support learning lacked timescales.

We saw several areas of outstanding practice including:

- We rated well led for the emergency department as outstanding. The local leadership and team worked well to deliver the service. Their governance practices ensured risks were identified and managed. They engaged staff to ensure they remained motivated.
- Stroke service patient outcomes receiving the highest rating by Sentinel Stroke National Audit Programme. CT head scanning were delivering a 20 minute door to treatment time which was a significant achievement.
- The trust had implemented an Early Rehabilitation and Nursing team (ERAN). The ERAN Team supported the early discharge of primary hip surgery and knee surgery patients.
- The 'Calls for Concern' service, allowing patients and relatives direct access to the CCORT (critical care outreach team) following discharge home.
- The learning tool in place within Radiology allowing learning from discrepancy in a no blame environment.
- The Mystery Shopper scheme that actively encouraged people to regularly give their feedback on clinical care and services.

- Safe at Southend was a new initiative to allow staff to share day to day clinical and operational issues with executive Directors for rapid action.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure staffing ratios comply with NICE guidelines, to ensure both patients and staff are not at increased risk.
- Ensure duty of candour regulations are fully implemented, the trust was not able to demonstrate that they had met all parts of the requirements.
- Ensure that clinical review is part of the process for cancelling elective surgical patients.

5.3 Summary of CQC Care Home Inspection Findings

There are now 97 care homes in Southend. In the 18 months to September 2016 four homes closed down with a loss of 101 registered beds for older people. The homes and beds currently available are broken down as follows:

Older People	63	1694
Learning Disability	21	181
Mental Health	11	146
Physical Disability	2	41
Total	97	2062

With an increasing population of older people the reduction in beds in registered care homes is a concern for future capacity

From 2014, the CQC has given an overall rating care providers, which in the case of care homes has to be displayed at the entrance to the home. The 5 key questions for the inspection are:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive to people's needs?
- Is the service well-led?

Care Homes

In September 2016 the outcome of CQC visits to care homes within Southend based on their published reports was as follows:

Older People	%		LD	%
Outstanding	0.00%		Outstanding	0.00%
Good	69.84%		Good	100.00%
Requires Improvement	15.87%		Requires Improvement	0.00%
Inadequate	4.76%		Inadequate	0.00%
Not Yet Inspected	9.52%		Not Yet Inspected	0.00%
	100.00%			100.00%
MH	%		PSI	%
Outstanding	0.00%		Outstanding	0.00%
Good	90.91%		Good	50.00%
Requires Improvement	0.00%		Requires Improvement	50.00%
Inadequate	0.00%		Inadequate	0.00%
Not Yet Inspected	9.09%		Not Yet Inspected	0.00%
	100.00%			100.00%

Combined Averages

All Service Types Combined Averages	%
Outstanding	0.00%
Good	77.69%
Requires Improvement	16.47%
Inadequate	1.19%
Not Yet Inspected	4.65%
	100.00%

Domiciliary Care

The last tendering exercise undertaken by Southend Borough Council was in 2012 when contracts were let to 9 providers to support the various geographical areas in the borough. This has reduced to 6 since 3 gave notice on their contract. The retendering of domiciliary care will commence in October 2016, with the geographical localities aligning with those within the Transforming Care programme.

In addition to the preferred providers, there are an additional 11 “spot” providers who are offered work when the need arises. **There is continual demand on domiciliary care and recruitment and retention of staff is a particular challenge in this area.**

The performance of domiciliary care providers is as follows:

Outstanding	0%
Good	47.1%
Requires Improvement	5.9%
Inadequate	5.9%
Not Yet Inspected	41.1%
	100%

Where significant shortfalls in compliance are identified by the CQC, the Southend Borough Council Contracts Team makes contact with the provider to ensure that there is an action plan in place with appropriate timescales and regular update meetings are held with the provider to ensure the required improvements are made.

SECTION 6 - SAB CHALLENGE TO PARTNER AGENCIES AND STRATEGIC BODIES

Risk Identified	Agency	Mitigating Action	Progress	Impact
DoLS/MCA implementation will take some time to adjust to; need to establish best working practices once changes are in place.	Southend Borough Council	Action plan being implemented. Additional staff being trained and increased personal resource	Continuing significant increase in referrals since April 2015. Currently no backlog but is impacting on other work of Adult Services. SBC Practice Manager and Administrator are now in place to support this work.	The Board is assured that assessments are completed in a timely way to ensure adults are safeguarded appropriately
Specialist Support Services for adult male victims of sexual assault	SOSRC	Number of adult male victims known to SBC to be collated to evidence need.	The Police and Crime Commissioner has commissioned specialist sexual assault services for male and female victims of all ages from SOSRC from April 2016	Specialist support services for male and female victims of sexual assault of all ages is provided in the Southend area
High risk missing people from Southend Hospital	Essex Police & Southend Hospital	Significant Police resource (1fte) being taken up with high risk persons going missing from Southend Hospital, which is impacting on response to emergency calls	Essex Police and Southend Hospital are identifying actions to reduce the number of high risk missing persons from the Hospital	Mental Health unit now established within A&E. Impact being monitored

<p>Training of Staff in GP Surgeries</p>	<p>NHS England & Southend CCG</p>	<p>In recent inspections two of three GP surgeries that received “require improvement” ratings, and one practice which received an “inadequate” rating, were observed to have incomplete or insufficient safeguarding training.</p>	<p>Issue to be raised with the SAB Board for identification of actions to monitor and improve GP safeguarding training compliance</p>	<p>All GPs have received training. Some other clinical staff at GP surgeries still require training. SAB to monitor compliance</p>
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SECTION 7 – PARTNER AGENCY ANNUAL STATEMENTS

Partner agencies have also provided the following statements regarding the effectiveness of their services in safeguarding adults:

7.1 Southend Borough Council

Southend Borough Council produces an annual report on the effectiveness of their services for safeguarding adults for Cabinet in January 2016, which will be appended to this report at that time (see appendix 1)

7.2 Essex Police

Agency Context

Essex Police are dedicated to crime prevention and enforcement and work towards the Police and Crime Plan 2016-2020.

There are 7 priorities documented within this:

1. More local, visible and accessible policing.
2. Crack down on anti-social behaviour.
3. Be tough on domestic abuse.
4. Reverse the trend in serious violence.
5. Tackle gangs and organised crime.
6. Protect children and vulnerable people from harm.
7. Improve safety on our roads.

Additionally, Essex Police has a Plan on a Page which prioritises Immigration and Slavery, Domestic Abuse and other areas which may impact on vulnerable adults such as Repeat High Harm anti-social behaviour and violence with injury.

Crime and Public Protection Command manage the 13 areas of Public Protection as

nominated by the College of Policing including Adults at Risk of Harm and Abuse, HBA, FM, and DA. Essex Police add Hate Crime to these strands as well.

Essex Police has recently undergone significant change with the launch of the new Crime and Public Protection Command structure on 19th September 2016. This created new investigation teams across the three Local Policing Areas, an Operational Centre bringing together various risk assessment and triage teams (including safeguarding of vulnerable adults), and an improved and expanded Proactive Department.

It also introduced the Strategic Centre providing additional strategic capacity and capability for the command, overseeing policy and procedure and a team dedicated to the development of the strands of Public Protection.

The force has invested heavily in training front line officers and staff in vulnerability by way of the Public Protection Awareness course and a communication campaign. This has increased the identification and awareness of all areas of vulnerability including mental health.

Mental Health represents significant challenges with changes to the Mental Capacity Act. This means the time for police detention is reduced from 72 to 24 hrs and all but exceptional cases must be taken to a Health Based Place of Safety rather than a custody suite post arrest which presents both the police and health with a significant requirement to change prior to the changes in April 2017. The 24/7 Project is leading on this.

The new Care Act 2015 is now embedded and the police awareness of new legislation is complete.

Safeguarding Adults Activity

Essex Police are presently rolling out 3 day face to face training in Public Protection Awareness with around 1000 staff already completing it. There has also been a recent campaign to raise knowledge and awareness of vulnerability. This has included 'Inform' Briefings, post campaign and new resources to all staff including the Officers Guide to Vulnerability (a pocket book sized booklet). The Essex Police Internal website includes

reference and library material.

The SETSAF 1 form has been communicated to all staff as the single platform form to make referrals for vulnerable adults.

Essex Police were inspected by the HMIC for vulnerability with key recommendations placed on a force tracker and actively monitored and monitored by the Command Team and audit teams.

High Risk victims of Domestic Abuse are offered safety plans. Outstanding High Risk perpetrators are proactively sought and prioritised. Perpetrator programmes such as NOVA and Drive have been active in the last year, with NOVA coming to a planned end recently after a 1 year Pilot.

Changes to the Mental Health Act are catered for under the 24/7 Project, the Thurrock based commissioned project and the police are a key stakeholder for this. There is currently a business case to improve police resources to support this.

Essex Police are a statutory member of Domestic Homicide Reviews and Safeguarding Adult Reviews run by Community Safety Partnerships across the county seeking to identify preventable practice to reduce abuse, neglect and death.

Essex Police are continuing to support the Southend Safeguarding Adult Board and other partners working towards protecting vulnerable adults. We recently supported a local hoarding panel set up in the LSAB.

Essex Police support victims of domestic abuse through Domestic Violence Protection Notices (DVPO) where a suspect has been subject of No Further Action in police custody providing opportunity to later gain a Domestic Violence Protection Order (DVPO) at court.

Essex Police actively provide information to members of the public under 'Clare's Law' – The Domestic Violence Disclosure Scheme (DVDS Right to Ask and Right to Know).

Essex Police have written and published a Domestic Abuse Action Plan and progress is ongoing against this.

Outcomes and Impact of Safeguarding Adults Activity

For the period October 2015 to September 2016, 17 DVPNs were completed, which resulted in 11 DVPOs being granted by the court (for Westcliff, Leigh and Southend).

For the period October 2015 to September 2016, Essex Police have made 86 SETSAF referrals for the Westcliff, Leigh and Southend area. On-going increasing numbers reflect the investment made in training and awareness.

DVDS – for the areas of Westcliff, Leigh and Southend (for the period of October 2015 to September 2016), Essex Police have received 14 applications under the Right to Ask part of the scheme (with 29 % disclosures made) and 167 applications under Right to Know (with 19% disclosures made).

Key Successes

Essex Police operates a **Street Triage Scheme** which involves:

- Two cars patrolling the County
- Between 18:00 – 02:00, 7 days a week
- They are marked police vehicles driven by a police officer who is in company with a Mental Health Professional supplied by the Mental Health Trusts.
- It responds to incidents attended by officers where there is a mental health link either by attending the scene directly or via telephone advice (if it is already committed at another incident or the incident is a considerable distance away).

It has been operating in this model since April 2015 and the key results for last year (April 2015 – March 2016) were:

- It attended 1132 incidents where it provided appropriate support and help to people experiencing a mental health crisis.

- It appropriately prevented 195 people being detained under section 136 MHA.
- This led to a total reduction compared to the previous year of 18.7% (184 detentions) under section 136 MHA.

Key Areas for Development

Essex Police continue to support the abstraction levels to ensure all front line staff are provided with the Public Protection Course. This supports their knowledge and practice for protecting vulnerable adults.

The Investigation Advisory Team, an internal 'critical friend', move and change to ensure internal practices and investigation is of a high standard and improvement plans for the force are progressing.

The new Strategic Centre continues to monitor Authorised Professional Practice from the College of Policing to ensure best practice and national guidance is implemented. This is reflected in the ongoing review of police and procedure.

Essex Police will be inspected by the HMIC for stalking and harassment in the latter part of 2016. Any recommendations that result from this will be taken forward and actioned in line with national best practice.

The new Operational Centre will triage incidents in a more stringent and risk based process for all areas of public protection from the moment of first reporting, identifying those at risk sooner and ensuring the best response. Two Essex adult social care members of staff have been recruited to the Operational Centre and they will work with the triage team. This will ensure staff from both organisations engage face to face and allow the sharing of information to take place immediately.

Mental Health triage is seeking to develop under the 24/7 Project to expand its hours of operation to 24hrs instead of 1800 to 0200 as it currently stands with dedicated and seconded staff.

7.3 National Probation Service

Since 1st June 2014 the delivery of Probation Services has been carried out by the National Probation Service (NPS) and Community Rehabilitation Company (CRC). NPS are responsible for supervising high and very high risk of serious harm offenders on licence and community orders, and/ or those subject to Multi-Agency Public Protection Arrangement (MAPPA), preparing pre-sentence reports for courts, preparing parole reports, supervising offenders in approved premises, and delivering sex offender treatment programmes, support to victims of serious violent and sexual offences through the Victim Liaison Unit.

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- o **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- o **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews

The NPS protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. The NPS also has a remit to be involved with victims of serious sexual and other violent crimes.

The NPS shares information and works with SABs from other agencies including local authorities and health services, and contributes to local MAPPA procedures to help reduce the reoffending behaviour of sexual and violent offenders, so as to protect the public and previous victims from serious harm.

Although the focus of the NPS is on those who cause harm, it is also in a position to identify offenders who are themselves at risk from abuse and to take steps to reduce this risk in line with the principles of this policy and procedure.

The NPS works in partnership with other agencies through the Multi Agency Public Protection Arrangements (MAPPA). The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public. The responsible authorities in respect of MAPPA are the police, prison and the National Probation Service that have a duty to ensure that a local MAPPA is established and the risk assessment and management of all identified MAPPA offenders is addressed through multi-agency working.

Although not a statutory requirement, representation from the National Probation Service and the Community Rehabilitation Company on the Safeguarding Adults Board should be considered.

7.4 Community Rehabilitation Company

Agency Context

Essex Community Rehabilitation Company (ECRC) is contracted by the Ministry of Justice to deliver statutory probation services for adult services users who have committed offences, and are allocated to the CRC by the National Probation Service. These services include the supervision of those assessed as low or medium risk of harm (but they could be high risk of reoffending); the delivery of the community payback scheme, a range of accredited programmes, a range of interventions to address criminogenic need, and resettlement and 'through the gate' services. We have some key operational partners who are contracted by the CRC to deliver parts of our service – these are Nacro, Ormiston Families and Open Road. Where risk of serious harm in a case is deemed to have changed to high, the risk escalation process is followed whereby the NPS are asked to review a case with a view to transfer to them.

During the last year, ECRC has continued to restructure following the Transforming Rehabilitation reforms. These include the establishment of a central administration and case

management Hub in Chelmsford, with local management centres and neighbourhood centres in Southend, Basildon, Thurrock, Chelmsford, Harlow and Colchester. In Southend, we are delighted that our south of the county management centre is based in Civic 2. The biggest challenge for the CRC in the last year has been the transition to the new estates and our new operating model. The pace of change has meant we have not always communicated these changes well with partners, which has the potential to impact safeguarding checks and joint working on cases. Local managers have worked to mitigate this by engaging and working with partners in local teams.

Safeguarding Adults Activity

Essex CRC supervises adults who have committed offences. We are not a care and support service, but many of our service users have complex needs, so as well as having the potential to cause harm to others, they can be in need of care and support. As part of our assessment process, we seek to identify these, but refer to the appropriate services – including safeguarding services where applicable. We have a supported referral principle whereby mentors assist our service users to access other services. In addition, our Partner Link Workers, who work with current and former partners of men participating in the Domestic Abuse Perpetrator programme, work to safeguard those partners and children. Safeguarding training is core training for all operational staff.

Essex CRC undertakes monthly quality audits on a selection of cases. This is a holistic audit covering all aspects of our service delivery. Questions are asked about risk assessment, risk management, working with other agencies on the case. Assessing safeguarding practice is a key component of these audits. An area of learning has been the need to consistent make safeguarding checks, at this is now undertaken at the point of allocation to the CRC by the Hub teams.

Essex CRC is subject to independent audit from HMIP (there have been no HMIP inspections in Essex CRC this year) and the National Offender Management System, Operational Assurance (OA) Audits. This year we have had 2 OA audits – one on the ‘Through the Gate’ service and the other on ‘Enforcement’.

Outcomes and Impact of Safeguarding Adults Activity

ECRC has positive case examples of the following work:

- Ormiston Families - keeping adults in need of care and support safe through family work to reduce risk.
- Partner Link Workers – engagement with partners of domestic abuse perpetrators
- Reduction of risk and need in adults, linked to attitudes and behaviour, substance abuse, housing, ETE, emotional well-being.

Key Successes

Essex CRC uses a comprehensive assessment process that identifies areas of risk and need. Where we are supervising an adult with additional care and support needs, we are able to support any multi-agency arrangements to help keep that individual safe. The use of mentors through our operational partners has enabled greater contact with our service users outside of the formal environment of probation premises, which enables a greater understanding of the needs of an individual and the circumstances they are managing.

Key Areas for Development

Improve the knowledge of local processes for safeguarding adults in Southend, by developing links between local team managers.

7.5 NHS England

Agency Context

NHS England's core business is one of system leadership and assurance. NHS England has dual safeguarding responsibilities with regards to our directly commissioned health services (GPs, dentists, opticians, prison health care, secure mental health treatment, and sexual assault referral centres) and safeguarding assurance across the wider health economy. Our core functions are articulated in the revised Accountability and Assurance Framework (2015).

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability->

[assurance-framework.pdf](#)

We continue to attend, and actively input into, the Health and Executive Forum, which is the local forum for healthcare commissioners and providers within Essex, Thurrock and Southend. We are kept apprised of risks in the system, which are escalated internally and highlighted on our risk register.

Safeguarding Adults Activity

Level 1 safeguarding training is mandatory for all staff working in NHS England. Those in the nursing and quality team who have a direct responsibility for adult safeguarding actively seek and receive additional training to enable them to fulfil their roles. We have a seat on the National Safeguarding Steering Group and also on the national MCA/DoLS subgroup, enabling us to keep abreast of priorities and actions nationally.

We work closely with CQC and are clear of our responsibilities where there are safeguarding concerns raised within our directly commissioned services.

Serious incidents across all healthcare providers in our locality are monitored by the NHSE Nursing Directorate on a weekly basis and we ensure that those with potential safeguarding implications are raised through the safeguarding process.

We ensure that safeguarding, including MCA, is part of the procurement process and we are actively invited to contribute to procurements.

Outcomes and Impact of Safeguarding Adults Activity

The impact can be challenging to quantify. What we do know is that our input has ensured a significant cohort of the healthcare workforce have been offered, and received, education and training in the national safeguarding priorities namely Mental Capacity Act, Deprivation of Liberty Safeguards, Female Genital Mutilation and PREVENT training.

We also worked with the NSPCC to develop a bespoke 6 day adult supervision programme that was applicable to both the adult and the children's safeguarding workforce.

The bi-monthly adult forum supports the system's safeguarding activity, as does the Clinical Commissioning Group (CCG) safeguarding supervision/peer support, which is facilitated by NHS England.

Key Successes

The key successes for NHS England Midlands and East (East) are the relationships that we have with our colleagues from both CCGs and provider services. The East Region Safeguarding Adult Forum (for health colleagues) continues to be extremely well attended and provides a valuable, unique and safe opportunity for colleagues to network, share best practice, discuss areas for concern and to keep up to date with developments locally, regionally and nationally.

Key Areas for Development

There are some challenges with the NHS Standard Contract. We will continue to use all other means we have to ensure that providers of care commissioned by NHS England are complying with Section 11 and safeguarding legislative requirements.

The need for education and training of the workforce does not diminish. We will continue to ensure that appropriate workforce training is commissioned and delivered, in line with the national priorities and the diverse needs of the workforce.

7.6 Southend Clinical Commissioning Group (CCG)

Agency Context

NHS Southend Clinical Commissioning Group (CCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Southend. Protecting the people at risk of abuse is a key part of the CCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to

our working arrangements. Our approach to adult safeguarding is underpinned by quality and contracting systems that aim to reduce the risk of harm.

Included in the CCG Operational Plan is the aim to continue to work closely with Southend, Essex and Thurrock (SET) agencies to ensure the person is central to the safeguarding discussions.

This fits with the Five Year Forward View's second aim of improving the patient's experience, the key principles coming out of the Better Care Fund and Pioneer Project's objectives to focus on integrated, person centred and co-ordinated care.

Changes within the CCG are strengthening the focus on quality and safety with the appointment of a new chief nurse, Matt Rangué, moving the Continuing Healthcare Team in house and expanding the Quality Team. Southend CCG has also taken on greater responsibility for the commissioning of primary medical services (general practice) through joint arrangements with NHS England.

Safeguarding Adults Activity

There is representation at the Safeguarding Adults Board by a member of the CCG executive and at the Board subgroups and Executive by the CCG Adult Safeguarding Lead, Andrea Metcalfe. Training funded jointly by the CCG and local authority has been held for GPs and practice staff, community staff, care providers and social care staff around the Mental Capacity Act and Adult Safeguarding is a mandatory course for all CCG staff.

The Adult Safeguarding Lead assists local authority enquiries where a health related perspective is required and provides expert advice on safeguarding issues to providers when required.

The CCG has been actively involved in ensuring the quality of Adult Safeguarding within it's commissioned services. Adult Safeguarding is a standing item on the Clinical Quality Review Group agenda for Southend Hospital and the CCG Adult Safeguarding Lead attends the Hospital safeguarding governance meeting. There have also been quality visits

to the hospital to assist the service to implement the Mental Capacity Act effectively and monitor the understanding by staff of adult safeguarding.

There have been several multiagency workstreams initiated by the CCG Adult Safeguarding Lead as a result of learning from adult safeguarding cases. This has brought together different agencies to review services and implement changes to help prevent abuse.

These areas of work include work around assistance with consent for dental visits for those people living in care facilities, the security of key safes, the legality of covert medication, improving DNA CPR documentation, unwise decision making, consent for flu vaccinations and work around people who go missing from hospital.

In the coming year it is expected that the CCG will establish closer links with GP services and help them to better understand the adult safeguarding agenda and be more able to identify where interventions are required.

7.7 South Essex Partnership Trust (SEPT)

Agency Context

There are no current risks affecting SEPT responding to safeguarding adult issues in the Southend area.

Safeguarding Adults Activity

7.7.1. Outcomes and Impact of Safeguarding Adults Activity

7.7.1.1 Enquiries

The Trust continues to conduct safeguarding enquiries regarding mental health services on behalf of Southend Council. Enquiries have increased since the previous year, this is due to numerous issues including; increased staff awareness, additional services that SEPT provide

etc.

The Trust randomly completes service user “interviews” where a member of the safeguarding team meets with the person subject to the enquiry once it has been completed. Examples of Southend case feedback includes;

‘My care coordinator listened to what I said and provided good advice. I understood why my care coordinator raised the issues with safeguarding team and the police and was happy with this.’

(Southend Community Mental Health Team)

“Staff support me; I know I can go to staff when something is wrong”

(Learning disability Service :Southend inpatient)

Whilst all the service users ‘interviewed’ felt safer they gave valuable information on how the safeguarding service could be improved further including;

- Using less jargon,
- Giving a more detailed explanation of what a safeguarding investigation is
- Include service user’s family members earlier in the process.

These suggestions have been incorporated into training and supervision sessions with staff.

SEPT community health services continue to raise safeguarding alerts for the Southend Safeguarding team to process. District nurses have been involved in providing reports and analysis to inform enquiries.

7.7.1.2 Safeguarding meeting

The minutes of all Southend Board meetings are standard agenda items at the Safeguarding group. The Group is chaired by the Trust Executive Director for Clinical Governance and Executive Nurse. An action log contains all directives from national, local and Trust services including recommendations from CQC inspections, audits and serious case reviews etc. This is monitored monthly for compliance.

7.7.1.3 Learning Lessons

The Trust has a Learning Oversight Committee where cases are presented and learning cascaded throughout the Trust. The agenda of this group consistently contains a safeguarding case.

7.7.2. Prevention and raising awareness

A series of preventative and awareness raising initiatives continue to be implemented within SEPT. This includes training programmes and the introduction of reflective practice forums where clinical staff meet with the Trust Safeguarding Lead to discuss open safeguarding cases, potential cases and to explore emerging themes.

7.7.3. Workforce Development

The Trust compliance with safeguarding adult face to face level 3 training has been above 90% for the reporting period.

The Trust Training strategy has been updated and includes Face to Face Prevent training programme which is also incorporated into Level 1-3 safeguarding programmes.

MCA DoLS training has been introduced this is both E-Learning and Face to Face dependant on staff role.

7.7.4. Partnership working

The Trust continues to be active members of the Southend Safeguarding Board and Operational Group and Serious Case Review group (where required). The Trust has worked in partnership with Southend Safeguarding adult team to develop a joint protocol on responding to safeguarding enquiries.

7.7.5. Quality assurance

7.7.5.1 Care Act 2014

The Safeguarding team have worked with Southend to implement the changes since the introduction of the Care Act 2014 and Sec 47 enquiries. The Trust is in regular contact with Local Authority teams to discuss the progress of cases and to provide evidence to support enquiries.

7.7.5.2 CQC Inspection

The Trust received excellent feedback from the Trust wide CQC inspection in 2015 with regard safeguarding service. Attached are inspector's comments regarding specific services within the Trust including services within Southend.



Inspection comments
Safeguarding.docx

Key Areas for Development

- Continue to develop the reflective practice sessions particular within Community Health services
- Arrange a combined safeguarding child and adult conference in 2017
- Continue to focus on service user involvement and incorporate feedback into safeguarding training and processes.

7.8 Southend Hospital

Agency Context

Southend University Hospital NHS Foundation Trust (SUHFT) provides a wide range of acute health services from its main Prittlewell Chase Site and at outlying satellite clinics across the local area to the local community. It provides specialist services to a wider population in South East Essex, including:

Cancer

Stroke

Aneurysm

Breast Screening

Ophthalmology

The hospital was officially opened in 1932 and was authorised as a Foundation Trust in 2006. It serves a population of 338,800 for general acute services and is the largest employer in the Southend area with a workforce of over 4,400 staff.

Southend University Hospital NHS Foundation Trust has been part of the Mid and South Essex Success Regime planning which will provide additional opportunities and challenges as the acute trusts within the regime work together with partners to develop system wide solutions to significant challenges within healthcare.

During this reporting period Southend University Hospital NHS Foundation Trust has invested in its Adult Safeguarding Services by recruiting and appointing an Adult Safeguarding Manager to lead on the safeguarding agenda within the organisation.

During this reporting period Southend University Hospital NHS Foundation Trust has worked on improving the safeguarding governance reporting structure up to Trust Board level.

Although still separate safeguarding teams adults and children's services have developed systems to work more closely together, including the introduction of a Children and Adults Safeguarding Committee that is chaired by the Trust Chief Nurse / Executive Lead for Safeguarding.

The introduction of the Care Act 2014 (came into effect in 2015) has required a review of the adult safeguarding systems / processes and Trust engagement and partnership working with the Safeguarding Boards and the Safeguarding Sub Groups. The Trust has been well represented on all groups.

This year the team need to engage and have a voice for the safeguarding agenda within the Success Regime discussions and plans.

Safeguarding Adults Activity

The Trust has a 'Policy for the Safeguarding of Adults at Risk of Abuse' which has been developed in line with the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines 2015 to ensure that Trust safeguarding arrangements comply with SET guidelines and the statutory duties within the Care Act 2014. It is the responsibility of staff to ensure the safety and protection of adults at risk of abuse, to treat the abuse or potential abuse of adults seriously and to act on any suspicion or evidence of abuse.

The Trust has an Adult Safeguarding Team to support staff in meeting this responsibility and has a reporting, alert and referral system in place. The Adult Safeguarding Team can also be called to provide verbal advice and will review patients and individuals of concern.

All patient facing clinical staff and volunteers are required to complete either Adult Safeguarding E-learning Level 1 Training or Level 1 and 2 E-Learning Training, according to role of the staff member. Staff are also provided with adult safeguarding information and guidance when joining the Trust (On-Boarding) with face to face training for Health Care Assistants.

Training compliance is recorded using the Trust I-Learn system which can provide percentage figures of compliance to safeguarding training. Training compliance is monitored by the Children & Adult Safeguarding Committee and support offered to services to achieve compliance if required.

Currently compliance of staff that require training in the safeguarding of adults at risk is 80%.

Directorates are provided with monthly or quarterly safeguarding training compliance reports.

Southend University Hospital NHS Foundation Trust was inspected by the Care Quality Commission during January 2016, receiving an overall rating of "requires improvement".

Some comments within the report relevant to safeguarding were:

- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate a concern.
- Staff were aware of how to contact the Adult Safeguarding Lead.
- Staff complimented the adult safeguarding advice they received.
- Safeguarding policies and procedures were available to staff including out of hours contacts.

- The Trust training compliance target of 85% had not been met.
- The Trust could not provide evidence or a percentage of level 2 Adult Safeguarding Training (this has now been addressed).
- The Safeguarding Adults Policy does not specify levels of training required by different groups of staff

The Trust has audited Mental Capacity Assessments during this reporting period to inform some focussed work on the Mental Capacity Act agenda during the next year. This will include a review of the mental capacity assessment systems in line with recent 'Southend, Essex and Thurrock (SET) Guidance for Mental Capacity Assessment'.

The Trust has undertaken a piece of work to look at vulnerable adults that leave the hospital before they have been deemed medically fit. During the next year the Trust will review its policies and advice to staff for missing persons.

A Training strategy is required, including clear mapping to a level of training for all front line clinical staff. A Training strategy will also provide training guidance for other safeguarding related subjects such as Prevent, female genital mutilation, domestic violence and modern slavery.

The Safeguarding of Adults at Risk Policy will be reviewed and updated during 2017 proving

an opportunity to review advice and guidance for developing themes such as female genital mutilation and modern slavery. The revised governance reporting structure will also provide the ideal framework to monitor and provide assurance that the Trust is responding to emerging themes.

Outcomes and Impact of Safeguarding Adults Activity

During the reporting period October 1st 2015 to September 31st 2016, 110 SET SAFs (safeguarding referrals) were raised by SUHFT staff. 42 SET SAFs (safeguarding referrals) were raised against Southend University Hospital NHS Foundation Trust requested a safeguarding enquiry / investigation.

13 enquiries raised against the Trust did not proceed onto full investigations and were closed at enquiry stage.

3 enquiries raised against the Trust were substantiated.

1 enquiry raised against the Trust was partially substantiated.

5 enquiries raised against the Trust were not substantiated.

15 enquiries raised against the Trust are still pending outcomes and 5 are still under investigation.

Key Successes

The key achievements of Southend University Hospital NHS Foundation Trust have been:

- The development of referral and reporting systems for individuals at risk of domestic violence.
- The Prevent agenda now comes under the remit of the Adult Safeguarding Team which has enabled the safeguarding of vulnerable individuals at risk of radicalisation to be reported and supported as part of the adult safeguarding procedures.
- The Trust has successfully recruited an Adult Safeguarding Manager.
- The governance reporting structure has been improved with the introduction of an integrated Children and Adults Safeguarding Committee.
- The children and adult safeguarding teams are looking for opportunities to work

together to develop a more integrated approach to safeguarding across the Trust.

- The Adult Safeguarding Team has reviewed, updated and ratified the Trust policies for:

“The Management of Challenging Behaviour and the use of Therapeutic Restraining Measures”

and

“Policy for the Mental Capacity Act”

- Deprivation of Liberty Authorisations within the Trust are now monitored and administrated by the Adult Safeguarding Team with increased scrutiny, monitoring and assurance of the authorisations raised.
- **The Trust has a Clinical Nurse Specialist for Learning Disabilities who continues to advocate for and promote the needs of our service users that have a learning disability,** including the consideration of reasonable adjustments to promote and enable access to our services.
- **Southend University Hospital NHS Foundation Trust has continued to improve on its accessible information for adults with a learning disability.** There are now 16 easy read information leaflets; a DVD about capacity and consent available to view on the hospital website and a short animation about preparing to come into hospital and an easy read newsletter.

Key Areas for Development

Southend University Hospital NHS Foundation Trust will be focusing on these key areas during 2016 – 2017:

- To improve adult safeguarding training compliance.
- To review the Adult Safeguarding Procedures.
- To respond and comply to the recommendations (relevant to safeguarding) from the Care Quality Commission (CQC) inspection.
- Review and strengthen the Adult Safeguarding Training Strategy.

- To review and improve on the assessments of mental capacity.
- To strengthen support to staff and safeguard vulnerable adults who are at risk of absconding from hospital.
- Continue to improve on the communication of the safeguarding agenda across the Trust.
- To engage and have a voice for the safeguarding agenda within the Success Regime discussions and plans.
- To complete the Local Authority Adult Safeguarding Audit tool before January 2017 to inform safeguarding actions for 2017.

7.9 East of England Ambulance Service

Agency Context

East of England Ambulance Service Trust provide 24 hour, 365 days a year Accident & Emergency Services to those in need of emergency medical treatment and Transport. We cover 6 counties, Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. We cover a total of 11 Adult Boards throughout the region.

The Safeguarding team in EEAST consists of:

Dr Tom Davis (Named Dr for Safeguarding)

Sandy Brown (Director of Clinical Quality & Nursing)

Simon Chase (Safeguarding Lead)

Anna Price (Named Professional for Safeguarding)

Denise Kendall (Safeguarding facilitator)

Rebecca Bavington (Assistant Safeguarding facilitator)

Simon Chase & Anna Price have completed their NSPCC supervision skills training and complete supervision for 27 identified personnel within the Trust.

We have funding for 2 band 7 posts which are currently going through the recruitment

process.

Safeguarding Adults Activity

The Trust has a Safeguarding Annual Report that reviews actions and outcomes from the previous year and maps requirements for the forthcoming year. The Trust promotes actions in safeguarding as part of a Trust Outcome Plan and this is promoted in all relevant work streams within the organisation. The Learning and Development Policy includes a training Needs Analysis (TNA).

The Board of the East of England Ambulance Service NHS Trust is focused in ensuring that the statutory requirements under the Care Quality Commission and Care Act 2014 are met and that people using Trust services are protected from harm and abuse

East of England Ambulance Service NHS Trust meets all statutory requirements in relation to Disclosure and Barring Service and has systems in place for safer recruitment

East of England Ambulance Service NHS Trust has a Safeguarding Adults policy in place.

The Trust works in partnership with all statutory and non-statutory agencies around the Eastern Region.

Trust Safeguarding Lead works with the National Ambulance Forum for improving safeguarding standards nationally.

Outcomes and Impact of Safeguarding Adults Activity

Identify the outcomes of your agency's safeguarding adults activity, and the impact on adults and their families/carers. Please include any relevant performance and quality assurance information to illustrate outcome and impact

EEAST have seen a month on month increase of all safeguarding referrals. Adult Social Care referrals are showing the biggest increase with the top 3 categories of abuse being:

1. Self -Neglect
2. Neglect

3. Domestic abuse

This is due to the increase in training and awareness, including our Community First Responders (volunteers) and Private Ambulance Providers.

Key Successes

- We continue to work alongside Boards when there are SAR and DHR
- We continue to engage where possible with our Boards
- Training figures are increasing
- Referral figures are increasing
- Receiving more feedback from Local Authorities for crews

Key Areas for Development

- Maintain the external engagement with our Boards
- Maintain the training programme to ensure all staff are trained in Safeguarding
- Continue to promote the safeguarding agenda within EEAST

7.10 Southend Association of Voluntary Services (SAVS)

Agency context

Southend Association of Voluntary Services (SAVS) is a Council for Voluntary Service (CVS), a local infrastructure organisation for voluntary and community sector (VCS) organisations, and carries out five core functions which are; Services and Support, Liaison, Representation, Development Work and Strategic Partnerships. SAVS also have a sixth strand of volunteering and hosts the Turning Tides projects.

Activity

SAVS is a membership organisation and supports members to ensure they have the right safeguarding policies and processes in place. Training is provided in partnership with the LSCB and SAB in all aspects of safeguarding, for example, Female Genital Mutilation, Child Sexual Exploitation and gang culture. Regular meetings and communications are organised to share information on current issues to ensure Voluntary Sector organisations are up to date with the latest trends and can do what is necessary to protect their service users.

The Turning Tides project runs services for vulnerable adults; the Safe as Houses project works to support older people who have been identified as vulnerable to postal scams and to prevent new people succumbing to this. The See Change service supports people with hoarding behaviours by providing long term support to help them identify the underlying reasons for their behaviour and tackle these to ultimately reduce their hoarding and ensure they have a safer living environment.

The Folk like us project identifies older people who are lonely and isolated and provides support to help them improve their lives by overcoming barriers and becoming socially involved again.

SAVS CEO is a member of the Safeguarding Adults Board, Local Safeguarding Children Board and is the Chair of the Safeguarding Adults Executive.

Impact of Safeguarding Adults Activity/Successes

The Safe as Houses service has provided support visits to 500 households over the year and identified people actively being scammed and many who had suffered in the past. The service is run by a team of volunteers who won the Essex Police Cup this year in recognition of their contribution to keeping the community safe.



The See Change service has provided over 300 hours of support to a number of people who were hoarding and helped them make changes to improve their lives. “The counselling helped me gain insight into my behaviours and learn to control them,” says one client.

The Folk like us project has supported over 150 over 65s in the 18 months since it began, helping them achieve their goals. For example, John was lonely and isolated. He was leading an unhealthy lifestyle and lived alone in a large house with steep stairs which had caused him to fall several times. With our support he changed his eating/cooking habits by learning to cook, learned IT skills and was able to bid for new housing, moved to new, safer, sheltered accommodation where he had opportunities to meet people and participate in social activities.

“I’ve achieved more than I could possibly hope for- it has helped me achieve a better standard of life and help in every way possible in the community.”

John

7.11 Essex County Fire and Rescue Service (ECFRS)

Agency Context

Essex County Fire & Rescue Service recognises safeguarding as a high priority for their organisation. In order to achieve this we ensure we have robust arrangements in place to provide strong leadership, vision and direction for safeguarding. We make sure we have clear accessible policies and procedures in line with relevant legislation, statutory guidance and best practice.

Essex County Fire & Rescue Service works in close collaboration with Local Authorities to ensure the provision of co-ordinated integrated services which meets the needs of our communities.

Safeguarding Adults Activity

The service ensures that there is a clear statement of responsibilities for staff and that

safeguarding adults strategies and associated policies are in place, including safe recruitment of staff, a whistle-blowing policy and supervision policies which ensure staff exercise vigilance to mitigate against the risk for those people using our services. ECFRS works collaboratively and ensures input and feedback on matters relating to safeguarding through its collaborative architecture such as the Chief Fire Officers Association and other national Fire & Rescue Services.

ECFRS recognises safeguarding as a high priority for their organisation and takes accountability seriously. In order to achieve this we ensure we have robust arrangements in place to provide strong leadership, vision and direction for safeguarding. We have a clear line of accountability for safeguarding within ECFRS. The Community Development & Safeguarding Manager being the professional advisor to the Assistant Chief Officer for Prevention, Protection and Response.

Outcomes and Impact of Safeguarding Adults Activity

The Service has recently recruited additional staff to effectively deal with the significant increase in referrals that have been generated through greater awareness training.

Key Successes

In 2015 ECFRS Community Development Team received a World Award for its work with the Down Syndrome Association. The Award recognised ECFRS Firebreak scheme's outstanding achievements which have strengthened and enriched the lives of people with Down syndrome ensuring they have the skills and education in place for safe independent living.

The Firebreak Scheme has seen significant expansion over the past few years and now works with a large number of vulnerable adults within our communities receiving high praise from partner agencies and identified as best practice nationally. Recently ECFRS Community Development & Safeguarding Team was announced winners of the Essex Business Excellence Awards (Community) for its Firebreak programme with charities.

Key Areas for Development

In 2016 ECFRS commissioned an independent review of its safeguarding arrangements. The review stated that safeguarding arrangements within ECFRS were well managed and the recommendations for additional resources to ensure resilience were addressed.

7.12 South Essex Homes

Agency Context

South Essex Homes is the Arms Length Management Organisation set up by Southend on Sea Borough Council. Their aims are to manage and maintain the council's 6,200 properties and associated housing land. Our operational risk register identifies safeguarding as an operational risk "Failure of the organisation that controls are not robust, resulting in unidentified child/adult abuse" and it is mitigated by:-

- Extensive risk assessment carried out.
- Referrals made to relevant support agencies.
- Any potential risks referred to safeguarding teams.
- Regular property inspections and room checks carried out.
- Policies and procedures updated regularly and compliance checked.
- Extensive staff training.
- Safeguarding procedures in place.
- Regular support meetings
- Robust staff appraisal and 1:1 system in operation.
- Reviewed and updated the Safeguarding Policy
- Improved reporting mechanisms to the Board and Audit Committee
- Reporting to Local Safeguarding Children's Board (LCSB)
- Audit of revised risk assessments
- Auditing of safeguarding training for staff.
- Analysis of safeguarding referrals and training to reflect common themes.
- Dedicated budget for sanctuary scheme for victims of Hate Crime and Domestic Abuse.

Safeguarding Adults Activity

In order that South Essex Homes continues to provide an effective safeguarding response for adults with additional care and support needs, they have provided a senior manager as the designated safeguarding lead and appropriate representation at the Safeguarding Adults Board, Safeguarding Adults Executive Board, the Housing sub-group and at the MARAC.

The safeguarding adult policy and procedure complies with the Southend, Essex and Thurrock Guidelines for Safeguarding adults. The safeguarding policy and procedure is updated every three years (last updated May 2015).

All front line staff are trained regularly in safeguarding adult awareness, mental health awareness, mental capacity awareness, domestic abuse awareness and Dementia and Alzheimers awareness. A safeguarding presentation is included in the Staff Induction day. Safeguarding awareness sessions include contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Awareness sessions on safeguarding are delivered to residents living in Council owned sheltered schemes. Articles on domestic abuse and safeguarding are regularly featured in residents' newsletters and staff newsletters.

A safeguarding page on the South Essex Homes website is updated regularly as well as the safeguarding page dedicated to staff on the intranet. Guidance sheets on reporting concerns are provided to all contractors operating on behalf of South Essex Homes/Southend on Sea Borough Council. Business size cards are issued to all staff with identifying potential concerns and the relevant numbers to contact.

An update on safeguarding is provided at each Board meeting. Safeguarding is a regular agenda item at the Operational Management Team meetings and safeguarding action plans are monitored at the Operational Management Team meetings. Referrals are monitored and reflect the training programmes and awareness sessions delivered.

There are dedicated officers to identify and respond to victims of domestic abuse and a dedicated Sanctuary Scheme budget is set aside annually, to cover the cost of additional safety and security measures for victims of domestic abuse and hate crime. There are

dedicated officers to identify and respond to vulnerable victims or perpetrators of anti-social behaviour.

The Council's internal audit team recently inspected our Safeguarding involvement and the recommendations included ensuring that our contractors have safeguarding policies in place. This has now been addressed. The action plans for all audit inspections are monitored by the Operational Management Team on a fortnightly basis.

Our Community Development Team support vulnerable tenants who are at risk of losing their tenancy. In our Temporary Accommodation Team we have a dedicated officer to support hostel residents with complex needs.

Outcomes and Impact of Safeguarding Adults Activity

The number of evictions for council tenants has reduced this year from 45 to 6 (as at the end of September 2016) primarily due to the support of the Community Development Team.

A partnership with Southend College providing a free counselling service is available at The Hub. Trainee counsellors in their third year of their Counselling course with support from an NHS trained counsellor take referrals from the organisations operating from the HUB, who feel that their clients would benefit from counselling. This provides a pivotal service in improving a vulnerable person's life.

Key successes

Since June 2015 the Digital Housing Hub (DHH) has seen over 3000 clients. Alongside the digital support advice there is health advice and welfare advice. It means that the HUB can offer a complete bespoke service to assist a vulnerable person and to ensure that they receive the maximum amount of help needed to live an independent life.

Healthwatch Southend joined the HUB in September. Since joining they have seen 50 residents, giving advice on a wide range of health matters.

The free counselling service headed up by a drug and alcohol specialist has attracted over 75 referrals with 90% of these people having at least 6 sessions.

The introduction of the counselling service provides advice and support to participants requiring help with Life Style, and Mental Health Problems. The twelve by weekly interactive group has provided another avenue that the HUB offers. The results of the sessions so far are:

Group Sessions completed Spring – Summer Programme 2016	24	Group Time Duration	2 Hours	<u>Open Group</u>
				Yes
Male participants Attended	134	Participants Food supplied	Yes	Outcome measures
				Under review
Female participants Attended	31	Participants Transport Provided	Yes	STAR
Total participants Attended	165	Participants Materials supplied	Yes	Locus of control

Key areas for development

Continue with the excellent work provided at the HUB.

Expand the current service offered by Careline to support vulnerable clients to continue to live independently.

SECTION 8 – IMPLEMENTING LEARNING FROM REVIEWS

The SAB has published one Safeguarding Adults Review (SAR) during the period, which was given the identifier 'Anne'. The SAR was commissioned by the SAB Chair following the death of "Anne", a young adult, in a Continuing Health Care placement in Essex, in spring 2014.

Learning from the SAR was as follows:

- **Finding 1** - Case management arrangements for young people who need solely Continuing Health Care post-18 are currently set up in such a way that professionals who hold the case management responsibility are pulled towards families who are the most vocal, with the consequence that the needs of some young people are less visible.
- **Finding 2** - The transitions protocol is comprehensive but the pathways and descriptions of multi-agency planning that it contains are largely based on young adults being reviewed or supported by the local authority's Adult Social Care service, which results in a lack of clear expectations about the transition arrangements for those who are becoming the responsibility of Continuing Health Care only.
- **Finding 3** - There is clear planning and information-sharing within health agencies about the management of complex epilepsy - but GPs' role as a conduit between specialists and family members or social care providers, is variable as they struggle to manage the volume of correspondence about patients. This means that adjustments to complicated medication plans can be entirely dependent on family carers while updates from specialist doctors are sent and then logged at GP surgeries.
- **Finding 4** - Because there is a lack of placement choice for young adults with particular combinations of disability and complex health conditions, some adults in transition are placed in provision that is primarily for children, with a risk that the needs of neither group are met.
- **Finding 5** - The Mental Capacity Act takes as its starting point that, unless it can be shown otherwise, 16 and 17 year olds, as well as over - 18s have the capacity to make their own decisions. This legal framework requires professionals, parents and carers to think about decision-making and rights in such a different way to the approach taken with children under 16 that it can be a challenge for all concerned.

The following recommendations were identified and have been progressed by the SAB:

- **Recommendation 1** - The SAB should ask the Clinical Commissioning Group to report back on the implementation of proposed changes to case management for those adults in Southend who are eligible for Continuing Health Care, and consider raising with the Health and Wellbeing Board any emerging case management gaps for young adults in transition into the service.
- **Recommendation 2** - The SAB should receive an update on, and have the chance to comment on, the draft transition protocol between adults' and children's services, and ask for assurances about the way this is being embedded in the local operating framework so lines of responsibility and co-ordination are clear between health and social care.
- **Recommendation 3** - The SAB should seek updates on work in Southend to enable the sharing of NHS patient information between primary, secondary, specialist care and other health settings - and ask some questions about how this will help not just GPs, but any health professionals with a coordination role for the care of particular service users with complex needs.
- **Recommendation 4** - The SAB should hear back from commissioning colleagues about the impact of the Care Act on placement choice and development for young adults with complex needs.
- **Recommendation 5** - The SAB and the Safeguarding Children Board could sponsor a joint piece of work to understand the different professional cultures around mental capacity and decision-making in services for children and for young adults, with a view to reducing some of the differences in practice that can have a direct and inconsistent impact on young adults with complex needs who are in transition between services.

The full report for this Safeguarding Adults Review can be found on the SAB website at www.safeguardingsouthend.co.uk/adults

SECTION 9 – CONCLUSIONS AND AREAS FOR DEVELOPMENT

The SAB continues to develop and has is having more impact on the coordination of safeguarding adults' services in Southend. In order to continue to have an impact on improving services across the partnership the following areas for development have been identified for 2016-19:

- Ensure the provision of services for young people who require extra support and assessment but do not meet the criteria for statutory adult services are integrated and accessible. The SAB proposes there should be a one year funded project to look at the scale of this group and their needs, and how to work with them with, possibly using a worker in the third sector. The project to report back at the end of the year on issues and recommendations for this role in the future.
- Improving the experiences of adults discharged from hospital ensuring good co-ordination between relevant partner agencies. The SAB to propose a project to look at drilling down into the issues underpinning hospital discharge concerns and develop “whole system” recommendations to be rolled out across the partnership to improve the safety, coherence, and consistency of this process for patients.
- The provision of funding by commissioning agencies for a specialist hoarding support service
- The provision of support services for domestic abuse perpetrators who are not in the criminal justice system, which has a good evidence base, by commissioning agencies
- Increase capacity of Health Based Places of Safety (HBPOS) in Southend and Essex as a whole, and a reduction in the use of section 136. As a matter of urgency Southend CCG to look into the reasons for the delays in refurbishing the existing section 136 health suites, and ensure adequate levels of local provision. *(Referred to the CCG for action November 2016).*
- Commissioning agencies to ensure there is sufficient capacity in registered care homes and domiciliary care providers to meet the demands of an increasing elderly population
- Ensuring DoLS assessments continue to be undertaken in a timely way to ensure the rights of adults with additional care and support needs are safeguarded effectively

SECTION 10 – FINANCIAL REPORT APRIL 2015 TO March 2016

The SAB uses the funding formula below to ensure it has adequate resources to undertake its business effectively for the financial year 2015-16

Agency	Percentage Contribution	Contribution
Southend Borough Council	48%	£36662
Southend CCG	26%	£19858
Essex Police	26%	£19858
Total Contribution		£76378

The SAB shared a business manager and administrative assistant with the Safeguarding Children Board (0.5fte for each role and Board). There is also a considerable ‘in kind’ contribution of partners to both the Board and sub groups, a major resource which is difficult to quantify, but is critical to the effective functioning of the SAB.

For the year 2015-16 the SAB’s expenditure was as follows:

Description	Expenditure (£)
Total Employees	42713
Total Supplies And Services (includes chair remuneration and meeting/training costs)	20486
Total	63199

For the financial year 2016/17 the SAB will carry forward £26950 in reserves.

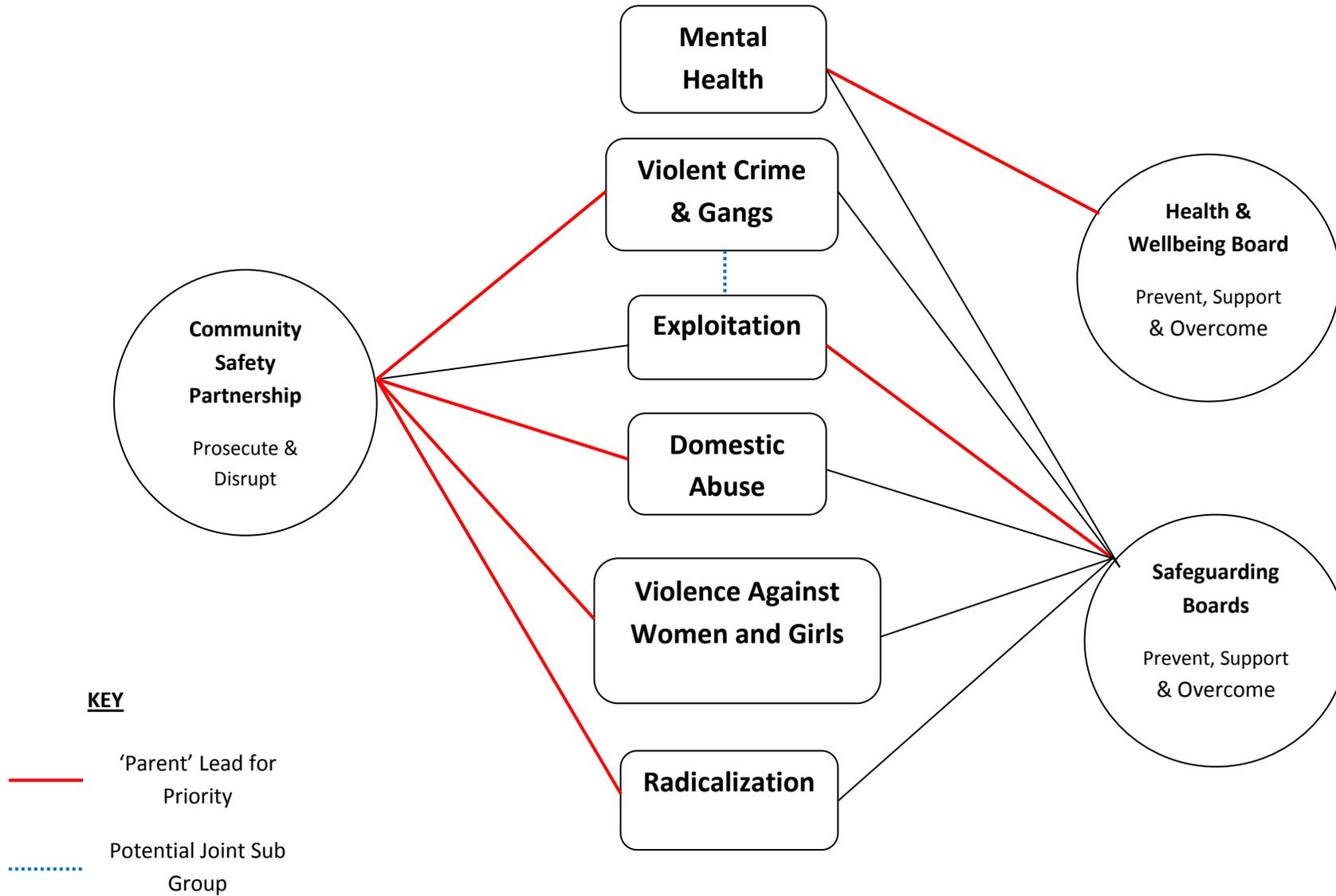
SECTION 11 – BOARD MEMBERSHIP AND ATTENDANCE

Representative	24th November 2015	1st March 2016	21st June 2016	27th September 2016
Christine Doorly - Independent Chair	√	√	√	√
Simon Leftley - Vice Chair - Corporate Director for People	√	√	-	Apologies
Claire Alexander – DIAL Southend	√	√	√	√
Lisa Fautley/Simon Chase - East of England Ambulance Trust	Apologies	√	√	Apologies
David Baxter – SBC	Apologies S Porter attended	Apologies R Layzell attended	Apologies	√
John Cooke/Leanne Crabb Healthwatch Southend	√	√	√	√
Carol Cranfield - SBC	√	√		
Ann Davenport/Jane Dresner - SEEAOP	-	√	√	-
Traci Dixon - SEH	√	Apologies	√	Apologies
Essex Police	M Wheeler attended	Apologies	M Wheeler attended	M Wheeler attended
Sharon Houlden - SBC	√	√	√	√
Linda Kettley/Dave Bill – Essex Fire & Rescue Service	√	√	Apologies	Apologies
Shirley Kennerson - NPS				√
Alex Osler/Martin Lucas - Essex CRC	Apologies	√	√	√

Representative	24th November 2015	1st March 2016	21st June 2016	27th September 2016
Cllr James Moyies	√	√		
Jennifer Pattinson/Lo-Anne Lewis - CQC	Apologies	-	√	√
Sarah Range - SBC	√	√	√	√
Matt Ranguie/Melanie Craig – NHS Southend CCG			√	√
Cllr Lesley Salter			√	Apologies
Alison Semmence - SAVS	√	√	Apologies	√
Eleanor Sherwen/Joan Skeggs – NHS England	-	-	-	-
Elaine Taylor - SEPT	√	Apologies	Apologies	G Arthur attended
Denise Townsend – Southend Hospital	√	√	√ also attended by P Hodgson	Apologies

Schematic of Strategic Leads for Safeguarding and Community Safety Priorities – Item 3.1

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1 February 2016	ITEM: 9
Southend-on-sea Health and Wellbeing Board	
Update on Mid and South Essex Success Regime and Sustainability and Transformation plan (STP)	
Report of: Andy Vowles, Programme Director, Mid and South Essex Success Regime	

Executive Summary

This paper provides an update on the progress of the Mid and South Essex Success Regime (SR) and Sustainability and Transformation Plan (STP). It follows previous reports to the Health and Wellbeing Board.

Details of the STP, the Success Regime, latest documents and information on how to have your say may be found on the Success Regime website - www.successregimessex.co.uk

1. Recommendation(s)

- 1.1 The Board is asked to note the update and the continuing opportunities to give views on the STP and developing options for service change.**
- 1.2 The Board is recommended to continue participating in discussions within the Mid and South Essex Success Regime and STP engagement and consultation programmes, which include stakeholder meetings and meetings of the Essex, Southend and Thurrock Health and Wellbeing Boards.**

2. Main developments since the last update

2.1 STP published

In the last update for the Health and Wellbeing Board, we reported that the STP and supporting documents were published on 23 November. A public summary document is available called *10 things you should know about your local health and care plan*. Local people are invited to give their views and details on how to have your say are in the summary and on the website.

2.2 Preparing for options appraisal

The Success Regime is preparing for an options appraisal process to run through February and March 2017. This will examine the current potential models for hospital reconfiguration of which there are five possibilities, which are explained in the STP summary document. We will appraise these options against key criteria including access, quality, workforce and productivity/effectiveness.

[Type text]

2.3 **Service user input to the decision-making process**

There will be a strong public and service user input to the options appraisal process through several elements as follows:

- Service users involved in the options appraisal process itself in one of three appraisal panels (the other two panels comprising financial experts and independent clinical experts)
- Consideration, as part of the options appraisal process, of patient and public feedback taken from over 30 workshops during our engagement phases and from individual written responses
- Service user input to the process coordinated by a Service Users Advisory Group (see below)
- Chair of the Service Users Advisory Group now a member of the Success Regime Programme Board.

2.4 **Service Users Advisory Group**

Members of the Success Regime Service Users Advisory Group met twice in December; once to discuss with the SR joint medical director how the views of service users could influence the potential hospital reconfiguration and a second time to discuss methods of communications and engagement. The full Group met on 10 January to discuss further plans for engagement and consultation in 2017.

The Group, which currently has over 60 members from across mid and south Essex, has selected Eric Watts, a service user representative from Brentwood to be the chair of the group. It is soon to select a vice chair.

Membership of the Service Users Advisory Group is drawn from the network of existing representative groups attached to the CCGs and NHS trusts within the Success Regime. Healthwatch and the CVSs are also involved. Further information on how to join this group is available from the SR website.

2.5 **Views of the independent Clinical Senate**

The Success Regime has published two independent clinical reviews of the emerging plans to reconfigure the three main hospitals in Basildon, Chelmsford and Southend. The reports were prepared by the East of England Clinical Senate following detailed reviews which took place in June and October 2016.

The role of the Clinical Senate is to provide independent, strategic advice and guidance to healthcare planning. The panels that undertook the reviews involved senior clinicians from outside Essex and patient representatives. The independent advice of the Clinical Senate is one of many inputs that will be considered in reaching preferred options. It is not a decision, but an important part of the evidence that will inform decisions

The Clinical Senate's final report of October 2016 supports the principle of having a designated specialist emergency hospital for more challenging and complex emergency work. It also supports the principle of having a centre of excellence for planned care. The report states that;

"This opportunity could be fully exploited to develop a centre for Essex that provides at scale, high quality services and care, first class training posts, developing

[Type text]

expertise and a sense of pride among its workforce. This should create a centre that staff and patients would want to come to.”

However, the review panel urged caution around the pace of change recommending that quality and safety of services is paramount and the need for long-term sustainable services should take priority over speed.

The full reports are available from <http://www.successregimeessex.co.uk/latest-plans/supporting-evidence/>

2.6 **Joint executive group for hospital trusts**

Following the appointment of Clare Panniker as chief executive and accountable officer for each of the three hospital trusts in mid and south Essex, the boards have agreed a joint executive group. The trust chairs announced the following appointments on 9 January 2017:

Chief Medical Officer	Dr Celia Skinner
Chief Nurse	Diane Sarkar
Chief Transformation Officer	Tom Abell
Chief Human Resources Director	Mary Foulkes OBE
Chief Finance Officer	James O’Sullivan
Chief Information Officer	Martin Callingham
Chief Estates and Facilities Director	Carin Charlton

Dr Ronan Fenton will continue in his role as joint medical director with Dr Celia Skinner for the Success Regime

The joint executive group will be supported by site senior leadership teams who will primarily manage the day to day needs of each trust.

The local teams will be led by three managing directors who also have membership of joint executive group. They are:

Managing Director Mid Essex	Lisa Hunt
Managing Director Southend	Yvonne Blücher
Managing Director Basildon and Thurrock	Tom Abell (interim)

3. **Background papers**

For further background information please see the STP summary and other documents at www.successregimeessex.co.uk

Report Author:

Wendy Smith, Interim Communications Lead, Mid and South Essex Success Regime

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Southend Health & Wellbeing Board

Report of Simon Leftley, Deputy Chief Executive (People)

to
Health & Wellbeing Board

on
1st February 2017

Agenda
Item No.

10

Report prepared by: Julie Cole (external consultant) and
Laurence Doe (Group Manager – Children’s Services)

For information only	X	For discussion	Approval required	
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Southend Multi Agency Risk Assessment Team (MARAT) – Review of Progress

1. Purpose of Report

- 1.1. This report is for information, to update the HWB on the progress to date of the Southend Multi Agency Risk Assessment Team – the Southend MARAT.
- 1.2. In June 2016, Southend launched the Southend MARAT, a multi-agency risk assessment team, to safeguard and protect the welfare of children and adults affected by high level risk of domestic abuse. A review of progress was completed in November 2016.

2. Recommendations

- 2.1. A further review of the progress of the Southend MARAT will be undertaken in April 2017. This review will consider the Southend MARAT, Essex MARAT and Thurrock MASH/MARAC processes and will be a joint SET review process.

3. Background & Context

- 3.1. The Southend MARAT approach seeks to transform how high risk domestic abuse is responded to within Southend. All high risk incidents now come directly to the MARAT and the aim is for all victims to have an action plan agreed at a multi-agency risk assessment conference within 14 working days of the referral. Previously, Essex County Council had managed the Southend high risk DA cases within the Essex community Multi Agency Risk Assessment Conferences (MARAC). Due to the volume of incidents across greater Essex, there were significant delays between the incidents taking place, the cases being heard at a MARAC and a safety action plan being produced. Southend Borough Council reached an agreement with key partner agencies to set up a Southend led MARAT structure to manage local cases with the aim of achieving a timelier and more focussed process of action planning in order to

reduce the risks posed to victims of high risk domestic abuse. Resources that were dedicated to the Southend Joint Domestic Abuse Triage Team and to wider Essex MARAC arrangements were deployed to the Southend MARAT, as well as some additional investment required.

3.2. The objectives set by the partnership were:

- To work collaboratively using a multi-agency risk assessment process to improve risk assessment and safety planning, intervention and review for adults and children at high level risk of significant harm or death as a result of domestic abuse
- To use agency information to inform risk to determine if an adequate safeguarding plan is in place with the victim, adults and children involved
- To ensure any on-going risk posed by perpetrators is mitigated where possible within the safety planning for the victim, adults and children involved
- To ensure high risk domestic abuse incidents are discussed at a Southend MARAC swiftly (target of cases to be heard within 14 working days of the referral into the MARAT) whilst allowing time for services to perform statutory duties
- To ensure MARAC meetings are focussed and purposeful to improve quality of information sharing and risk management
- To ensure multi-agency action plans are reviewed if the level of risk present is not reduced via the MARAC action planning process

3.3. A review of progress was completed in November 2016. The initial successes and challenges were summarised within the review.

3.4. The successes so far were identified as follows:

- The Southend MARAT model appears to meet the need identified and to be effective and progress will continue to be monitored via future reviews, including a joint Southend, Essex and Thurrock review in 2017
- A common theme within the review feedback is linked to the strength of multi-agency working within the Southend MARAT/C and the collaborative approach between partner agencies that has been evident from the start
- The quality of action planning has improved
- The addition of holding a case discussion meeting, three working days after the referral, is deemed to be an effective safeguarding mechanism and will be continued
- On-going risk posed by perpetrators has generally been explicitly considered within MARAT action planning
- MARAC meetings are now more focussed and purposeful and are continuing to be streamlined

- Information sharing between partners and volunteering of actions has improved over the three months
- High risk domestic abuse incidents are discussed at a Southend MARAC swiftly

3.5. The challenges for the future were identified as follows:

- Achieving business continuity and sustainability
- Ensuring the model provides value for money
- Information sharing within partner agencies
- Maintaining the quality of action planning
- Accessing the required information and expertise related to mental health issues
- Seeking behaviour change based programmes for repeat perpetrators
- Engaging with the new shared recording system for MARATs

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Nine HWB Strategy Ambitions (listed on final page)
- Three HWB “Broad Impact Goals” which add value;
 - a) Increased physical activity (prevention)
 - b) Increased aspiration & opportunity (addressing inequality)
 - c) Increased personal responsibility/participation (sustainability)

4.1 This information supports the Domestic Abuse Strategy Group in their work. The work of the Southend MARAT should add value to the impact goal of increased aspiration and opportunity for victims, children and other vulnerable adults who are impacted by high risk domestic abuse.

5. Reasons for Recommendations

5.1. In summary, the review concluded that whilst it is not possible to eradicate risk completely, the MARAT is a very important process that brings agencies together to take all possible steps to reduce the risk of harm to victims of high risk domestic abuse and their children. This can only work if all agencies continue to commit to the process. The level of collaboration between partner agencies to date has been outstanding.

6. Financial / Resource Implications

6.1 Business sustainability and continuity is discussed at the Southend MARAT Strategic Board and partners have been requested to make a long term commitment to resource the MARAT process

7. Legal Implications

7.1. No issues to highlight at this point

8. Equality & Diversity

8.1. No issues to highlight at this point

9. Background Papers

9.1. None

10. Appendices

10.1. None

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

Ambition 1. A positive start in life <ul style="list-style-type: none">a) Reduce need for children to be in careb) Narrow the education achievement gapc) Improve education provision for 16-19sd) Better support more young carerse) Promote children’s mental wellbeingf) Reduce under-18 conception ratesg) Support families with significant social challenges	Ambition 2. Promoting healthy lifestyles <ul style="list-style-type: none">a) Reduce the use of tobaccob) Encourage use of green spaces and seafrontc) Promote healthy weightd) Prevention and support for substance & alcohol misuse	Ambition 3. Improving mental wellbeing <ul style="list-style-type: none">a) A holistic approach to mental and physical wellbeingb) Provide the right support and care at an early stagec) Reduce stigma of mental illnessd) Work to prevent suicide and self-harme) Support parents postnatal
Ambition 4. A safer population <ul style="list-style-type: none">a) Safeguard children and vulnerable adults against neglect and abuseb) Support the Domestic Abuse Strategy Group in their workc) Work to prevent unintentional injuries among under 15s	Ambition 5. Living independently <ul style="list-style-type: none">a) Promote personalised budgetsb) Enable supported community livingc) People feel informed and empowered in their own cared) Reablement where possiblee) People feel supported to live independently for longer	Ambition 6. Active and healthy ageing <ul style="list-style-type: none">a) Join up health & social care servicesb) Reduce isolation of older peoplec) Physical & mental wellbeingd) Support those with long term conditionse) Empower people to be more in control of their care

<p>Ambition 7. Protecting health</p> <ul style="list-style-type: none"> a) Increase access to health screening b) Increase offer of immunisations c) Infection control to remain a priority for all care providers d) Severe weather plans in place e) Improve food hygiene in the Borough 	<p>Ambition 8. Housing</p> <ul style="list-style-type: none"> a) Work together to; <ul style="list-style-type: none"> o Tackle homelessness o Deliver health, care & housing in a more joined up way b) Adequate affordable housing c) Adequate specialist housing d) Understand condition and distribution of private sector housing stock, to better focus resources 	<p>Ambition 9. Maximising opportunity</p> <ul style="list-style-type: none"> a) Have a joined up view of Southend's health and care needs b) Work together to commission services more effectively c) Tackle health inequality (including improved access to services) d) Promote opportunities to thrive; Education, Employment
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Southend HWB Board 2016-17	Jun-16	Jul-16	Mon 1st Aug	Wed 7th Sept	Oct-16	Nov-16	Wed 7th Dec	Jan-17	Wed 1st Feb	Wed 22nd Mar
Governance - Progress against plans - Council/Democracy - Key Board decisions			Localities Approach Better Care Fund	Physical Activity levels progress					Locality approach/ Complex Care co-ordination Service Integrated community health and social care services - next steps	
Policy/Landscape/Stakeholders Policy, Strategy & legislation developments, HWB landscape, Stakeholder engagement 241			Adults Health Prevention Strategy Transforming Care Performance progress	Essex Success Regime CQC outcomes overview - Southend Hospital			Essex Success Regime Sustainability & Transformation Plan Health Profile 2016		Integrated community health and social care services - next steps Annual Reports of Children's & Adults Safeguarding Boards MARAT review STP progress	Progress review: Big Ticket items, longer term HWB Strategy approach STP progress
Board development										HWB Transition support for new HWB members
Other										

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