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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 30th November, 2021
Time: 6.30 pm
Place: Council Chamber - Civic Suite

Contact: S. Tautz (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

1 Apologies for Absence

2 Declarations of Interest

3 Questions from Members of the Public

4 Minutes of the Meeting held on 5 October 2021 (Pages 1 - 2)

****** ITEMS CALLED IN/REFERRED DIRECT BY CABINET - 2 NOVEMBER 2021**

5 Annual Report - Comments, Complaints and Compliments 2020/21 (Pages 3 - 26)

Minute 424 (Cabinet Agenda Item No. 11 refers).
Referred direct by Cabinet to all three Scrutiny Committees.

6 Annual Safeguarding Report (Pages 27 - 126)

Minute 425 (Cabinet Agenda Item No. 12 refers).
Called-in by Councillors Cox and Davidson.

****** ITEMS CALLED-IN FROM THE FORWARD PLAN**

None

****** ITEMS FOR PRE-CABINET SCRUTINY**

None

****** OTHER SCRUTINY MATTERS**

7 Community Inpatient Beds in Mid and South Essex (Pages 127 - 134)

Report of the Transformation Director for the Mid and South Essex Community

Collaborative attached.

8 Home to School Transport Services

To receive an update on the current provision of home to school transport services.

9 Independent SEND Peer Review

To receive an update on the progress of the commissioning of an independent peer review of SEND provision.

10 Joint In-Depth Scrutiny Project 2021/22

To receive an update on the progress of the joint in-depth scrutiny project for 2021/22.

TO: The Chair & Members of the People Scrutiny Committee:

Councillor L Salter (Chair), Councillor H Boyd (Vice-Chair)
Councillors B Beggs, M Berry, J Courtenay, T Cowdrey, A Dear, K Evans, D Garne, B Hooper, J Lamb, A Line, K Mitchell, I Shead, M Stafford, A Thompson

Co-opted members

Church of England Diocese
Fr Jonathan Collis (Voting on Education matters only)

Roman Catholic Diocese
VACANT (Voting on Education matters only)

Parent Governors
(i) VACANT (Voting on Education matters only)
(ii) VACANT (Voting on Education matters only)

Southend Association of Voluntary Services
K Jackson (Non-Voting)

Healthwatch Southend
O Richards (Non-Voting)

Southend Carers Forum
T Watts (Non-Voting)

Observers
Southend Youth Council

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 5th October, 2021

Place: Council Chamber - Civic Suite

4

Present: Councillor L Salter (Chair)
Councillors H Boyd (Vice-Chair), B Beggs, M Berry, J Courtenay, D Cowan*, A Dear, K Evans, D Garne, B Hooper, J Lamb, A Line and K Mitchell

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors L Burton, A Jones and C Nevin (Cabinet Members), J Burr, L Doe, T Forster, M Marks, B Martin and S Tautz
T Watts (Southend Carers Forum (Co-opted Member)), M Faulkner-Hatt, O Slaughter (Southend Youth Council (Observers))

Start/End Time: 6.30 pm - 7.40 pm

370 Apologies for Absence

Apologies for absence were received from Councillor T Cowdrey (Substitute: Councillor D Cowan), Councillor I Shead (no substitute), Councillor M Stafford (no substitute) and O Richards (Healthwatch Southend (Co-opted Member))

371 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillor B Hooper - Agenda Item 5 (Independent SEND Peer Review) and Agenda Item 6 (Children's Services Improvement Board) - Director of a not-for-profit company that works with young people - Non-pecuniary interests.

(b) Councillor L Burton - Agenda Item 5 (Independent SEND Peer Review) and Agenda Item 6 (Children's Services Improvement Board) - Employed as a teacher at a school outside the Borough - Non-pecuniary interests.

372 Questions from Members of the Public

The Committee noted the responses of the Cabinet Member for Children and Learning and the Cabinet Member for Communities and Housing, to questions presented by Mr D Webb.

373 Minutes of the Meeting held on 1 September 2021

Resolved:

That the minutes of the meeting of the Committee held on 1 September 2021 be confirmed as a correct record and signed.

374 Independent SEND Peer Review

The Committee received a further update on the progress of the commissioning of an independent peer review of Special Educational Needs and Disability (SEND) service provision, which had been agreed by the Cabinet in July 2021.

The Committee also received an update from the Executive Director (Children and Public Health), on the current position with regard to the provision of home to school transport services.

Resolved:

That the report be noted.

375 Children's Services Improvement Board

The Committee considered a report of the Executive Director (Children and Public Health) that provided an update on the role and work of the Children's Services Improvement Board.

Resolved:

(1) That the background to the establishment of the Children's Services Improvement Board and the current work programme of the Board as set out in the report, be noted.

(2) That further reports be made to the Committee to provide an update on the work of the Board, every six months.

376 Joint In-Depth Scrutiny Project 2021/22

The Committee received a report of the Executive Director (Legal and Democratic Services) on progress with regard to the joint in-depth scrutiny project for 2021/22.

Resolved:

That the report be noted.

Note: This is a Scrutiny function

Chair: _____

Agenda Item No.

5

Southend-on-Sea Borough Council

Report of Executive Director (Legal and Democratic Services)

to

Cabinet - 2 November 2021

Report prepared by:

Val Smith – Knowledge and Data Privacy Manager (overarching)
Charlotte McCulloch – Customer Service & Complaints Manager (Section 4)
Michael Barrett – Complaints Officer (Section 5)

Cabinet Member (overarching) - Cllr Collins
Cabinet Member Appendix B Report – Cllr Nevin
Cabinet Member Appendix C Report – Cllr Burton

Annual Report – Comments, Complaints and Compliments – 2020/21

All Scrutiny Committees

A Part 1 Public Agenda Item

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1. Purpose of Report

An effective complaint system delivers:

- Early warning of things going wrong
- Root cause analysis which finds out what is causing a problem and does something about it
- Fair outcomes for individuals who complain
- Individual outcomes which are applied to the wider customer base
- Continuous improvement of products/processes and people skills
- Appropriate remedies where things have gone wrong.

This report is to:

- Provide performance information about general comments, complaints and compliments received across the Council for 2020/21
- Provide an annual report concerning compliments, concerns and complaints received about the Council's Children and Adults' social care functions.
- Report to councillors on the findings of certain Local Government and Social Care Ombudsman investigations

2. Recommendations

To note the Council's performance in respect of comments, complaints, and compliments and Ombudsman investigations for 2020/21 and to refer the report to all Scrutiny Committees (Sections 4 and 5 to the People Scrutiny Committee only).

3. General Comments, Complaints and Compliments Process

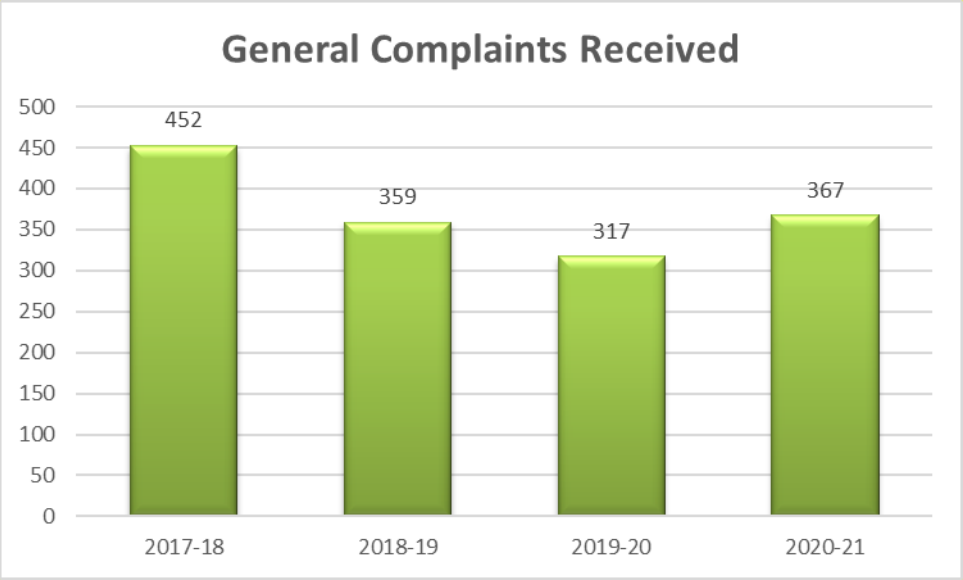
3.1 Background

Complaints which do not have a specialist process are considered under the General Comments, Complaints and Compliments procedures. The Local Government and Social Care Ombudsman recommends councillors receive an annual report on the operation of the process and insight arising from it.

3.2 Complaints

367 complaints were received through the General complaint process in 2020/21.

This Graph shows the number of complaints received and a comparison with the previous three years.



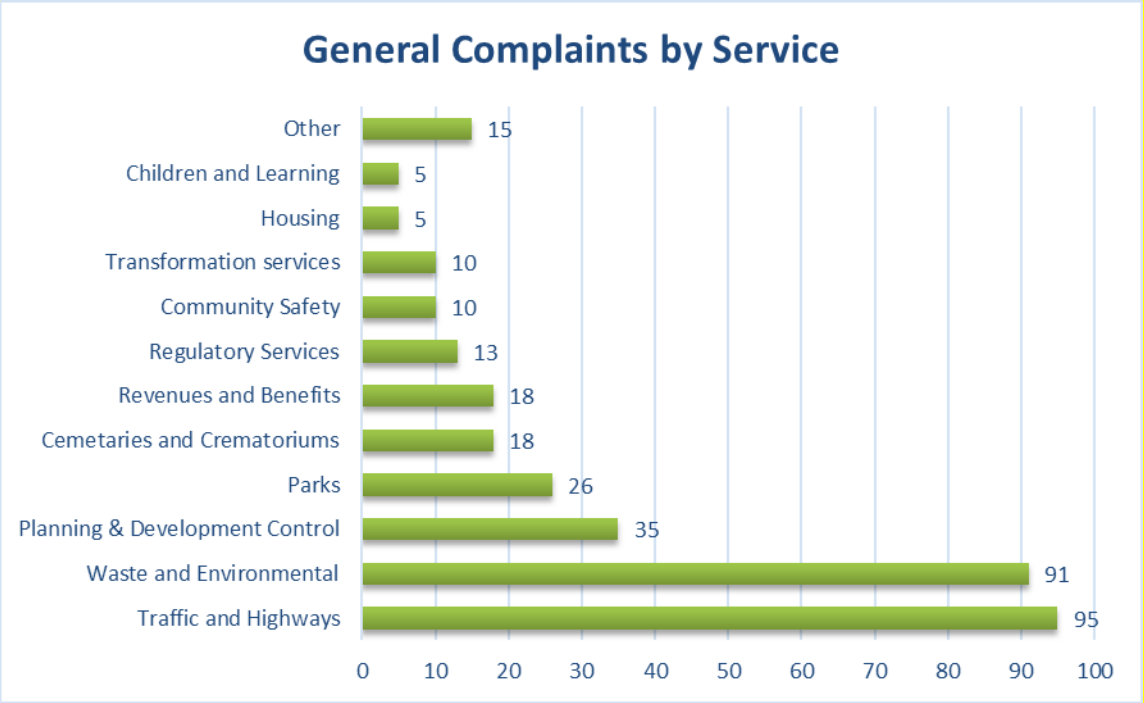
The number of complaints made under the general process has remained stable despite the challenge to the organisation posed by the pandemic.

3.3 Overall Response Times

341 complaints were resolved in 2020/21, of these 81.82% were responded to within the relevant timescale.

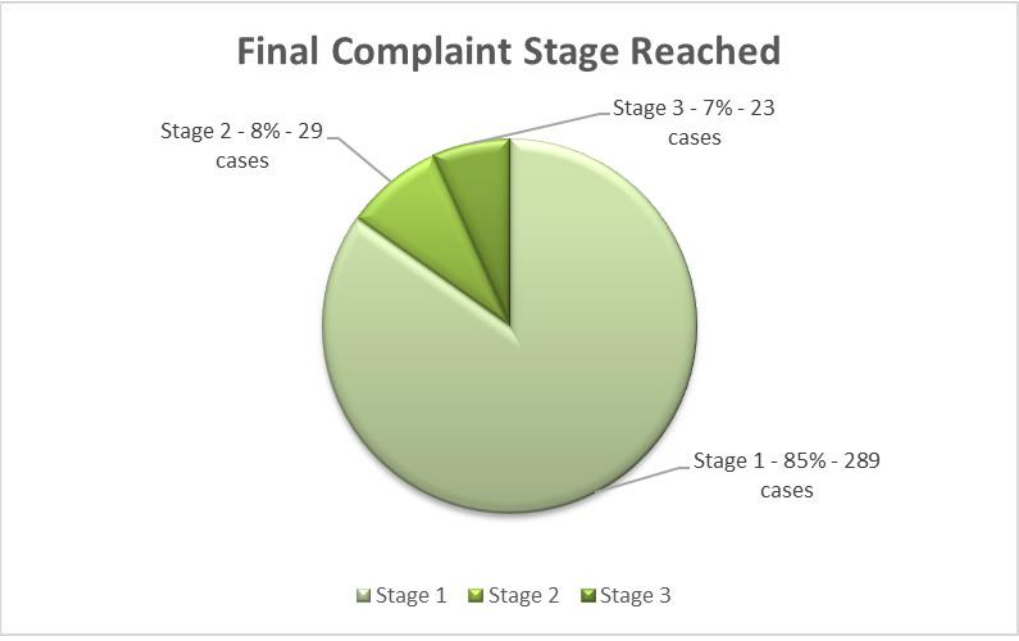
3.4 Breakdown of Resolved Complaints by Service Area

The resolved complaints related to the following services:



3.5 Stage reached by complaints

There are three stages to the general complaints process. At each stage a more senior manager looks at the complaint with a stage 3 response being sent jointly by a member of Corporate Management Team and the Leader of the Council. The following chart shows the Stage of the complaint process at which the complaints were resolved during the year:



Those who make a complaint have the option, usually at the conclusion of the complaint process, to approach the Local Government and Social Care Ombudsman. This is explored in more depth in section 6.

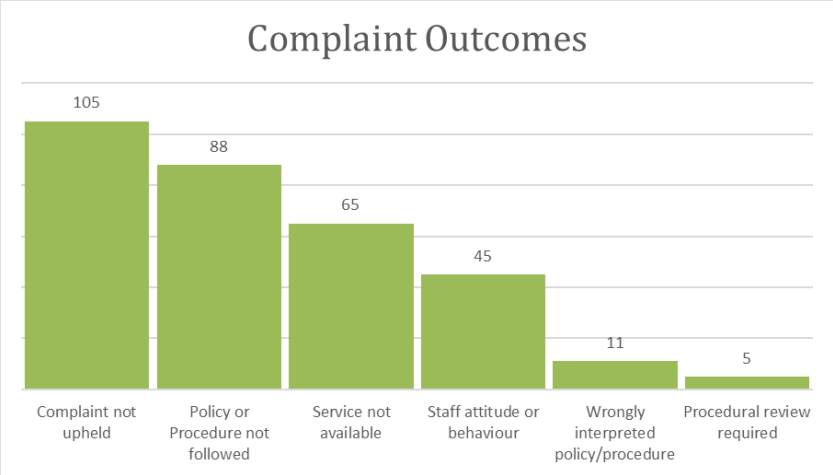
3.6 How Complaints Are Received

Most commonly those who make a complaint contact the Council by e-mail or on-line form with 94% received in this way, the same as the previous two years. This reflects the general shift to use of electronic means when interacting with the Council.

The Council remains committed to keeping all complaint channels available, including telephone and letter, to meet its equalities obligations and to comply with Ombudsman best practice. A formal complaint may be received over social media but would be moved to more conventional channels for resolution.

3.7 Nature and Outcome of Complaints

The following chart shows the outcome of the 319 complaints for which the data is held:



67% of these complaints were upheld, and of these over 80% were remedied with the offer of a solution or service or a meaningful apology. In a small number of cases a remedial payment was made.

3.8 Comments and Compliments

When comments are received, they are responded to by the service concerned and the person making the comment is acknowledged where appropriate and advised if their suggestion is to be taken up.

Compliments are acknowledged where appropriate and shared with the appropriate line management to inform the service or member of staff. This may then inform the staff member's performance discussion.

116 compliments were received in 2020/21 through the general process.

3.9 Monitoring and Reporting

Data from complaints is used in a responsive way to inform service analysis and improvements and is regularly reported to the Good Governance Group and in the quarterly council health check report.

3.10 Conclusion

The process continues to deliver a professional response to individual complaints, a robust system of complaint monitoring and real service improvements.

4. Adult Social Care Statutory Process

4.1 Background

This section is the report of the Executive Director for Adults and Communities concerning compliments concerns and complaints received about its adults' social care function throughout the year.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 provide a single process for health and social care services. With the increase in integrated services, the single process makes it easier for patients and service users to make complaints and allows them to make their complaint to any of the organisations involved in their care. One of the organisations will take the lead and co-ordinate a single response.

There is a single local resolution stage that allows a more flexible, customer focused approach to suit each individual complainant. At the outset, a plan of action is agreed with the complainant to address their complaint. Amendments to the plan can be agreed at any stage of the process.

The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.

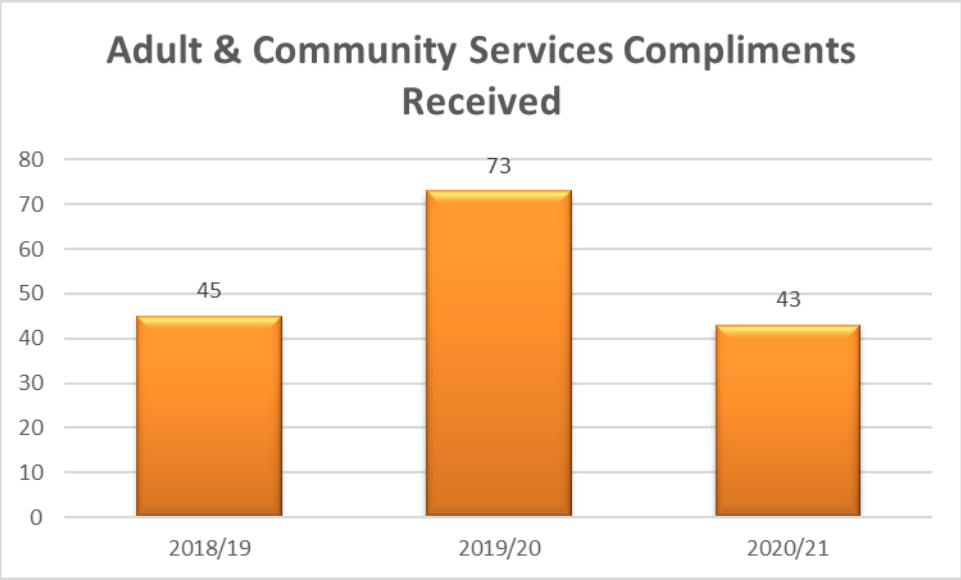
When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman. This is explored in more depth in section 6.

4.2 Compliments

Compliments are a very important feedback and motivational tool, and members of staff are encouraged to report all compliments they receive to the Customer Services Manager for recording. All compliments are reported to the Group Manager of the Service to pass on their thanks to the staff member and the team. This practice has been well received by staff.

Adult and Community Services received 43 compliments about its social care services in 2020/2021.

This graph shows the number of compliments received in 20120/2021 and a Comparison with previous two years



4.3 Concerns

The current regulations require the local authority to record concerns and comments as well as complaints. Some people wish to provide feedback to help improve services, but they do not wish to make a formal complaint, and this process facilitates that.

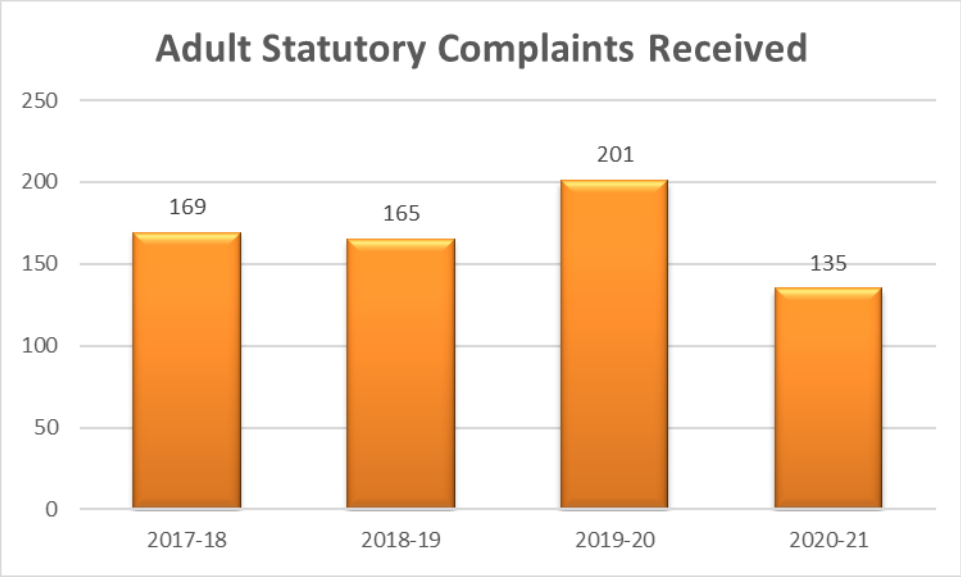
Adult and Community Services received 1 ‘concern’ about its social care services in 2020/2021.

All concerns and comments are considered to identify areas for improvement and responses are made where appropriate or requested.

4.4 Complaints

Adult Services received and processed a total 135 statutory complaints about its statutory social care services in 2020/21

This Graph shows the total number of complaints received and processed by Southend-on-Sea Borough Council during 2020/21 and a comparison with the previous three years.



The complaints received in 2020/21 have seen a decrease by 33% on the previous year. This decrease has been seen in internal services and domiciliary care, where residential care has remained the same.

Whilst there is a decrease in complaints. comparisons cannot be drawn from the previous year due to the exceptional circumstances within which we operated during 2020/21. The pandemic saw resources within the care sector stretched and priorities were diverted to responding to the additional measures and guidelines put in place by the Government.

More families took over the responsibility of caring for their elderly relatives and there was a reluctance to use Residential Homes, due to the potential risks. This combined with an appreciation by the public of the pressure the care sector was facing, there was a possible reluctance to make complaints which may have contributed to the significant reduction.

The number of complaints represents 4.6% of the adults that we provided a service to in 2020/21

Complaints logged through the council's complaints process is only one way in which a complaint can be made. Many concerns or issues are resolved locally with the Social Worker and/or provider, rather than through the formal statutory complaint process. In addition, complaints about external providers can be raised directly with them and these are not recorded by the Council.

4.5 Overall Response Times

Adherence to response times is measured by compliance with the agreed dates set out in the individual complaint plans. There is no statutory requirement with regards to response timescales, however we recognise the importance of trying to achieve a speedy resolution to complaints and generally aim to resolve complaints within 10

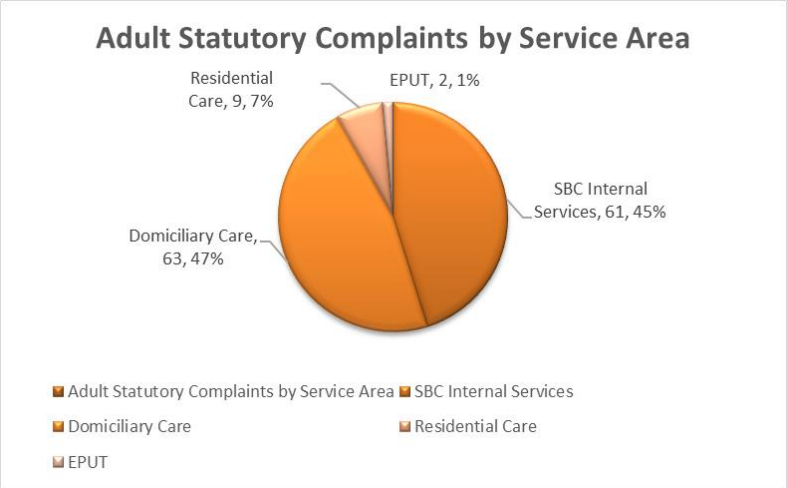
working days. However, depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.

Out of the 135 complaints received, 4 complaints were withdrawn prior to response and 3 were moved to Safeguarding Concerns. Therefore, out of the 128 complaints responded to, 50 complaints (39%) were responded to within the initial timescales agreed locally between the complaints service and the complainant.

Whilst this is low and a decrease on the previous year, it is understandable that resources where focused on responding to the pandemic and implementing government guidance as their main priority.

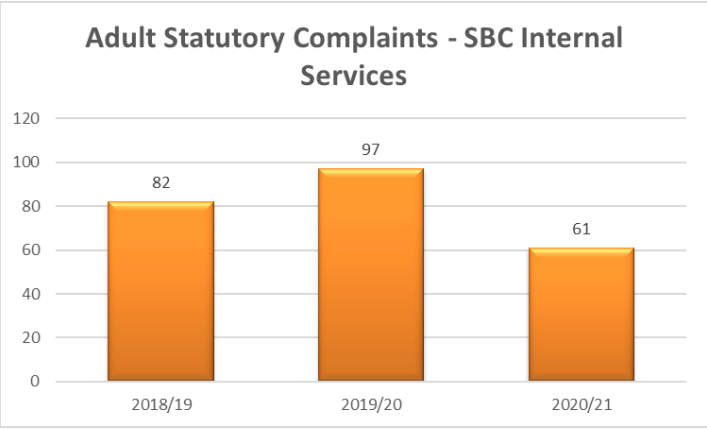
Whilst every effort is made to meet the timescales agreed, if it transpires through the course of the investigation this will not be possible, the complainant is kept informed and updated accordingly.

4.6 Breakdown of Complaints by Service Area



4.7 Complaints about Internal Southend Council Services

Out of the total 135 complaints received 61 complaints were received regarding Internal Southend Council Services. This is a decrease of 37% on 2019/20.



Of the 61 complaints received about Internal Services, 56 required a response, 26 (46%) were given a full response within the timescales agreed.

Some Complainants raise more than one issue therefore the 56 complaints raised related to 61 Issues.

Of these 61 Issues – 31 were upheld
7 were partially upheld
16 were not upheld
6 were unable to reach a finding
1 is still ongoing

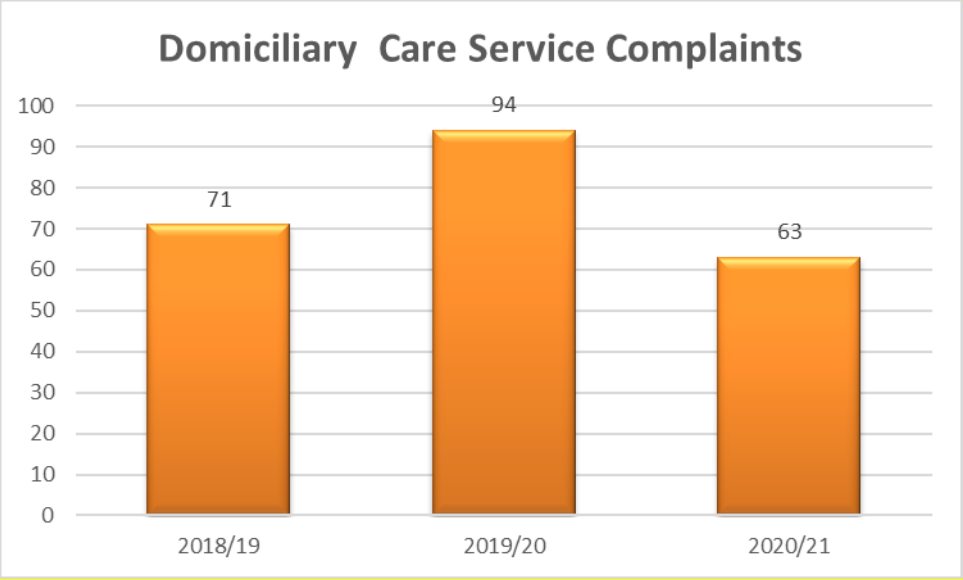
The top four issues were:-

	Total	*Outcome*
Care charges not explained	26	8 Not upheld
Financial loss	9	2 Not upheld
Delay/ Failure to keep informed	8	1 Not upheld
Professionalism	3	2 Not upheld

4.8 Complaints about services from Commissioned Providers

4.8.1 Domiciliary Care

Of the 135 complaints received by Southend-on-Sea Borough Council, 63 were about Domiciliary Care Providers. This is a decrease of 32% on 2019/20.



Of the 63 complaints received, 60 required a response. 19 (31%) were responded to within the timescales agreed.

60 complaints related to 98 issues that were raised.

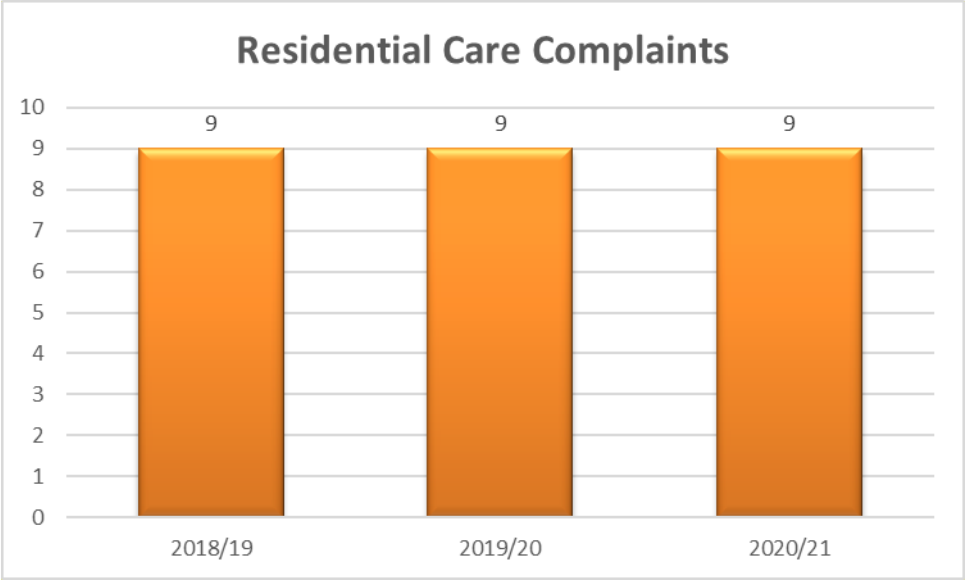
Of the 98 Issues raised – 52 were upheld
5 were partially upheld
23 were not upheld
17 were unable to reach a finding
1 No response received

The top four issues were: -

	Total	*Outcome*
Timing of planned homecare calls	15	5 Not upheld
Short Visits	10	2 Not upheld
Rude / Bad attitude of staff	9	4 Not upheld
Missed Calls	8	0 Not upheld

4.8.2 Residential Care

9 complaints were received about Residential Care homes. This represents 1% of the number of adults placed in Residential Care under a Southend-on-Sea Borough Council contract.



4 complaints were responded to with the timescale agreed (44%)

Over the 9 complaints 14 issues were raised. The complaints concerned a number of different Residential Homes and the issues raised varied with no one particular area highlighted as a distinct concern.

Our Contracts Team and Complaints Team continue to work with the residential and domiciliary care providers to address issues and effect improvements around complaints handling.

4.9 Monitoring & Reporting

Statistical data regarding complaints about our commissioned home care providers are provided quarterly to inform the Contract Monitoring Meetings.

Complaints are monitored by the Complaints Manager for any trends/emerging themes and alerts the relevant service accordingly.

Complaints information is fed into the monthly operational meetings where issues regarding providers are shared. This is to ensure that a full picture is gathered regarding the providers service delivery and identify any concerns or trends that may be emerging.

4.10 Learning from Complaints

The Council continues to use complaints as a learning tool to improve services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback that it receives.

Improvements made in 2020/21, as a result of complaints: -

- 2020/21 was a challenging year for everyone, the complaints team adapted quickly to working from home and embraced the new technology which meant the complaints service continued throughout.

- Ensure financial information and the implications are consistently communicated and understood by the Adult and/or their family.

- Provided guidance and clarity on the NHS Covid funding.

5. Children's Social Care Statutory Process

5.1 Background

This section is the report of the Executive Director for Children and Public Health concerning compliments and complaints received about its children's social care function throughout the year.

Complaints in the children's services are of 2 types, Statutory and General.

The law also says that children and young people (or their representative) have the right to have their complaint dealt with in a structured way. The statutory procedure will look at complaints, about, for example, the following:

- An unwelcome or disputed decision
- Concern about the quality or appropriateness of a service;
- Delay in decision making or provision of services;
- Attitude or behaviour of staff
- Application of eligibility and assessment criteria;
- The impact on a child or young person of the application of a Council policy

- Assessment, care management and review.

The General Complaint Procedure which is explained in Section 3 above would be used when issues giving rise to the complaint fall outside the scope of the above statutory procedure.

Within children's services most complaints fall under a statutory process within the Children's Act 1989, where the expected performance regarding response times is described. This is also an area routinely reviewed within an inspection or regulatory visit. They are also mainly about how the actions of our staff are perceived by the families they interact with and therefore the majority of complaints include complaints about specific members of staff.

The process for complaints regarding children's statutory services has three stages.

Stage 1 affords an opportunity to try to find a local resolution usually at team manager level. If the complainant is not satisfied with the outcome, they may request to proceed to stage 2.

At stage 2, the Department appoints an Investigating Officer, and an Independent Person to investigate the complaint. The Investigating Officer is a senior service worker who has not been associated with the case, and the Independent Person is someone who is not employed by the council, but has experience of children's issues, social care or investigations. The stage 2 response is reviewed and approved by the Director of Children's Services.

If the complainant is still not satisfied, they may proceed to stage 3. At this stage, the complaint is referred to an Independent Review Panel of three independent panel members with one member acting as Chair. They will review the stage 2 investigation and outcome, and will make recommendations. These recommendations are reviewed by the Deputy Chief Executive, who formally responds to the complainant.

The process is based on the premise that at each stage, a more senior officer responds on behalf of the Department.

Those who make a complaint have the option, usually at the conclusion of the complaint process, to approach the Local Government and Social Care Ombudsman. This is explored in more depth in section 6.

The Complaints team encourages and supports Team Managers to resolve complaints at the earliest stage, including before they become formal complaints. We also advise a face to face meeting regarding the issues before the formal stage 2 process is started. This is thought to resolve the outstanding issues as early in the process as possible and in a way which many find less formal and adversarial for the complainant.

The numbers of compliments and complaints indicated in this report may not reflect the quality of the support generally provided by the social work teams, rather they are the opposite ends of our client satisfaction range, meaning that the majority of service users and their families are satisfied with the professional support provided.

5.2 Compliments received in 2020/21

This year we have recorded 51 compliments, a reduction from the 2019/2020 figure of 62, however, this is still significantly above previous years.

An issue with compliments is that unlike complaints they do not need a specific response, and so there is a possibility that in the past and in current years some compliments may have been made verbally or in an email and not then passed on to the complaints team to be formally logged.

5.3 Complaints received in 2020/2021

Performance on complaints information is reported quarterly so that senior management are kept regularly informed.

Over the previous two years, complaint numbers have been consistent, however during the first nine months of 2020/21 there was an increase in the number of complaints received, as well as those escalating to stage 2. Had we continued at that rate we would have had a total of around 100 complaints.

However, as can be seen below, we received only 15 complaints in the 4th quarter, the previous 3 quarters had averaged 25/quarter. This is not normally a seasonal matter and fluctuations tend not to be too large. For context, in the 4th quarter of 2019 we had 20 complaints.

Complaints by Qtr	2019/20 complaint	2020/21 complaint
q1	**20**	**27**
q2	**21**	**21**
q3	**29**	**27**
q4	**20**	**15**
Total	**90**	**90**

The number of complaints reduced significantly from January onwards, possibly in part due to the effects of Covid 19. The total number of complaints received across the year is still in line with that of the previous two years. It can be seen below that the reductions in complaints were in January, before Covid 19 restrictions were imposed but awareness/anxiety were growing, and in March when lockdown restrictions were imposed. The February and March figures are low but in line with the previous year.

4th Quarter complaints

	2019/20 complaint	2020/21 complaint
JAN	3	3
FEB	7	7
MAR	10	5
Qtr 4 total	20	15

We record and report on the number of complaints received, and also on the number of issues raised. This better allows us to help identify the things which create complaints, as well as better manage our responses to the complainant.

In 2020/21 the 90 complaints were made up of 129 separate issues raised. On average each complaint was made up of 1.4 issues. In 2019/20 we received 90 complaints, which were made up of 145 issues.

5.4 Complaints Stage 1

In 2020/21 we received 90 complaints in total, the same as in 2019/20.
However, there was an increase in the number of corporate complaints, and obviously an equal reduction in statutory complaints.

	2020/21		2019/20	
	No.	%	No.	%
STATUTORY COMPLAINTS	73	81%	83	92%
CORPORATE COMPLAINTS	17	19%	7	8%
TOTAL	90		90	

The reason or cause of each complaint and issue received is recorded. Of the 129 issues received in 2020/21 they are categorised and distinguished as below.

COMPLAINTS/ISSUES BY DESCRIPTION	**NUMBER**	
Biased	7	5.4%
Breach of confidentiality	4	3.1%
Delay delivering service	1	0.8%
Delay/failure to keep informed	7	5.4%
Failure to take account of S/U or families views	20	15.5%
Inappropriate Behaviour	3	2.3%
Insufficient Support	23	17.8%
Meeting minutes not sent or delay in sending	1	0.8%
Non-adherence to procedure	14	10.9%
Not returning calls/e-mails	2	1.6%
Outcome of decision/assessment	4	3.1%
Poor communication style	10	7.8%
Professionalism	29	22.5%
Rude / unhelpful	4	3.1%
Grand Total	**129**	

There are broader themes within the types of complaints which seem to drive many of the areas of complaint. The same general themes run through the complaints each year.

From the perception of the complainant they are;

- Professionalism,
- Insufficient Support,
- Failure to take account of the views of the family/service user.

Put simply**,**

- They feel that at times our staff are unprofessional, are slow at decision making. That the support provided is not sufficient or timely.
- They feel we are not listening to them or taking their views and concerns seriously, decisions are made without them.
- They feel we don't follow our own processes and procedures, and that decisions can be arbitrary.

5.5 Complaints Stages 2 and 3

All stage 2 and 3 complaints were "paused" due to the Covid 19 pandemic and were resumed in the late summer of 2020, with all those involved working and communicating remotely. This is in line with guidance from the government generally and the specific Local Government and Social Care Ombudsman advice.

During 2020/21 we dealt with 8 complaints at stage 2, some of which were carried over from the delay caused by Covid 19. One of these was withdrawn by the complainant and we have concluded the remaining 7.

Of the complaints which have been concluded at stage 2, five have opted to escalate to stage 3. We have completed three of these with two in the process of the panels being held in the near future. We will continue to hold these remotely even though Covid 19 restrictions are easing.

To better manage the number of complaints being escalated beyond stage 1 of the complaints process, we advise the complainant and suggest that they meet with the social work manager/staff involved to discuss the issue and hopefully resolve it in a constructive way rather than the more formal and time-consuming stage 2 process.

5.6 Outcomes

During the year there were 129 different issues complained about within the 90 complaints made. This does not mean that the complaints are valid.

After investigation at stage 1, 20 (16%) were upheld and 19 (15%) were partially upheld. The majority 78 (60%) were found to be not upheld, while 31% (16% + 15%) were found to be upheld or partially upheld, where the complainant was found to be correct or partially correct and there was some fault in our actions or processes. The balance were complaints where we were unable to make a finding or that were found to be out of our jurisdiction.

5.7 Staff

Of the 129 issues raised in the complaints, there were 68 (53%) in which staff were identified. Although it appears high, this is a slightly lower proportion than we have seen over the last 3 years. This is a reflection of the often emotionally charged environment that the social workers work in, where a disputed family breakup or chaotic situation can lead to a parent or close family member feeling confused, isolated or misunderstood. The outcomes for the complaints where particular staff are named are in line with the overall outcomes.

5.8 Management of complaints

After some improvement over the last couple of years the performance in the timeliness of response to the complaints had declined in 2019/20, although this has improved in the last year,2020/21, but is still below 50% of complaints responded to within ten working days.

5.9 Complaints by children

Children are defined as those who are under 18 years old. During 2020/21 we received 3 separate complaints from young people, which is in line with most of the previous years, with the exception of last year which had a high figure of 8.

Most of these young people were supported by an advocate, and where not they were offered the services of one. Any young person wishing to make a complaint and who does not have an advocate is always advised to use one and is provided with contact details and helped to contact the advocacy service.

In addition we also received 3 complaints from young people who were care-leavers, in the 18-24 age bracket, and who had issues with some aspect of their earlier care or arrangements for leaving care.

5.10 Learning from Complaints

The Council continues to welcome complaints as a means of improving services and to plan for the future. Local authorities are asked to show what has changed as a result of complaints and other feedback it receives.

Examples of improvements made as an outcome of complaints;

- Following a Stage 1 response if the complainant remains dissatisfied, a meeting can be offered with a manager to try to resolve the issues and avoid going to stage 2 of the complaints process.
- That all parties concerned are kept updated on developments and actions taken by our staff.
- That, in all cases where MARAT has concluded that a case of domestic abuse is high risk, team managers should consider if a risk assessment should be completed before any Local Authority employee is required to have face to face contact or visit the homes of the service users. This is to ensure that the

Local Authority discharge their duty of care to the families involved and our staff.

Where claims of bias or unfairness are concerned;

- That staff now provide both parents with a confirmation letter when their child's file is closed.
- That in the cases involving separated parents, staff have been made aware that they must not appear to favour or support one parent, and as much as possible, communication should be consistent between parties. To identify an advocate to provide support if one party needs additional support

5.11 Areas for improvement

To build on the development of the routine monthly and quarterly management reporting, so that we can identify and then address the issues which cause people to make complaints by improving our services and how they are delivered.

6. Local Government and Social Care Ombudsman (LGSCO)

6.1 Background

This section constitutes the report of the Monitoring Officer concerning complaints to the Local Government and Social Care Ombudsman throughout the year and fulfils the Monitoring Officer's reporting duty under section 5(2) of the Local Government and Housing Act 1989 and the Local Government Act 1974.

The Monitoring Officer must provide councillors with a summary of the findings on all complaints relating to the Council where in 2020/21 the Local Government and Social Care Ombudsman (LGSCO) has investigated and upheld a complaint.

6.2 What the LGSCO Investigates

The LGSCO investigates complaints about 'maladministration' and 'service failure', generally referred to as 'fault'. They consider whether any fault has had an adverse impact on the person making the complaint, referred to as an 'injustice'. Where there has been a fault which has caused an injustice, the LGSCO may suggest a remedy.

The Council works with the LGSCO to resolve complaints made to the Ombudsman. Most complaints are resolved without detailed investigation.

The LGSCO may publish public interest reports concerning a Council or require improvements to a Council's services.

The Ombudsman's annual letter provides statistics focused on three key areas:

Complaints upheld – The LGSCO uphold complaints when they find some form of fault in an authority's actions, including where the authority accepted fault before they investigated.

Compliance with recommendations – The Ombudsman recommends ways for authorities to put things right when faults have caused injustice and monitor their compliance with the recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

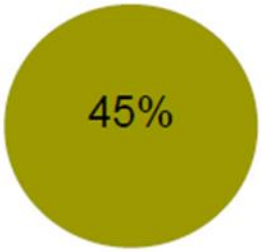
Satisfactory remedy provided by the authority - In these cases, the authority upheld the complaint and the Ombudsman agreed with how it offered to put things right.

6.3 Statistics from the LGSCO annual review letter

Statistics from the annual review letter of the LGSCO are as follows:

Southend-on-Sea Borough Council
For the period ending: 31/03/21

Complaints upheld



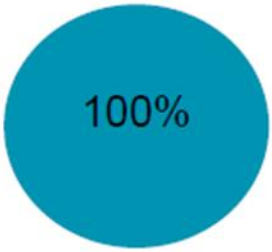
45% of complaints we investigated were upheld.

This compares to an average of 63% in similar authorities.

5
upheld decisions

Statistics are based on a total of 11 detailed investigations for the period between 1 April 2020 to 31 March 2021

Compliance with Ombudsman recommendations



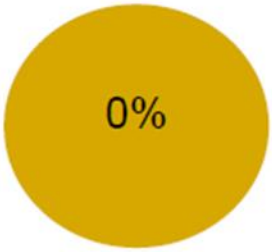
In 100% of cases we were satisfied the authority had successfully implemented our recommendations.

This compares to an average of 99% in similar authorities.

Statistics are based on a total of 7 compliance outcomes for the period between 1 April 2020 to 31 March 2021

- Failure to comply with our recommendations is rare. An authority with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.

Satisfactory remedy provided by the authority



In 0% of upheld cases we found the authority had provided a satisfactory remedy before the complaint reached the Ombudsman.

This compares to an average of 10% in similar authorities.

0
satisfactory remedy decisions

Statistics are based on a total of 11 detailed investigations for the period between 1 April 2020 to 31 March 2021

NOTE: To allow authorities to respond to the Covid-19 pandemic, we did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints we received and decided in the 20-21 year. Please consider this when comparing data from previous years.

Full details and the Ombudsman's annual letter are available on the LGSCO website.

6.4 Complaints made to the LGSCO

In 2020/21, 39 complaints and enquiries were made to the LGSCO in respect of Southend-on-Sea Borough Council.

44 decisions were made by the LGSCO, as follows:

Advice Given	**6**
Closed after initial enquiries	**12**
Incomplete/Invalid complaint	**2**
Not upheld	**6**
Referred back for local resolution	**13**
Upheld	**5**
Number of decisions made	**44**

6.5. Number of decisions investigated in detail by the LGSCO

The LGSCO concluded 11 detailed investigations in respect of Southend-on-Sea Borough Council in the period between 1 April 2020 and 31 March 2021 with 5 complaints being upheld.

Year	**18/19**	**19/20**	**20/21**
Number of detailed investigations	**7**	**10**	**11**
Number of detailed investigations upheld	**4**	**7**	**5**
Upheld rate	**57%**	**70%**	**45%**

6.6. Complaints upheld by the LGSCO

The following is a summary of the upheld complaints:

Function	**Education & Children's Services**
Summary of complaint	The Ombudsmen find North East London NHS Foundation Trust delayed Miss X's son, G, accessing autism support. Miss X suffered distress and time and trouble chasing. The Ombudsmen also find Southend-on-Sea Borough Council delayed issuing G's Education, Health and Care Plan by over 18 months. That fault caused Miss X distress, uncertainty and time and trouble.
Service improvement recommendations	Education and Health Care Plans: The Council and the CCG to detail what improvements they have introduced when jointly working with other organisations on EHCPs. To include how the Council plans to chase parties when they do not provide information for Education, Health and Care plans in a timely manner.
Agreed remedy	Apology, financial redress and improve procedures.

Function	Education & Children's Services
Summary of complaint	The complainant alleges that the Council's Special Guardianship allowance practice was not in accordance with statutory guidance, and it also withdrew financial support for his legal assistance. The Ombudsman has found fault in the Council's understanding of the statutory guidance, which has affected the allowance paid to the complainant, and to other family foster carers, during the first two years since they were granted a Special Guardianship Order. The Ombudsman has also found fault in the way the Council withdrew the financial support for legal assistance to the complainant. The Council has accepted the recommended actions to remedy this complaint.
Service improvement recommendations	The Council to review from 2013 the financial support for special guardians who previously were family foster carers. The Council to review and amend its Special Guardianship allowance practice so it is in accordance with the legislation, statutory guidance, and caselaw; ensuring that, any change to the Council's revised practice/policy is considered by Cabinet members and/or Scrutiny Committee; and review other special guardians, whose SG allowance was wrongly reduced over the two year transitional period and make backdated payments. See Item ten, Cabinet paper 15 June 2021 for more details.
Agreed remedy	Apology, financial redress and changes to policy and procedures.

Function	Education & Children's Services
Summary of complaint	Summary: Mr X complained about the way the Council dealt with his application and appeal for help with transport for his 18-year-old son who has special educational needs to attend college. The Ombudsman finds there was fault by the Council. The Council has agreed to arrange a fresh appeal hearing and review its policy on post-16 education transport.
Service improvement recommendations	The Council to review its policy and Transport Policy Statement on post-16 education transport to ensure they comply with the law and statutory guidance. This should include reference to deciding whether transport is necessary and should set out the policy on transport for students with special educational needs and disabilities. The Council to consider combining its application and appeal processes for all pupils with special educational needs and disabilities to ensure their needs are properly taken into account in the process.
Agreed remedy	Reconsideration of decision, financial redress. Change to policy and procedures.

Function	Highways & Transport
Summary of complaint	Mr Y complains the Council did not properly consider his application for two dropped kerbs. He says the Council delayed in referring his application to the correct committee. The Ombudsman finds fault in how the Council handled Mr Y's application and for a lack of clarity in its policy.
Service improvement recommendations	The Council to review and update its vehicle crossings policy, to include an indication of the timeframe in which it will progress applications, how it will update applicants if there are delays, clear details of its procedure for considering applications based on exceptional circumstances and any factors it will not normally consider as exceptional circumstances.
Agreed remedy	Apology, reconsideration of decision, financial redress. Change to policy and procedures.

Function	Housing
Summary of complaint	Summary: Mrs X complains about the Council's handling of her application to join the housing register. She says the Council ignored medical evidence and disrepair issues of damp and mould. She also says the Council delayed in accepting her onto the register. We find fault with the Council for not properly considering Mrs X's medical evidence. This caused a delay in her being accepted onto the register. We also find fault with the Council's complaint handling.
Service improvement recommendations	None.
Agreed remedy	Apology, financial redress.

6.7 Conclusion

The Council is co-operating fully with the LGSCO and successfully collaborating with them to identify the appropriate resolution for complaints made.

7. Future developments

The way in which both general and statutory complaints are administered is currently under review as part of the Business Support restructure.

8. Other Options

None. Reporting of general complaint performance is required by the Local Government and Social Care Ombudsman as demonstration of good practice. Reporting concerning social care complaints and Ombudsman decisions is required by law.

9. Reason for Recommendation

To ensure the Council continues to have transparent and effective complaint procedures.

10. Corporate Implications

10.1 Contribution to Southend 2050 Road Map

Feedback both positive and negative is a direct source of information about how services provided by the Council are being experienced in practice.

This insight may relate to any of the themes and outcomes of the Southend 2050 road map.

10.2 Financial Implications

Service improvements continue to result in meaningful outcomes for customers. A robust complaint process with thorough investigation and a positive approach reduces the likelihood of financial remedies being recommended by the LGSCO.

10.3 Legal Implications

These reports ensure compliance with legislation requires that statutory processes be in place to deal with complaints relating to child and adult social care and to produce annual reports concerning them. These reports also need to be shared with the Care Quality Commission and the Department of Health.

The report of the Monitoring Officer ensures section 5/5A of the Local Government and Housing Act 1989 (which requires the Monitoring Officer is required to prepare a formal report on all upheld Ombudsman complaint decisions) is met.

10.4 People Implications

Effective complaint handling is resource intensive but benefits the organisation by identifying and informing service improvements, development needs and managing the process for customers who are dissatisfied.

10.5 Property Implications

None identified

10.6 Consultation

The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. All children and young people wishing to make a complaint are offered the services of an advocate.

10.7 Equalities and Diversity Implications

The complaints process is open to all and has multiple methods of access for customers. Adjustments to the process are made for those who require it because of a protected characteristic.

Although most commonly the process is accessed through e-mail and on-line forms, traditional methods such as post are available and where necessary a complaint can be transcribed over the telephone or be made in person.

This supports those who might otherwise be inhibited from using the process, perhaps through vulnerability.

10.8 Risk Assessment

Personal data regarding comments, complaints and compliments are recorded in approved centralised systems which can only be accessed by nominated officers.

10.9 Value for Money

Resolving a complaint as early as possible in the process reduces officer time spent dealing with concerns as well as providing the opportunity to improve service delivery.

10.10 Community Safety Implications

None identified

10.11 Environmental Implications

None identified

8. Background Papers - None

Southend-on-Sea Borough Council

Report of Executive Director, Children & Public Health
to
Cabinet
on
2nd November 2021

Agenda Item No.
6

Report prepared by: Paul Hill (Southend Safeguarding Partnership (Adults) Business Manager)

Southend Safeguarding Partnership
Annual Report 2020/2021

People Scrutiny Committee
Cabinet Member: Councillor Laurie Burton & Cllr Trevor Harp
Part 1 (Public Agenda Item)

1. Purpose of Report

The purpose of the Annual Report from the Southend Strategic Safeguarding Partnership (SSSP) is to provide an annual assurance assessment for the Council in respect of its responsibilities for safeguarding children and adults in Southend. This report contributes to the requirements of statutory guidance in Working Together to Safeguard Children 2018 and the Care Act 2014.

2. Recommendations

Cabinet is asked to note the Annual Report from the Southend Strategic Safeguarding Partnership (SSSP)

3. Background

3.1 When Southend Council reviewed and updated its arrangements following the DfE's issue of the updated Working Together document in 2018, the Council decided to combine many of the functions of the old Local Safeguarding Children's Board (LSCB) and Safeguarding Adults Board (SAB) creating the new Southend Safeguarding Partnership.

3.2 In 2019-2020, an Interim Annual Report was published. This 2020-2021 Report is the first substantive one published.

3.3 The Annual Report of the SSSP for the Financial Year 2020-2021 is attached as Appendix 1 to the report. The Annual Safeguarding Report is co-owned by the SSSP's three Statutory Bodies, the Local Authority, Police and Health. The Annual Report which has been informed by all 3 statutory partners provides an account of safeguarding activity and ambitions, for both children and adults in Southend.

3.4 The pandemic placed unprecedented demands on Southend residents, services, and their staff for the 2020 / 2021 financial year so it is more important than ever to ensure that the SSSP reviews and accounts for its work in the previous year and sets in priorities for the 2021 / 2022 financial year.

3.5 The report opens with a commentary from the SSSP's Independent Advisor and Scrutineer Maggie Atkinson. It outlines the SSSP's mission, vision and values, its structure, and the links it has with local, regional, and national work on safeguarding for both adults and children.

3.6 The report sets the context and examines the performance of the SSSP and outline the strategy for 2021/2024 and the workplans that emerge from it. The report summarises and captures the outcomes from the work of partner organisations, the SSSP's sub-groups and the income and expenditure of the SSSP.

4. Other Options

N/A

5. Reasons for Recommendations

To keep the Council informed of the position in respect of safeguarding children and adults in Southend. Section 43 of the Care Act 2014 and section 41 of the statutory guidance in Working Together to Safeguard Children 2018 (WT 2018) document, together require the Southend Safeguarding Partnership to produce and to publish an annual report.

6. Corporate Implications

6.1 Contribution to the Southend 2050 Road Map

The work of partners and the Council in safeguarding children and adults directly contributes to all of the Southend 2050 outcomes and particularly Safe and Well.

6.2 Financial Implications

N/A

6.3 Legal Implications

This report supports the Council, The Leader, the Chief Executive, Executive Directors and Lead Member to discharge their statutory duties under the Children Act 2004 and Care Act 2014.

6.4 People Implications

N/A

6.5 Property Implications

N/A

6.6 Consultation

N/A

6.7 Equalities and Diversity Implications

N/A

6.8 Risk Assessment

N/A

6.9 Value for Money

Fulfilling our responsibility to safeguard children and adults and promote their welfare is a statutory requirement. The Council works in partnership with other organisations and local authorities to ensure we fulfil those responsibilities in the most cost-effective way.

6.10 Community Safety Implications

The SSSP works alongside the Community Safety Partnership (CSP) to safeguard children and adults living, studying and working in Southend.

6.11 Environmental Impact

N/A

7. Background Papers

- Working Together to Safeguard Children (2018)
  - https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Keeping Children Safe in Education (2021)
  - https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- The Care Act (2014)
  - https://www.legislation.gov.uk/ukpga/2014/23/contents
- Care Act Guidance (2014)
  - https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

8. Appendices

Appendix 1- Southend Safeguarding Partnership – Annual Report (2020-2021)

Appendix 2- Southend Safeguarding Partnership – Annual Report (2020-2021) (Executive Summary)

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SOUTHEND

Safeguarding Partnership

ANNUAL REPORT 2020 / 2021

Contents

Andy Lewis

Chief Executive

Southend Borough Council

Lorraine Coyle

Director of Nursing

Mid and South Essex Clinical Commissioning Group

Andrew Packer

Detective Chief Superintendent

Crime and Public Protection Command

Essex Police

Introduction

We are pleased to present, and to endorse, the Annual Report of the Southend Safeguarding Partnership for the Financial Year 2020-2021. This Report, co-owned by our three Statutory bodies' staff and representatives and jointly authored and constructed by all of us, gives an account of safeguarding activity, and ambitions, for both children and adults in our borough. We are keenly aware that the financial year it covers was extraordinary for Southend's people of all ages and placed unprecedented demands on services and their staff which have followed us all into the current year's planning, funding and provision of services. We are equally aware that what we do continues to develop, not only because we are never satisfied with staying as we are and are striving to do better whatever the challenges, but also because Covid-19 has still not gone away, and "a new normal" is still being formulated across all our services and in all our communities. We consider safeguarding is not only a description of what we do to respond to people living with vulnerability or going through great difficulties, but must be a way of thinking and doing our work together – preventing harm in people's lives rather than only responding when it happens; responding to Southend's residents of all ages whose ideas about how they might stay safe must help to guide what we do with and for them; and supporting our communities to make staying safe and being well the norm, rather than waiting until danger is clear or people are unwell. We know there is more to do, and we are determined, as the borough looks towards shaping its future towards 2050, to ensure safeguarding and wellbeing are at the heart of our continued improvement. Do read all of this report as we commend it to you.

Prof. Maggie Atkinson

Independent Advisor

Southend Safeguarding Partnership

Scrutiny Commentary

by Prof. Maggie Atkinson (Independent Advisor)

I am Professor Maggie Atkinson, Independent Adviser and Scrutineer for the Southend Safeguarding Partnership (referred to as the SSP in much of this document.) I have worked with and for children, families and communities since qualifying as a teacher in 1979, have been a Statutory Director of Children's Services and served as Children's Commissioner for England from 2010 to 2015.

I took up my role in Southend at the end of February 2021 and want to place on record here my thanks to my predecessor Liz Chidgey, who held the post for the greater part of the Financial Year 2020-2021, which this Annual Report covers.

The pages that follow have been written by senior representatives from a range of bodies. Principal among them are the SSP's three Statutory Partners who are responsible, in a Partnership of equals, for both the Children's and Adults' Safeguarding Partnerships: Southend Borough Council, Essex Police Service, and Southend Clinical Commissioning Group (CCG.) The Report looks in detail at how both preventive and early intervention based, and far more intensive and sometimes statutory safeguarding activity, are undertaken in Southend. Sections are supported by data wherever it is available, so that accounts bear weight, trends are clearly seen and reported on, issues can be examined and explained, and plans for future activity are then explored.

All sections of the report relate directly both to legislative and governmental demands or regulatory frameworks, and to the agreed SSP Strategy for 2020 to 2024.

Some contents of the report relate to Southend's residents and their wellbeing no matter what their age or stage of life, given most people live their lives in mixed-generational extended families and communities, and many issues can be lifelong. These include – to quote only a few examples – physical or intellectual disabilities, the effects of long-lived disadvantage or poverty, and the inter-generational impacts of domestic abuse and violence that leave people unsafe and vulnerable.

Whilst the SSP is a combined all-age Safeguarding Partnership, it has two branches, one dealing with children and young people, the second with the needs of adults, particularly where they have additional needs or vulnerabilities. Parts of the Report are therefore age-group-specific, given the needs of children, young people and adults often change over the course of a lifetime.

You will find details relating to children's education including when they have additional needs or are struggling for whatever reason; their health and wellbeing and how these are supported; what happens when a child or family needs additional help or support; what goes on to happen if stronger and more directive safeguarding work needs to happen with a family in the best interests of the children concerned; and how services respond if a child or family is in conflict with the law, or has to deal with extraordinary challenges, dangers or tragedy.

Equally, the Report covers issues that arise only in adulthood: the many and increasingly complex and long-lived challenges and effects of ageing; physical or intellectual difficulty or disability; A wide range of vulnerabilities; and the effects on adults of involvement in or being the victim of crime, substance misuse, housing, income, disadvantage and other difficulties that some Southend residents face.

Inevitably given the entire 2020-2021 Financial Year was lived in the midst of unprecedented challenges, triumphs and deep griefs of a global pandemic whose effects are still with us, many of the pages that follow account for services' and partners' responses to Covid 19. Southend's partner bodies are all clear that their ways of working, and their staff's safety, energies, ability to stay strong and optimistic, have been deeply challenged by the pandemic. Equally, they are determined to capture, and not to lose, some of the gains they have made in working in partnership as a matter of course, rather than working in separated bodies that sometimes cooperate, as tended to be the pattern before March 2020. As things have returned to normal, all concerned are clear that it is a "new normal" shaped by the changes brought by working at least in part on-line, and always with a concern both for Southend's welfare and wellbeing, and their own safety and ability to go on working.

No part of this Report seeks to claim that all is in a state of perfection in safeguarding for Southend's residents. There is a great deal of data and information that shows ongoing steady improvement, set against considerable odds and with ever more challenged resources. There is also a great deal of honest assessments of what more needs to be done. The report closes with a look-ahead to the 2021-2022 work already started as this report is published. The 2021-2022 Annual Report, which will be as detailed and as evidence based as the 2020-2021 Report you are about to read, will be published in the Summer of 2022.

SCRUTINY COMMENTARY AND STATEMENT OF ASSURANCE (WT 2018 / CARE ACT 2014)

Part of my work with Southend's Partnership is to chair several the bodies that bring agencies and services together to ensure the work of safeguarding is done, and that partners account to each other for what they do, as well as to their own organisation's governance bodies. Part of what I do is to give clear, direct, when necessary, professionally challenging advice on continued improvements to what is being done. I am also bound by the requirements of the Children and Families Act 2017 alongside Working Together to Safeguard Children 2018, and by the Care Act 2014, to give a formal and independent Statement of Assurance regarding the fitness for purpose of the SSP, and the degree to which it complies with those legislative requirements.

I confirm that I have no connection to any organisation, agency or service working with or for residents in Southend. I was appointed on a formal contract, after a competitive process of a written application to, and formal interview by, senior representatives of the three Statutory Partner bodies. I am entirely independent of any of them. The copy in this report has been read in detail, challenged, and cleared by, and remains under the editorial control, of myself as Independent Adviser.

In the nine months between my starting in this role and the publication of this Annual Report in November 2021, I have chaired two rounds of meetings of the parts of the Partnership I lead. I have met, in both one-to-one and small group settings, with senior representatives of all Partner bodies of the SSP, including in legally bound Relevant Agencies such as the borough's schools and voluntary sector bodies. I have attended, as a Participant Observer, all the subgroups of the Partnership, whose reports are captured in this Report. I have met with governance leaders in Partner organisations. I have attended and contributed to Southend's Improvement Board meetings. I keep the two statutory Directors of Children's and of Adults' Services aware of what I find as I undertake the Scrutiny elements of the work I was appointed to do. I have so far met representatives of Southend's young citizens, whose voices and views can help to shape services for the future. In the coming year I intend to ensure that such meetings and connection-making continue.

Based on my work described above, and from the extensive and detailed reading and analysis I have done and continue to do about issues where I have yet to become involved at this point in my first year, I hereby present my formal Independent Scrutineer's Assurance that the SSP complies with the legal requirements placed on both Local Safeguarding Children Partnerships, and Safeguarding Adults Boards, in all English top tier or unitary Local Authorities. I can also confirm that all concerned are aware that the improvements in which they are all engaged are never to be considered "finished" or perfect but are continuous.

THINGS TO BE DONE

As referenced above, there remains, as always in a wide range of public services, much work to be done. In summary, the main issues faced for 2021-2022 and potentially in the far longer term are examined later in this report, where the 2021-2024 SSP agreed strategy and work plan are laid out. The contents of this Annual Report are also tied to these strategic aims and work programmes, and much of the work being done will continue to address stubborn challenges such as the effects of long-term neglect in the lives of some children and adults in the borough.

I have the following concerns that I advise all Partner agencies to seek to address in 2021-2022, and then onwards into 2022-2023.

- Too many of the evidenced, clear and accepted recommendations of the Governance Review of October 2020 by Carole Brooks Associates remain

unfulfilled, or not yet started over a year since publication. 2021-2022 should see a renewed focus on ensuring they are fulfilled, which will take refreshed and determined commitment from all partners in equal measure.

- The aftereffects of Covid 19 are likely to be long lasting, in terms of how well organisations recover, how robust and resilient services and their staff are given the unprecedented and relentless, and emotionally and personally challenging, events of the period since March 2020. All agencies will need to be both cognisant of, and actively engaged in responding to, the safeguarding challenges that will continue to face services, their staff and client groups.
- Whilst patterns of demand on services during the pandemic have changed to some degree, particularly where client groups have been less obvious because of "lockdown" effects on people staying behind their own front doors, services are likely to need to adapt again as "a new normal" comes about, and demand either returns to pre-March 2020 patterns or present new challenges and entirely new client groups who were previously unknown. Agility and flexibility will be needed, as will a determination to work in partnership to get things done.
- Southend has a remarkable "dashboard" facility that presents real time, historic and trend analysis material on a wide array and larger number of subjects, across all services connected to the SSP. It is fed by "push" from services' own data, rather than having to be requested by a central data analyst or controller. It is potentially a remarkably powerful source of direction and priority setting. It remains under-used by too many of those who should be using it to help shape how they do what they should, and how they reflect on what Southend's people need based on what the data tells them.
- The Business Unit is wafer thin and sorely under-resourced in comparison to any other such body, including in neighbouring Local Authority areas across the East of England. I am aware that resources are tight across all agencies and do not make these remarks lightly about a Unit that does a great deal more than its Establishment number might otherwise assume was possible. It features a manager for the Children's and a manager for the Adults' Partnership strands of the SSP, plus one FTE administrative post. This leaves it unable to do all the following:
    - Ensure the SSP's website is refreshed, contains updated materials on central and local priorities, policies, lessons to be learned by professionals and signposts for Southend residents seeking information or advice on safeguarding
    - Analyse the data that were it to be analysed could push forward at greater pace on the SSP's shared agenda, direction of travel and ensured development of the safeguarding agenda for children and adults in Southend
    - Host any central, partnership wide, multi-agency or coordinated training, learning and development function, as is common in partnerships across England. Southend's situation in this regard means that (to quote only one example) a senior Public Health team member, who chairs the relevant subgroup but is also a very busy professional, is also left trying to engineer the training that thousands of professionals across dozens of organisations require on key pieces of agreed development such as the much-needed work on Harmful Sexual Behaviours and the roll out of the agreed Neglect tool Graded Care Profile 2.
    - Hold any Partnership wide conferences or other learning events, which require a budget, and organisational capacity.
    - Establish and then maintain a presence on social media, which given its prevalence in the lives of many residents including the most vulnerable, is a key missed opportunity.
    - Permit the two managers to manage, rather than undertaking work that an even marginally larger support team would be charged to do were resources to be available.

Legal Duty to Deliver an Annual Report

Section 43 of the Care Act 2014 and section 41 of the statutory guidance in Working Together to Safeguard Children 2018 (WT 2018) document, together require the Southend Safeguarding Partnership to produce and to publish an annual report.

When Southend reviewed and updated its arrangements following the DfE's issue of the updated 2018 WT document, the borough decided to combine many of the functions of the old Local Safeguarding Childrens Board (LSCB) and Safeguarding Adults Board (SAB): Creating the new Southend Safeguarding Partnership. In 2019-2020, an Interim Annual Report was published. This 2020-2021 Report is the first substantive one published.

Coronavirus (COVID-19): the abiding theme of 2020-2021

COVID-19 and the restrictions it has brought to our community have changed the environment that we all live and work in. For children and vulnerable adults this has meant that the availability and methods of delivery for support has changed. It has also meant that contact they have had with the wider community has significantly reduced, often impacting on their well-being. For those members of our community suffering abuse and/or neglect in the home this has been a very difficult time. The lack of contact with local authority services, schools, dentists, medical staff etc. has meant that some requiring support and some suffering abuse have not been identified.

Service providers have also felt the impact of the changes cause by COVID-19. Staff have worked from home, not had contact with each other and their support networks. They have tried to utilise digital facilities quickly made available, but there is no substitute for human contact…. Supporting clients through the pandemic, whilst not being able to visit or see their clients in person has been challenging and there are many reports of the struggle to ensure work is completed to a satisfactory standard. Health Partners have had to deal with a huge change and increase in workload and have had little time other than for the emergencies of the pandemic.

Southend Safeguarding Partnership has also been impacted significantly. Meetings have all been digital; Partners have not been able to give time to deliver against the agreed strategy and work plan, tasks and actions from meetings have not been completed because of huge workloads cause by community need. The Partnership governance team (2.5fte) have also been without 1 member for 3 months because of their contracting COVID-19.

Vision, Mission & Values

WHO WE ARE

Southend Safeguarding Partnership is led by the three Strategic Partners.

1. Essex Police
2. NHS Southend Clinical Commissioning Group
3. Southend Borough Council

We also include organisations and individuals from all sectors that support vulnerable people in Southend and make up our Partnership.

WHAT WE DO

We are the key statutory mechanism for agreeing how Partners co-operate to safeguard and promote the welfare of people in Southend; and for ensuring the effectiveness of what they do. We do this for Children and Vulnerable Adults.

VISION

To work together in the best way for the people of Southend

MISSION

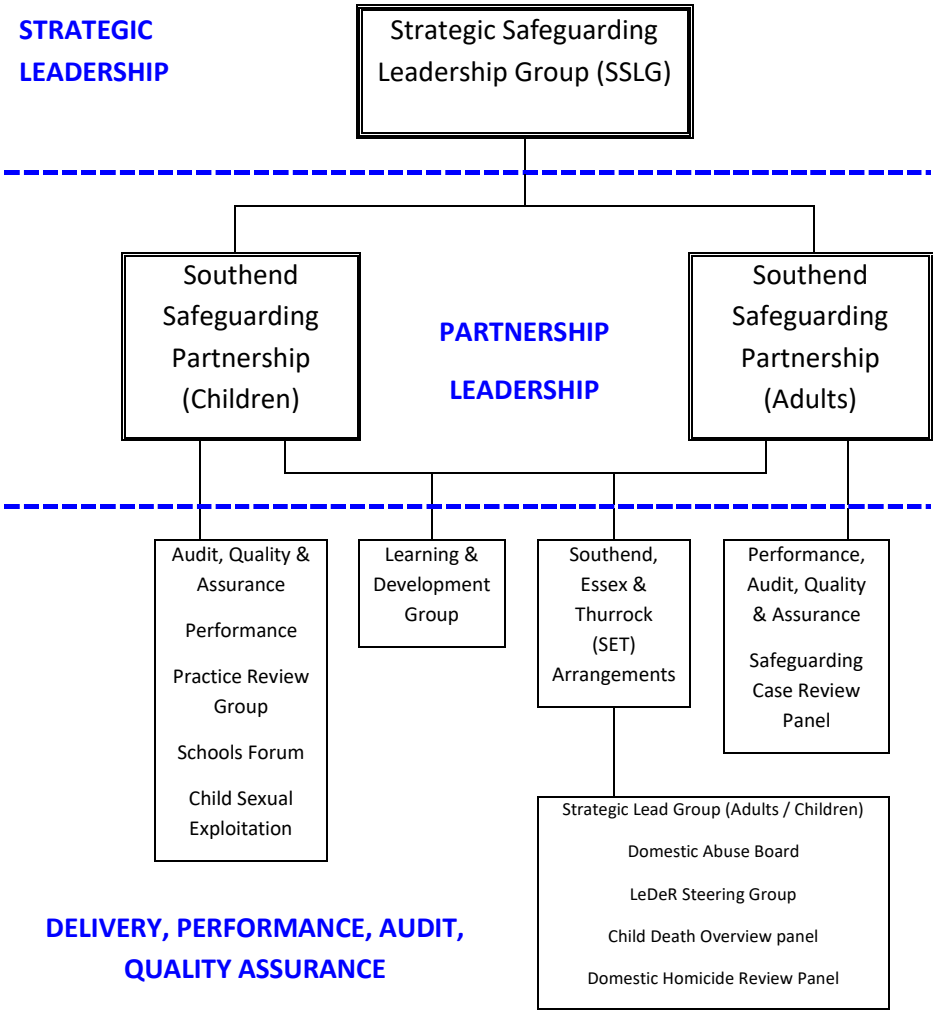
- To create opportunity for Partners to work together
- To develop trust in the Partnership; so that we can help each other to find better ways of doing what we do.
- To ensure Partners work together to reduce the causes of harm to our communities
- To act as a critical friend and to highlight areas needing improvement
- To make sure that Partners understand what each other's priorities are and where there are overlaps
- To make sure everyone is safe and gets the help they need.

Structure

GOVERNANCE

On October 31, 2019, the Southend Local Safeguarding Childrens Board (LSCB) and Safeguarding Adults Board (SAB) combined to create the Southend Safeguarding Partnership (SSP). The SSP is established in accordance with the Children and Social Work Act 2017, Working Together to Safeguard Children 2018 and the Care Act 2014. The SSP provides the Multi–Agency Safeguarding Partnership framework under which accountable partners and relevant agencies work together to coordinate their safeguarding services, identify and respond to the needs of people in Southend, commission and publish local child safeguarding practice reviews, safeguarding adult reviews and provide scrutiny to ensure the effectiveness of the arrangements.

Readers should note that the SSP is a Partnership in its own right. It sits as one of a "family" of Partnerships, at the same level as, and equally backed by a legislative framework as, the Health and Wellbeing Board (HWBB) and the Community Safety Partnership (CSP.) These statutory Partnerships need to ensure that they communicate their respective strategies, and the work they do, so that whilst each is "guardian" of its own particular elements of life and services in Southend, all of them are kept aware of what the others are dealing with so that there is both partnership-to-partnership joint working, and avoidance of both overlap, and the opening of unaddressed gaps or needs.



GOVERNANCE REVIEW

A review of these arrangements was completed in October 2020 by an external consultant (Carole Brooks). The review produced several recommendations (A number of which feature in our 'workplan' below). They are:

1. Maintain the current structure of a joint SSP and sub-groups, roles of Independent Adviser and Business Manager, except for the Safeguarding Scrutiny Panel and reviewing the support resource within the business unit.
   The role of scrutiny and resources for the business unit is the subject of ongoing discussion in the Strategic Meeting of the Partnership. (See item 6 in workplan below)
2. Review membership and reduce the operational footprint of the partnership, identifying how meetings and communications can be more succinct, strategic and effective.
   The Independent Advisor to the Partnership is offering guidance support to these meetings and will offer advice in the future for their re-shaping.
3. Refresh the published arrangements to be more accessible and which include suggestions within this review.
   Not yet started
4. Consider how the workplans can be strengthened to measure change and impact for Southenders and ensure sufficient grip across the partnership and in meetings to progress work, balancing resources, risk and pace.
   (See item 4 in workplan below)
5. Create a safeguarding effectiveness framework to include scrutiny, performance, quality assurance, understanding outcomes and impact across the partnership to replace the learning and improvement framework, and consider required resources and skills to do so.
   (see item 6 in workplan below)
6. Accelerate and provide a stronger focus on listening and acting on the voice of Southenders, finding ways to do so during Covid.
   (see item 4 of workplan below)
7. Refresh the case review documentation and approach to be more strengths based and strengthen capacity and skills in this area. Investigate case review referral thresholds to be assured they are being met and identify how single agency learning can be better shared across the partnership.
   (see item 8 of workplan below)
8. Consider the expectations in learning and development in light of no dedicated budget, including reliance on individuals on the sub-group and single agencies to deliver.
   The lack of resources is subject of ongoing discussions in the Partnership Leadership Group

Links with Key Partnerships, Regional and National Learning

The SSP is closely connected to and undertakes overlapping work with a range of single agency processes or statutory requirements. In brief, these are as follows:

Every locality has to operate a Child Death Overview Panel (CDOP) which takes account of all child deaths whether sadly expected or equally tragically unexpected, and reports into the SSP; and a related Child Death Review Panel (CDRP) which takes a clear, analytical and often medically led approach to discussion of all child deaths in order to present assurances to all agencies that the reasons for a child dying are understood, and any lessons for professionals' future practice are taken on and applied in the work being done in all relevant agencies

The Community Safety Partnership (CSP) features many of the same partners as does the SSP. The CSP's core work however relates to the borough's approaches to community cohesion, safety on the street, anti-social behaviour and how it can be both dealt with when it occurs, and prevented whenever possible. Some of the CSP's threads and themes overlap with those of the SSP.

Southend Health and Wellbeing Board (HWBB) which as its title suggests has the statutory overview of how Southend's residents are helped and supported to stay well, to make healthy choices and live the healthiest possible lives and have access to both medical and community support advice and help when needed. Again, some of its agendas overlap with parts of what the SSP does.

Across Southend Essex and Thurrock (SET) there is a wide range of continued collaborative working, and active collaborations. Not least these work well around the work of bodies that work across LA boundaries such as Essex Police Service teams and personnel, and also where there are shared concerns such as a noted rise during Covid 19 of Non-Accidental Injuries (NAIs) in under-two-year-old children, concerns about cross-border serious youth violence, and a known cross-border pattern of vulnerabilities that lead some families to move from area to area across all three SET Authority footprints.

Another regional development that will require flexibility and shared planning and implementation will be the forthcoming NHS, alongside likely linked changes to the creation of Health provider Alliances and linked.

It will also remain vital for SSP to remain as closely and cooperatively connected as possible to a continuously changing landscape of provision across schools' and FE colleges' governance bodies, the borough's Schools Forum, and SAVs and other Voluntary sector coordination and delivery bodies.

SSP is also bound to capture its responses to, and learning from, national developments. DfE and its National Panel which oversees lessons learned from Safeguarding Children Practice Reviews, and other government departments including DHSC, MHCLG, the Home Office, MoJ, and the plethora of inspection bodies including Ofsted, CQC, HMICFRS, HMI Probation and HMI Prisons, all regularly report on issues taken from practice on the ground. Often their reports contain lessons intended for national implementation. They can all also lead to changes in legislation on issues of vulnerability drawn from tragedies affecting children, young people, adults, families, and communities. SSP needs to remain constantly alert, and ready to respond to such changes.

Contextual Factors

There are several review methodologies and processes that feed directly into the Partnership. They include:

- Domestic Homicide Reviews (DHRs)
  - A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria.
  - These are managed by a Southend, Essex & Thurrock (SET) combined 'Core' group and include Partnership 'Adult' Business Manager who feeds outcomes back to the Partnership.
- Learning Disability Mortality (death) Review (LeDeR)
  - In a LeDeR review someone who is trained to carry out reviews, usually someone who is clinical or has a social work background, looks at the person's life and the circumstances that led up to their death and from the information they have makes recommendations to the local commissioning system about changes that could be made locally to help improve services for other people with a learning disability locally. They look at the GPs records and social care and hospital records (if relevant) and speak to family members about the person who has died to find out more about them and their life experiences.
  - These are managed by a Southend, Essex & Thurrock (SET) combined 'Steering' group and include Partnership 'Adult' Business Manager who feeds outcomes back to the Partnership.

- Safeguarding Adult Reviews (SARs)
  - A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again.
  - SARs are managed by the SSP business unit and appoint an independent author. We have started one SAR in the year (Independent Author: Mr. Alan Coe), and none are outstanding to be included in this report. It has yet to be completed and includes independent management reviews by several Partners: It is also subject to a Coroner's Inquest (again not yet complete). Outcomes will be included in next year's annual report.
  - We have received the first National assessment of SAR outcomes this year. A paper was discussed at the SACRP sub-group.
- Local Child Practice Review (LCPR)
  - LCPRs are managed by the SSP business unit and appoint an independent author. We have started one Local Learning Review in the year (*as it did not meet the criteria for an LCPR according to the national panel*), and none are outstanding to be included in this report.
  - LCPRs have replaced serious case reviews and are the new arrangements for undertaking multi-agency reviews involving a significant incident where abuse or neglect of a child is known or suspected.

Performance Summary for the Partnership

Note: Local Authority Data Matrix (DfE/Ofsted derived) in Appendix 1

CONTEXT

We have used the most current data set from the Local Authority

Indices of Multiple Deprivation 2019

Based on mid-2019 population LSOA estimates

9.1% of Southend's population live in the 10% most deprived areas of England (IMD Decile 1)

10.7% of Southend's 0–17-year-olds live in the 10% most deprived areas of England (IMD Decile 1)

Low Income Families (2019/20 data):

Definitions:

- People in relative low income – living in households with income below 60% of the median in that year.
- People in absolute low income – living in households with income below 60% of (inflation-adjusted) median income in some base year, usually 2010/11.

'Relative low income' measure compares the households with the lowest incomes against the rest of the population in that year, while the 'absolute low income' measure looks at whether living standards at the bottom of the distribution are improving over time.

15.8% of children (under 16) in Southend live in relative low-income families

12.3% of children (under 16) in Southend live in absolute low-income families

Numbers in school:

May-2021 Census (accurate for Southend schools - academic year 2020/21):

School Type	No. of Students
Primary	15363
Secondary	14102
Special	595
Alt Provision	108
Total	30168

Children open to social care (as at 31 March 2021):

Social Care Status	No. of Children
On a CiN Plan	352
On a CP Plan	175
Looked After	280
Looked After Placed In Borough	132
Looked After Placed Out of Borough	148
Leaving Care	130

May-2021 Census (accurate for Southend schools - academic year 2020/21):

SEN Status	No. of Children
EHCP	1130
SEN Support	2748

Fixed Term Exclusions:

Academic Year 2019/2020	No. of Incidents	No. of Students
Alt Provision	96	56
Primary	51	32
Secondary	560	424
Special	54	38
Total (ex Alt Prov)	665	494

Academic Year 2020/2021 (up to 31/07/2021)	No. of Incidents	No. of Students
Alt Provision	65	48
Primary	75	61
Secondary	703	549
Special	26	20
Total (ex Alt Prov)	804	630

Permanent Exclusions:

Academic Year 2019/2020	No. of Incidents	No. of Students
Alt Provision	0	0
Primary	1	1
Secondary	9	9
Special	0	0
Total (ex Alt Prov)	10	10
Academic Year 2020/2021 (up to 31/07/2021)	No. of Incidents	No. of Students
Alt Provision	1	1
Primary	0	0
Secondary	12	12
Special	0	0
Total (ex Alt Prov)	12	12

The number of people accessing long term support at the year end (31st March 2021)

Number of Adults in receipt of a Long-Term Service as at 31st March 2021	2084

Differing Levels of Need:

Prime Support Reasons	18-64	65+	Total
Physical Support	211	1051	1262
Learning Disability Support	447	75	522
Support with Memory and Cognition	5	89	94
Mental Health Support	123	54	177
Sensory Support	10	14	24
Social Support	2	3	5
Total	798	1286	2084

Support Setting	18-64	65+	Total
Nursing / Residential	99	419	518
Community	699	867	1566

Community Services support mechanism	18-64	65+	Total
Direct Payments	267	130	397
Part Direct Payments	58	21	79
Services via a Personal Budget	334	695	1029
Commissioned support	40	21	61

Of those supported in the Community, the number receiving support from an unpaid carer	866

DoLS - For a DoLS to be Granted the client would be assessed as lacking capacity

Number of Applications received	1106

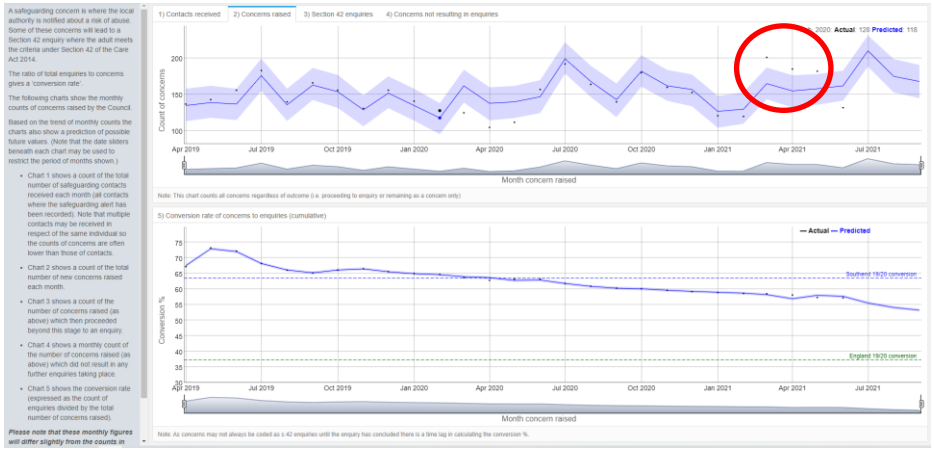
Of those received, the number where a decision was made	912
The number of Active DoLS at year end	389

Safeguarding

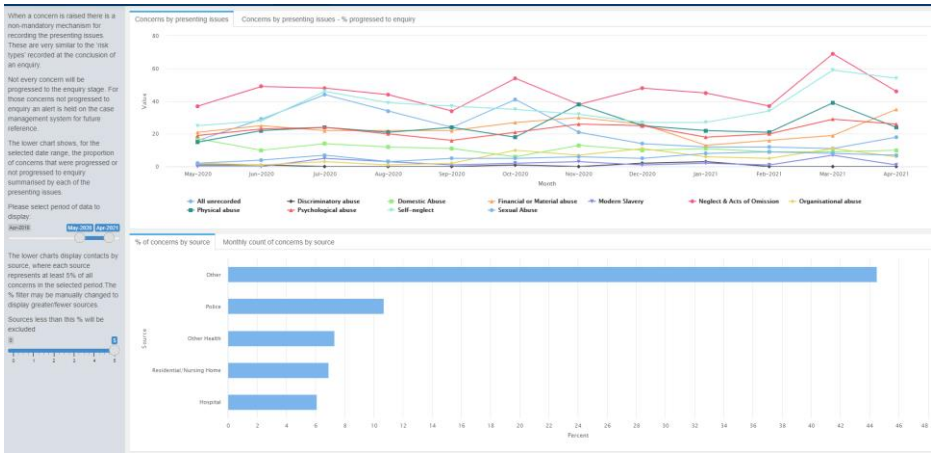
The number of adults involved in safeguarding concerns	1377
The number of adults involved in new Section 42 enquiries	824

PERFORMANCE (SAFEGUARDING ADULTS IN SOUTHEND MAY2020 – APRIL 2021)

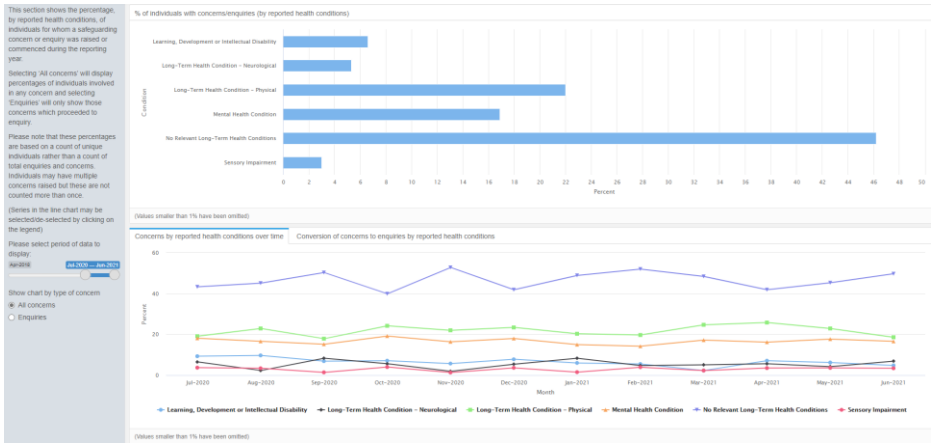
Adults



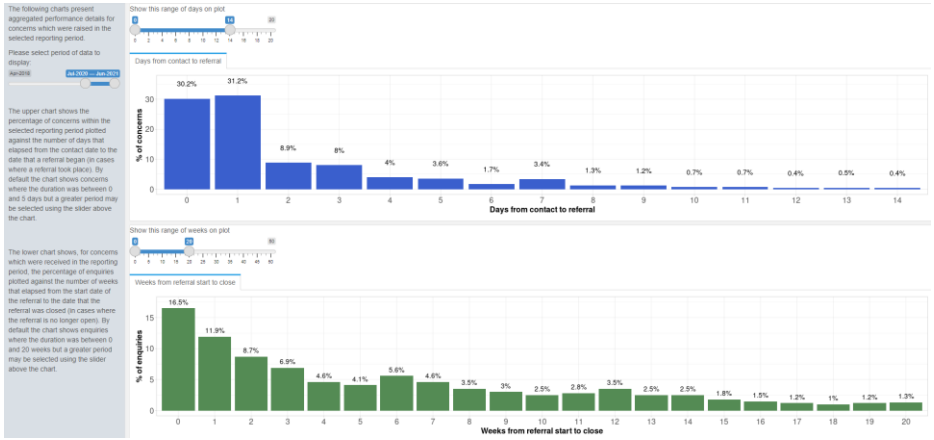
The number of contacts raised between May and June 2021 showed a dramatic increase as we came out of the lock-down restrictions caused by the COVID-19 pandemic. We only have one month's data after these three months increased, which has returned to pre-pandemic levels.



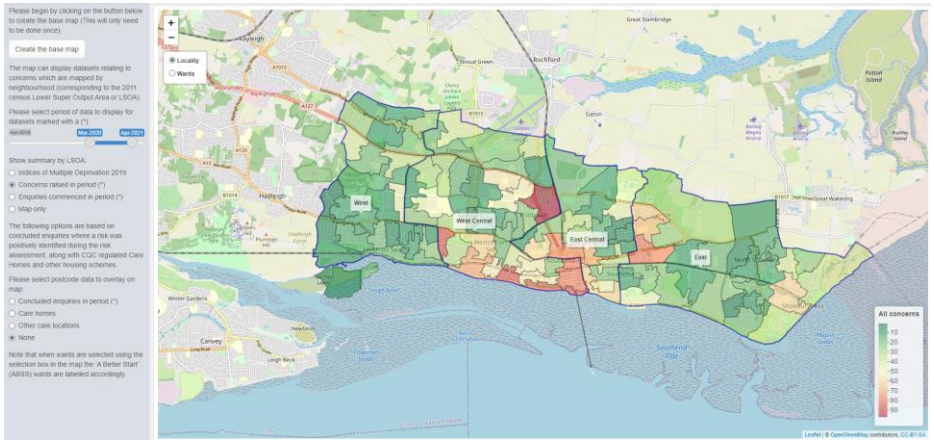
Neglect, Self-Neglect and Physical Abuse have seen a significant rise since the release of COVID-19 restrictions. The physical abuse records are currently being explored as these may have been mis recorded domestic abuse events. (Domestic abuse is seen on the graph as not changing at all).

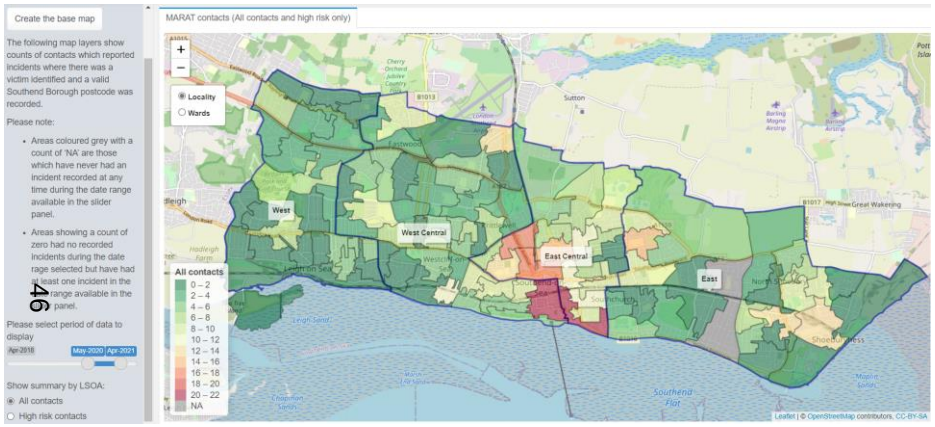


The percentage of people with recorded health conditions that are subject to safeguarding concerns/enquiries continually proves that these members of our communities are more at risk.



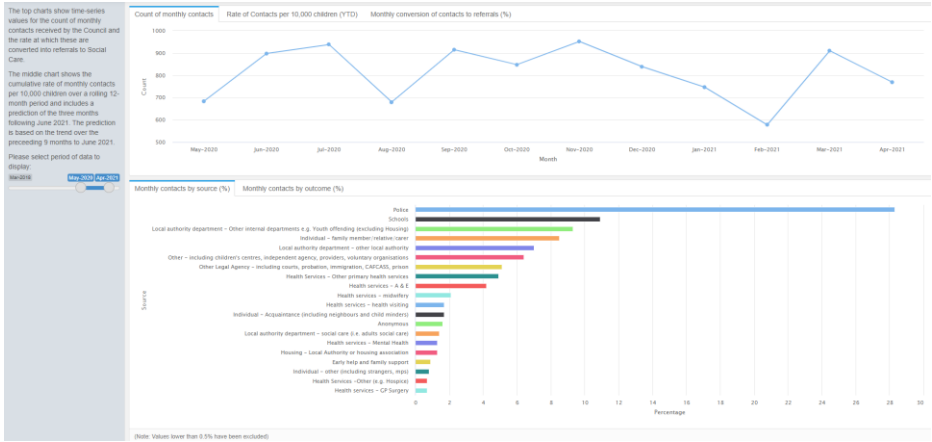
The speed at which safeguarding referrals are responded to and then the time it takes to resolve the issue is constantly being reviewed. Over 85% of referrals are contacted within 5 days (The contact is often not possible because of the referrer only giving details of a person not available). Over 85% of referrals are also resolved (a way forward found) within 2 weeks.



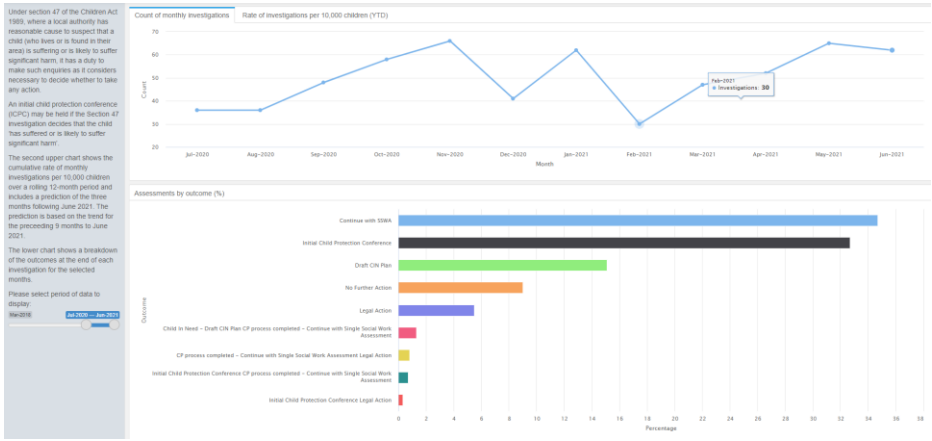


Areas of Southend where safeguarding concerns are raised, and domestic abuse cases reported are known and are subject to discussion at the Performance and AQA Group meetings.

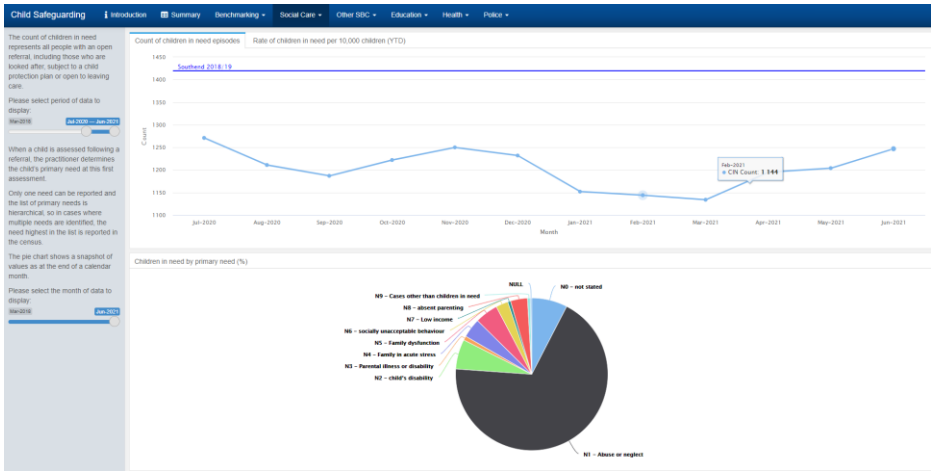
Children



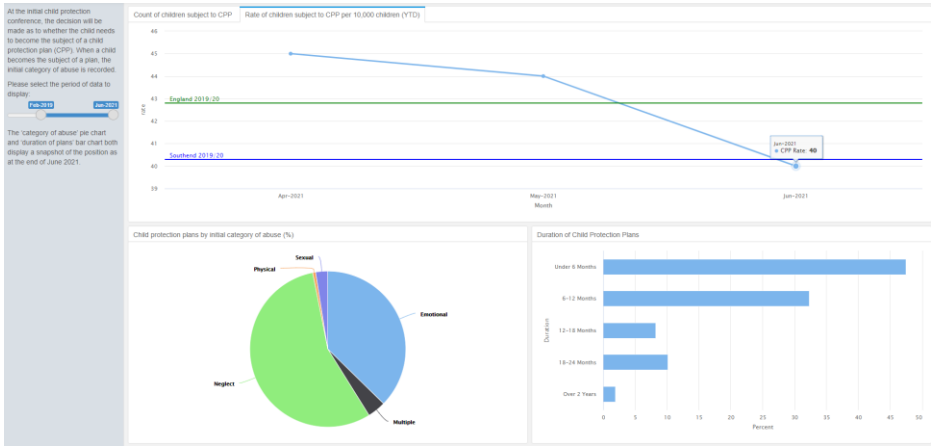
This table shows the number of contacts per month in 2021 received by Southend Borough Council Childrens Services and the source of contacts. There is a high degree of fluctuation over the months, and this reflects the different stages of lockdown, as does the lower rate and the normal percentage of referrals from schools. (2019/20 was 16.3%)



This table identifies the number of section 47 investigations over 2021 and the outcome of these investigations. Again, we see the fluctuations over the year and overall reduction of 174 in 2021 compared to 2020.



This chart shows the number of children in need and the primary reason for the referral. During the significant lockdown period in Jan-March 2021 (when schools were locked down, who are the major referrers) we see a large dip in referrals. This trend is now increasing back to pre-lockdown levels. Neglect and Abuse represent approximately 60% of the primary cause of referrals.



This chart represents the number of children that are subject to a Child Protection Plan (CPP) and the main category of need for referral. We see a drop in numbers of children subject to a CPP between may and June 2021.

Outline of SSP's Strategy 2021/2024 and Workplan

Strategic Priorities

Partnership Priorities

1. Ensure all Partners (Public, Private, Third Sectors and our Communities) have an opportunity to engage in working together and keeping people in Southend safe from harm and abuse.
2. Support communication between partners; ensuring vulnerable people have the information they need. (incl. data and information sharing)
3. Make arrangements that facilitate shared management of risk and delivery of services.
4. Create opportunity to build professional relationships and encourage Partners to work together to meet complex needs.
5. Make sure all practitioners and managers have the appropriate skills, competencies and training to fulfil their role; and are selected appropriately.
6. Ensure Partners learn from case reviews, organisational assessments and published guidance.

Vulnerable Adult Priorities

- Domestic Violence – work with Partners to ensure safeguarding is in place and victims, perpetrators and families can access support they need.

Children Priorities

- Ensure Partners develop their understanding of Harmful Sexual Behavior and put in place appropriate measures to protect victims.
- Develop Partners ability to keep people safe on-line.

Adults And Childrens Shared Priorities

- Neglect – promote the understanding of the issue.

- Prevention – work with Partners to identify and reduce the cause of harm and abuse.
- Ensure Partners hear the voice of the child/victim and think of the impact of abuse on the wider community (including family and close relationships)
- Ensure that Partners have the tools and forums to discuss complex needs and the facility to manage any internal conflict.
- Ensure that any change or new guidance is considered and implemented with the victim at the center of its thinking
- Ensure we develop the professional curiosity of practitioners.
- Highlight the importance of reporting and recording accurately to ensure Partners have the best information and can understand the history of a victim.

Workplan 2020-2024

1. Domestic Abuse:
    - SSP will seek assurance from all agencies that the outcomes desired by the victim are achieved and all those affected by the abuse are considered
    - SSP will seek assurance from all agencies that the signs and symptoms of DA are recognised by front line staff; and they are aware of the appropriate response and reporting route.

    SSP will work with SETDAB and Southend MARAT to ensure work is not duplicated and benefits from the expertise of experts in the area of abuse.

    (It is important that all Partners understand each other's role and how they can work together to get the best outcomes.)

2. Safe Environment / Health Living (Prevention, Early Identification)
    - SSP will work with Partners Agencies to ensure we learn from available information and recognise the environment and context where abuse is most likely to occur; and this informs the shape and place of their service delivery.
    - SSP will seek assurance that, where appropriate, Partners deliver early interventions that are designed to prevent abuse are appropriately sized and targeted. (to be linked to appropriate activity and work)
    - SSP will explore the Bristol insight and Liverpool data models to see if they can be replicated in Southend.
3. Partnership

    SSP will look for every opportunity to encourage and support Partnership working. This includes seeking assurance that Partners work together where appropriate and are cognisant of each other's interaction with their clients.

4. Public, Family, Voice of Child / Adult (including Making Safeguarding Personal)

    SSP will challenge all agencies to demonstrate how the voice of the victim directs services, solutions, policy, guidance and learning.

    SSP will challenge all agencies to demonstrate how they consider the wider (children, family, friends and community) impact of abuse

    Multi Agency Review (MAR): Consider how the workplans can be strengthened to measure change and impact for Southenders, and ensure sufficient grip across the partnership and in meetings to progress work, balancing resources, risk and pace.

    MAR Recommendation: Accelerate and provide a stronger focus on listening and acting on the voice of Southenders, finding ways to do so during Covid19.

5. Data and Information Sharing

    SSP challenge Partners data and information sharing protocols; seeking assurance that all appropriate information is shared, and they take a pro-active approach to their management of personal data for the benefit of their clients.

6. Audit / Monitoring / Peer Review

   SSP will consider all monitoring activity (from victim outcomes and personal service delivery to organisational inspections), review with Partners and if appropriate develop a Partner Action plan.

   MAR Recommendation: Create a safeguarding effectiveness framework to include scrutiny, performance, quality assurance, understanding outcomes and impact across the partnership to replace the learning and improvement framework, and consider required resources and skills to do so.

7. Training

   SSP will continue to monitor training Partners provide their staff and seek assurance that all appropriate training is provided.

   SSP will promote regular opportunities (Conferences and Training) in areas where need is highlighted.

   MAR Recommendation: Consider the expectations in learning and development in light of no dedicated budget, including reliance on individuals on the sub-group and single agencies to deliver.

8. Learning (Case reviews)

   As a result of the outcomes of recent reviews the SSP will seek assurance from partners that the learning from Reviews are understood and appropriate action taken. Recent Reviews have highlighted learning in the following areas:

   - Harmful Sexual Behaviour
   - Professional Curiosity
   - Including the voice of the victim in the design and delivery of the solution
   - Neglect

   (If any other issues are highlighted during the delivery of this strategy these will also be supported in the same way)

   MAR Recommendation: Refresh the case review documentation and approach to be strengths based and strengthen capacity and skills in this area. Investigate case review referral thresholds to be assured they are being met and identify how single agency learning can be better shared across the partnership.

9. Recruitment

   SSP will ask partners to review their recruitment services, seeking assurance that appropriate training, policies, and procedures are in place.

10. Reporting / Recording

    SSP will ensure that all Partners are aware of the correct policy and procedures for reporting and recording Safeguarding Issues; and their staff are trained, and activity monitored.

11. Mental Health (Including MCA)

    SSP will review the consideration of safeguarding issues when mental health services are provided, particularly the recognition of signs and symptoms of harm.

12. Escalation (including Whistleblowing)

    SSP will work with Partners to ensure that all policies and processes of escalation are clear, known and working.

13. Professional Curiosity

    SSP will explore with Partners how they ensure practice is appropriately professionally curious.

14. Decision Making and Supervision

    SSP will explore how all Partners deliver Safeguarding Supervision and identify areas for improvement and potential for shared working.

15. E-Safety

    SSP will review current provision of E Safety services; how E Safety can impact on the safety of their service users (or potential service users) and what action they may take

Updates on Safeguarding Activity from Strategic Partners

ESSEX POLICE

Domestic Violence

Data is collated by our Performance Analysis Unit (PAU) and held on the DA Dashboard. From the Dashboard, a performance pack is generated to allow for scrutiny within the heads of department at the DA Governance Board (DAGB) and presented at a Strategic Board chaired by an ACC. DA Dashboard data is scrutinised every 6 weeks at the DAGB.

A HMICFRS report 'Policing Domestic abuse during the pandemic' suggests that DA incidents did not increase as European statistics may have suggested would happen during COVID-19. However, calls to charities increased. Levels did return to normal as time went on. Annually, there is a trend showing an increase in DA during summer periods, peaking in August.

Domestic Abuse has been added to the force control strategy meaning that it will now focus as a priority area of policing during local and force tasking. An analytical product is being developed to determine the greatest risk domestic abuse perpetrators and feature victim, offender, and location information to determine domestic abuse hotspots. These analytical products will feature as part of the tasking process, ensuring resource and appropriate policing activities are focused on the greatest threat, harm, and risk.

The force will also continue to use analytical modelling to identify a domestic abuse victims cohort comprising of the current most vulnerable victims and a perpetrator cohort identifying domestic abuse perpetrators who pose the greatest threat, harm, and risk. These cohorts are identified using an RFG analytical model (Recency, Frequency, Gravity), to score and rank the most vulnerable and harmful.

The centralisation of all High-Risk Secondary DASH Assessments for the force is progressing well with the Central Referral Unit (CRU) taking responsibility and in doing so, providing greater consistency of Secondary DASH risk assessments across the force. This is generating more accurately gauged and quicker safeguarding requirements. It has also provided clear ownership. Our Central Referral Unit continued to support vulnerable DV victims during lockdown and have carried out several safeguarding interventions, including refuge runs. A victim focused success was the early identification of a High-Risk victim that had been at the receiving end of an especially swift escalation from financial abuse to strangulation. The CRU were able to secure this victim in immediate safe accommodation with a view to onward relocation in a refuge.

In March 2021 the new Domestic Abuse Problem Solving Teams were launched. The teams will be able to identify and overcome the individual and structural barriers preventing victims from breaking the cycle of abuse. They'll also be targeting some of our most prolific domestic abuse perpetrators, but they'll be ensuring there is a victim-focused approach throughout.

Op Enforce – Police participation within MARAC's identifying intelligence opportunities to target repeat perpetrators and maximise victim safeguarding. There have been some quick and positive results more recently attributable to the newly formed Domestic Abuse Problem Solving Team, which has supported swift actioning of tasking opportunities since inception, creating opportunities for intervention, diversion, and enforcement.

Under Op Consider the aim is to increase the usage of Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPO) where and when relevant. Before the scheme, there was a gap in protection.

The DA ACT has been law since 29th April, however there are lengthy timescales to get all the legislation within the act implemented. This is a standing item within the DAGB to monitor this as and when new actions come in. SETDAB are also accustomed with the DA ACT.

In 2021/22 there will be a focus on the VAIWG agenda. There will be an increase in the provision of IDVA's in Essex and it is already being looked at how they could be utilised.

Child Exploitation and Missing

Data is collated by PAU and supports the Partnership performance dashboard. Crime in general in Essex favourably compared to national context in most recent data with rates lower than average. There have been less rape and sexual offences in Essex compared to last year.

Most serious violence occurred with Domestic Abuse (26%) gangs and County lines (8%) and night-time economy (8%). Violence in night-time economy halved during the Covid 19 Lockdown. A Homicide prevention review of 3,000 offences, over five years, showed 25% of Homicides are linked to gangs/county lines, and within that element 62% of those involved use of a knife. In June 2020 mandatory knife use fields were added to the crime recording system to improve the quality of our knife data.

Over 200 professionals have been briefed around serious violence, allowing better understanding of those that cause most harm. The development of an algorithmic led programme to target those most likely to cause violent crime is now being piloted in the county.

Creation of safeguarding officers within Op Raptor County Lines teams has been developed in partnership with the violence and vulnerability unit. Providing a Gangs and County Lines input to school medical staff. Combining teams, has brought County lines corridors in different areas together. This has improved communication lines with partner agencies and ensured a more co-ordinated approach. Op Raptor continue to dismantle County Lines Gangs and make Safeguarding referrals.

There was an increase in Child Sexual Exploitation (CSE) of 6% and a slight reduction in Child Criminal Exploitation (CCE) of 6% of all young people with CE Social Care flags. The CSE Proactive Team was introduced in July 2020 to investigate the most serious complex and organised CSE. The team was set up to deal with those children most at risk of harm, but also pursue and disrupt those Perpetrators who cause the most risk.

The CSE Proactive Team identified and scored the first exploitation Organised Crime Group. Referrals were made to Eastern Region Special Operations Unit (ERSOU) and Government Agency Intelligence Network (GAIN). This identified disruption opportunities with HMRC, Trading Standards and the Gangmasters and Labour Abuse Authority (GLAA).

Alongside which, an investigation was referred to the CSE Proactive Investigation team with its origins within Operation Goldcrest. This was the first such referral where the combination of these two investigative actions could be tested working alongside each other.

Op Henderson is a joint initiative with partners focusing on the transport networks, and its relation to Child Sexual Exploitation (CSE) and Criminal Exploitation (CCE) and Missing Children, undertaken in June 2021

Op Makesafe is a joint initiative with partners focusing on those businesses providing accommodation - Guest Houses, Hotels, B&B etc. to educate them on how to spot the signs of CSE/CA/Missing and report it.

Online CSE/CA contact increased during lockdown. For CSE this can be sharing of images and content and in CCE as a cyber enabled crime to exchange funds etc. Year on Year it has increased and in the last year CSE technologically based investigations increased by 16%.

Police online investigation team (POLIT) executed 294 warrants and safeguarded 289 children. The utilisation of polygraph in POLIT has seen all candidates make disclosures. POLIT worked alongside the Regional Organised Crime Unit and other forces to investigate a registered sex offender. As a result of the investigation the offender pleaded guilty to 11 offences.

Management of Sexual or Violent Offenders Team (MOSOVO) jointly with Kent are re-designing a course to ensure staff have improved training including a focus on Digital Devices, Active Risk Management System (ARMS) and Civil Orders. £170,000 funding for MOSOVO was approved from the Home Office. This has provided triaging equipment and home monitoring software for Registered Sex Offenders (RSO). MOSOVO maintain a 100% target when visiting High and Very High-Risk offenders.

During lockdown the number of children reported as missing decreased, levels are now returning. Missing and Child Exploitation (MACE) forums are working across the County with partners to provide enhanced programmes of work with youth services to identified individuals. The work was around direct and

indirect consequences of gang involvement and pathways out. MACE forums have reported improved engagement, school attendance and no longer with peer group which had caused concern.

In April 2021 a Missing Person Prevention Sergeant post commenced in the Operations Centre. A Missing Persons Board has been established, chaired by the Force lead every 6 weeks where current policies and procedures are discussed. There will be development in 2021 of a Force Missing data dashboard for the internal force missing person's board.

The Missing Person Liaison Officers (MPLO) work in each area and have been using Budi Tags, GPS monitoring systems for vulnerable persons who are believed to be being exploited. Following numerous visits to children's care homes, the MPLO's built up trust with the identified children, to the extent that the children began having more faith in the Police and wanting to use a Budi Tag. The children voluntarily agreed to wear the tag and as such the missing episodes stopped and the risk exposed to the extremely vulnerable children was mitigated. MPLO's build up strong links with local authorities and try to be 'out there 'engaging with young people and building up their trust. The relationship built with the young person is such that the MPLO can call a frequently missing child, and they will automatically tell them where they are.

Training is being delivered to all front-line officers, covering the identification of risk to children, supporting decision making and referral to the relevant teams, MASH+ for Southend. 992 children have been reached and supported through voluntary sector work in 2020/21.

Op Encompass is a national operation that connects the Police with schools to secure better outcomes for children who are subject or witness to police-attended incidents of domestic abuse and has been rolled out in Southend. It provides a pathway for police to inform schools when their pupils are exposed to DA. This offers school's the opportunity to provide support and care via a Key Adult at a child's school/college, which may assist in reducing the harmful impact domestic abuse can have on a child's emotional wellbeing and the provision of early support and care for children in the aftermath of domestic abuse incidents. Improving multi-agency working and information sharing in safeguarding children

Harmful Sexual Behaviours

Children and Families Female Genital Mutilation/Child Abuse Linked to Faith or Belief/Breast Flattening Strategic Meeting is held Bi-monthly. Essex Police provide data Bi-Monthly to this meeting on cases of FGM, other organisations also provide their data in order that comparisons can be made.

Essex Police work alongside National Law Enforcement partners and other agencies to protect victims, enhance our knowledge and identify travelling offences via National deployment of Operation Limelight, a multi-agency operation at the UK Borders. This is to be rolled out to Southend Airport, however Covid has interrupted this piece of work. When Operation Limelight takes place, we can raise awareness with travelers regarding the issues surrounding FGM. We also look at families travelling and intervene if it is felt that a child may be at risk of being taken out of the Country for FGM.

Work is being carried out to look at how Essex Police engage with communities to raise awareness around FGM and the law in the UK.

An Intelligent Safeguarding Solution for Forced Marriage/FGM Protection Orders has been created whereby all Forces are informed by the Courts when a FM/FGM Protection Order is obtained. This ensures that we are aware of the order and can contact the victim and provide suitable Safeguarding and advice. This will enable police to deal with Perpetrators robustly when the order is breached.

An increase in peer on peer exploitation where over the last three years, half of suspects have been under 18 years old. Operation Hydrogen was established to monitor peer on peer abuse testimonies recorded on social media sites. In conjunction with Local Safeguarding Children's Partnerships (LSCP) an agreed referral process was created to notify relevant agencies when a site was found.

Neglect

Data is collated by PAU and supports the Partnership performance dashboard.

Essex Police has supported various awareness campaigns including the National Safeguarding Adult Week (NSAW), World Autism Awareness Week, Dementia Awareness and World Elder Abuse Awareness Day (WEAAD). The

National Safeguarding Adult Week's (NSAW) theme, 2020, which Essex Police focused on was around 'Financial Abuse' against the elderly and vulnerable people within our communities.

The significance and importance of these campaigns was to highlight concerns around safeguarding needs, and key areas of support and concerns for 'Adults at Risk' of harm, vulnerability, and the role we all play in preventing abuse/neglect from occurring. Officers and staff were reminded of the 'New Victims Code' including clear concise language, signposting to appropriate partnership agencies, the appropriate referrals including keeping the victim updated as the case develops/results

During the NSAW, a PowerPoint webinar was delivered to over 180 Adult Care Service professionals covering how Safeguarding cases are managed by Essex Police.

Essex Police Operations Centre Adult Triage team are working with key partners from Adult services and Fire to approach hoarding. There is a hoarding forum for each of the quadrants in Essex, specifically targeting this area.

Engaging with the Community

The force has an established Victims and Witnesses Group chaired by an ACC with a focus on improving services and listening to feedback. Feedback is received via a quarterly Public Perception Survey and specific Domestic Abuse Surveys to help deliver the best possible service. The Domestic Abuse Survey was paused during three national lockdown periods 2020/21 (resumed April 21)

In July 2020, twenty new Community Safety Engagement Officers (CSEO's) moved into posts across the district including Southend. The CSEOs will work closely with our existing Community Police Officers and Community Safety Partners which include local councils, fire, probation, and health services. They will work to reduce crime and anti-social behaviour. As well as this, they'll be improving our reach to as many local people as possible so we can better understand the issues they are facing, as well as letting them know how we've been addressing those concerns.

The Operations Centre weekly demand gauge now creates situational awareness of upcoming community awareness opportunities for engagement and proactive work. All three Safeguarding Adult Boards and the SET DA board are promoting increased awareness and pathway information across the county. The Volunteer sector is being heavily involved in the proactive 'Street Weeks' initiative which is set for further deployments across Essex over the coming months. In support of developing a clear process to ensure that the voice of vulnerable victims is heard, victim advocates are being sourced to support awareness training and Multi-agency pathway referrals.

A Victims Feedback Panel has been established to engage further with victims of crime from all crime types to shape and improve our service and approach. The commissioned services will ensure feedback is given to those victims who provided case studies at this panel

A review of 'The Voice of the Child' will take place and fed back into the Domestic Abuse Safeguarding Board.

CHILDREN'S SERVICES SOUTHEND BOROUGH COUNCIL

Overview

This report is on safeguarding activity within Children's Services with a focus on children in need of help and protection including contextual safeguarding. Whilst the report touches upon work with looked after children, detailed activity is reported to the Corporate Parenting Group.

April 2020 to March 2021 has been an unprecedented year and this report will:

- Outline our revised strategic vision.
- Explore the demand for statutory services during this period.
- Outline key responses to COVID.
- Identify key issues in relation to work in the areas of: Early Help; Children in Need of Help and Protection including Public Law Outline and contextual safeguarding.
- Identify key workforce issues.
- Identify key themes in relation to feedback from young people

- Outline the priorities for the year ahead.

Strategic vision

We have developed our strategic vision alongside staff and young people. Our vision is that all Children in Southend-on-Sea experience love, a sense of safety and the opportunity to achieve success.

We identified that our ways of working are:

- Driving positive change : We believe everybody has the right to another chance, and we commit to working together with children, young people, and families.
- Trust and respect: We will earn the trust of people we work with through working in a respectful manner, at all times.
- Building relationships to work well together: Restorative Practice is at the heart of our service. We will always seek opportunities to work alongside the children, young people, and families we serve.
- Acting with integrity and behaving responsibly : We will act with integrity and behave responsibly when working alongside children, young people and families.
- Demonstrating strong leadership: We are accountable to the residents of Southend-On-Sea in delivering good or better outcomes for children and young people.

Demand

In 2019/20 demand in the system for Children in Need (CiN) and Children in Need of Protection (CPP) were broadly similar to the England average. The rate of looked after children (LAC) was higher than the England average but mid-range in comparison with our statistical neighbours. The out turn for 2020/21 is:

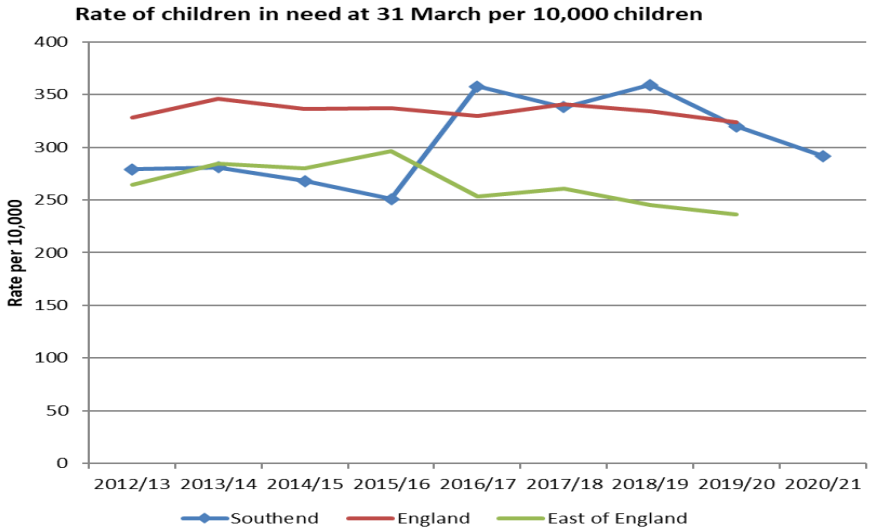
- CiN remains close to the statistical neighbour average and England average. It increased by 35 per 10,000 during the pandemic
- CPP remain lower than statistical neighbours but higher than the England average
- The number of LAC rate reduced from 309 to 283 during the year.

Demand for the period April 2020 to March 2021 needs to be seen in light of the pandemic:

- Contacts – 740 fewer contacts in 20/21 (9644) compared to 19/20 (10384)
- Referrals – 674 fewer referrals in 20/21 (2053) compared to 19/20 (2727)
- Assessments – 871 fewer assessments completed in 20/21 (2122) compared to 19/20 (2993)
- Child Protection Investigations (S47s) – 174 fewer investigations in 20/21 (551) compared to 19/20 (725)

The reduction in referrals is directly linked to the periods of lockdown during 20/21 especially when schools were closed. Since the end of the last lockdown we have seen referrals increase again.

Children in Need

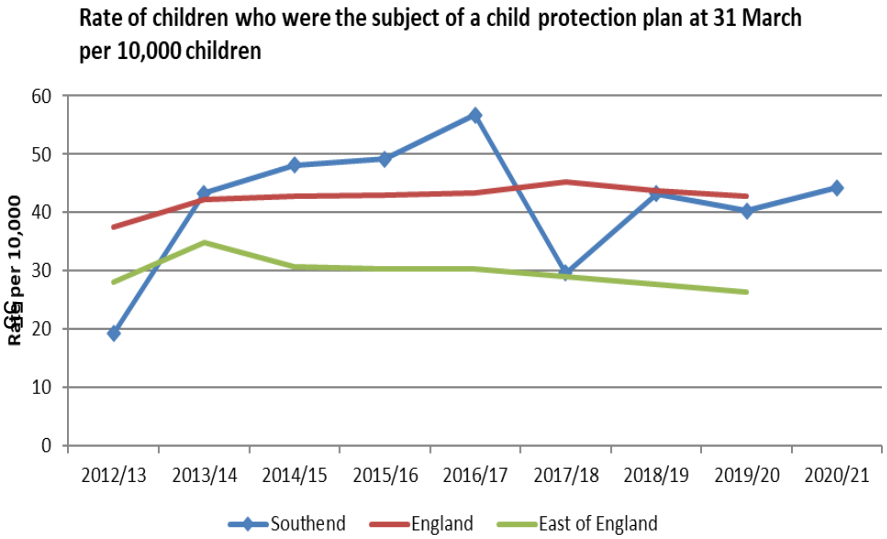


- The rate of children in need as at the 31 March 2021 was at 291.6 per 10,000. This continues a decreasing trend seen over the last 2 years.
- Overall, the primary need of children in need, abuse and neglect, is consistent with that in 2019/20
- There have been small increases in the number of children having a primary need of child's disability, family dysfunction, socially

unacceptable behaviour and absent parenting however, the majority of children (66.9%) continue to have a primary need of Abuse or Neglect.

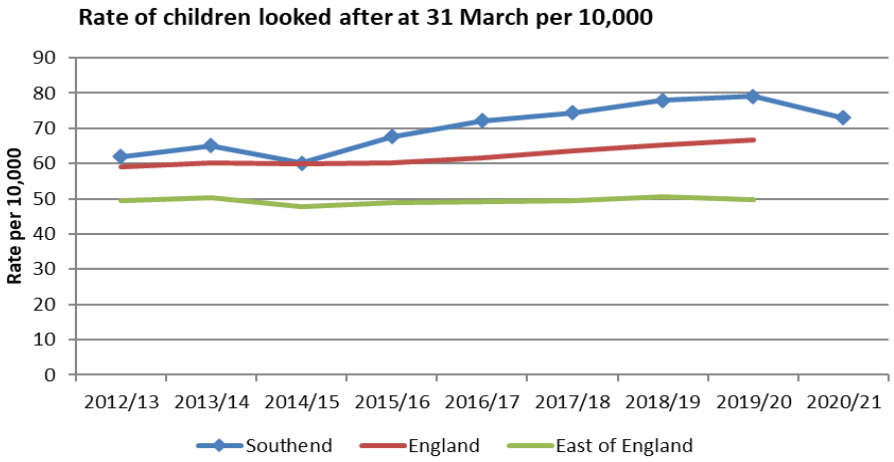
- 36.5% of children in need had been open for 2 years or more which is an increase from 2019/20 of 4%. Some of this is due to our approach to contextual safeguarding where young people at risk of exploitation receive medium and long term support

Child Protection



- The rate of children who were the subject of a child protection plans increased slightly from 40.26 to 44.3 per 10,000 in 2020/21.
- The increase correlates with the decreased in numbers of looked after children. The combined number of CPP and LAC has been stable for a number of years.
- The majority of children subject to a child protection plan have a category of abuse of Neglect (53.7%). We have seen a decrease percentage of plans with the category of neglect and an increase in the percentage of plans in the category of Emotional Abuse. This may be due to work focusing on the use of categories where Domestic Abuse is present.

Looked After Children



- The rate of LAC is 73 per 10,000 which is a decrease from the rate of 79.02 in 2019/20.
- The reduction in LAC is due to investment in the Edge of Care team, continued strength in securing permanence through adoption and children leaving care as they have reached the age of 18.
- The reduction correlates with the increase in numbers of CPP

Responses to COVID

As for all agencies 20/21 has been an unprecedented and challenging year with significant changes to how the service operates and works with families. Key responses included:

- Covid risk assessments were completed, and updated, for all vulnerable children known to Children's Services to determine levels and manner of contact
- Information sharing arrangements were put in place to identify vulnerable learners to ensure professional contact with these children
- Local schools offered a link person from Early Help to support vulnerable learners and identify need at the earliest stage
- All statutory duties delivered in timescale, with the exception of health assessments for Looked After Children, during the pandemic

- Multi-agency planning meetings continued but mainly virtually in Social Care, Early Help and Youth Offending.
- Support to the workforce increased: emotional and physical wellbeing, support for home working, team check ins, frequent supervision.
- Most court hearings took place virtually but there were

Some key lessons included:

- Young people told us they want groups to be held face to face. This will be our way of delivering group work and youth councils as soon as it is safe to do so.
- Some families and young people found virtual contact more accessible. Decisions about contact methods will be based on assessments of need and risk and the preference of the families.
- Partner agencies found it easier to attend virtual meetings and will be able to continue to attend virtually if this meets the needs of the child.
- Regular virtual team checks continue.
- Engagement with staff on methods of delivering professional development and working from home is being undertaken to inform service delivery as lockdown eases.

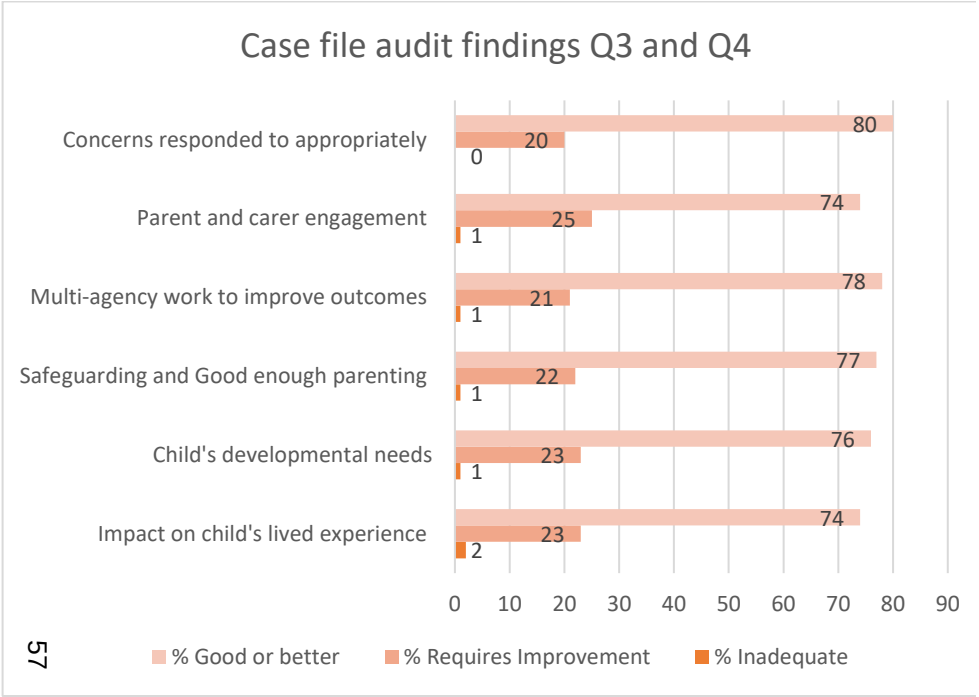
Key practice areas

a) Early Help and Family Support (EHFSS)

- There were positive outcomes for 83% of families who closed to EHFSS during 2020/21
- Only 29 children's (2.2% of children worked with by EHSS) needs escalated requiring a step up to social care
- High levels of visiting and contact with families and carers maintained throughout the pandemic. Community delivery of services in St Lukes continued throughout the pandemic to support communities most vulnerable to increasing need
- Early Help Intervention and Prevention (EH AIPT) supported 132 young people at risk of exploitation
- Multi-agency nature of the services means needs are addressed without delay
- The Family Engagement Team increased their capacity to deliver Family Group Conferences resulting in successful family plans and de-escalation of need
- We have worked with partners to revise our early help offer.

b) Child protection and children in need

- Section 47 investigations concluded without delay with 97.4% in timescale.
- Harm to children subject of CPP is reduced quickly, either by step down or escalation into care, so that only 1.7% had been subject of child protection plans for more than 2 years at year end.
- Despite the challenges of needing to operate in a Covid secure manner, 95.7% of referrals into Children's Services were responded to within 1 working day in 2020/21.
- The work of the Edge of Care team and the oversight of senior managers supported a decrease in the number of children needing to be looked after from 309 to 283.
- MARAC continue to be held within 15 days of incidents.
- 16/17-year-olds at risk of homelessness are now jointly assessed with housing.
- Action was taken to reduce re-referral rates including holding child in need cases for longer and not transferring teams. The re-referral rate for 2020/21 was higher then the England average but has reduced from a high of 32.1% and at the end of June 2021 stood at 20.3%.
- Audit activity showed some improvements in practice e.g. at the end of the year 73% of files were rated good or above but this was lower than the target of 85% and there were some areas of improvement.



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- There are still concerns that practice was not consistently good. Improvement activity is focused on the quality of chronologies, outcome focused planning, analysis in assessment and reflective supervision.

c) Contextual safeguarding

- The work of the specialist, multi-professional, Adolescent Intervention and Prevention Team (AIPT) received national acknowledgement when it was Highly Commended in the Municipal Journal Awards.
- County lines and gang activity is an area of increasing risk to our young people in Southend.
- The greatest number of children assessed as at risk of CSE are aged 15, 16 and 17.
- Multi-agency awareness raising sessions and training has been delivered to partners throughout the pandemic including to taxi drivers and hotel owners.
- The multi-professional team approach enables young people to have their needs met, including sexual health, accommodation and emotional wellbeing, without delay.

d) Public Law Outline

The Public Law Outline (PLO) process takes place a Local Authority is concerned about a child's wellbeing and unless positive steps are taken to address and alleviate those concerns, the Local Authority may consider making an application to the Court. The concerns and plans are given to parents who can be supported through legal advice.

- The number of children experiencing delays in PLO is small. This is in the context of the pandemic where there were delays in the court processed. At the end of July 2021 3/13 cases subject of pre-proceedings PLO for more than 16 weeks and 1 case for more than 25 weeks.
- New procedures implemented during 2019/20 supported to reduce delays for children including greater oversight by senior managers.
- A review of PLO identified improved management oversight, consistent completion of chronologies and reduction of delays for children. The review identified areas for practice improvement in the use of expert assessments and the quality of chronologies.

e) Voice of the child and participation

This is an area priority focus and we are committed to increasing the influence of children and families. We are developing a new participation strategy that will be completed in September. Our Southend Beyond Auditing approach includes the voice of children and families

We engaged, listened and co-produced these changes with young people:

- Lean on Me mentoring project designed by LAC for new entrants into care will launch in the autumn
- Coming into care packs created by LAC for new entrants into care
- Black hair charter for schools in progress
- Emotional wellbeing resources developed by young people in response to Covid
- Worry box project and webinar developed by young people
- Socially distanced outdoor contact with vulnerable adolescents

In addition:

- We changed team structures to reduce changes in worker in response to feedback from children and families
- The child's lived experience has been introduced into our Building Strong Practice Programme
- We added parental experience of transition to continuing professional development offer based on learning from a complaint
- Our plans were redesigned so they are family and child focused and more accessible for children, young people and families

f) Workforce

- During 2020/21 the workforce was quite stable with the use of agency staff at 8% being below the national average and caseloads were an average of 16.
- However, since April caseloads have increased and at the end of June 2021 average caseloads were over 20. This reflected increased demand in the system and movement of staff.
- Casework supervision rates remains high (consistently over 90% of cases are supervised in timescales) but the quality of casework supervision is not yet good or better in all teams.
- The Newly Qualified Social Work programme is strong. NQSW caseloads are monitored weekly and are within expectations of being 20% lower than experienced social workers.
- Staff forum has developed the Children's Services vision and attend strategic meetings
- Building Strong Practice, a programme for all practitioners and managers covering key elements of practice, is mandatory with clear expectations against each role.
- We are pulling together the workforce development elements we have into a single document. The strategy will be in place by the end of August.
- Exit interviews show that some social workers leave Southend for career progression. A career development and progression pathway has been co-designed with practitioners and will form part of the workforce strategy

Our priorities 2021/22

- Strengthening leadership to drive ambition and purpose through all parts of the service
- Improve quality assurance so it drives a good or better experience for all children and young people across all teams
- Increase the influence of children, young people and families on the shape of our services
- Build further the voice of the workforce in strategic planning
- Improve placement stability Increase in house fostering provision and reduce use of PVI placements.
- Ensure all looked after children have appropriate health checks.

ADULT SERVICES SOUTHEND-ON-SEA BOROUGH COUNCIL

This report is on the annual safeguarding activity within Southend Borough Council's Adult Social Care Services with information of support from all other relevant Council areas in respect to safeguarding.

This report will focus on data for 2020/21 submitted through the Statutory Safeguarding Adult Collection (SACC).

- Successes and Reflection
- Outline key responses to COVID.
- Explore the demand for statutory safeguarding during this period, including feedback from people
- Identify key issues in relation to work in Adult Social Care & wider Council areas.
- Identify key workforce issues.
- Outline the priorities for the year ahead.

SUCCESSES AND REFLECTION

Headline Reflections

- *Strong response to Covid-19, harnessing community strengths across Southend and carried out an in-person, safeguarding response when risks of imminent harm were present*

- *Maintained good engagement with people and partners throughout the pandemic, for example, establishing a weekly meeting with the Care Quality Commission to aim to reduce harm in services that are regulated (such as care homes, homecare services, hospital, etc)*
- *Staff resilience and commitment to safeguarding from back office to front line*

During 2020/21, Southend Borough Council continued to work collaboratively with SSP(A) and its partners in both commissioning and provider settings, to ensure Southend residents who receive Adult Social Care support for aging, mental health, physical health, learning disabilities or related needs can thrive. The aim has been to help them to achieve their aspirations and live life free from abuse and risk of harm.

The principles of wellbeing: to prevent, reduce and delay the need for support through strengths-based asset practice guides our work. People are supported to enhance their strengths, resilience, and networks from which to live more independent, fuller lives. The family first approach is our key driver; when we think about people, we must think about their families and circles of support to consider the impact on the family as a whole. Adult Social Care works in partnership internally with Commissioning, Education and Special Educational Needs Service and with Children's Early Help, Integrated Front Door, Social Care and other services to provide quality support throughout the life cycle.

A key priority area of development is around transition for young people into adult life. We are working with partners across Health, Social Care in its many guises, and with people and their families to ensure clear pathways of support for young people and their families going through transition into adult life. Continued work is required on pathways and partnerships to ensure smooth transitions at key life stages and to work together on priority agendas such as autism, exploitation, and modern slavery.

Southend Borough Council holds its responsibilities for safeguarding as a key priority in day-to-day practice. 'Safe and Well' is a key theme in the borough's 2050 vision. We continue to work hard to ensure that safeguarding is considered everyone's business from the Elected Members, Chief Executive and through all strata of the organisation by offering a range of training and learning opportunities. The Council works closely with the Southend & Castle Point/Rochford Clinical Commissioning Group (Southend & CP&R CCG), Public Health and Essex Partnership University NHS Foundation Trust (EPUT) to deliver the elements of strategy. The Council is also a member of the Southend Suicide Prevention Strategy workgroup, which is a subgroup of the pan-Essex strategy. This group is currently going through a refresh and Adult Social Care will support this as a priority area of work.

We work in collaboration with the CCG, SBC and EPUT in primary care networks using a locality-based approach to aligning commissioning, services and social work and occupational therapy support which links with the Mid & South Essex Health and Care Partnership for both physical and mental health. Relevant Council staff and managers are aligned to working groups focusing on both acute care and mental health partnerships which then ensures that when these organisations need to work together to safeguard people, they are effective.

The Council works collaboratively with Essex Police to Safeguard Adults. 7.4% of all safeguarding concerns in 2020/21 were raised by Essex Police. There are strong relational links on initiatives such as domestic abuse, mental health, and safeguarding enquiries.

The Council is a member of the Southend, Essex and Thurrock (SET) Domestic Abuse Board and a core member of the SET Domestic Homicide Review Panel. We also sit on the Multi Agency Public Protection Arrangements (MAPPA) group and board.

KEY RESPONSE TO COVID: THE IMPACT

Covid-19 has proven a significantly challenging time for all services. Throughout the pandemic, staff have continued to make essential visits to support people requiring or receiving care and support. Staff have continued to visit and/or offer support across 1,839 safeguarding concerns for people experiencing abuse and neglect, working alongside them to improve their situations.

CCG and Council leaders and managers met with Care Quality Commission personnel weekly to monitor and support the provision of services in the domiciliary and residential market, where provision comes from a wide variety of providers across a range of sizes and complexities or organisations. This regular touching base and assurance given have been vital, especially when at the height of a number of lockdowns limited how interventions could be provided due to Covid restrictions.

The impact of the pandemic continues to be felt by services' operational teams in terms of ongoing and shifting workload demands and staff wellbeing. There are other pressures arising:

- care quality issues, resulting in whole-home moves due to proven and substantial institution safeguarding concerns. In 2020/21, there were large scale organisational investigations across 19 care homes and 4 Agencies. Within these investigations, there were 176 safeguarding enquiries within these Providers of Concern
- concerns regarding the effect of social workers and occupational therapists being unable regularly to check in face to face with people awaiting care
- significant challenges regarding the availability and supply of care offered or provided to people in their own homes
- difficult for services to manage competing demands from numerous groups, alongside a backdrop of escalating risk due to the spread and seriousness of the CV19 virus
- both supply and quality issues leading to an increase in complaints and queries both in person and via Elected Members
- significant increase in demand post COVID as restrictions started to ease, and all concerned are also aware of increasing complexity in some individual people and families' circumstances.
- When comparing Quarter 1 (April-June 2020) to Quarter 1 (April-June 2021), the number of Contacts from people received: 1317 compared to 1663 for the same time-period equating to an increase in demand of 26.2%.
- Number of Safeguarding concerns received: 366 compared to 529 for the same time-period equating to an increase in demand of 44.5%
- Number of S42 enquiries conducted raised from 249 from 197 for the same time-period equating to an increase in demand of 26.4%.
- the emergence of residents needing or enquiring about receiving services, who had not been known to any agency beyond Primary Care or community groups before the pandemic but who now need a significant level of care or intervention in order to support them to live safely.

STATUTORY RESPONSIBILITIES FOR SAFEGUARDING (DATA)

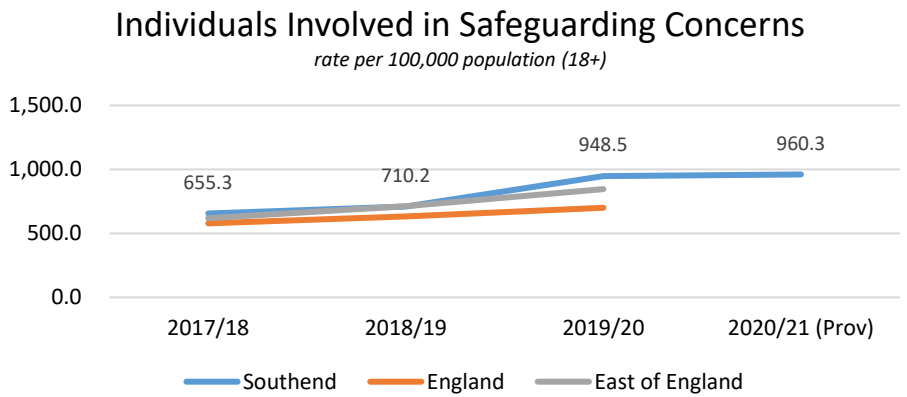
All relative data derived from Section 42 of the Care Act 2014, relating to Safeguarding Adults enquires and Deprivation of Liberty Safeguards applications, which are collectively known as the Safeguarding Adult Collection, is available via Safeguarding Adults - NHS Digital.

National data returns for the annual year 2020/21 will not be published until later in 2021.

For clarity, a safeguarding concern is where the local authority is notified about a risk of abuse. Some of these concerns will lead to a Section 42 enquiry where the adult meets the criteria under Section 42 of the Care Act 2014.

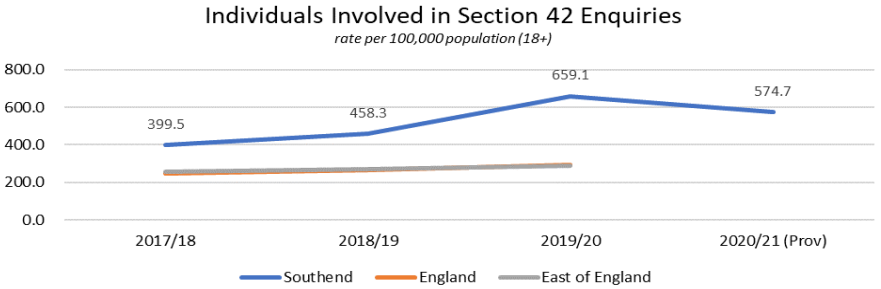
Summary of what the data tells us:

- The number of individuals and overall numbers of Safeguarding Concerns raised has risen compared to 2019/20. Performance in both these measures is above national and regional figures (based on 2019/20) and remains in the 4th quartile.
- Individuals involved in new Section 42 Enquiries has fallen compared to 2019/20 as well as the overall number of Section 42 Enquiries, however these figures remain above England and regional (based on 2019/20).
- The conversion rate of Safeguarding Concerns into Enquiries has dropped to 52% compared to 64% in 2019/20 – this is the lowest conversion rate in the past 4 years.
- Total number of concluded Section 42 Enquiries has dropped compared to 2019/20.



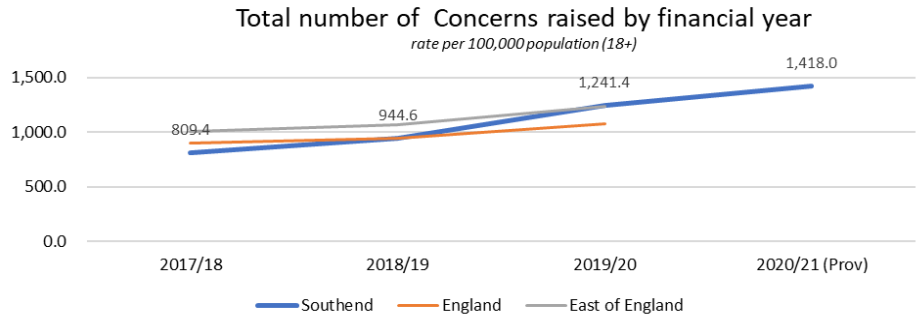
Key Points:

- Rate increased by 11.9 compared to 2019/20
- Remain in quartile 4 (based on 2019/20 results)
- Still above regional and national performance (2019/20
- The rate of individuals involved in safeguarding concerns has risen slightly compared to 2019/20 (1,377 individuals compared to 1,360)
- This is a less significant increase than the rise between 2018/19 (1,015) and 2019/20 (1,360)



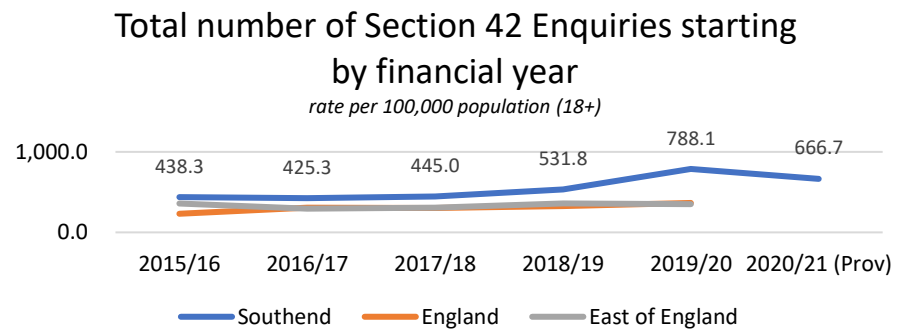
Key Points:

- The rate of individuals involved in new Section 42 Enquiries has fallen compared to 2019/20 (824 individuals compared to 945).
- Rate decreased by 84.4 compared to 2019/20
- Remain in quartile 4 (based on 2019/20 results)
- Still above regional and national performance (2019/20



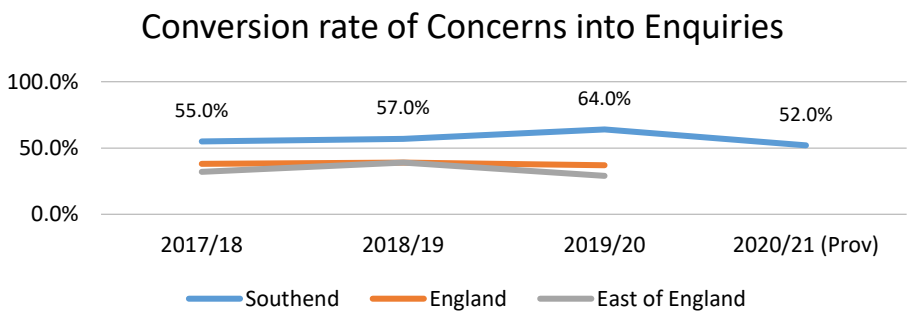
Key Points:

- The total number of Safeguarding Concerns raised each year continues to rise and is one of our key lines of enquiry in the coming year
- The number of Concerns raised in 2020/21 was 1,839 compared to 1,780 in 2019/20 and 1,350 in 2018/19.
- Total number of Safeguarding Concerns raised has increased by 36.2% since 2018/19.
- Rate increased by 176.1 compared to 2019/20
- Remain in quartile 4 (based on 2019/20 results)
- Still above regional and national performance (2019/20)



Key Points:

- Rate decreased by 121.3 compared to 2019/20
- Remain in quartile 4 (based on 2019/20 results)
- Still above regional and national performance (2019/20)
- The total number of Section 42 Enquiries started has dropped compared to 2019/20 (956 compared to 1,130)



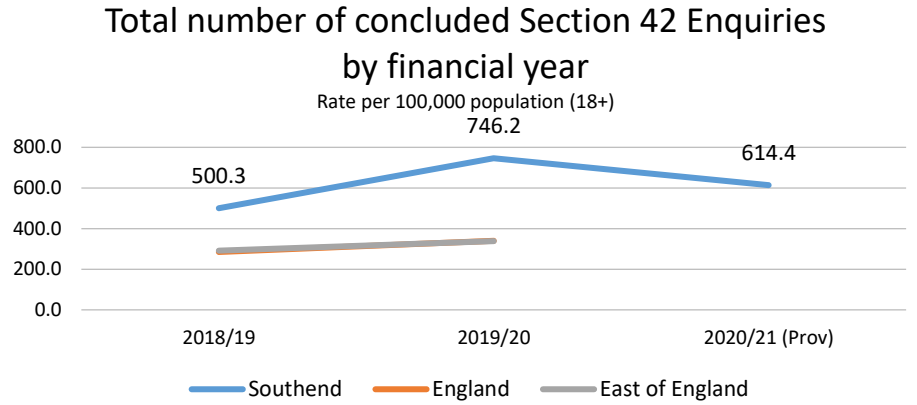
Key Points:

The ratio of total enquiries to concerns gives a 'conversion rate'.

- Conversion rate has dropped 11.5% compared to 2019/20
- Conversion rate is lowest it has been in past 4 years
- Still above regional and national rates (2019/20)
- The proportion of concerns leading to an enquiry has dropped compared to 2019/20
- 956 Enquiries from 1,839 concerns in 2020/21 compared to 1,130 Enquiries from 1,780 Concerns in 2019/20

Following the outcome of the Safeguarding Adults Data Collection in March 2021, showing SBC as an outlier, an internal peer audit was requested to explore the high conversion rate from a section 42(1) to a Section 42(2). The peer audit identified that that in the main, the auditor agreed with the decision maker's outcome. The peer audit looked at a particular sample but our higher conversion rate is another line of enquiry for the coming year.

The learning around accuracy of record keeping was reinforced through the exercise. It is of note that despite the primary need of a significant number of referrals concerning people with a mental health condition, only a small proportion of them were accepted by EPUT for investigation.



Key Points:

- Rate has dropped 131.8 compared to 2019/20
- No ranking or quartile data
- Total number of concluded Section 42 Enquiries has dropped compared to 2019/20
- 881 Concluded Section 42 Enquiries in 2020/21 compared to 1070 in 2019/20.

Self-Neglect

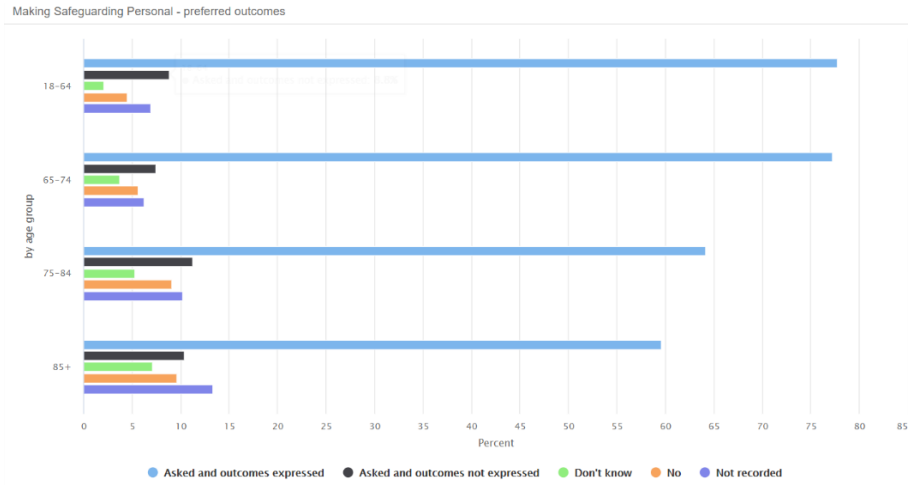
Section 42 (S42) Safeguarding Enquiries – Key findings

The statutory definition of self-neglect '…covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding (Care Act 2014)" Using the 2019/20 Safeguarding Adults Statutory Return (the last year where we have published benchmarking data), it is clear that a high proportion of adult safeguarding concerns received or referred into the Council's services fall in the category of self-neglect / neglect. The SSP and the Health and Wellbeing Board have worked with local – often third sector - partners to develop an approach called *Thriving Communities*. The group is a subgroup of the borough's new Thriving Communities and Neglect Strategic Group (TCSG.) and the work follows on

from a previous Neglect Task and Finish Group, originally set up with a short-term aim of steering and contributing to work to tackle both adult and childhood neglect at the earliest possible point of intervention, and to support Southend's residents and communities to thrive. This new operational level group under the Thriving Communities banner will now report into TCSG, with the Health and Wellbeing Board acting as the "parent" partnership overseeing the work concerned. However, neglect being a serious and considerable safeguarding issue, Thriving Communities will also, as this Annual Report shows, report its work and outcomes through the SSPA.

The overall purpose of the operational group is to lead on the delivery of a Thriving Communities and Neglect Strategy and action plan for Southend, that supports and contributes to the Southend 2050 ambition, and relates closely to the work of the SSP for both adults and children, given the paramountcy of safeguarding concerns whenever neglect is suspected, or can be proven, in the life of a child or a vulnerable adult. The operational group will focus on the on the ground delivery of the strategy and vision given by TCSG and relating directly into the work of the SSP. It will promote community opportunities on the ground to enable Southend residents and communities to support neighbours, to tackle neglect at the earliest possible point, and to enable vulnerable individuals and families in the borough to thrive.

Making Safeguarding Personal- the Voice of People



For 2020/21, SBC achieved a high rate of satisfaction and achievement of the safeguarding outcomes that people expressed at the beginning of their safeguarding enquiry.

KEY ISSUES FOR SAFEGUARDING ACROSS ADULT SOCIAL CARE & WIDER COUNCIL AREAS

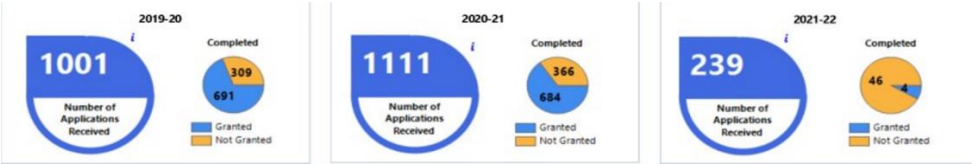
The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009)

The Deprivation of Liberty (DoLS) team is comprised of 2 qualified Social Workers/Practice Leaders and administrative staff. They have continued to provide a consistent and effective service during 2020-2021, despite the challenges brought about by Covid-19 and the subsequent changes in how we work. During 2021, a thorough audit was conducted by Internal Audit and supported externally by PwC which established that the administration and application of the DOLS systems in Southend were robust and functioning with strong quality.

On average we receive 20 allocations for urgent and standard DoLS authorisations from Southend Hospital and care homes per week.

Out of the 391 active DoLS cases we currently hold 275 are female and 116 male, the most common reason for requiring a DoLS is dementia which accounts for 275 of these cases.

DoLS applications have increased 10.9% from 2019/20 (1,001 referrals increasing to 1,111) to 2020/21.



In April 2022, DoLS will be replaced by the Liberty Protection Safeguards (LPS). This will widen the eligibility of people for an authorisation to include 16- to 17-year-olds and will add settings such as supported

living, sheltered accommodation, residential colleges and private dwellings. Under LPS, the Responsible Body (previously the Supervisory Body under DoLS) will authorise arrangements that amount to a deprivation of liberty to enable care or treatment. The responsible body will no longer be the sole responsibility for adult social care in the local authority as Children's Services and the NHS (hospital and local CCG for non-hospital settings) will also have responsibility as appropriate.

Southend Borough Council DoLS team have created a LPS implementation steering group which comprises of attendees throughout the council from adult social care to children's services, workforce development, learning and development and ICT.

Public Health

Public Health supports Southend Borough Council and the Southend Safeguarding Adult Partnership by taking a public health approach to the health and wellbeing of adults living in and using services in Southend. That is to say, exploring the impacts and the interfaces of wider determinants of health around issues like poverty, housing, mental illness, disability, substance misuse, smoking, health outcomes and lifestyles.

For Public Health the Covid-19 Pandemic has consumed the world, our nation, communities and our homes for this last year. The health protection function has dominated and demanded full attention. There were immediate needs to be addressed in the homeless and rough sleeping population and the most clinically vulnerable in our community, especially those in care homes and with learning disability. Over the last year the partners have started to see the impact of isolation, illness, long term covid and loss of loved ones on the health and mental health of the population. Protection of the most vulnerable and risk of death was a key priority this year, as was rolling out a testing and vaccine programme at scale. The Southend Public Health Team working with partners from all sectors, have been able to put in place an effective Local Outbreak Management Plan for Southend (Local Outbreak Management Plan – A guide to Test and Trace – Southend-on-Sea Borough Council).

Public health will work with the NHS and wider partners moving forward on understanding and addressing the impacts of Covid. Priorities for the coming year include the management and recovery from Covid-19 and learning how to live with the virus. Other priorities include recovery of services and responding to rising and changing inequalities in health and mental health outcomes.

MARAT and Safeguarding Adults

The Southend Multi-Agency Referral & Assessment Team (MARAT) is a multi-agency team, which seeks to transform how high-risk domestic abuse (DA) is responded to within Southend by agencies working collaboratively as a partnership. The team includes representatives from social care, health, police and Independent Domestic Violence Advocacy services and works alongside representatives from the Probation Service, the Council's Housing Department, substance misuse and domestic abuse support agencies. The Commissioned support service for Southend is Safe Steps.

MARAC deals with approximately 420 referrals per year. A large proportion of referrals for adults (81% in 2020-21) had children within the household. MARAC collaborates regionally with Thurrock and Essex MARAC, along with the SET DA Board to share good practice and provide scrutiny and collaboration on the safeguarding and action planning. It also feeds into the National Data collected by Safe Lives in order to understand trends and the performance of the MARAC both nationally and locally.

The Domestic Abuse Act 2021 which became law 29th April 2021 brings the support for victims and their families in safe accommodation onto a Statutory footing. Southend has undertaken a Needs Assessment in order to better understand the picture across Southend, highlighting gaps in service provision and target areas for intervention. A Strategy is currently being written to address the DA Act requirements, with the intention to expand on this Strategy more widely in the next 12 months to cover the wider needs for Domestic Abuse victims and their families along with perpetrators in Southend.

Southend Community Safety Partnership

The Partnership is responsible for delivering Essex Hate Crime Prevention Strategy and Delivery 2020-21. The 5 objectives of the strategy are:

- Understanding Hate Crime
- Preventing Hate Crime
- Increasing the reporting of Hate Crime
- Increasing access to support for victims
- Improving the operational response to hate crimes

Hate Crime is a Southend CSP 2021/22 priority, regular meetings with partners take place to discuss support, actions, and disruption activities. The group works to the following outcomes:

- Increase the community's awareness of what hate crime is and how it can be reported
- Increase Hate Crime reporting and support for victims via a wide range of stakeholders
- Improve the service delivery and response to Hate Crime
- Reduce repeat victimisation and repeat offending

For 8 years, Southend-on-Sea has consistently been one of the top recorded districts for its volume of domestic abuse investigations across Essex. Southend has a domestic abuse rate of 35.8 per 1000 adults (that is, individuals aged16 and over.) This is the second highest rate in the county. Domestic Abuse is a Southend Community Safety Partnership (CSP) 2021/22 priority, given greater and heightened focus by the passage in late April of the Domestic Abuse Act 2021, confirming Councils' extensive duties in leading their localities in their actions on this issue.

During the first lockdown of Covid-19 a specific domestic abuse task and finish group was set up to respond to the concern that DA would be likely to rise within this period. Measures taken included (but were not limited to);

- Working with schools, training, and referrals.
- Communication
- Accommodation and;
- Recovery

The Safeguarding Partnership is actively engaged with the creation of the Southend, Thurrock, Essex Domestic Abuse Board (SETDAB) 2020-2025 strategy and all three Authorities are working together to achieve the collective outcomes. Southend is working towards writing its own Domestic Abuse Strategy aligned with SETDAB, in response to the requirements of the 2021 Act. Essex Police have also released an internal Domestic Abuse Problem Profile, outlining key recommendations for Police and Partners to work together to improve outcomes for survivors.

CHANNEL

Channel is a statutory, multi-agency programme which identifies and supports individuals of all ages who are brought to services' notice because they are deemed at risk of radicalisation and/or being drawn into terrorism, including domestic and far-right supremacist or far-left revolutionary or anarchist "direct action" extremism.

In Southend, the Channel Panel is located within, and chaired by, the Local Authority, with engagement from relevant partners which include both Essex and PREVENT Police, Health, Probation and educations. The Channel Panel meets monthly where new referrals will be considered for CHANNEL intervention (adoption). Adopted cases will be discussed and an action plan agreed, and closed cases are reviewed on a 6 and 12 monthly basis.

Southend PREVENT Delivery Group

Prevent is about safeguarding and supporting those vulnerable to radicalisation. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism (Lets Talk About It - What Is Prevent? (ltai.info). The Group has refreshed the 2021 Action Plan and reviewed group membership including Terms of Reference. The Southend PREVENT Group chair also sits on the Countywide CONTEST group which supports cross authority collaboration and intelligence sharing on issues concerning counter terrorism. Keys actions currently being focused on by the Group include refreshed CT training and awareness for council and partner staff, along with

attention to referral rates to Southend's Channel Panel. Further work this year will also include a review of Southend's PREVENT champions across internal staff and partner agencies and potential county wide conference for all PREVENT champions in the Autumn.

Modern Slavery Act 2015

The Council recently updated its annual modern slavery statement (available here) which sets out high risk areas, the policy framework and workforce training undertaken over the past year, as well as highlighting the Council's commitment for the forthcoming year. This refreshed and updated material aligns to the Modern Slavery Action Plan 2021-22, ratified at the Violence and Vulnerability Group. The Action Plan sets out key priorities:

1. Delivering a programme of training and awareness raising for the workforce, across all partner agencies and third sector organisations.
2. Promoting national campaigns to help raise awareness of modern slavery and human trafficking.
3. Reviewing, and refreshing where applicable, the adult safeguarding referral pathway to better identify and support potential victims of modern slavery and human trafficking.
4. Enhancing data and intelligence gathering across partners to help identity and support potential victims, as well as informing disruption activities.

WORKFORCE & TRAINING AND DEVELOPMENT

Our workforce is the foundational bedrock of our delivery of safeguarding services. Over the last year, we have worked with the teams at pace to ensure that we could continue to safeguard people whilst adapting to the significant and rapidly changing landscape across the system. We have continued to tightly monitor and continuously reprioritise people waiting for assessment and waiting for the provision of care at home. The allocation of safeguarding work has continued to be a top priority throughout the pandemic.

The headline feedback and achievements are:

- COVID impacted on usual delivery and has significantly impacted on the wellbeing of staff across Adult Services.
- Implemented the Coronavirus Act 2020: Care Act easements. We prepared for them but did not have to use them.
- Implemented the Covid-19 Hospital Discharge Service Requirements and supported the NHS to ensure safe discharges for better outcomes and the reduction of safeguarding concerns
- Workforce Development have been instrumental in the pilot of Microsoft Teams to support virtual working and inform future roll-out of technology.
- All face-to-face programmes have been reproduced into a virtual format
- Continued strong integrated approach to practice with multi-agency links to a number of partners, ensuring collaborative and consistent approaches across the system.
- Southend Borough Council is a key partner to the Mid and South Essex Health and Care Partnership and working and contributing to many activities under the workforce strategy to support Health and Social Care collaboration and improving system working.
- Staff risk assessment and safety also rolled out during pandemic**.**
- We have introduced weekly safeguarding drop-in workshops to aid problem solving and legal literacy.
- Review mandatory safeguarding/mental capacity and Care Act training that is required.

Serious Adult Review

During 2021/22, Council services have contributed to the learning in connection with a Serious Adult Review commissioned and overseen by the Safeguarding Adults' Partnership. Learning from the SAR will be disseminated with partners and practitioners when the review is completed and the report published, at a date likely to be close to or possibly the publication deadline for this Annual Report. The outcomes of the resultant learning will therefore be reported on in the 2021-2022 Annual Report of the SSP.

KEY PRIORITIES: LOOKING FORWARD THROUGH 2021-2022

The Council's services will continue to work with partners as several key and potentially change-shaping elements of vital legislation with a safeguarding emphasis are to be implemented over 2021-2022.

Leaders and managers are uncertain what the long-term impact of COVID -19 is or will be. It is unclear whether the surge in demand during the middle period of 2021 will continue as a result of the pandemic having long-term negative impacts on residents' physical and/or mental health resulting in them needing support now when before the pandemic they may not have needed it. There are also questions regarding whether the rise in identified or self-reported need is a biproduct of some residents not seeking support during the pandemic, whose difficulties may be eased through relatively short- term interventions so that demand on services may subside over time.

Our priorities over the next year are to:

- Improve quality assurance by introducing a Quality Assurance Framework across Adults so it drives practice to ensure an excellent experience for all adults and their families
- Support the relaunch of the Suicide Prevention Board and associated strategy
- Prepare for key legislative changes:
    a) Domestic Abuse Act 2021
    b) Autism Interim Strategy 21/22
    c) The Mental Health Act review
    d) Liberty Safeguards Protection
- Work with Commissioning and other Council departments to enhance robust policies which support providers to boost quality provision of services and shape the market whilst ensuring strong recruitment across the entire care sector
- Support with the implementation of the three 5 year strategies Living Well (working age), Aging Well (Older people) Caring Well (Carers).
- Increase the influence of people and their families on the shape of our services and our market
- Support staff wellbeing and continuous professional development for a strong workforce with robust legal literacy
- Improve the experience for people and families going through transitions to ensure clear pathways and smooth transitions across Children's Services, Education, Health, Mental Health & Adult Services
- Revise the mandatory training matrix to aid continuous professional development
- Work with the Liquid Logic Delivery Board to ensure that Organisational Safeguarding is built into the database
- Work with the Safeguarding Partnership to improve access to modern slavery data

SOUTHEND BOROUGH COUNCIL – PUBLIC HEALTH

Public health refers to all organised measures to prevent disease, promote health and prolong life among the population at whole (World Health Organisation). The overall objective is improving the health of people and their communities and reducing health inequalities in groups. Public health focuses on evidence -based population level approaches and strategy looking widely across the population at large.

Public Health supports the Southend Safeguarding Children's Partnership by taking a public health approach to the health and wellbeing of children and families living in and using services in Southend. That is to say, exploring the impacts and the interfaces of wider determinants of health around issues like poverty, housing, mental illness, safeguarding, substance misuse, smoking, health outcomes, parenting and lifestyles. One of Public Health England's key priorities for the 5-year strategy 2021-2025, is ensuring children have the best start to life. A major contributor to this is the Healthy Child Programme universal offer & A Better Start Southend Programme, to help lay down the foundations to a healthy life. Universal and targeted programmes are crucial to ensuring the health and wellbeing of children and young people. Safeguarding is a core element of the Healthy Child Programme and a

function of Public Health 0-19 health visiting and school nursing teams (PHE Best Start to Life and Beyond).

For Public Health the Covid-19 Pandemic this year has consumed the world, our nation, communities, and our homes. The health protection function has dominated and demanded full attention. The immediate needs for the adult population to be addressed included the homeless and rough sleeping population and the most clinically vulnerable in our community, especially those in care homes and with learning disability. There were immediate needs to be addressed for the children most clinically vulnerable in our community. System partners have seen strain in families challenged due to the impact on the education offers, home-schooling, reduced face to face contacts by professionals and the impact of isolation. For every family this will have been a unique journey.

Over the last year the partners have started to see the impact of isolation, illness, long term covid and loss of loved ones on the health and mental health of the population. Protection of the most vulnerable and risk of death was a key priority this year, as was rolling out a testing and vaccine programme at scale. The Southend Public Health Team working with partners from all sectors, have been able to put in place an effective Local Outbreak Management Plan for Southend (Local Outbreak Management Plan – A guide to Test and Trace – Southend-on-Sea Borough Council).

Public health will work with the NHS and wider partners moving forward on understanding and addressing the impacts of the Covid-19 pandemic. Priorities for the coming year include the management and recovery from Covid-19 and learning how to live with the virus. Other priorities include recovery of services and responding to rising and changing inequalities in health and mental health outcomes.

MID AND SOUTH ESSEX FOUNDATION HOSPITAL TRUST (MSE)

The last year has been a challenging one for the Mid and South Essex Foundation Hospital Trust (MSE). The Covid19 pandemic has meant that essential changes were required by the Trust for the ongoing access and provision of acute health care services to patients within a safe framework utilising the Government message and NHS England guidance and direction to reduce the spread of Covid19 infection. Adaptations were made by the 3 MSE hospitals (Southend, Basildon and Broomfield) to maintain the provision of acute services whilst managing an overwhelming number of critically unwell patients suffering from Covid19 alongside the impact on the workforce from high numbers of staff sickness and individuals having to self-isolate.

Flow of patients though the hospital was managed to limit contacts and infection spread and Emergency Department teams and areas were adapted to deal separately with patients who have suspected or confirmed COVID-19 infection and those patients with other emergency conditions. Non urgent routine outpatient referrals were reviewed and either postponed and referred back to the GP for rebooking or actioned with patients by telephone appointments or virtual video appointments. Management of in-patient children prioritised restricting the spread of infection and outpatient appointments were carried out virtually unless a face-to-face appointment was essential. All acute services are currently continuing to transition to a "safe normal" face to face provision combined with virtual contacts where appropriate, taking into account vulnerability of patients, patient choice and need and current Covid infection rates.

Over the last year MSE Maternity services have adapted their provision of maternity care in line with NHS England and Government guidance while continuing to prioritise face to face visiting combined with virtual and telephone contacts. All maternity services have now returned to normal pre-Covid service provision with appropriate infection control assessments and PPE in place.

In April 2020 the MSE Maternity Direct app went live across the 3 MSE hospitals. This platform supports conversations between patients and midwives and provides relevant health Information for those who don't need 1-2-1 contacts. Additional functionality was added to the app – triage, personal care plans and information forms so that all Covid-19 related questions and queries can be answered prior to any appointments and patients can review their appointment times and care plan via the app. The

support provided by this app has resulted in reduced requirement for appointments and has helped limit unnecessary exposure of pregnant women to potential infection through attendance at an acute hospital, and feedback from users has constantly been very positive

MSE Safeguarding Service Provision

The MSE directors supported safeguarding as a front-line service throughout the Covid19 pandemic ensuring that there was no disruption to the safeguarding service across the 3 hospitals. This meant that the MSE safeguarding adult and child service has remained site based over the last year and has continually provided a face-to-face operational service across the three hospital sites supporting the safeguarding of vulnerable adults and children and staff throughout the Covid pandemic.

It has been a challenge for the safeguarding team to deliver level 3 safeguarding Children training across the 3 hospitals within the constraints of social distancing and workforce capacity during the last year. To mitigate this an alternative method of delivery using E- learning (E-learning for Health Level 3 Safeguarding Children Training programme) was optimised during this time to ensure that safeguarding learning and the development of safeguarding competency across the workforce was not overly compromised. Safeguarding adult E-learning training has continued to be accessed with compliance maintained at an acceptable level. Safeguarding children supervision is a priority for the Trust and provision has continued across the 3 hospital sites via face-to-face sessions or through utilising virtual platforms if required.

Safeguarding Activity and Focus Areas.

There was a noticeable decrease in safeguarding activity across the 3 hospitals at the early stages of the pandemic; this was due to a decrease in footfall through the hospital and a reduction in vulnerable adults and children accessing both health services and other services including school during lockdown periods, and this reduction reflected the national picture. The safeguarding service, through contingency and reset planning, was made ready for a potential increase in safeguarding activity across the hospitals as Covid 19 lockdown restrictions were reduced and schools reopened resulting in children being seen regularly outside of the home. However, to date a significant increase in safeguarding activity has not been seen and activity levels are comparative to those of pre Covid.

At the end of 2020 the MSE safeguarding children leads reviewed the number of children and babies requiring child protection medicals across the 3 hospitals. During the first and second wave of the pandemic to identify any trends or emerging safeguarding features. This identified that injuries had not increased but were more severe in nature. Additionally, in response to a cluster of non-accidental injuries in very young babies in Southend during the first wave of the pandemic, the MSE hospital safeguarding children leads engaged in an initial partnership scrutiny of this cluster in December and January 2021, and then subsequently led on the multi-agency Deep Dive into the 5 cases in March 2021. The aim of this was to identify learning across the system and consider any gaps in service provision. The findings highlighted the importance of including and using the information available regarding current and historical parental mental health issues in all assessments by professionals during interactions with parents and carers and highlighted how little is known about the health wellbeing and potential vulnerability or risk factors pertaining to fathers and men who are in the home and may be caring for babies and children.

During November and December 2020 and the first 5 months of 2021 the MSE safeguarding team examined the data pertaining to attendance of young people accessing the acute trust as a result of emotional health issues and self-harm during the Covid pandemic to identify obvious pockets of increase, trends and implications for safeguarding and relevant services. This has led to further scrutiny through the Performance Subgroup and the decision for the Emotional Wellbeing Mental Health Services and MSE safeguarding to undertake an audit of the child's pathway to mental health services during Covid. This audit has recently commenced and the findings will be shared with the Safeguarding Partnership once available.

During 2021 we have developed our MSE Safeguarding Strategy (2020-2022) and the actions plans that underpin the progress of the Strategy priorities. Domestic abuse is a shared Strategy priority across MSE children's and adults safeguarding, and throughout the last year we have communicated to staff

the National and Local reports that domestic abuse was increased during lockdown and that this was in the main hidden from those outside of the home with opportunities for victims to access to domestic abuse services reduced due to lockdown restrictions. The need to make every contact count in terms of increasing the opportunity for safe disclosures of domestic abuse by patients was reinforced through Trust meetings, supervision and contact points with service teams. In terms of forward planning, we are starting to consider the recommendations from the Domestic Abuse Act 2021 and we are preparing for the guidance on the implementation of Liberty Protection Safeguards, including changes within this for children aged 16-17 in order for this new process to be incorporated into practice across our hospitals.

NHS SOUTHEND CCG SOUTHEND

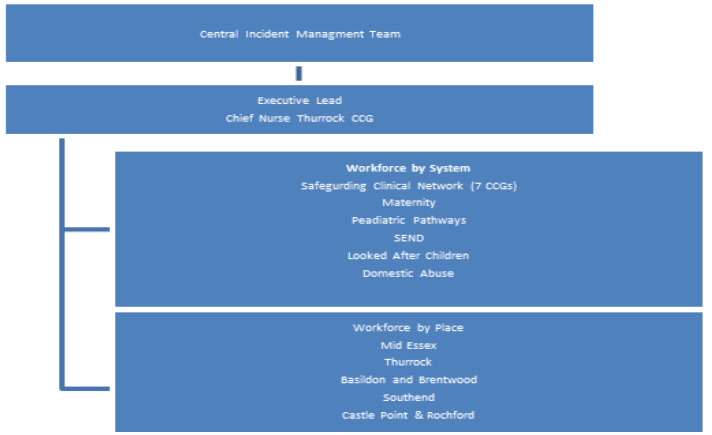
Coronavirus (COVID-19): A section that explains that the pandemic has impacted on our Partners ability to deliver progress and delivery of the 2020/2023 Strategy, which has been renamed the 2021/2024 Strategy and Workplan.

The SARS-CoV-2 (COVID-19) pandemic had a profound impact on NHS services across the entire health economy. In March 2020 and again in January 2021 major incident protocols initiated a re-focus of acute, community and primary care services to the COVID 19 response. This resulted in a scaling back of non-essential work and changes to the delivery of nearly all front-line functions.

Throughout the pandemic, safeguarding (adult and child) has remained a business-critical activity and NHS services have maintained the integrity of provision to adults at risk, children in need of protection and other vulnerable populations within the parameters of government guidance. In Southend no safeguarding professionals were redeployed although they have supported the delivery of health services as needed, for example, the COVID-19 vaccination programme.

In March 2020 in the five Mid and South Essex Clinical Commissioning Groups (MSE CCGs) safeguarding teams moved to an integrated structure working closely together to identify and respond to emerging risk in a rapidly changing environment.

Figure 1: Covid-19 integrated safeguarding structure



This arrangement ensured compliance for CCG statutory safeguarding functions whilst boosting system safeguarding resilience. It created a mechanism where system risks were shared and escalated and allowed for strengthened partnership with existing workstreams; Maternity, End of Life, Children services, Discharge Pathways, Primary, Community and Acute care.

As part of the Safeguarding Clinical Network (SCN) covering the 7 Essex CCGs, we continued to support work across boundaries and ensured that safeguarding remained high priority within the Covid-19 response as new services such as Swabbing Centres became a key contact opportunity for the public.

The longevity of the COVID-19 pandemic has at times adversely impacted the capacity of the NHS to commit fully to Southend Safeguarding Partnership Strategy through its subgroups and workstreams. Implementation of Mental Capacity (Amendment) Act 2019 was slowed, and all routine audit activity stopped, including the primary care modified s11 audit. Nevertheless, the NHS has been a key contributor to the audit and deep dive looking at non-accidental injuries in children under 1.

NHS Southend CCG remains a committed Safeguarding Partner and as the NHS resets to business as usual the Alliance Director has taken over as Chair

CCG	HCs Q1	AHCs Q2	AHCs Q3	AHCs Q4	Total AHCs Completed	Same Point Last Year	Target (based on 67%)
B&B	85	103	191	269	648	649	791
Thurrock	3	52	160	177	392	328	355
CP&R	38	34	152	221	445	342	484
Southend	7	92	275	386	760	720	737
Mid	33	95	271	498	897	838	1022
NE	54	185	417	942	1598	1293	1342
West	101	29	196	374	700	573	548
Total	321	590	1662	2867	5440	4743	5278

for the SSP Strategic Leadership Group and this will be maintained through 2021/22 to ensure consistency as the CCGs transition into an integrated care system

NHS Southend Clinical Commissioning Group (SCCG) has continued to work closely with CCGs in Mid and South Essex as the CCGs transition into an Integrated Care System (ICS) by April 2022. In light of the increasingly complex landscape for health providers and commissioners, the CCGs commissioned a whole system review of child / adult safeguarding arrangements in January 2020 to ensure they remain relevant, robust and fit for purpose. The report was delayed due to the pandemic and was shared with CCGs and partners in the latter part of 2020. The outcome and recommendations will inform the development of the ICS safeguarding function https://southendccg.nhs.uk/ .

In 2020/21 key safeguarding activity included:

Mental Capacity (Amendment) Act 2019 – led by the Safeguarding Clinical Network a Greater Essex Steering Group has oversight of the implementation of Liberty Protection Safeguards with 3 workstreams covering CCG commissioning, support for provider services and collaborative working with local authorities.

Learning Disabilities Mortality Review (LeDeR) The CCG has participated in the quality assurance of LeDeR reviews, reducing the number of outstanding reviews, the identification and implementation of learning. The delivery of effective annual health checks for people with Learning Disabilities (LD) has been a local learning point. Financial support has been given to Primary Care Networks to support the completion of the annual health checks and NHS England set a national target of 67% of patients on GPs' LD registers by March 2021. All areas performed as well or better than last year despite of COVID-19. Overall, across the Transforming Care Partnership performance exceeded the 67% target. Figure 2 Percentage of LD Annual Health checks per CCG (week ending Friday 30 March 2021

Initial Health Assessment Digital Solution is being explored that would progress one digital solution for Mid and South Essex which would show the point at which the child is within the IHA pathway (live database). It is hoped that the IT solution would address collection of data to track children, so no child is lost in the system. This initiative has been delayed due to NHS Covid-19 response, but Essex Partnership University NHS Trust (EPUT) work has already commenced work on progression of a pilot to establish feasibility of extending across Essex. **Child Protection Information Sharing (CPIS)**. CPIS is an IT connection between the NHS and Local Authorities that allows information to be shared for children in need of protection and those Looked After. Nearly all relevant health providers have CPIS including IC24 (out of hours primary care service) and has been piloted with an independent health provider setting in Southend who offer paediatric services. CPIS will be rolled out to the East of England Ambulance Service during 2021. All health services providing unscheduled care can see if a child is in care or has a child protection plan in place and take appropriate action and the social worker receives timely notification of the attendance. provides an additional layer of protection to the most vulnerable children and allows a secure, systematic way of sharing information across England. It is anticipated that this will enable health and social care professionals to have oversight of reduce the opportunities for children

Children's and Young People's Specialist Counselling Service was commissioned by MSE CCGs to provide counselling and emotional support to children and young people with anxiety and increased emotional difficulties.

Asthma Care and Treatment Pathway is being developed to promote the health and prevent deaths of children with asthma.

Domestic Abuse – the CCG leads on domestic abuse for the 7 Essex CCGs supporting the delivery of the SETDAB strategy.

Safeguarding Commissioning Assurance Toolkit. Essex CCGs participated in the pilot for a national safeguarding assurance toolkit. This provides assurance and challenge between NHS England and CCGs on the safeguarding governance framework.

ESSEX PARTNERSHIP UNIVERSITY TRUST (EPUT) SAFEGUARDING ADULTS AND CHILDREN TEAM

EPUT are a provider of health and social care services in Essex, Suffolk, Bedfordshire and Luton. EPUT's services include mental health, community, learning disability and social care support to people helping them to live independently.

The safeguarding adult and children team in EPUT provide a specialist safeguarding service to staff within EPUT and SBC 0-19 service alongside working in partnership and contributing to the wider safeguarding partnership. The team support the staff who work directly with children, adults and their families and carers. The services include supervision, consultation, training within, and external to our organisation. The service, like most others, was directly affected by Covid and resulted in the service delivery model being adapted from March 2020 to continue to meet safeguarding requirements.

The service was subject to an internal audit review during the period of this annual report for the purpose to review the Trust's arrangements for safeguarding people within its care, focusing on how the Trust monitors implementation of its safeguarding policy and procedure to protect children, young people and adults from risk of harm or abuse. The audit report demonstrated substantial level of assurance for service design and moderate level of assurance for overall effectiveness because of some controls not evident during the audit. The following extract within the report demonstrates these controls have now been put in place.

"Since the audit the Trust has taken action quickly to address the points raised and have provided evidence to us that this has been done. On that basis, the opinion would improve to substantial for design and effectiveness, assuming no further issues were identified."

Key assurance areas:

- Good collaborative working with partner agencies to safeguard families
- Use of Datix as a recording system for all safeguarding concerns
- Successful implementation of a Duty System
- Safeguarding adults and children policies were reviewed Impact of Covid

In March 2020 the safeguarding service implemented its business continuity plans in alignment with operational services as a result of the Covid-19 pandemic. The service revised its service deliverables to the must do's of supervision, consultation and case management meetings through a remote model and temporarily ceased delivering service with added value such as participation in multi-agency task and finish groups, audits and the wider partnership elements it contributes to. The focus was on keeping people safe through direct case management in creative ways and supporting staff doing this. The competency based level 3 safeguarding training was suspended because the team were unable to gather large groups of staff members in a training room along with the increased demand on our health care operational staff to care for very sick and vulnerable patients in our care. This resulted in the suspension of 17 training sessions of which there were 10 adult and 2 children's sessions during the period. This would have given capacity for 585 training places equating to 325 adults and 260 children's spaces available to staff.

With the easing of restrictions in mid-2020, the safeguarding service were then able to recover and restore their level 3 competency based safeguarding training service provision back to the pre Covid-19 position whilst retaining some of the innovative and transformational ways that it had delivered

business during the restrictions. Prior to Covid training as delivered in large groups directly to staff but this model changed to the team delivering the majority of the training virtually using Microsoft Teams and were able to engage a larger audience using this format. Some direct face-to-face training has been provided to operational teams who have been able to organise solutions for their teams to book a large enough space for their staff to social distance during these sessions.

Staff have found the accessibility and interactive sessions to be effective through the Microsoft team's model and the team have invested in developing their knowledge and skills to improve the delivery with the continual improvements and updates made to the software. Staff are able to access the training easily as no additional commute is required and have meant staff not being able to get to a venue previously have now more accessibility to the training. Staff are able to post questions and comments in the chat area and share experiences and knowledge. The team will continue with this innovative delivery model for their training whilst offering choice for those wishing to attend a face-to-face session.

The team have equally adapted the way they deliver individual and group safeguarding supervision to operational teams, delivered mainly virtually during the period of pandemic. Teams have benefited from this and restoration and recovery has continued with this as an available option along with meeting in person in a Covid secure space. Teams and practitioners choose their preferred method. Staff are able to prepare the cases they wish to bring to case management supervision or identify themes to discuss in the group supervision before the session. The safeguarding service operates a duty system between the hours of 9-5 and demand has increased significantly with this service in the last year requiring an increase in resource needed to staff it. There has been an increase in safeguarding adult and child referrals with the easing of lockdown restrictions. Within the children's arena there has been a multi-agency increase in the number of non-mobile babies presenting with non-accidental increase, which has led to multi agency auditing and planning and is supported by national data as a theme. In the adults arena the increase has been because of demand in numbers of safeguarding alerts and have progressed to an enquiry. The team has seen a 17% annual increase in cases for self -neglect and 16% increase for psychological abuse.

The safeguarding and looked after children service have adapted their attendance at statutory and clinical meetings and now represent the service virtually through corporately approved software platforms. Patient care and safety meetings were prioritised by the safeguarding and looked after children partners across the system during this time. Equally the team continued to manage partner requests for referrals, enquires, Deprivation of Liberty (DOLS), Mental Capacity Act (MCA), domestic abuse and management of safeguarding and domestic homicide reviews throughout this period through agreed virtual meetings, which have continued since recovery and restoration commenced. EPUT have representation on the partnership sub-group and are involved with the contribution of Individual Management Reviews for families where either EPUT or the 0-19 service has been involved with their care.

The looked after children team needed to adapt their service delivery model to co-ordinate and monitor the health needs of the looked after children (LAC) within their care. The team co-ordinate and signpost for the health needs of LAC on behalf of the health economy within a local commissioning area although care can be delivered by all parts of the health care system. The service undertook Covid risk assessments as per the statutory health care guidance for all review health assessments required for looked after children. The risk assessments were to assess risk to staff, children, carers and members of the household to ascertain if any had Covid symptoms or were self-isolating and offered a virtual or physical contact dependent on the outcome of the risk assessment and the child's wishes. The team provided the same service to support foster carers on managing the health needs for looked after children placed in their care based on their Covid risk assessment.

The service has developed a safeguarding Standard Operating Procedure for the delivery of the mass vaccination Covid immunisation programme that the organisation has been delivering on, so that those immunising have an appropriate safeguarding operational procedure to meet the service needs, keep themselves and individuals attending for vaccination as safe as possible.

The services have worked with other corporate governance teams to assist with the safeguarding aspects of recruitment and training of the staff and volunteers who have been employed to help deliver the vaccination programme.

Southend Borough Council Children's 0-19 Public Health Service - Delivery through COVID Pandemic

The service model in the initial stages of the pandemic was adapted and informed by the COVID 19 Community Prioritisation Guidance from PHE and NHSE and the subsequent restoration guidance to ensure that a risk stratification process was in place to safeguard vulnerable children. This guidance was developed nationally to support health care staff in making informed decisions on the best way of continuing to deliver care to families whilst keeping children, families, staff and household members safe from Covid.

Service delivery followed the business continuity plan with frequent staff briefings, held daily during the early days to ensure that operational leaders and practitioners were confident of the delivery model considering the rapidly changing environment, guidance and risks.

The delivery model incorporated the use of virtual delivery platforms to ensure accessibility of the Healthy Child Programme (HCP) to families, children, and young people. This was supported by the development of an emergency standard operating procedure and risk assessment to ensure that clients requiring initial assessment or who had been identified as on the Universal Partnership Plus Pathway (UPP) where prioritised for face-to-face delivery so that the health needs of children and young people identified as most at risk were identified.

Access to drop-in style clinics was stood down and an appointment-based system instigated via the children centres, to ensure that emerging health needs could be assessed in a timely manner for children and young people, by either a health visitor or school nurse within the community setting.

Increased communication across the system was instigated by the service with operational managers from 0-19 PH, early help, children's social care, maternity, early years commissioning and education to identify themes and risks promptly so that these could be addressed. An example being the increase in clients impacted by mental health who had 'just been managing' pre pandemic and who required additional support to meet their child needs. An urgent referral system was put in place with early years commissioning to support rapid access to early years settings, on the referral of the health visitor which proved vital for many families.

With school environments closed, access to school nurses was via the virtual environment, children centre or client home. Joint visiting was also undertaken with the child or young person's key worker. The CHAT health confidential texting function was reviewed and extended to enable parents to access the offer. The service offer was also communicated to parents and young people who are electively home educated via the EHE newsletter.

Communication letters were sent to key stakeholders - primary care, early years, maternity and head teachers advising them of the service model and how to contact the service. This was also communicated via the organisation's website and service twitter feeds.

In line with restorative guidance, recovery and restoration plans have been put in place. All children on the universal pathway who received a virtual contact in lock down one have been invited to an assessment clinic for a face-to-face review of their growth. The contact model for universal clients during subsequent restrictions was increased to a combined virtual assessment and face to face review within a children centre to increase client contact and support holistic assessment.

The National Child Measurement Programme (NCMP) was stood down at a population-based level, and in line with PHE the service is currently delivering the programme to the prescribed schools as identified for the representative sample. In addition, the school nurses are undertaking weight, height, hearing and vision screening to all children on the Universal Partnership Plus caseload to ensure that any unmet needs during the pandemic are identified. This is not the same for the other levels of caseload need for those receiving Universal or Universal Plus care. School nurses are also delivering opt in

hearing and vision screening to year R entry for 2019/20 and 20/21 and where there are concerns identified.

Whilst the use of virtual platforms for communicating with parents/carers and young people has its place in some aspects of service delivery, it does impact on the quality and ability to undertake a holistic assessment on children and young people across all the domains, especially family and environmental. The ability to hear the voice of the child is particularly difficult. The impact on vulnerable children is still emerging with greater number of referrals being reported by the health liaison nurses within the multi-agency safeguarding hub at the end of each of the three lock downs.

A service audit was undertaken following concerns identified by health visitors regarding the increase in pre-mobile infants within their caseload who had been identified as suffering NAI, which appeared heightened during the implementation of government restrictions, the learning and recommendations from which have been shared with the partnership. The service has also contributed to the wider 'deep dive' exercise on NAI in pre-mobile babies undertaken across the local children's system to gain greater insight and learning. Lessons learnt nationally may indicate that there is a need to review and consider the combined elements of isolation, young parents, financial difficulties and known parental mental health issues which became a thematic analysis found during lockdown for involvement with children aged under 1 and non-accidental injuries.

In response to SCR/Child Practice Reviews the following standard operating procedures have been developed to support practitioners in their safeguarding practice over the last year:

- Working with Vulnerable Families for 5-19 Practitioners
- Core health Assessments for 5-19 Practitioners
- Electively Home Educated and Missing from Education 5-19 Practitioners.
- Transfer n and Out of Children's Records

As part of the wider children's system approach to the roll out of the Grade Care Profile 2, Three practitioners have undertaken the train the trainer programme to support delivery across the partnership. The Graded Care Profile is being rolled out across the partnership from learning from child practice reviews within the local area.

The service has used appropriate PPE and maintained face to face contacts to children subject to statutory processes and/or identified as vulnerable and continued face to face contacts at new birth and 6 weeks. Staff attendance at management and safeguarding supervision has been maintained as per standards to support risk management/identification and safe practice.

The service except for drop-in clinic activities, which continue to be appointment based in order to remain COVID secure, has now returned to a pre pandemic model from the 12/4/21, the results of which will be reported mire fully in the Annual Report for 2021-2022.

To gain insight into the client experience of the Children's 0-19 Public Health Service a feedback survey has been developed on the Southend Borough Council 'Your Say' website to ensure the user voice informs service development and delivery.

The following exerts are compliments received during COVID from parents:

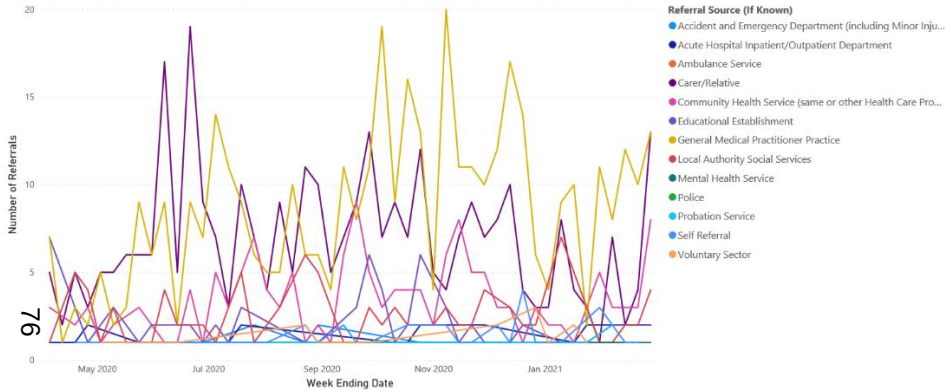
'I just want to say a big thank you from the bottom of my heart you have no idea how much you have helped me. Before you met me, I was going through stuff with my ex and I thought there was no way out I opened up to you and you went extra mile to get me the help that I never knew existed.'

'You especially helped me to feel safe and supported when we first moved down here and almost are our constant! I'm incredibly grateful that you are still there at the end of the phone or email so if something suddenly happened then I know that you're still there in case of emergency.'

NORTHEAST LONDON NHS FOUNDATION TRUST (NELFT)

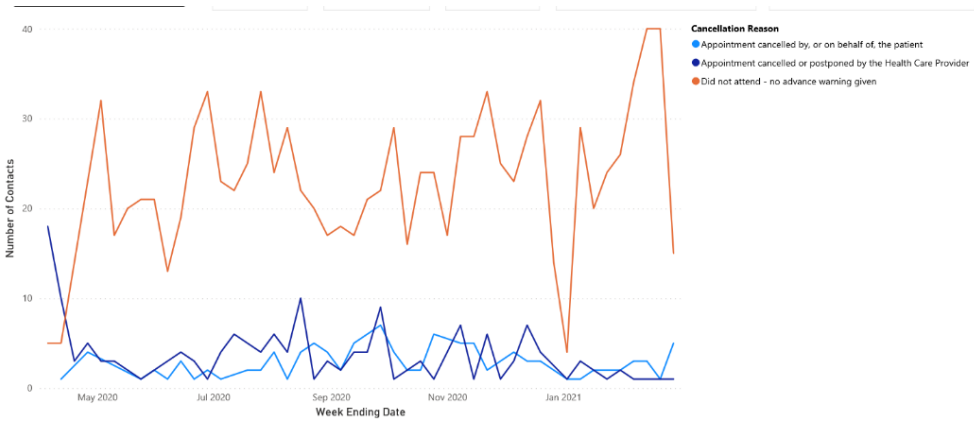
The initial impact of the Covid Pandemic on the NELFT EWMHS response to the delivery of its service meant that the service had to redesign its care pathways to accommodate safe practices around the pandemic restrictions in order for business to carry on throughout the last 15 months. During the initial phases of the pandemic referrals dipped, however since April 2021 the service has seen a significant increase in the number and clinical severity of referrals it has received. We have seen a shift over the last 5 months in the

type of referrer, with a marked increase in referrals received from GP and parents and carers as well as self-referrals whereas previously there was a higher number of referrals received from education and community health providers. This is a pattern to be expected as young people were not able to attend school and parents and carers were spending more time with their young people to be aware of concerns. In addition there has been a significant increase in crisis and A&E attendances. Overall we have seen an increase in all referrals including self-referrals and referrals from GPs with a peak of 20 referrals being received by our SPA on one day from GP services alone in November 2020.



In line with the national data trends the EWMHS service has seen a significant rise in the number of young people presenting with an eating disorder

In order to respond to not only the increase in demand and acuity of cases, but also in continuing to offer a service to those existing service users within the constraints of infection control and social distancing requirements of the Covid Pandemic, the service has adopted a mixed delivery offer which includes choice of virtual, phone call or face to face. The virtual nature of assessments and contacts for many young people has spoken a familiar language to them and allowed some to engage on a level they are more comfortable and familiar with and has improved their engagement. This has also reduced the number of missed contacts and non-attendance from pre-pandemic levels.



The increase in virtual working has also improved partnership working and NELFT frontline practitioners as well as managers and safeguarding team members have reported increased attendance in meetings and ease and frequency of attendance at multi-agency meetings. This is across the board from improved attendance at SSPC meetings and strategic meetings through to attendance by relevant agencies at core groups and CP conferences and other operational meetings. In turn this has improved the ability to information share between agencies and undertake better joined up risk assessments between agencies.

Irrespective of the mechanism of contact with service users, capturing the Voice of the Child has been consistent and professional curiosity has been encouraged. NELFT have adopted a Think Family model and provide a safeguarding advice service for both adults and children who work closely together to offer robust advice that considers the whole family. This continues through all aspects of the safeguarding work that is delivered including through training delivery aimed at training across the lifespan for topics such as domestic abuse and exploitation and the development of new processes that have been implemented to share information with partner health agencies... In particular NELFT safeguarding team along with the health providers of Universal services across Southend, Essex and Thurrock, which include EPUT, ECFWS and NELFT's own Universal services, have

developed an Information Sharing letter that EWMHS sends to the safeguarding teams in these agencies to raise awareness of safeguarding concerns where it has been identified there are other young people or children living in the same households in order to ensure there is professional oversight and consideration of the risks to those individuals as well.

NELFT have continued to participate in learning reviews and have adopted various methods for dissemination of learning including 7 minute briefing in response to the inability to meet face to face with groups of practitioners.

Representatives from NELFT have continued to be part of Southend Safeguarding Partnership working groups for Harmful Sexual Behaviours and NELFT has produced new guidance and toolkits in line with up to date evidence to assist staff in managing cases identified of Harmful Sexual behaviours. This work has carried on throughout the pandemic. For NELFT practitioners these resources are available on the TRUST Intranet.

All staff working in the service must undertake Level 2 safeguarding training as a minimum and those staff clinically working with young people are also mandated to undertake Level 3 safeguarding children training, LAC training and have 3 monthly safeguarding supervision in addition to their clinical and managerial supervision, which pre-pandemic would have been undertaken face to face. They also attend PREVENT training and adult safeguarding training.

In response to the pandemic, the NELFT safeguarding team took a responsive approach to converting the existing classroom training to on-line virtual training to ensure staff remained compliant and up to date in their knowledge.

NELFT recruitment has continued to be in line with safer recruitment guidance both before and during the Covid Pandemic. Recruitment and retention in CAMHS is a national issue and NELFT are not alone in having a number of vacancies in the wider team which is covered through the use of agency staff. The Southend team have generally had very stable staffing during the period being considered, though there were a number of staff who moved into new roles as part of natural job progression and development which did leave a gap in the service. This gap was managed very effectively and creatively to ensure it had little impact on service users by agency staff cover alongside the introduction of a pilot project to offer brief interventions of 3-4 sessions to a low risk cohort of young people who had been on a waiting list for a period of time. Of the young people offered the intervention, when triaged before acceptance, 50% felt they no longer needed any intervention and their presentation had improved 17% needed to be moved into a further, more intensive service and the remaining 33% felt the brief intervention had been successful in helping their presenting problem and were satisfied with the care they received.

It is also of note that throughout the Pandemic the Southend team met it's 18 week waiting list KPI and all children were seen in this timeframe.

SOUTHEND BOROUGH COUNCIL - EDUCATION

Context

For the purposes of this document the word settings relates to all educational settings: all of Southend's early years and schools of whatever type serving all ages, and however governed, managed or funded. It also includes a review of safeguarding in 2020-2021 in Southend's FE colleges.

All setting are expected to continue to be aware of and implement effective safeguarding procedures and policies in accordance with both their status as Relevant Agencies under Working Together 2018 and their legal requirement to comply with Keeping Children Safe in Education (KCSIE). It follows therefore, that safeguarding, preferably preventive and based on early intervention and partnership with the child and the family, remains a core purpose of, and an active component in, the everyday life of the setting and the practice of every adult working in, or governing it. This set of fundamental principles guiding safeguarding in education is reinforced in all training and staff's involvements with settings, including throughout lockdown. It will also always feature strongly in dialogue with the local authority, both when safeguarding concerns are raised, and when a school or MAT "health check" is completed in partnership with the setting. Where there are gaps in the skills, knowledge or understanding in any part of the workforce, or in those whose governance responsibilities are equally clear,

are evidenced by casework or regular scrutiny, the matter is addressed directly at the highest level of leadership in the setting by the appropriate officer or agency. Safeguarding therefore remains an active verb and is proven to be everybody's business as Southend's children and young people are educated.

Overall settings and schools

Safeguarding remains a key feature of regulatory scrutiny by OFSTED in its inspections of all schools, from Early Years settings through all-age schooling including special schools and alternative provision settings. Although the frequency of inspection paused during the pandemic, where concerns or for sampling reasons apply, OFSTED continued to carry out regulatory inspection. The Council's and SSP's active inspection support for settings continues, through means such as governing body training, webinars with Headteachers, discussions at the Schools Forum convened and administered by SSP (Children) and when necessary, direct contacts with schools and other settings to address their own or an agency's concerns. Officers of the Council in education and Social Care services, including the Director of Education and Early Years and the Local Authority Designated Officer (LADO) (whose role is to ensure the thorough investigation of any allegations about an adult working or in contact with children and young people). liaise on a regular basis about generic and case specific issues, ensuring wherever possible that lessons settings need to learn regarding safeguarding issues are disseminated. The SSP(C) also convenes a Schools Forum which discusses relevant and "live" safeguarding issues, including the effects on both students and staff of the mental and emotional wellbeing concerns surfacing as children either learned in isolation at home and online, or how things have been for all concerned during "between lockdown" periods when schools and colleges have been fully rather than partially open

OFSTED

During the pandemic and beyond, strong working relationships between the council, its education settings and regional Senior HMI continued. Senior HMI address meetings of Governors responsible for the safeguarding role in schools, Headteachers and Designated Safeguarding Leads (DSLs) on safeguarding duties, including currently "hot topics" such as knife and other serious and violent crime, and harmful sexualised behaviour, among children and young people many of whom are also living vulnerable and very complicated lives, the effects of which go with them into their behaviours, friendship groups and risk taking in their schools or colleges. Both of these themes are also high on the agenda of the Partnership as a whole, and Southend has a range of strong network connections between education settings and sources of help, support and information including organisations in the voluntary sector, and representatives of Essex Police.

On a periodic basis, HMI contact The Director Of Education directly should they have specific concerns about a particular school or setting.

In one instance this related to alleged discrimination that could have led to safeguarding challenges within a particular Southend secondary school, which were discussed directly with the leadership of the school and reported back to OFSTED. In this case, the school had made their best endeavours to accommodate the needs of the young person. In another instance the issue was about specific allegations, raised within the community concerned, about the leadership of a setting and the Multi-Academy Trust associated with schools in the borough. This matter had previously been raised and investigated by regulators, and they had been satisfied that the leadership of the Trust had made appropriate changes to their procedures. In both cases, both academies, the relationship held between the council and settings allowed appropriate scrutiny and challenge sufficient to report positive outcomes back to regulators.

Every such enquiry is investigated in full by relevant officers and reported back by the relevant Council officers, who in most cases would already be aware of and have dealt with the matter prior to being contacted by OFSTED.

The number of cases of direct complaints to OFSTED from parents continues to be high, in line with such escalation in most authorities. Reasons for this could include that parents consider that a direct complaint to OFSTED shortcuts other complaints through the published school procedures. In the main these are not "safeguarding" issues directly, but relate to dissatisfaction with an aspect of the provision from the setting, for example the quality of

teaching in relation to aspects of behaviour management that the parent considers has either not been dealt with effectively, or indeed are using OFSTED to circumvent school procedures. However, each compliant is considered at face value and then investigated by a senior officer from either education, or if it is clearly a safeguarding risk and allegations have been made, by the LADO. It is of continuing concern within Southend services that OFSTED does not appear to direct complainants in the first instance to the settings published complaints policy and procedures, prior to passing these complaints on to the authority. Given approximately 80%of Southend's schools are academies, whilst they continue to work with the LA, academy schools no longer under our control, this is of particular concern given the limits on the LA's ability to intervene unless there is a proven or strongly suspected safeguarding concern requiring immediate attention. For most complaints a parent might raise, the setting itself should be dealing with the matter, with the LA brought in, rightly, if on the basis of its statutory duties it proves necessary for it to intervene.

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On a regular basis meetings take place between senior Council officers and senior HMI, either through the established system of "annual conversations" or through less formal meetings. In such meetings, matters of safeguarding are always discussed, including through the appropriate sharing of intelligence about a particular setting as a way of ensuring that the respective parties have a shared understanding of possible emerging issues.

Specific Safeguarding categories

Knife crime, the presence and activities of gangs, and criminalised behaviour in some young people

The council, its partners and the police continue to play a very active role in this area, including in work done directly with young people and their education settings, since 2018 staff from the LA have completed See The Signs programmes with over 8,000 pupils across over 40 (80%) of the schools in the borough, this work continues and sessions are booked in until March 2022. Significant and high-profile campaigns have successfully brought the matter to the attention of the public, school pupils and staff, and those working or leading in, or students enrolled in and attending, FE settings. The partnership also have a Child Exploitation Champions Forum which meets 4 times per year which provides a programme of training relating specifically to CSE/CCE/Gangs and County Lines which is well attended by professionals from local schools.

Harmful sexualised behaviour

The publicity this issue which started as the financial year covered by this SSP report concluded, has significantly raised its profile with schools and settings, and among their students and families. The Director of Education receives weekly reports from the police concerning posts on the "Everyone's Invited" website. To date, no Southend school has been named. However, other regional and public websites do have allegations relating to mostly secondary age schools in Southend. These range across the full continuum, from friendship issues to allegations of a serious sexual nature. The LADO scrutinises these reports as they occur and are posted, and follows up with all schools named should there be concerns directly. Data on this emerging matter will feature in next years annual report in more detail.

Senior HMI have previously spoken, and will in the Autumn term speak again with governors and Headteachers about their responsibilities and response to such allegations should they arise in their settings, but more importantly, schools are reminded to create and be able to give the strongest possible assurance about the practice that exists, and the culture that obtains, in their schools. The recent publication of a high profile, non Southend grammar school elsewhere in Essex, brought to light in the summer term 2021 rather than during the financial year 2020-2021 but bringing with it a judgement of Inadequate on the said school, will bring this matter ever more fully and urgently to the attention of Headteachers, governors, and students themselves. More importantly, schools, the council and OFSTED will continue to work with school leaders to ensure that they can, as far as they are able have effective systems in place to listen to, hear and act upon any such allegation. It also remains important that the voices and views of Southend's students, in any and all settings, are heard and acted on. In addition, schools' attention will continue to be drawn to the curriculum implications for supporting this work, asking schools how their PHSCE curriculum will create safe spaces and encourage mature discussion. They are also challenged on

the development and regular review of their policies, and to address what contribution the RE curriculum, including through the work of Southend's SACRE could and should play for example. The key to this work will be the skillful, trusted work that key staff, or volunteers, within the school do to support pupils who feel vulnerable because of the peer group culture in their settings. In part this work will be both helped and accelerated by Summer 2021's OFSTED reports, and its ongoing work in this arena.

Pandemic response and safeguarding

A significant amount of work was done, and systems and policy were put in place at very short notice to mitigate the effects of the pandemic on schools. It was apparent from the start of the pandemic in Spring 2020 that the DfE regarded the local authority as the key conduit for work in all settings, irrespective of their status as an academy, maintained, private or other provision, a role that council officers have happily filled. The relationship Officers continue to with all schools continues to be significantly strengthened by a continued expectation of regular, mutually professional dialogue on all aspects of the pandemic response, including the Directors of Public Health and Education running and participating in weekly webinars with school leaders where concerns could be aired and addressed in partnership.

Whilst this degree of multi-agency support across education and public health focused on wide ranging aspects including Covid testing, outbreak control, and wide-ranging advice, support and guidance, at its heart was the safety, safeguarding, and wellbeing of all pupils, whether they were positioned and learning in or out of their school or other setting.

With almost immediate effect, systems were stood up that allowed agencies, through the settings themselves, to monitor matters including attendance, infection rates, self-isolations and pupils' or students' purposeful and positive engagement with remote learning. Weekly calls to the DfE ensured Officers and settings could supply, as required, high quality and detailed data and intelligence on overall numbers. However, in addition, Southend's services took the decision to ensure that this provision of intelligence extended to providing, and being able to analyse, pupil level data, in particular regarding our more vulnerable pupils, and actions taken through the appropriate group or individual.

Of particular note has been the work undertaken by the borough's Early Years teams to ensure continued safety and provision for preschool children. Throughout the pandemic, officers from these teams have worked firsthand with settings and families to ensure, wherever they could, that provision continued for families wherever it was required.

Particular support for Southend's most vulnerable groups of children and young people

Be they pupils with an Education Health and Care Plan (EHCP), or other vulnerabilities, the Education services of the Council required schools and settings to undertake and present risk assessments, undertaken at individual levels, of their particular needs. These were "rag" rated, and we required settings to act accordingly based upon the perceived or proven risk. This could range from light touch, virtual check-ins on a weekly basis, to face to face home visiting by relevant officers whose attention had been drawn to a child or family by the school. Schools were required to maintain this close-attention risk assessment and management, and it was sampled and monitored by officers, including OFSTED inspectors some of whom were stood down and seconded into the authority for several months. This way of working had the added bonus of additional gravitas brought in by Ofsted HMIs, but also allowed the regulator to see "business as usual" practice across both the LA and the borough's schools.

Our data teams ensured that this granular level data collected setting by setting was monitored on a frequent basis and fed back weekly to both the council's senior teams and the DfE.

In addition to our oversight, the settings and schools themselves put in place strong and effective procedures to ensure that pupils continued to be well, safe and to thrive as far as they were able. These included, for example, a primary school headteachers and her senior staff delivering daily food packages to over 50 pupils in order that they could have "eyes on" with families about whom they had a range of concerns.

Other aspects of safeguarding provision in the education sector, led by the authority

Vulnerable Learners

Linked to the SEND inspection referenced below, significant work continued with settings' leaders to ensure as far as they could that vulnerable groups were safeguarded, both within and outside of anything prompted or brought to bear by the pandemic. Monitored by a subgroup of the Education Board, on a rolling basis, the Vulnerable Learners Subgroup (VLSG) group considered categories of vulnerability including LAC, EHE, persistent absentees, part time timetables and exclusions for example. This group consists of officers from Education, social care and other services and school leaders from each phase of education including early years. On a meeting-by-meeting basis, the officers or organisations accountable for the particular cohort are asked to present a report and data on the means they are using to ensure effective and safe provision. These meetings are reported directly into the Education Board and supported by several other functions such a fair access panels for example.

SEND

SEND continues to be a priority for the area partnership, including the safety and wellbeing of SEND learners. Following the inspection in 2018 which found four areas of significant weakness, these areas were subject to regular monitoring and challenge by the Department for Education and National Health Service England officers. The subsequent regulatory revisit will feature in the next year's annual report.

At casework level, officers continue to support all learners in line with their statutory duties, including those with and EHCP. In addition the area works with schools who are first and foremost accountable for those with SEN support. This includes offering support and signposting to schools and where required challenge in respect of their respective duties for SEN support and those on the threshold.

THRIVING COMMUNITIES AND TACKLING NEGLECT

In 2020 the approach to understanding and reducing Neglect in Southend-on-Sea came under review. Neglect across all age groups was a topic of discussion at an informal meeting of the Health and Well Being Board (HWBB) in June, when work was focused through an established Neglect Task and Finish group of the Southend Safeguarding Partnership (SSP).

The decision was made to view Neglect through a wider lens, reaching beyond the statutory system to incorporate a Thriving Communities element and work in a strength-based way enabling community-based prevention, and to define what Thriving Communities means as a partnership with community at the heart of the work.

In September 2020 a handover from the Neglect Task and Finish Group to the co-chairs of the new Thriving Communities and Tackling Neglect group (TCTN.) Chairing is shared by Southend Association of Voluntary Services (SAVS) and Southend Borough Council (SBC) was completed.

A transition period followed leading to a permanent Thriving Communities and Tackling Neglect Group, aiming to identify and address what needs to happen next:

- Clearly define neglect and increase awareness through planned Communications and public awareness raising activity
- Review Group membership and increase community representation, including where possible "experts by experience" with personal knowledge of neglect as a feature in their lives or those of family members.
- Achieve agile working by focusing on the best use of resources, ensuring the focus is on more time for and concentration on actions.
- Identify what resource and capacity needs exist in existing systems, and explore how to source what is needed
- Create a space for a strong and engaged community voice as part of this work

- Build on the work of the Neglect Task and Finish Group, given much had already been undertaken on the causes of neglect and contributing factors.
- Alongside the TCTN's direct reporting line into and accountabilities to the HWBB, ensure formal reporting also takes place to the SSP.
- In concert with the above requirement, ensure transition points and joined up practice are productive, between TCTN's non-statutory work and the statutory services that deal with neglect at higher, including statutory, intervention levels

Work on the causes of Neglect and contributing factors, based on work already undertaken by the Neglect Task and Finish group which has clearly defined the areas below.

Root Causes:

- Child's or neglected adult's physical or intellectual impairment(s) or disabilities,
- Nutritional and other physical neglect, in homes where there is little or no warmth or physical support to daily needs, poor physical safety or cleanliness, or basic human dignity.
- Emotional neglect (for example all physical needs are met but nobody talks to the victim, knows where they might be or what they might be doing, on a long term or permanent basis.
- In children, educational or developmental neglect, where there is too little, or even no, support to move that child on in their learning, or their readiness to socialise, to learn or to achieve.
- Averse childhood experiences including parental mental health,
- Parental, partner or in adult neglect one's own alcohol and/or drug misuse,
- Effects on sense of self-worth and likely physical or mental health of being a victim or witness of any form of domestic abuse,
- Parents living away from the family home such as through parental separation, having a significant adult in prison,
- Working on neglect across borders,
- Directly and determinedly addressing diverging opinions about risk and thresholds by professionals,
- Housing issues,
- Debt issues,
- Families living chaotic lives,
- Parental or other familial capacity/understanding,
- Professionals not always taking into account historical concerns.

Presenting Factors:

- Poor school readiness (using national early development and learning measures, progress checks by health professionals addressing developmental milestones,
- A child's or adult's behaviour or change in behaviour,
- In children, poor communication skills,
- In any age group, physical neglect seen in poor health choices leading to conditions such as obesity,
- Parent, child or neglected adult – including self-neglect in the latter - not engaging with professionals or services such as education, health or other support services.
- Not brought to, or not attending key appointments,
- Self-reporting and/or disguised non-compliance,
- Episodic neglect (sometimes referred to as "bouncing" in and out of neglect when professionals discuss cases), and
- Issues of delay, hand-off between services, drift.

Effects/Impact:

- In children: developmental delay or disability,
- Services' unintentional focus on parental needs rather than outcomes for the child,
- Poor physical, emotional or mental health,
- Chronic and potentially lifelong poor self-esteem or emotional literacy,
- Poor educational attainment,
- Poor life chances into adulthood,

- In extremis, and at any age, death as a result of issues not being addressed.
- Southend 2050 is one of the drivers for all of this work, alongside the HWBB and TCTN is accountable to the HWBB and reports to the Safeguarding Partnership – both Children's and Adults wings.
- The TCTN work aligns to the Southend 2050 Safe & Well outcome - residents across the borough feel safe and secure, however this crosses into all themes. Specifically, TCTN's work contributes to all of the following
- Pride & Joy - Southend as a place & community
- Active & Involved - partnership work which will tap into the residents of Southend and their lived experiences
- Opportunity & Prosperity - one of the causes of neglect is financial and impacts on all ages.
- Connected & Smart - the world has changed and daily life is reliant on technology in all areas for the most basic daily activities and social interaction.

In Southend the prevalence of Neglect from a statutory perspective is historically and currently higher than the national average amongst both children and adults. There are typically two indicators or triggers used by relevant services working in the statutory levels of the system – a trigger factors of neglect of the child as part of a Child Protection plan, and neglect in all forms as part of a section 42 enquiry for adults. There is the potential to use further measures and this is to be explored via a needs assessment, taking into account the lists of factors for consideration given above, and considered as part of using the Graded Care Profile (2) which is an ongoing initiative being rolled out in children's teams across the borough, beginning in children's social care services and eventually into all agencies.

With the foundations in place through the borough's Neglect Task and Finish group, this work has provided an opportunity to build on. A Thriving Communities Workshop and a Stakeholder survey were completed in December. Feedback and learnings taken from these activities were used to inform a proposed work programme to take forward. Terms of reference were then created.

The two co-chairs conducted a series of 1:1 conversations and discussions with existing members of the group and also met, and continue to meet, with a number of potential new members from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to build on the existing community representation and enhance the voice of those with lived experience.

TCTN has conducted initial discussions with the University of Essex regarding their potential ability to support of an evaluation of the work being done, through social research. The discussions have begun to explore ways to feed any learning and development back into both the group, and at HWBB and SSP levels so that it becomes embedded.

In March 2021 the Thriving Communities & Tackling Neglect (TCTN) group implemented a new structure, including the creation of both Strategic and Operational Groups. Gaps in representation from Health, Police and further VCFSE representatives in the Strategic Group's membership have been identified as part of this next stage activity.

An agile way of working has been agreed, with both groups meeting monthly for one hour. To support this pattern of working, the Thriving Communities groups working together will agree to focus on a maximum of three work streams at any one time.

Three initial work streams agreed:

Communications

1. Needs Assessment
2. Community Panel

In addition to this, TCTN has continued to raise awareness of its work across various boards and groups, including but not exclusive to:

- Adult Social Care Recovery Board – TCTN's work now forms part of the agreed ASC strategy
- Southend Borough Council Commissioning Board – Raising awareness of need to think about prevention as part of our commissioned services
- Public Health –Health Improvement Group

- TCTN has been involved in the redesign of Children's Centre offer as Centres are brought back in-house
- TCTN is also part of the new Early Help Partnership Strategy and its associated delivery plan

The wider aims of the TCTN groups moving forward into 2021-2022 and beyond will now be focused on:

- Reducing the prevalence of early-stage Neglect, given early intervention can turn the situation around for any age of resident who may be affected.
- improving community as well as services' responses to people who may be at risk of Neglect
- Ensuring individuals' needs are met at the earliest opportunity – across the children and adults landscape, therefore embracing neglect by parents in children or by carers of people of all ages, and in adults of any age, the issue of self-neglect.
- Engaging communities to play an important role in supporting people, centrally for TCTN in preventing, detecting and reporting safeguarding issues due to neglect. What is already in place to do so? Is a central question in trying to invigorate and ensure such a community response.
- Exploring how effective and accessible the services provided to prevent Neglect are. Using learning and evidence to improve systems and outcomes, feed learning back to stakeholders to help improve delivery of services and early intervention outcomes.
- Exploring how the children's and adults' partnerships, and the services and agencies which are members, can and will support, and as appropriate work with, individuals and families in their communities. For example, in helping parents to know where to go for support, when things are going wrong for them at an early stage and their children may suffer neglect if help and support are not there; or in adults, in two strands: how are carers supported when the potential for neglect is otherwise present, and how are vulnerable individuals supported to try to avoid a drift into self-neglect.

CHILD EXPLOITATION AND MISSING

What's the problem and the data behind it?

Children who are victims of, or at risk of child exploitation is an area of ongoing concern for the partnership and this encapsulates broad areas of risk outside the family home including involvement in county lines, serious youth violence, trafficking, online grooming and sexual abuse. The models of grooming and abuse rapidly change and therefore the nature of the response needs to change in line with the presenting risks. For example, as recently as in 2018, 99% of the children with exploitation flags were females at risk of CSE. However currently 44% are females at risk of CSE whilst 56% are males predominantly at risk of CCE.

Whilst the number of children with an exploitation flag over previous years typically fluctuates between 80-100, currently this figure stands at 120 which is a 20% increase on pre covid maximum numbers. Given many children and young people likely to be at risk were not 'out on the streets during much of the pandemic's lockdowns, one conclusion that may be drawn, reflecting emerging national data, is that organised criminals and potential abusers continued to build their influence and profiles, but reached many potential victims online, in readiness for 'physical' involvement once the lockdowns end. Over the last 3 years there are a number of factors that may have influenced these changes in profiles. The national and local rise of county lines drug dealing has led to there being roughly 35 active lines within the borough. This has resulted in the emergence of two main youth gangs who are involved in the distribution of class A drugs and the involvement in significant levels of serious youth violence. This combined with local training across the partnership has resulted in professionals being able to recognise and refer young people at risk of possible CCE.

Police data suggests that of all knife-enabled crime, children and young people are responsible for over a quarter of these offences and in regards to localities, countywide data suggests of all wards across the county Southend has 3 wards in the top ten for highest levels of knife enabled crime including the number 1 ward. This is supported by 3 young people locally being involved in murders over the last 18 months and increased levels of referrals

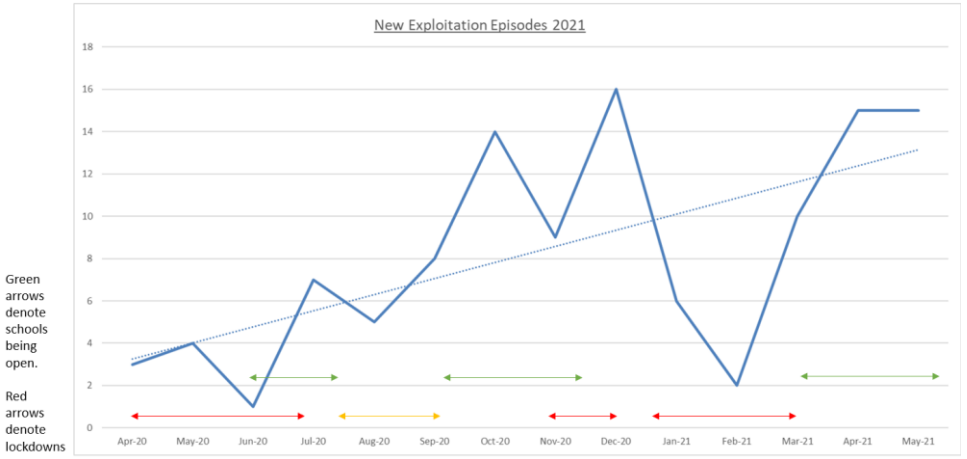
for young people with stab wounds the majority of which can be attributed (at least anecdotally) to gangs/drugs/county lines.

To explain how the number of girls with a CSE flag has halved we need to consider that many of the girls with a CSE flag during 2018 (and prior) were victims of or at risk from the same perpetrators who since this time were either incarcerated or moved out of area. Other factors such as robust offers from the Police & Children's Services in regards to prevention and early recognition diverted children from this cohort, so much so, an agreement was made to continue with a specialised team to address and work with child exploitation. We may also need to consider that the recent training and campaigns on CCE have increased awareness of county lines but inadvertently may have created a blind spot to seeing CSE or this form of exploitation may have become more hidden.

Impact of Covid

During 2020 the numbers of children with new child exploitation markers stayed consistent to those seen in 2019, however the referrals came in clusters, often following the return of schools after holiday periods. Typically, we would see somewhere between 4-8 new cases of exploitation each month, however recent trends have seen these numbers more than double. Consequently, this consistent cluster of new cases has resulted in a large number of children with exploitation markers and the numbers continue to grow in 2021. A snapshot of the primary reason for referrals into Children's Services and opened by AIP Team on Early Help Plans indicated a rise in risks related to digital safeguarding, this data again suggests a change to the types of exploitation being reporting within the borough.

- 26% of referrals primary reason – **Digital safeguarding**
- 26% of referrals primary reason – **CSE**
- 48% of referrals primary reason – **CCE/County Lines**



What has been done?

There are a number of overlapping workstreams that contribute towards the greater aims in addressing exploitation and serious youth violence, these include:

- SET Child Exploitation Board
- Essex Violence and Vulnerability Unit and related action plan
- SSPC Child Exploitation and Missing subgroup and action plan
- Southend CSP and Southend V & V Group
- SET Exploitation Strategy 2019-2024 - https://safeguardingsouthend.co.uk/downloads-children/?search=SET+exploitation
- SSPC Child Exploitation & Missing Action Plan 2021 https://safeguardingsouthend.co.uk/downloads-children/?search=missing

These work streams have resulted in successful local campaigns such as See The Signs receiving high levels of engagement with the wider community and providing opportunities for intelligence to be fed into the wider system; there have also been countywide campaigns focusing on online safety that have taken place termly and provided a number of tools to professionals and parents alike. Operation Make Safe has taken place which has involved

purchase testing and training for hotels and Operation Henderson where partner agencies descended on local train stations to raise awareness and offered training to local rail staff and businesses. We are currently working closely with the National Working Group (NWG) and Active Southend experience

Training has been a core component of this work stream with See The Sign's sessions being undertaken with over 2,000 professionals across the borough including taxi drivers, education, health, police, housing and foster carers. A series of webinars from national leaders in the field have taken place as well as partnership training on trauma and ACE's and a team of Child Exploitation Champions from across the partnership have been recruited and trained to be champions within their organisations. This has led to partnership wide understanding of exploitation in its various guises and provided professionals tools and skills to work directly with young people.

Bespoke programmes have been designed and rolled out in schools to provide children of all ages the skills and awareness to spot the signs of grooming; there are sessions on CSE, online grooming and See The Signs sessions (county lines and knife crime) that have been undertaken with over 8,000 pupils between 10 – 18 years old. Essex Police CYP Officers are also in schools undertaking a range of safeguarding programmes with teachers and children. Likewise, our dedicated media campaigns -Who's Controlling your Child (aimed at parents/carers and grandparents) Who's Controlling your Friend (aimed at children aged 11 and above) and Merry Muletide (a dedicated Christmas campaign aimed at drug users) have attracted over 2.5 million impressions, over 26,000 likes and comments and over 15,000 visits to the website or microsite from the online campaigns.

Partnership funding acquired through the VVU has been used to undertake more targeted work where data and research has identified at risk groups and locations, this has included an enrichment and diversion programme for students at the local PRU, this has previously resulted in increased attendance and reduced exclusions. A local charity, ATF have been funded to undertake a 6 step programme with young people residing in the 3 wards in the borough with the highest levels of youth violence. Project 360 has been commissioned as a targeted coaching and mentoring programme to support those children most at risk of criminal exploitation to access college and work and during the first phase of the project, managed to support 50% of the attendees into some form of ETE.

Case studies

Some of the young people embroiled in county lines and gang culture but have successfully escaped have shared their experiences and as a partnership there are some key themes that came out:

- The presence of consistent committed professionals was important – they knew they could go to them when they hit their lowest moments (reachable/teachable moments)
- Support for the parents is as important as for the young people – they can often feel that they have lost their children
- The use of sport and employment have been key interventions in helping to divert young people

What next?

Exploitation and adolescent safeguarding risks outside of the home continues to be an area of evolving practice and due to its nature requires a whole partnership approach, as no single agency can address this as a silo any more than the police can arrest our way out of it. Exploitation and the exploiters are indiscriminate and with the rise in online grooming and the impact of the national pandemic, the usual vulnerability warning flags do not necessarily apply, as any child is a potential victim. The current data suggests that despite pockets of effective partnership work in this area, the risk to children and young people to different forms of exploitation remains and whilst for many; effective early intervention and diversion can prevent them from being harmed; for those embroiled in county lines or groomed by skilled exploiters the risk of harm and lifelong trauma is significant.

The partnership needs to undertake further predictive analysis across agencies, and use the dashboard and exchange or share information that results to drive practice; and continue to reflect and evaluate on the case studies where significant positive change has happened as well as those that resulted in significant harm in order to continue to develop our approach.

SSPC AUDIT & QUALITY ASSURANCE (AQA)

by Louisa Jibuike Chair

Introduction:

The AQA is a Subgroup of the Southend Safeguarding Partnership (Children) whose main responsibility is to support the Safeguarding Children Board to have a strategic overview of the quality of Safeguarding activity across its area of responsibility. This is to ensure effective and accountable safeguarding children performance and monitoring systems are in place to safeguard children and young people living in Southend locality.

The AQA carries out work from other SSPC Subgroups through annual workplan and produces regular exception reports and information to the Partnership, as required. The AQA Subgroup meets quarterly with extra meetings to carry out audit work if needed. Attendance at meetings has been good.

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IMPACT OF COVID 19 ON AQA WORK DURING 2020-2021.

The Coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency as being of international concern by the World Health Organization (WHO) on 30 January 2020, and subsequently declared a pandemic on March 20, 2020, as the number of cases increased spreading widely across the world. The first national lockdown in the UK commencing on 23 March 2020 resulted to disruption in services, meaning that AQA found that across the borough there was significant reduction in families' access to support services across additional or special needs in education, access to some health services for both physical and mental/emotional needs, and early level social care or family support. This has had and at the end of the 2020-21 year was still having a great impact that touched on all areas of children and family lives and created more vulnerability, including that which has affected families and children previously unknown to services.

The Covid 19 Pandemic also impacted negatively on the ability of the AQA Subgroup to carry out major audit work over the whole of the financial year 2020-2021, given the lockdowns and restrictions were introduced almost as this year commenced, and continued throughout it.

During the recovery period that commenced as the financial year closed the AQA Subgroup plans to collaborate with all of Southend's Safeguarding Partners to plot, and assess the proven and measurable effectiveness of, all agencies' and the partnership's work to adapt all professionals' practice to take advantage of new, more flexible, and far more partnership-driven, outcomes focused ways of working. These were developed at speed at the height of the pandemic and have continued throughout. Our work in the coming year will concentrate on capturing and reporting on the effectiveness of all agencies' responses to the need of vulnerable families, children and young people.

COMPLETED AUDITS: PARTNER AGENCIES:

- Mid and South Essex Hospitals (Southend University Hospital):
- Quality audits of referrals to Childrens Social Care were completed in December 2020, findings from the audit were shared and work on training had been completed.

Plan for the coming year, learning from 2020-2021

Audit to be replicated across the other two MSE hospitals and the subsequent Analysis Report and Action Plan be shared with the AQA group.

School 175 Schools Safeguarding Audit:

The Audit was to seek assurance from Schools through self-evaluation of their Safeguarding against both Keeping Children Safe in Education (KCSIE) and Working Together 2018 (WT2018) Statutory Guidance. It was completed March 2020.

INDIVIDUAL AGENCY AUDITS: Non-Accidental Injury (NAI) AUDIT/DEEP DIVE (EPUT).

Non-Accidental Injury (NAI) Deep Dive.

Non-Accidental injury, sometimes also referred to as abusive head trauma but actually covering all such injuries in a child, is a serious form of physical abuse. If the site of injury is the head, it can cause brain injury. In these audits, the concentration was on non-mobile babies, such injuries to whom have been of national concern throughout the pandemic. The National

Safeguarding Children Panel has this as an area of concern. Head injury in particular may be caused by shaking, impact injuries or a combination of both. Injuries to long bones, hands and feet are common NAIs. Internal organs can also be damaged by physical abuse. Burn and scald injuries, severe bruising of soft tissues, diet related issues including obesity, malnutrition and near-starvation, are also common NAIs. NAIs are often, though not always, connected to other forms of abuse, and to neglect whether physical, emotional, developmental or educational. Sometimes, and a feature during the pandemic when face to face services have not been offered at the usual rate or intensity, NAIs are brought to services' attention in families where there have never been any issues or concern, or interactions with social care or other "high end" intervention services.

NAI, particularly where it concerns the head injuries mentioned above, most commonly occurs in children under the age of two who cannot defend themselves or run away from the risk of being hurt by adults they trust who should be caring for them. NAIs can cause long-term disabilities, or at worst death. The COVID 19 pandemic has in particular left babies more vulnerable than in normal times when health visiting and other services would have been more present in families' lives, and has heightened the risk factors due to lack of access to these and a range of community based services,. These factors have reduced the ability of health professionals to pick up the early warning signs of parents and carers not coping, and potentially being likelier to hurt children in their families.

Work has been completed on this deep dive, which discussed the demographics and other life features of 6 babies in 5 Southend families. A report has been prepared for the partnership and AQA have been assured that there were no more NAIs brought to services attention through the 2nd and 3rd COVID waves.

SBC CHILDRENS SERVICES QUALITY ASSURANCE AUDIT:

Audit completed September 2020, report shared with AQA Subgroup. Areas of good practice and areas marked for improvement noted. Work is being done around Genograms in relation to family backgrounds, identifying the men and other adults who might be part of child's life that can be useful when completing assessments.

EPUT SUPERVISION REPORT:

Completed June 2020, findings shared with the Subgroup. The audit was in relation of the safeguarding to supervision compliance by 0-19 Health Visitors, School Nurses and EPUT targeted Children's Services Practitioners, report was shared with the AQA in June, 2020.

British Transport Police:

British transport police reports -submitted September 2020 was aimed at establishing Safeguarding standards and procedures they have in place in their organisation that informs everyday practice.

OVERVIEW OF WORK TO BE DONE IN 2021.

SECTION 11 AUDITS:

Partner Agencies -EPUT, MSE, Southend CGG, Southend Borough Council and police all paused audits due to the Covid 19 Pandemic.

S11 Audit will be undertaken in 2021, an agreement has been made to align the S11 document with SET to minimise duplication for bigger Providers.

The forms has been finalised and sent out to partners to use for the 2021 S11 Audit.

Serious Case Reviews & Local Child Practice Reviews:

The Subgroup hope to undertake Audits or Deep Dive work resulting from these reviews alongside the SSP Strategic Priorities.

Harmful Sexual Behaviour:

Work on HSB held up by Covid, this is because of NSPCC not sending work, this has delayed progress of work**.**
Graded Care Profile: AQA Subgroup to look into how we can quality assure work already completed through feedback or evaluation?
NEGLECT:

Deep dive into Child D neglect work originally planned by the neglect Task and finish group moved to thriving Communities. It is hoped that work for the SSPC AQA would be directed from the from the Partnership.

SUPERVISION:

Work on Supervision was also delayed by the Covid 19, Partner agencies are currently supporting their staff, monitoring quality and keeping their policies up to date.

ADDITIONAL WORK:

Southend SBC Early Years report results was completed June 2020. The Good Practice Checklist tool which is sent out to all childcare providers annually to determine and gain assurance of the quality of safeguarding practice has been shared with AQA.

Outstanding:

Southend CCG's Modified Section 11 Self-Assessment Audit of GP's.

PROGRESS:

Due to Covid19 an extension to the 7th August for submission was agreed. A quality audit of the returned audit tools will be undertaken by the CCG Named GP and Safeguarding Professionals and the findings will be shared with the AQA.

Also, the AQA subgroup will be looking at Recommendations from the NAI (Non-mobile babies) deep dive, work has been completed and findings shared with AQA Subgroup.

SSPC PERFORMANCE SUBGROUP

Current situation

1. The group now benefits from access to the SBC data dashboard for partners to focus their workplans and allows for detailed discussion to inform how the data can be used to better support and safeguard Children. This has been available since 2020 and the emphasis is very much to make more use of it to better enhance services.
2. From January 2021 the subgroup leads have timetabled pre-performance sub-group meetings with the statutory partners to interrogate the dashboard and identify any areas for further discussion/ analysis at the next Sub-Group.
3. The performance sub-group is now chaired by Essex Police, DCI 187 David Browning.
4. Dates for future sub-group meetings had been forward planned and diarised for invitation to ensure attendance is maximised.
5. The group also reviews its on-going workplan for the forthcoming calendar year to ensure it adapts to the present climate or emerging issues. The sub-group is now more focused towards an end product each time to see an outcome from the analysis, research, presentation and discussion of each area of concern.

An update on the various work elements that the subgroup has undertaken this year is below.

1. In December 2020, it was noted that by Children's services that whilst safeguarding referrals in September returned to pre-COVID levels this was not sustained in that there had been an overall reduction in referrals comparing to September to November 2020 to 2019 (125 fewer referrals in 2020 than 2019). However, there is some evidence of increasing levels of harm in individual cases e.g. we have seen a number of non-accidental injuries (NAI) to under 1's with families that were not previously known to Children's services. There has also been an increase in the number of children subject to child protection plans from 162 to 180.
   Mid and South Essex University Hospitals Group have been undertaking some work in relation to the impact of COVID on children attending hospital settings. Some of this has been discussed in relation to under 1's but they are also compiling data in relation to impact on children's mental health and associated hospital attendance. This was presented at the sub-group in May 2021 in detail and a program of work identified by partners to better service children.
   This report was the product of a deep-dive due to the increase in very young babies sustaining non accidental injuries during the first lockdown. The deep dive highlighted that due to the lockdown new

parents did not have the support from families that they may have needed. The lack of face-to-face visits from health visits and GPs, communication and MH were key themes. All 4 mothers had a history of poor MH and we need to push this more as a safeguarding board. A Perinatal Psychiatrist was involved which was very useful. Partners noted that this is a national issue and colleagues across Essex and Thurrock can take learning from the report.

2. It had been identified by the group that an emerging issue could be the MH impact on children throughout the lockdown period of COVID. A group discussion was facilitated within the SSPC performance sub-group in relation to the MH impact on children. Health presented on the topic and figures provided to give background information to highlight where children had been presenting to obtain help with MH issues. Data provided to show A&E admissions at key points throughout the pandemic and lockdown periods which showed decreases at varying points. The group were keen to investigate this in more detail to establish possible reasons and to ensure support/help mechanisms were still being used elsewhere rather than A&E admissions. Partners agreed a deep dive would be needed to look further into this and a cover report request made for this to be completed to the SSP. Referral mechanisms by professionals were also discussed to ensure the right service was chosen. As well as decreases, increases were also evident at key time points and the group were keen to investigate these also and potential links to child anxiety for school return as an example. The group awaits this report to inform its next steps.
3. Neglect and how partners are addressing this issue is a key part of the sub-groups work, this is still on going. A separate group had been established to tackle this and is the Thriving Communities & Tackling Neglect Group – Formerly Neglect Task & Finish Group, Anthony Quinn & Mike Bennet Co-Chairs.
4. A newer area of work is that of HSB (Harmful Sexual Behaviours). The Harmful Sexual Behaviours (HSB) Action Plan has been received from the NSPCC and an Action Plan for the Partnership will need to be developed from this. A timeline is currently being discussed within the sub-group to identify a forward plan for delivery.
5. The impact of COVID on the number of children being educated at home after the lockdown periods had ceased has increased and Education presented on where the increase is being experienced particular to schools as well as when. Education were able to articulate what steps are taken to ensure support is in place for all children whether EHE or in mainstream education. Figures provided indicated numbers of children who had been electively home educated increased from 21 pre-COVID to 136 towards the end of the last lockdown period, as well as an increase in un-registered children for education.
6. The sub-group has oversight of the thresholds document by Children's Services which is reviewed each year and it is brought to the sub-group for sign off.

JOINT LEARNING & DEVELOPMENT

The L&D group was established to take direction and support the work of the SSP, practically responding to their key priority areas, and ensuring local safeguarding arrangements are effective and deliver the outcomes that people want. The Sub-Group acts as one of the mechanisms by which the SSP will hold local agencies to account for their safeguarding work, including prevention and early intervention, and coordinate strategic and operational safeguarding activity.

Its Key Functions are:

- Information sharing: Member feedback on information and activity that supports safeguarding and the work of the group. Information shared in representative groups and to relevant colleagues by members to support holistic working and shared understanding.
- Communication: Sharing good practice and lessons learned from Serious Case Reviews, Child Death Reviews, Serious Adult Reviews, Learning Disability Death Reviews and other case reviews. Reporting of learning and development issues to the SSCP and SSAP. Discussion, feedback and recommendation forum on workforce safeguarding issues.

The outputs from the L&D group are:

- Attendance and meaningful input at relevant Task and Finish Groups to support the production of key work that delivers on Board priorities.
- Creation, monitoring and maintenance of a clear and transparent Annual Work Programme agreed by the SSCP and SSAP, reflecting strategic priorities as agreed by the Southend Safeguarding Partnership Strategic Group annually.
- Respond to and drive National Priorities as deemed appropriate by the SSCP and SSAP.
- Develop an understanding of the safeguarding training available and delivered locally and its impact.
- Work in an informed way with the Performance and Audit & Quality Assurance Sub-Groups to ensure holistic activity and informed outcomes.

The work of the group includes

- Providing assurance that staff from representative groups are equipped to respond to safeguarding issues competently and with confidence.
- Actively work to support the priority areas identified by SSP.
- Actively work to support the 4 priority areas as agreed by the SSP of:

    1. Cross cutting system improvements in the areas of:
        a. partner Improvement Plan delivery,
        b. collaborative working around Casework Practice, Quality of Referrals & Assessments and Appropriate Interventions (right place, right time),
        c. tangible improvement to cross system working.
    2. Respond to the areas of 'Neglect' and 'Children with Disabilities' as emerging National Priorities.
    3. System changes that impact on Safeguarding
    4. SSP development and broader safeguarding governance arrangements.

Work Delivered

A very brief summary of the L&D outputs is included here. The brief paragraphs belie the time and effort given to ensure these projects are delivered to the right people, on time, in budget and at the right quality. All this was done during the most pressing times of the COIVID-19 pandemic with very little resource.

'Threshold' training was designed, and scenarios developed by volunteers from services who have already undertaken work on the topic and have already used strong referrals to provide training with frontline NHS clinical staff. It was noted that this exercise would likewise be useful for social work and nursing students during training, and including these groups is under consideration. The L&D group also considered the use of socially distanced online multi-agency learning to best ensure this reaches the correct practitioners, with representation from each key partner on the panel to lead for each agency and ensure that each sector is appropriately represented.

Graded Care Profile: A task and finish group worked with the NSPCC to deliver the 'train the trainer' sessions and to make available all the training material on a secure part of the Southend Safeguarding Partnership Website. The facility of 20 trainers offers a great foundation for the introduction of the GCP. The 5 workshops in January were affected by the COVID-19 pandemic but there were still excellent numbers.

Harmful Sexual Behaviours (HSB) : The L&D Group have produced an action plan that will deliver appropriate multi agency training around the topic of HSB. A bid for additional funding has been made to the OPFCC and we hope that Partners will be able to identify suitable resources (trainers) with this support.

Supervision Workshop: A workshop was held to explore Partners policy and systems of Supervision. The intention was to share learning and to explore opportunity for multi-agency supervision in cases where there are clear benefits. Approximately 40 people attended the session and a great deal of practice and policy was shared between agencies; many indicating they would take the learning back to their organisation. A report was submitted to the full Partnership boards for their consideration.

SAFEGUARDING ADULTS CASE REVIEW (SACRP)

Purpose

The purpose of the SACRP is to assess the need for review of events that have led to serious harm and/or death of Adults in the Southend area.

The prime purpose of the Panel is to follow SSP Guidelines for (Safeguarding Adult Reviews) SARs (here).

Safeguarding Adult Review

We have started one SAR in this financial year. We have completed the work to produce a draft report (by the Independent Author – Alan Coe) and are currently consulting with Partners and the Family before releasing the final report. The report will be shared with the Coroner's inquest and then published. Learning from the report will be shared with partners and the L&D subgroup to ensure that the learning is delivered and embedded where appropriate.

Analysis of Safeguarding Adult Reviews (April 2017 – March 2019)

The LGA has (December 2020) released their final report 'Analysis of Safeguarding Adult reviews (April 2017 – March 2019)[1]' (the report). The 244-page report presents the findings of the first national thematic analysis of published and unpublished safeguarding adult reviews (SARs) in England since implementation of section 44, Care Act 2014 and covers all SARs completed between April 2017 and March 2019 inclusive; a total of 231 SARs.

The report offers the Southend Safeguarding Partnership opportunity to learn from the outcomes and recommendations from all these SARs.

The report sets out the descriptive statistics relating to core information about the SARs within the analysis and reports on the thematic analysis of key learning relating to four domains [or themes]. The report illustrates both good practice and practice that required improvement in the SARs analysed, and where relevant includes human stories drawn from the SARs to illustrate key messages.

The report also comments on the extent to which equality and diversity emerged clearly within the learning themes generated by the analysis.

The report did not only consider SAR's in isolation but explores similarities and differences between the findings of the analysis and the findings of previous thematic reviews of SARs revealing a number of learning opportunities, as did the reports, on the enduring learning from seminal SARs. It also considers how this learning can inform national priorities for development and improvement and makes recommendations for sector-led improvement and for how the Care and Health Improvement Programme can support local implementation of change.

One output of the report was to identify significant changes that SABs have achieved because of SARs they have conducted.

Also included is a commentary on the processes of commissioning and conducting SARs, with reference to the SAR quality markers, to identify any emergent model of good governance in this field.

The report includes many examples from the content of SARS that led to the 'improvement priorities' it concludes with. Whilst a long document these could provide significant benefit for Partners.

There is a great deal for the Southend Safeguarding Partnership (Adults) (SSPA) to consider and we are all aware that we have a new strategy, workplan and the outcomes of the recent review of our arrangements; resources are already stretched.

We cannot however ignore the improvement priorities included in this report. A Summary of report improvement priorities articulated in the report in four 'domains' [themes] and were appropriate they have been added into the workplan of the SSP described earlier in this report.

[1] https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019

1. SAB practice on the commissioning and conduct of SARs
2. Support for adult safeguarding practice improvement
3. Revision to national policy/guidance
4. Further research (for example through the NIHR programme) to inform sector-led improvement initiatives

1. SAB practice on the commissioning and conduct of SARs

- SABs should review their record-keeping to ensure that completed SARs remain in the collective memory and available as a baseline against which to measure subsequent policy and practice change.
- The SAR quality markers should be reviewed and completed, informed by the findings of this national analysis. After dissemination of the revised quality markers, SABs should be asked to report on how they have been used to enhance the SAR process.
- SABs should be asked to provide reassurance that partner agencies understand the relevant legislation regarding referral and commissioning of SARs.
- Regional and national SAB networks to be used to review approaches to the interpretation and application of section 44 Care Act 2014 in decision making about SAR referrals.
- SABs should review their governance procedures for SARs and ensure that referrals and decision making are timely, with meeting minutes and reviews clearly noting the reasons for positive or negative delay.
- SABs must ensure that SARs identify the types of abuse and neglect within cases being reviewed.
- SARs should give a full account and offer a reflective analysis of the methodology used. The quality markers should be revised to emphasise the importance of methodological rigour.
- SAB should review their reporting of SARs in annual reports to ensure compliance with the requirements of statutory guidance and the imperatives that learning is embedded, and the impact and outcomes of reviews evaluated.
- SABs should review their approach to ensuring the quality of reports.
- This research highlights the need for better recording of ethnicity in SARs. Terms of reference for all SARs must include
- consideration of how race, culture, ethnicity and other protected characteristics as codified by the Equality Act 2010 may have impacted on case management.

Supporting sector-wide learning from SARs

- The future of the national library of SARs should be secured, with SABs committed to depositing completed reviews therein, and technology developed to enable searching by types of abuse and neglect.
- SABs locally and regionally adopt the data collection tool as the basis for learning from SARs.
- Regional and national networks provide a space where SABs can discuss learning regarding a proportional and change- oriented approach to cases involving types of abuse and neglect that have previously been the subject of local reviews.
- Regional and national networks provide a space where SABs can discuss and disseminate learning from experiences involving the individual and/or their family in SARs.
- Sector-led improvement to engage with SABs to capture the impact of review activity.
- SABs locally, regionally, and nationally should be leading a continuing conversation that seeks to address the questions that arise out of the poor practice reported by SARs.

2. Support for adult safeguarding practice improvement

- The national SAB network should engage with DHSC, ADASS, NHS England and Improvement and other national bodies responsible for services whose roles include adult safeguarding to reinforce agency and service compliance with their duties to cooperate and share information.
- Sector-led improvement to explore further work on the interface between section 42 and section 44 Care Act 2014: (a) to inform understanding of routes that provide best learning in cases involving people who have survived abuse and neglect, and (b) to inform initiatives to strengthen practice in the category of abuse and neglect most over-represented in section 44 statistics (ie self-neglect).

- Consideration should be given to the dissemination of briefings on good practice regarding all forms of abuse and neglect but especially those newly highlighted by the Care Act 2014 within adult safeguarding, such as domestic abuse, modern slavery and discriminatory abuse (hate and mate crime).
- Briefings should be published for practitioners and managers on the implications for best practice in adult safeguarding of the requirements of the Equality Act 2010.
- In light of the reporting by SARs of poor practice in direct work with adults at risk, SABs should review (in local, regional and national discussion) how they seek assurance on practice standards and contribute to improvement across their partnerships. Based on SAR findings, priorities for attention include:
  - How needs and risks are assessed and met (addressing specific forms of abuse and neglect; responding to gender, race, sexuality, learning disability; assessing, planning and reviewing intervention; risk and safeguarding; factors such as finances, housing, health, mental health, mental capacity; key processes such as hospital discharge and transition; working with families and significant others; recording);
  - Making safeguarding personal (securing engagement; relationship-based practice; knowledge and understanding of history; promoting participation and voice; personalising intervention);
  - Practitioner attributes: Improving knowledge, skills, confidence, legal literacy and professional curiosity.
- In light of the reporting by SARs of poor interagency working, SABs should review (in local, regional and national discussion) how they seek assurance on standards of interagency practice and contribute to improvement across their partnership. Based on SAR findings, priorities for attention include: case coordination, leadership, use of complex case management frameworks, information-sharing, interagency referrals, safeguarding processes, understanding of roles, out of area placement and organisational disconnect.
- In light of the reporting by SARs of concerns about how organisations support safeguarding practice, SABs should review (in local, regional and national discussion) how they seek assurance on organisational systems, culture and resources, and contribute to improvement across their partnership, working to the priorities set out in the main report. Based on SAR findings, priorities for attention include: workload pressures, staffing, supervision and support, management oversight and leadership, lack or shortage of services, commissioning, organisational structure, culture and systems.
- In light of the consistency of recommendations in SARs across all four domains of analysis, which often appear to replicate those made in reviews that predate the time period under review in this national analysis, SABs should review (in local, regional and national discussion) how they seek assurance on practice standards and how they contribute to service and policy improvement and enhancement across their partnerships. Priorities for attention include:
  - how to maximise learning from previous reviews to ensure that future reviews use the available evidence-base to explore where good practice has been facilitated and where barriers to good practice need to be confronted
  - how to share learning between SABs to develop proportionate approaches to future reviews that build on the evidence-base rather than starting afresh.

3. Revision to national policy/guidance

- In light of the findings from this national analysis, the statutory definitions of types of abuse and neglect should be revisited and, if necessary, revised to ensure that they fully capture the developing understanding of the contexts in which adult safeguarding concerns and risks emerge.
- Statutory guidance should be revised to indicate when the time period for a SAR commences.
- SABs, regionally and nationally should discuss the role of SARs in sharing learning with central government departments and national regulatory bodies and in holding those bodies to account when

findings require a response that is beyond the scope of SABs locally to implement.

4. Further research (for example through the NIHR programme) to inform sector-led improvement initiatives
    - Comparative research should be commissioned to highlight the effectiveness of different review methodologies.
    - Projects should be commissioned to develop the evidence-base for good practice with respect to preventing, and protecting people from, particular types of abuse and neglect, working to the priorities set out in the main report. This is especially important with respect to those types of abuse and neglect that are prominent amongst the cases in the sample, such as self-neglect, but also those that were added to adult safeguarding by the Care Act 2014, such as domestic abuse and modern slavery, and those that were the focus of what have become "seminal" reviews prior to the time focus of this national analysis but where findings and recommendations have been repeated in SARs in this sample.

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SSPA PERFORMANCE, AUDIT, QUALITY & ASSURANCE

The Performance, Audit, Quality and Assurance Group (PAQA) meet quarterly to take a strategic overview of the quality of safeguarding activity of partners, by ensuring there are effective and accountable safeguarding performance and monitoring systems in place. The purpose of the group is to support the Safeguarding Adults Partnership to ensure local safeguarding arrangements are effective and provide a mechanism to hold local agencies to account for their safeguarding work.

This has been largely achieved this year by the review of The Partnership Safeguarding Dashboard; concentrating on the analysis and challenge of the data collected with the dashboard.

This has generated discussions and scrutiny of safeguarding activity including:

- The benchmarking of local safeguarding data against national data.
- Monitoring of the number of Safeguarding Section 42 Enquiries, noting an increase during the latter half of the year.
- Some increase in themes including 'Modern Slavery' and 'Organisational Abuse'.
- Increase in 'Neglect and Omission' and 'Self Neglect'.
- Safeguarding outcomes for the over 85 age group.

A summary of discussions and outcomes are presented to the Safeguarding Adults Partnership on a quarterly basis. The group noted that services had been exceptional busy during the last year due to the pressures of the pandemic on services and the impact the pandemic has had on vulnerable adults.

This year the group has also meet to discuss the paper: Analysis of Safeguarding Adult Reviews (SAR) 2017 – 2019 and has set about strengthening the post SAR review process to optimise longevity of learning and keep learning within the 'collective memory'.

For the next year the group has agreed to look at 'The Partnership Work Plan' and how the group can contribute to the achievement of actions within in.

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Budget

REGIONAL COMPARISON (EAST OF ENGLAND UNITARY AUTHORITIES) 2020

Childrens Safeguarding Partnership Budget

Adults Partnership Safeguarding Budget

	Local Authority	Health	Police	Total	Comb. Totals
Bedford Borough	£114,090	£62,663	£18,300	**£195,053**	**£225,053**
Bedford Borough	£20,000	£5,000	£5,000	**£30,000**	
Ctrl. Bedfordshire	£111,243	£54,830	£19,992	**£186,064**	**£216,064**
Ctrl. Bedfordshire	£20,000	£5,000	£5,000	**£30,000**	
Luton	£154,660	£87,068	£29,071	**£270,799**	**£444,153**
Luton	£82,124	£72,984	£18,246	**£173,354**	
Thurrock	£177,444	£17,777	£17,777	**£212,998**	**£304,523**
Thurrock	£54,025	£18,750	£18,750	**£91,525**	
Southend	£60,700	£36,031	£14,355	**£111,086**	**£211,778**
Southend	£41,950	£36,031	£22,711	**£100,692**	
AVERAGE	***£139,359***	***£55,584***	***£21,285***	**£216,228**	**£301,342**
AVERAGE	***£43,620***	***£27,553***	***£13,941***	**£85,114**	

(Note: This only includes the strategic partners contributions. Southend have received approximately £12,000 from smaller contributors this year which will not be available next year)

Appendix 1: Local Authority Data Matrix (DfE/Ofsted derived)

Details are for children/young people only

Introductory Commentary

The tables and data that follow are routinely gathered as a result of localities' mandatory returns of information and statistical data to the Department for Education, other government Departments, and/or Ofsted or other national regulators and inspection authorities. They are, on an annual basis, "snapshots in time." However, where they can be compared year on year they are one – but never the only – source of information and comparison with others doing the same work for their own children and young people. Where there are blank spaces, this is either because the nature of data requested has changed form year to year, or because data was not collected or returned in a particular year or for a particular cohort of children and young people. The tables are to the greatest possible extent signified by:

- Green (Southend doing well and/or in the top ranks of localities in this area of data collected, against statistical neighbours and/or England averages)
- Amber (Southend is not in the lower ranks but there are areas for development, attention and/or improvement in this area)
- Red (Southend is in the lower part of the cohort of 150-plus Local Authorities or Partnerships and should pay serious attention to this indicator in order to ensure, secure and sustain improvement.)

Contextual Data and Inspection Results

Children's Services Statistical Neighbour (SN) Local Authorities (DfE generated comparisons) are "families" of local authority areas which exhibit substantially the same characteristics as each other, in terms of demographics, age and ethnic mix, likelihood of low or high average incomes, indicators such as crime rates, housing issues, employment, public health, socio-economic spread of incomes and a wide range of family characteristics.

SN "families" are a means of benchmarking different areas or England against each other, but by their very nature they are not perfect. They are used locality by locality to make approximate comparisons only. Southend's SN Authorities are:

- Swindon (Very close match),
- Plymouth (Very close),
- Medway (Very close),
- Bournemouth, Christchurch & Poole (Very close),
- Kent (Very close),
- Sheffield (Very close),
- Isle of Wight (Very close),
- Telford and Wrekin (Very close),

- East Sussex (Very close),
- Torbay (Very close)

Inspection of Local Authority Children's Services (Ilacs)

Date of Publication	Type of Inspection	Overall Effectiveness	Children who need help and protection	Children in care and care leavers	Impact of leaders on social work practice with children and families
27/08/2019	Standard	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

Single Inspection Framework

Date of Pub.	Overall Judge.	Children who need help and prot.	CLA and achieving perm.	Adoption perf.	Exp. and prog.of Care Lvrs.	Leadshp. mgt and gov.	Effect.of the (LSCB)
07/07/2016	Req. Imp.	Req. Imp.	Req. Imp.	Good	Good	Req. Imp.	Req. Imp.

Social Context

	Primary State-Funded FSM Eligibility (inc. Academy & maintained Nursery)	Secondary State-Funded FSM Eligibility (inc. Academy & CTC)	Primary State-Funded First Language other than English (inc. Academy)	Secondary State-Funded First Language other than English
	2021	2021	2021	2021
%	23.2	14.5	14.1	12.2
Rank	87	38	67	74
England	21.6	18.9	20.9	17.2

Social Mobility Index Rank – 2017 – 63

"**Rank of Average Deprivation Score** (1 = most deprived)" - 2019 - 76

	Children (Aged Under 16)			
	Living in Poverty	**Living in Low-Income Fmilies**		
	2017	2018	2019	2020
%	15.2	16.3	16.0	15.8
England	17.0	18.0	18.2	19.1
Number of Unaccompanied Asylum-Seeking Children				
	2017	2018	2019	2020
No	11	17	22	16
England	4,700	4,560	5,140	5,000

Population Estimate: Children Aged 0-17 Yrs		
2017	2018	2019
39,115	39,540	39,738
11,866,960	11,954,620	12,023,568
0.33	0.33	0.33

Pupil Premium			
2019-20	2019-20	2020-21	2020-21
No Eligible	Alloc £000s	No Eligible	Alloc £000s
6,811	8,488	-	-

Early Years

Early Education Places for 3 & 4 Year Olds				
	2018	2019	2020	2021
Number of 3 and 4 year olds benefitting from some free early education	4,200	4,208	4,206	3,990
% Children benefitting from early education places	92	93	92	88
England	94	93	93	88
% 3&4 yr olds in funded early education With Good/Outstanding providers	95	94	98	97
England	93	92	92	93

Early Education Places for 2 Year Olds					
	2014	2018	2019	2020	2021
Number of 2 year old children benefitting from funded early education	390	446	513	459	404
% Children benefitting from early education places	-	62	64	60	56
England	-	72	68	69	62
% 2 yr olds in funded early education With Good / Outstanding providers	58	94	98	100	97
England	71	95	95	97	97

2,3 & 4 Year Olds at Providers with Staff Qualified to Graduate Level (EYPS, EYTS , QTS)				
	2018	2019	2020	2021
% 2,3 & 4 Yos benefitting from providers with Staff with EYPS	42	31	38	38
England	720	659	545	515

Schools And Teachers' Information

	Number of Pupils including Academy & CTC (Jan 2021)	Number of Schools including Academy & CTC (Jan 2021)
PRIMARY (State-Funded)	15,772	33
SECONDARY (State-Funded)	14,131	12
SPECIAL (State-Funded)	595	5
TOTAL	30,498	50

	FTE Teachers in Service in State-Funded Schools (No.)	Vacancy Rates (%)
2017	1,759	0.20
2018	1,728	0.30
2019	1,699	0.40
2020	1,667	0.20

Health

	HPV Vaccination Coverage (females 12-13 years old)			
	2018	2019	2020	Latest Rank
%	89.3	91.5	88.7	22
England	86.9	88.0	59.2	

	Chlamydia Diagnosis Rate 15-24 Year olds		
	2017	2018	2019
Rate per 100K	2,303.4	1,649.7	1,699.8
England	1,929.0	1,999.3	2,043.4

	Emergency Hospital admissions caused by unintentional and deliberate injuries to children (0-14) Rate per 10,000			
	2018	2019	2020	Latest Rank
Rate	78.3	77.1	66.3	21
England	96.4	96.1	91.2	

	Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.			
	2017	2018	2019	2020
Rate	28.4	38.3	37.9	113.2
England	81.5	84.7	88.3	89.5

	Childhood Overweight & Obesity Rates			
	2018	2019	2020	Latest Rank
Reception	22.41	22.54	22.65	66
England	22.38	22.59	22.96	-
Year 6	32.11	33.03	33.17	46
England	34.32	34.29	35.19	-

	Under 18 Conception Rates per 1000 Girls			
	2016	2017	2018	Latest Rank
Rate	27.1	24.3	21.4	111
England	18.8	17.8	16.7	

	Number of child death reviews completed on behalf of the LSCB which were assessed as having modifiable factors		
	2018	2019	2020
Number	-	5	-
England	1,015	965	862

	Under 18s alcohol-specific hospital admissions rate / 100,000			
	2015/16-17/18	2016/17-18/19	2017/18-19/20	Latest Rank
Rate	-	17.03	12.67	14
England	32.86	31.55	30.65	

Education Standards and Participation

Educational Attainment

	Early Years Foundation Stage (EYFS)											
	2015	Rank	2016	Rank	2017	Rank	2018	Rank	2019	Rank	Latest Qtrl.Band A-D	Latest Avail. Engl. Av.
Average Points	36.3	6	36.5	5	36.2	10	35.7	20	35.5	29	A	34.6
Inequality gap	28.8	39	30.8	70	32.0	83	29.1	39	29.8	42	B	32.4
Good level of development	68.5	40	71.1	44	74.1	28	73.9	36	74.0	38	B	71.8
	Key Stage 1 Phonic Decoding Required Standard											
	2015	Rank	2016	Rank	2017	Rank	2018	Rank	2019	Rank	Latest Quartile Band A-D	Latest Available England Average
Phonic Decoding	77	62	80	83	82	51	82	75	83	45	B	82

	2015	Rank	2016	Rank	2017	Rank	2018	Rank	2019	Rank	Latest Quartile Band A-D	Latest Available England Average
	National curriculum assessments at key stage 1											
Reading - Expected Standard All Pupils	-	-	77	29	78	34	76	58	77	36	B	75
Reading - Greater Depth All Pupils	-	-	-	-	31	12	29	24	30	13	A	25
Writing- Expected Standard All Pupils	-	-	69	33	71	36	70	72	69	77	C	69
Writing - Greater Depth All Pupils	-	-	-	-	19	19	19	25	16	42	B	15
Maths- Expected Standard All Pupils	-	-	74	55	77	44	76	74	78	29	B	76
Maths - Greater Depth All Pupils	-	-	-	-	26	8	25	29	25	26	A	22
Science - Expected Standard All Pupils	-	-	82	68	86	16	84	51	86	11	A	82
	National curriculum assessments at key stage 2											
RWM - Expected Standard All Pupils	-	-	56	50	66	28	69	32	68	36	B	65
RWM - Higher Standard All Pupils	-	-	7	26	11	24	12	30	14	19	A	11
Expected standard Reading - All Pupils	-	-	67	64	75	38	77	52	76	40	B	73
Expected standard G,P,S - All Pupils	-	-	73	75	80	41	81	37	80	47	B	78
Expected standard Maths - All Pupils	-	-	71	65	77	51	79	35	80	52	B	79
Higher standard Reading - All Pupils	-	-	20	48	27	42	32	22	29	45	B	27
Higher standard G,P,S - All Pupils	-	-	24	50	37	32	40	32	39	40	B	36
Higher standard Maths - All Pupils	-	-	20	27	28	28	30	20	30	32	A	27
Average Scaled Score Reading - All Pupils	-	-	103	32	105	19	106	13	105			104

Average Scaled Score G,P,S - All Pupils	-	-	104	53	107	27	107	29	107			106
Average Scaled Score Maths - All Pupils	-	-	103	50	105	29	105	28	106			105

	2016	Rank	2017	Rank	2018	Rank	2019	Rank	2020	Rank	Latest Quartile Band A-D	Latest Available England Average
	GCSE or equivalent											
Average Progress 8 score per pupil NB No Results for 2020	-0.01	69	0.06	40	0.14	32	0.11	32	-	-	-	-
Average Attainment 8 score per pupil	53.50	14	50.4	16	52.0	13	53.0	12	54.50	14	A	48
% Pupils achieving 9-4 pass in English and Maths	-	-	70.90	19	71.50	19	74.40	12	75.50	26	A	65.9
% Pupils achieving 9-5 pass in English and Maths	-	-	54.10	13	55.3	10	56.90	8	60.00	14	A	46.3
% Pupils entered for English Baccalaureate	41.6	59	38.4	73	43.8	46	47.0	36	47.90	30	A	36.4
English Baccalaureate Average Point Score	-	-	-	-	4.6	16	4.7	12	4.86	19	A	4.17
% Pupils achieving Eng Bacc (inc 9-4 pass in E&M)	-	-	31.3	25	33.9	21	32.50	26	39.70	21	A	27.4
% Pupils achieving Eng Bacc (inc 9-5 pass in E&M)	-	-	30.0	17	28.3	8	25.90	16	32.10	13	A	19.6
		GCE/A Level/Level 3 Qualifications										
		In 2016, recommendations from Professor Alison Wolf's Review of Vocational Education took effect for the first time in 16-18 performance tables and also in the calculation of the data. See SFR for details										
3+ A grades at GCE/Applied GCE	13.6	17	18.7	7	14.4	12	11.8	29	23.5	19	A	22.5

A Level and Double Awards												
% AAB or better at GCE A level, Applied GCE A level and Double A level	22.2	22	31.1	6	24.7	11	19.9	30	35.7	19	A	33.5
Av pt score per entry A Level Cohort	32.6	12	34.7	8	34.3	15	34.1	25	39.7	27	A	39.5
AAB or better A level, 2 facilitating subjects	16.5	26	22.8	7	17.4	20	14.2	44	23.5	36	A	24.2
Av pt score per entry - Tech Level	-	-	-	-	24.1	124	23.9	134	26.1	127	D	31.3
Av pt score per entry - General Studies	-	-	-	-	28.0	66	27.8	85	27.2	144	D	29.8
Av pt score per entry - Best 3 A Levels	36.0	15	38.3	5	35.6	11	34.3	20	39.8	25	A	38.9

	Qualification Achievements by Age 19											
	2016	Rank	2017	Rank	2018	Rank	2019	Rank	2020	Rank	Latest Quartile Band A-D	Latest Available England Average
Level 2 - all school types	84.4	94	84.5	64	84.3	45	85.2	35	82.8	54	B	81.3
Level 3 - all school types	60.6	46	64.5	27	63.3	32	64.8	26	63.8	31	A	57.4
L3 Gap (%pt difference between FSM and non-FSM) - state funded schools	29.9	100	33.3	123	28.9	86	27.3	78	31.6	125	D	24.8
L2 Gap (%pt difference between FSM and non-FSM) - state funded schools	23.3	118	24.3	107	24.0	80	22.3	63	29.0	133	D	21.9

	Progress Rankings				SN Comparison			
	2016-18 3Yr Improvement Rank	Quartile Band A-D	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-19 YoY Improvement Rank	Quartile Band A-D	Latest Statistical Neighbours' Average Performance (excluding this LA)	Latest Performance compared with Statistical Neighbour Group
Average Points	148	D	147	D	114	D	34.6	↑
Inequality gap	14	A	7	A	68	B	31.3	↓
Good level of dev.	2.8	B	113	D	86	C	72.1	↑

	2016-18 3Yr Improvement Rank	Quartile Band A-D	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-19 YoY Improvement Rank	Quartile Band A-D	Latest Statistical Neighbours' Average Performance (excluding this LA)	Latest Performance compared with Statistical Neighbour Group
Phonic Decoding	56	C	49	C	7	A	81.4	↑
Reading - Expected Standard All Pupils	131	D	74	C	10	A	74.5	↑
Reading - Greater Depth All Pupils	-	-	90	D	5	A	24.6	↑
Writing- Expected Standard All Pupils	122	D	139	D	65	D	69.1	↓
Writing - Greater Depth All Pupils	-	-	128	D	135	D	14.0	↑
Maths- Expected Standard All Pupils	98	D	35	B	2	A	75.5	↑

Maths - Greater Depth All Pupils	-	-	127	D	47	C	21.1	↑
Science - Expected Standard All Pupils	27	B	47	C	2	A	82.0	↑
	2016-18 3Yr Improvement Rank	Quartile Band A-D	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-19 YoY Improvement Rank	Quartile Band A-D		
Average Progress 8 score per pupil	33	B	110	D	113	D	64.2	↑
NB No Results for 2020	38	C	18	B	7	-	9.4	↑
Average Attainment 8 score per pupil	48	C	79	C	30	B	72.8	↑
% Pupils achieving 9-4 pass in English and Maths	6	A	95	D	110	D	75.5	↑
% Pupils achieving 9-5 pass in English and Maths	16	A	88	D	123	D	77.7	↑
% Pupils entered for English Baccalaureate	15	A	78	C	126	-	26.5	↑
English Baccalaureate Average Point Score	10	A	130	D	125	D	32.4	↑
% Pupils achieving Eng Bacc (inc 9-4 pass in E&M)	9	A	118	D	141	D	24.8	↑
English Baccalaureate Average Point Score	-	-	-	-	-	-	104.4	↑
"% Pupils achieving Eng Bacc (inc 9-4 pass in E&M)	-	-	-	-	-	-	105.6	↑

"% Pupils achieving Eng Bacc (inc 9-5 pass in E&M) "	-	-	-	-	-	-	104.9	↑
	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-20 3Yr Improvement Rank	Quartile Band A-D	2019-20 YoY Improvement Rank	Quartile Band A-D		
"Average Progress 8 score per pupil	37	B	-	-	-	-	-	↑
NB No Results for 2020"	4	A	133	D	149	D	49.6	↑
Average Attainment 8 score per pupil	12	A	137	D	149	D	70.2	↑
% Pupils achieving 9-4 pass in English and Maths	24	A	125	D	147	D	49.2	↑
% Pupils achieving 9-5 pass in English and Maths	11	A	39	B	55	B	35.5	↑
% Pupils entered for English Baccalaureate	-	-	123	D	145	D	4.29	↑
English Baccalaureate Average Point Score	60	B	71	B	27	A	27.1	↑
"% Pupils achieving Eng Bacc (inc 9-4 pass in E&M)	85	C	53	B	131	D	20.0	↑
	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-20 3Yr Improvement Rank	Quartile Band A-D	2019-20 YoY Improvement Rank	Quartile Band A-D		
3+ A grades at GCE/Applied GCE A Level and Double Awards	147	D	75	C	18	A	20.0	↑

% AAB or better at GCE A level, Applied GCE A level and Double A level	147	D	100	C	26	A	29.7	↑
Av pt score per entry A Level Cohort	141	D	128	D	102	C	37.7	↑
AAB or better A level, 2 facilitating subjects	147	D	109	D	49	B	21.5	↑
Av pt score per entry - Tech Level	-	-	72	C	67	B	29.3	↓
Av pt score per entry - General Studies	**-**	**-**	**141**	**D**	**145**	**D**	**31.1**	↓
Av pt score per entry - Best 3 A Levels	**124**	**D**	**124**	**D**	**93**	**C**	**37.6**	↑
	2017-19 3Yr Improvement Rank	Quartile Band A-D	2018-20 3Yr Improvement Rank	Quartile Band A-D	2019-20 YoY Improvement Rank	Quartile Band A-D		
"Level 2 - all school types "	13	A	95	C	134	D	78.3	↑
"Level 3 - all school types "	50	B	60	B	110	C	52.8	↑
"L3 Gap (%pt difference between FSM and non-FSM) - state funded schools "	16	A	123	D	134	D	29.1	↑
L2 Gap (%pt difference between FSM and non-FSM) - state funded schools	18	A	127	D	140	D	26.1	↑

Post 16 - Education Training and Employment

		2015	2016	2017	2018	2019	Rank	Latest Quartile Band A-D	Latest England Ave.
% 16-17 yr olds Not in Education/Employment/Training	*16-17 NEET*	-	1.7	1.7	2.6	1.9	38	A	2.7
% 16-17 yr olds whose Current Activity is Not Known	*16-17_not known*	-	7.3	5.6	2.3	1.9	79	C	2.8
Note: NEET figures are derived from local data which only records young people known to the local authority and does not include those taking a gap year or who are in custody.									

	2015	2016	2017	2018	2019	Latest Rank	Latest Quartile	Latest England Ave.
% 16-17 year olds recorded in education and training (as at 31 December)	91.6	88.4	90.8	93.4	94.3	47	B	92.6
% of KS4 All Pupils going to, or remaining in education & employment/training	94.0	95.0	95.0	95.0	95.0	18	B	94.0
% 16 & 17 yr olds Offered Place in Education/Training (Sept Gtee)	96.7	97.1	98.7	97.5	96.0	78	C	95.0

Behaviour and Attendance

Attendance	2014/15	Rank	2015/16	Rank		2016/17	Rank	2017/18	Rank	2018/19	Rank	Latest Quartile Band	Latest England Average
Authorised Absence - State-Funded Primary	3.0	20	2.8	9		2.9	50	3.0	53	2.9	73	B	2.9

Authorised Absence - State-Funded Secondary	3.6	29	3.4	24		3.4	25	3.3	19	3.2	22	A	3.7
Unauthorised Absence - State-Funded Primary	0.8	52	0.9	57		1.0	58	1.1	63	1.3	100	C	1.1
Unauthorised Absence - State-Funded Secondary	1.2	57	1.3	64		1.2	29	1.3	30	1.3	24	A	1.8
Overall Absence - State-Funded Primary	3.8	22	3.8	26		3.9	35	4.1	47	4.2	101	C	4.0
Overall Absence - State-Funded Secondary	4.8	16	4.8	23		4.7	13	4.7	9	4.6	5	A	5.5
Persistent Absence - State-Funded Primary			7.7	52		7.6	45	8.7	76	9.2	115	D	8.2
Persistent Absence - State-Funded Secondary			10.6	15		10.8	18	10.6	12	11.3	23	A	13.7

Exclusions	**2014/15 %**	**Rank**	**2015/16 %**	**Rank**		**2016/17 %**	**Rank**	**2017/18 %**	**Rank**	**2018/19 %**	**Rank**	**Latest Quartile Band**	**Latest England Ave**
Permanent - Primary (State-funded from 2010/11)	0.00	1	0.01	37		0.01	36	0.01	37	0.01	39	B	0.02
Permanent - Secondary (State-funded from 2010/11)	0.04	19	0.04	14		0.13	41	0.12	33	0.04	10	A	0.20
Total Permanent	0.02	15	0.03	20		0.07	47	0.05	29	0.02	7	A	0.10

Exclusions (rounded)													
Fixed Term - Primary (State-funded from 2010/11)	0.63	34	0.57	24		0.73	27	0.64	21	0.40	9	A	1.41
Fixed Term - Secondary (State-funded from 2010/11)	6.36	64	11.47	128		10.93	110	7.92	54	6.45	22	A	10.75
Fixed Term - Special	13.63	95	4.92	56		5.06	44	20.71	125	36.26	142	D	11.32
Total Fixed Term Exclusions (rounded)	3.48	72	5.54	133		5.34	109	4.24	57	3.81	40	B	5.36

Youth Justice

	2015	2016	2017	2018	2019
First Time Entrants to Criminal Justice System - Rate/100k (aged 10-17)	420.6	309.8	270.4	191.6	224.0
England	407.0	362.8	325.2	280.4	223.7

12 Months Ending December

10 to 14 Year olds	2014	2015	2016	2017	2018
Proven Re-offending - % of Juvenile Offenders who Re-offended	46.7	36.4	-	-	-

12 Months Ending December

15 to 17 Year olds	2014	2015	2016	2017	2018
Proven Re-offending - % of Juvenile Offenders who Re-offended	37.7	30.7	34.8	29.6	22.7

Youth Offending Team (YOT) Data

	2016	2017	2018	2019	
Children cautioned or sentenced - Rate/10,000 (aged 10-17)	-	-	51.30	40.00	-
England	-	-	51.10	40.70	-

Note: YOT boundaries are not always coterminous with LA boundaries so data may relate to multiple authorities.

Vulnerable Children and Young People

Children's Social Care

Workforce FTE	**2016**	**2017**	**2018**	**2019**	**2020**	**Rank**	**Quartile**	**Latest England Ave**
Number of cases held By LA as at 30 September	**1,910.0**	**1,140.0**	**948.0**	**1,371**	**1,514**	**-**	**-**	**334,841**
Average number of cases per children and family social worker (Methodology changed 2017 not comparable to previous years)	**30.4**	**20.0**	**15.3**	**16.3**	**15.6**	**65**	**B**	**16.3**
% Children's Social Worker Vacancy Rate of total staff requirement	**13.3**	**14.9**	**16.7**	**15.0**	**9.2**	**41**	**B**	**16.1**
% Turnover rate of Children's Social Workers (Staff leavers)	**17.1**	**14.0**	**18.0**	**13.0**	**19.6**	**130**	**D**	**13.5**
% Agency Children's Social Worker Rate of total staff requirement.	**20.6**	**18.7**	**12.3**	**12.4**	**9.2**	**46**	**B**	**15.4**
Social Worker - Absence Rate (%) throughout year (30 Sept)	**3.0**	**2.0**	**3.8**	**4.4**	**3.6**	**117**	**D**	**2.9**
Children in Need (CIN)	**2016**	**2017**	**2018**	**2019**	**2020**	**Rank**	**Quartile**	**Latest England Ave**
Children in Need - Rates per 10,000 (as at 31 March)	**250.9**	**357.6**	**338.2**	**359.1**	**319.8**	**-**	**-**	***323.7***
Number of referrals to Children's Social Services	**1,499**	**2,229**	**2,325**	**2,772**	**2,721**	**-**	**-**	**642,980**
Rates per 10,000 of referrals to Children's Social Services	**390.1**	**574.8**	**594.4**	**701.1**	**684.7**	**-**	**-**	**534.8**
Section 47 enquiries rate per 10,000 children	**153.0**	**177.7**	**127.1**	**190.2**	**172.1**	**-**	**-**	**167.2**
Percentage of child protection conferences held within 15 days	**47.7**	**45.5**	**66.0**	**77.6**	**76.5**	**92**	**C**	**77.6**

% Continuous assessments for Children's Social Care carried out within 45 days	**96.4**	**63.8**	**71.6**	**90.5**	**95.7**	**14**	**A**	**83.8**
% referrals completed by source of referral - School	**15.6**	**20.5**	**17.6**	**17.4**	**21.1**	**-**	**-**	**18.2**
% referrals completed by source of referral - Health Service	**15.7**	**11.1**	**16.3**	**19.3**	**14.6**	**-**	**-**	**15.0**
% referrals completed by source of referral - Police	**28.5**	**30.5**	**24.1**	**23.9**	**20.4**	**-**	**-**	**28.7**
Percentage of referrals which resulted in an assessment and the child was assessed not to be in need.	**33.0**	**48.6**	**39.8**	**46.3**	**46.3**	**-**	**-**	**30.2**
Referrals to children's social care closed with no further action	**2.2**	**0.9**	**5.5**	**1.2**	**4.2**	**-**	**-**	**6.3**
Percentage of re-referrals to children's social care within 12 months	**19.9**	**16.3**	**23.7**	**24.4**	**30.2**	**139**	**D**	**22.6**
Rate of Child Protection Plans at 31 March per 10,000 children	**49.2**	**56.7**	**29.7**	**43.2**	**40.3**	**-**	**-**	**42.8**
% of Children in Need subject of a Child Protection Plan for two years or more	**3.7**	**2.7**	**-**	**4.1**	**-**	**-**	**-**	**2.1**
% Child Protection Plans which lasted 2 years or more, which cease during the year	**3.1**	**6.0**	**7.0**	**8.4**	**4.5**	**77**	**C**	**3.6**
% Second/Subsequent Child Protection Plans	**18.9**	**29.3**	**15.5**	**20.6**	**23.4**	**94**	**C**	**21.9**
% Child Protection Cases reviewed within required timescales	**97.9**	**98.2**	**98.9**	**99.0**	**100.0**	**1**	**A**	**91.5**
Looked after children	**2016**	**2017**	**2018**	**2019**	**2020**	**Rank**	**Quartile**	**Latest England Ave**
Rate per 10,000 of children looked after aged under 18 years (as at 31 March)	**68**	**73**	**74**	**77**	**79**	**-**	**-**	**67**
No. of children who started to be looked after, yr ending 31 March	**133**	**152**	**121**	**115**	**115**	**-**	**-**	**30,970**
No. of children who ceased to be looked after, yr ending 31 March	**107**	**134**	**115**	**99**	**108**	**-**	**-**	**29,590**

%Looked after children with SEN Without Statement/Support	-	**30.4**	**25.3**	**22.5**	**24.7**	-	-	**28.5**
%Looked after children with SEN With Statement/EHC Plan	-	**17.0**	**20.5**	**18.3**	**23.4**	-	-	**26.8**
Stability of Placements - % with 3 or more placements in year	**10.0**	**10.0**	**12.0**	**12.0**	**13.0**	**116**	**D**	**11.0**
% Living in the same placement for at least 2 years, or are placed for adoption and their adoption and their adoptive placement together with their previous placement, last for at least 2 years	-	-	**65.0**	**66.0**	**58.0**	**142**	**D**	**68.0**
% of children looked after at 31 March, placed more than 20 miles from their homes, outside LA boundary	**16.0**	**13.0**	**15.0**	**14.0**	**17.0**	**68**	**C**	**16.0**
Crime - % of children looked after (aged 10+) convicted or subject to a final warning or reprimand during the year	**6.0**	**9.0**	**6.0**	-	-	-	-	**3.0**
Drugs - % of children looked after identified as having a substance misuse problem during the year	**8.0**	**14.0**	**8.0**	**9.0**	-	-	-	**3.0**
% Looked after Children Missing from Care	**9.0**	**13.0**	**12.0**	**16.0**	**14.0**	-	-	**11.0**
% Looked after Children Away from Placement without Authorisation	**6.0**	-	-	**7.0**	**4.0**	-	-	**3.0**
Unauthorised Absence - % sessions missed by children looked after for at least 12 months (6 terms)	-	**1.4**	**2.5**	**1.6**	-	**73**	**B**	**1.7**
Overall Absence - % sessions missed by children looked after for at least 12 months (6 terms)	-	**5.0**	**6.1**	**4.6**	-	**50**	**B**	**5.1**
Persistent Absence (PA) - % children looked after for at least 12 months classed as persistent absentees (6 terms)	-	**12.5**	**15.6**	**12.0**	-	**68**	**B**	**12.0**
Exclusion - % of children looked after for at least twelve months with at least one fixed term exclusion	-	**11.65**	**13.97**	**8.7**	-	**24**	**A**	**11.3**

Attainment	2015	2016	2017	2018	2019	Rank	Quartile	Latest England Ave
Children in Need - No. of School Age matched to National Pupil Database	438	399	661	553	624	-	-	167,040
Children in Need - Percentage of School Age matched to National Pupil Database	99.5	98.8	95.8	91.6	97.7	-	-	86.3
% of Children In Need achieving expected standard KS2 in Reading, Writing and Maths	-	30.0	35.0	43.0	30.0	97	D	34.0
% of Children In Need achieving expected standard KS2 in Grammar, Punctuation and Spelling	-	42.0	47.0	63.0	34.0	141	D	49.0
Children In Need Average Attainment 8 score per pupil KS4	-	-	18	18.3	15.4	143	D	19.3
Children in need at 31 March progression between key stage 2 and key stage 4 Avg Progress 8 Score	-	-2.3	-1.65	-1.45	-1.68	113	D	-1.49
% CIN Achieving 9-4 pass in English and maths GCSEs	-	-	16.00	27.5	23.4	-	-	20.30
% CIN Achieving 9-5 pass in English and maths GCSEs	-	-	-	13.7	-	-	-	10.00
% CIN Entering English Baccalaureate	-	-	-	15.7	-	-	-	11.40
% CIN Achieving English Baccalaureate at grade 9-4 inc English & Maths	-	-	-	-	-	-	-	-
Unauthorised Absence - % sessions missed by Children in Need (3 terms)	-	-	4.7	6.0	7.4	144	D	4.9
Overall Absence - % sessions missed by Children in Need (3 terms)	-	-	10.3	12.6	13.7	140	D	11.5
Persistent Absence - % Children in Need classed as persistent absentees (3 terms)	-	-	30.1	37.4	37.3	129	D	33.4

Note: Absence, Exclusion and Attainment data for Children in Need excludes children who were looked after at any point during the year unless those children were also the subject of a CPP

Cafcass	2015	2016	2017	2018	2019	2020		Latest England Ave
Cafcass Care applications per 10,000 child population	14.2	18.4	20.6	14.4	13.7	16.9		10.8

Looked after children (Cont)	2016	2017	2018	2019	2020	Rank	Quartile	Latest England Ave
Care Leavers - Suitable Accommodation (age 19, 20 & 21)	80.0	86.0	75.0	80.0	88.0	55	B	85.0
% of Care Leavers age 19, 20 & 21 the local authority not in touch	-	11.0	-	5.0	-	-	-	7.0
Care Leavers - Education, Employment or Training (age 19, 20 & 21)	60.0	52.0	41.0	43.0	58.0	41	B	53.0
% of Care Leavers who were Looked After when 16 years old who were in higher education (age 19, 20 & 21)	-	9.0	7.0	-	-	-	-	6.0
Adoption - Percent LAC Adopted - application unopposed	-	-	29.0	11.0	7.0	-	-	6.0

Adoption Scorecard	2015	2016	2017	2018	2019	Rank	Quartile	Latest England Ave
Number of children waiting adoption	10	10	20	25	-	-	-	4,500
Average time between LA receiving court authority to place child and LA deciding on a match to adoptive family (3Yr average)	144	120	107	107	95	9	A	178
Average time between a child entering care and LA receiving court authority to place child, children adopted (days)	357	254	192	186	182	6	A	257
Average time (days) between a child entering care and moving in with adoptive foster family - (3Yr average)	429	350	295	301	285	9	A	376
Percentage of children adopted from care - (3Yr average)	19.0	21.0	20.0	25.0	25.0	3	A	13.0

Attainment	2015	2016	2017	2018	2019	Rank	Quartile	Latest England Ave
% of Looked After Pupils Reaching the expected standard in Grammar, Punctuation and Spelling	-	-	-	-	-	-	-	53.0
% of Looked After Pupils Reaching the expected standard in Reading, Writing and Maths	-	-	-	-	-	-	-	37.0

Children Looked After - KS4 Average Attainment 8 Score	-	-	24.2	20.1	18.1	130	D	19.0
Children Looked After - KS4 Average Progress 8 score	-	-1.7	-0.62	-1.46	-2.03	139	D	-1.23
% LAC Achieving 9-4 pass in English and maths GCSEs	-	-	-	27.60	-	65	C	17.8

Children with Special Educational Needs (SEN)

	2017	2018	2019	2020	2021			Latest England Average
% Pupils in Maintained/State-funded Primary Schools with Statements of SEN or (EHC) Plans	1.9	2.1	2.1	2.2	2.1			2.1
% Pupils in Maintained/State-funded Primary Schools with SEN but Without Statements	9.2	9.2	9.9	10.2	10.7			12.6
% Pupils in Maintained/State-funded Secondary Schools with Statements of SEN or (EHC) Plans	1.4	1.4	1.3	1.4	1.4			2.0
% Pupils in Maintained/State-funded Secondary Schools with SEN but Without Statements	6.5	5.7	5.7	6.2	6.6			11.5
Total % Pupils in Maintained/State-funded Schools with Statements of (SEN) or (EHC) Plans	3.4	3.6	3.6	3.7	3.6			3.7
Total % Pupils in Maintained/State-funded with SEN Support	8.3	8.0	8.2	8.6	8.8			12.2
	2016	**2017**	**2018**	**2019**	**2020**	**Rank**	**Quartile**	**Latest England Average**
Proportion of new EHC plans issued within 20 weeks - (excluding exception cases)	11.3	40.5	96.1	98.5	93.5	25	A	58.0
Proportion of all new EHC plans issued within 20 weeks	11.0	38.9	95.3	95.7	86.3	30	A	55.6
Proportion of newly issued statements and plans, with a placement in maintained mainstream schools	43.3	48.6	46.9	47.1	56.9	-	-	37.0
SEN Appeals based on total appealable decisions	1.0	0.7	0.9	1.7	1.5	82	C	1.7

Children with Special Educational Needs (SEN) - (Cont)

Attainment	2015	2016	2017	2018	2019	Rank	Quartile	Latest England Average
Key Stage 2 Reading, Writing and Maths Expected Standard - Pupils with SEN but Without Statements/EHC Plan	-	9.0	17.0	18.0	21.0	120	D	25.0
Key Stage 2 Reading, Writing and Maths Expected Standard - Pupils with Statements of SEN/EHC Plan	-	4.0	10.0	4.0	2.0	146	D	9.0
	2016	**2017**	**2018**	**2019**	**2020**	**Rank**	**Quartile**	**Latest England Average**
Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with SEN Support	35	28.3	31.0	28.5	37.7	44	B	36.4
Average Attainment 8 score per pupil at end of Key Stage 4 for pupils with SEN Statement/EHC Plan	16	9.4	8.8	11.5	9.4	138	D	15.2
Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Support	0	-0.4	-0.3	-0.7	-	128	D	-0.4
Average Progress 8 score per pupil at end of Key Stage 4 for pupils with SEN Statement/EHC Plan	-1	-1.3	-1.3	-1.2	-	83	C	-1.2
English Baccalaureate - Average Point Score per pupil - with SEN Statement/EHC plan	-	-	0.6	0.9	0.7	137	D	1.2
English Baccalaureate - Average Point Score per pupil - with SEN Support	-	-	2.5	2.2	3.1	45	B	3.0

	2016	2017	2018	2019	2020	Rank	Quartile	Latest England Average
%19 year olds qualified to Level 2, inc English & Maths - without statement/EHC Plan	30.2	30.4	34.1	36.4	-	68	B	35.9
%19 year olds qualified to Level 2, inc English & Maths - with statement/EHC Plan	6.4	9.4	9.9	12.7	-	93	C	14.9
%19 year olds qualified to Level 3 - without statement/EHC Plan	32.3	28.5	30.2	22.7	22.4	134	D	32.2
%19 year olds qualified to Level 3 - with statement/EHC Plan	7.3	7.1	11.0	13.9	13.6	53	B	12.9
Percentage of KS4 cohort going to, or remaining in education and training destination - SEN Pupils Without Statement/EHC Plan	87.0	89.0	88.0	-	-	86	C	89.0
Percentage of KS4 cohort going to, or remaining in education and training destination - SEN Pupils With Statement/EHC Plan	88.0	94.0	93.0	-	-	46	B	91.0

Finance

A Gross Expenditure on Children's and Young People (Section 251) Outturn

	2016-17	**2017-18**	**2018-19**	**2019-20**	**% 3 Yr Change 2015-16 to 2017-18**	**% YoY Change 2016-17 to 2017-18**	**% YoY Change 2018-19 to 2019-20**
Children and Young People Budget (excluding CERA) - Gross (£000s)	**28,589**	**31,633**	**35,804**	**40,827**	**-**	**10.6**	**14.0**
Sure Start Children's Centres and Early Years - Gross	**1,463,633**	**1,277,055**	**1,314,289**	**1,496,700**	**-**	**-12.7**	**13.9**
Total Children Looked After - Gross	**13,393,574**	**14,339,665**	**15,505,514**	**19,151,600**	**-**	**7.1**	**23.5**

Other children's and families services - Gross	**1,918**	**1,013**	**232,009**	**263,610**	**-**	**-47.2**	**13.6**
Total Safeguarding Children and Young Peoples Services - Gross	**7,672,307**	**9,136,656**	**11,545,793**	**12,143,100**	**-**	**19.1**	**5.2**
Total Family Support Services - Gross	**2,777,939**	**3,059,653**	**4,549,927**	**4,618,900**	**-**	**10.1**	**1.5**
Total Services for Young People - Gross	**1,802,729**	**2,031,815**	**836,478**	**1,232,680**	**-**	**12.7**	**47.4**
Youth Justice - Gross	**1,476,593**	**1,787,038**	**1,819,856**	**1,920,250**	**-**	**21.0**	**5.5**

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Southend Safeguarding Partnership Annual Report 2020/2021 (Exec Summary)

This report belongs to the three strategic Partners and other organisations that support the Southend Safeguarding Partnership, their governance bodies and the staff that work and volunteer for them.

This is an executive summary of the Statutory Annual Report for Southend Safeguarding Partnership, which is led by Southend Borough Council, the Southend Command of Essex Police, and the Southend Clinical Commissioning Group. The full report is long and detailed as it needs to reflect on what has been done to prevent abuse and harm to both children and adults, as well as responding to such abuse and harm where they occur.

Readers will find a detailed contents sheet at its start that will guide them through the report; and we encourage you to seek those parts of the report which are of greatest interest to you; but also, to read the rest as it gives a rich picture of the Borough and its community.

The report opens with a careful commentary by the Partnership's Independent Advisor and Scrutineer (Prof. Maggie Atkinson), explaining why a report is required, narrowing down the focus of a year that has been entirely within the COVID-19 pandemic (p.1-7). The next three sections outline the partnership's mission, vision and values, its structure, and the links it has with local, regional, and national work on safeguarding for both adults and children (p.7-10). The report next sets the context and examines the performance of the partnership and outlines the strategy for 2021/2024 and the workplans that emerge from it (p.11-17).

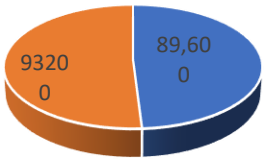
The bulk of the report then consists of detailed summaries of activity and outcomes from Partner organisations and the partnership's sub-groups which are where much of the work takes place. These pages represent a detailed exploration of safeguarding activity between first of April 2020 and thirty first March 2021. (P.20-65).

Southends expenditure and income are then examined and compared with others in the eastern region (p.66-67). The final section of the report gives data information and comparisons where these are relevant. (p.67-90)

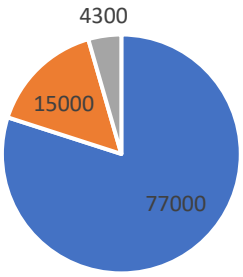
The following single page offers a quick view of Southend and how safeguarding reflects the people and place.

Southend – A Quick View

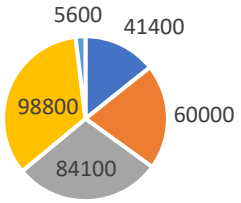
Population



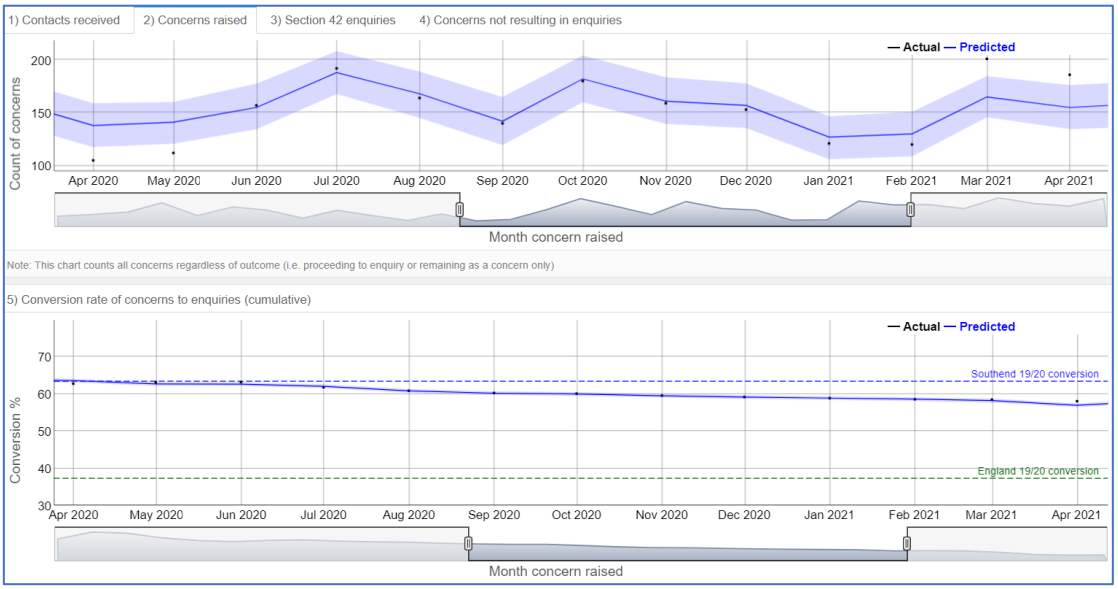
Economically Active



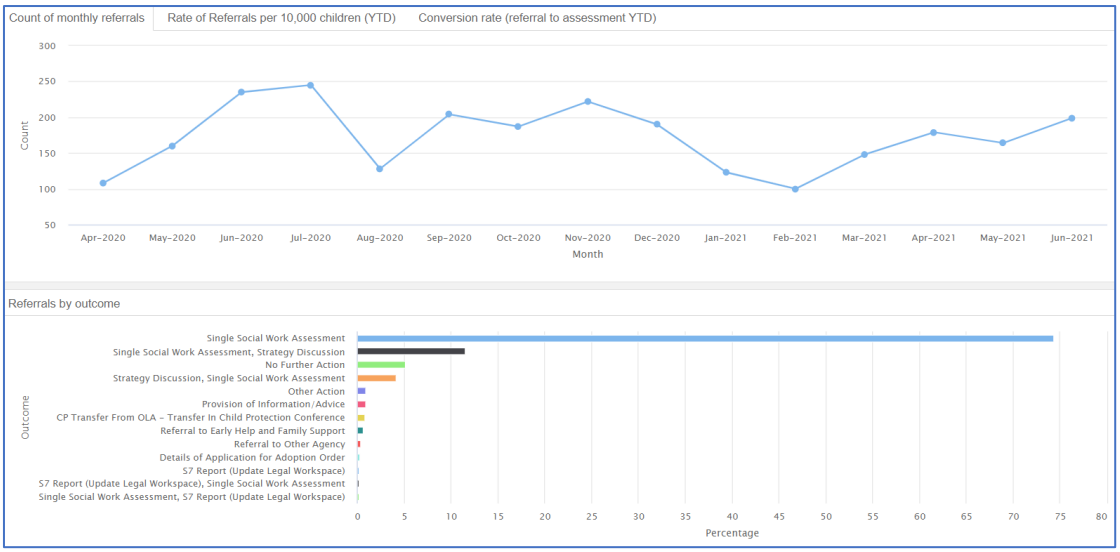
Qualifications



ADULTS



CHILDREN



Southend Safeguarding Partnership

Annual Report 2020/2021

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Report title: Community Inpatient Beds in Mid and South Essex	7
Report to: People Scrutiny Committee	
Report author: James Wilson - Transformation Director, Mid and South Essex Community Collaborative	
Date: 30 November 2021	**For:** Information

1. Introduction

The purpose of this paper is to (a) update the Committee on the current status of community inpatient beds across mid & south Essex, following recent changes that were implemented as a result of COVID; and (b) to advise the Committee of our plans to now commence a period of engagement on the future function and location of these beds.

In discussion with the Committee, we plan to commence engagement with the public, our staff and stakeholders in November 2021 in order to help shape and refine the possible future service model, with a view to commencing public consultation in early 2022.

2. Action required

The Committee is asked to:

- Note the plans set out in this paper to commence engagement on the future focus and location of community inpatient beds in mid & south Essex; and
- Agree to receive regular updates from the mid & south Essex Health and Care Partnership on this matter; and
- Note that in future the mid & south Essex Health and Care Partnership may request that this Committee form a joint Scrutiny Committee with colleagues from Essex and Thurrock committees

3. Background and key issues

<u>Overview</u>

Community hospital inpatient beds provide short-term rehabilitation services to care for people who are either too unwell to stay at home or who are being discharged from hospital but require additional support. Very often, these are frail older members of the community who have been admitted to one of our main acute hospitals, or are people who have suffered a stroke and who, following a short stay in a main acute hospital, require specialist bed-based rehabilitation.

Across mid and south Essex, we have historically had around 115 community beds spread across several locations. The main sites are:

- Billericay
- Brentwood

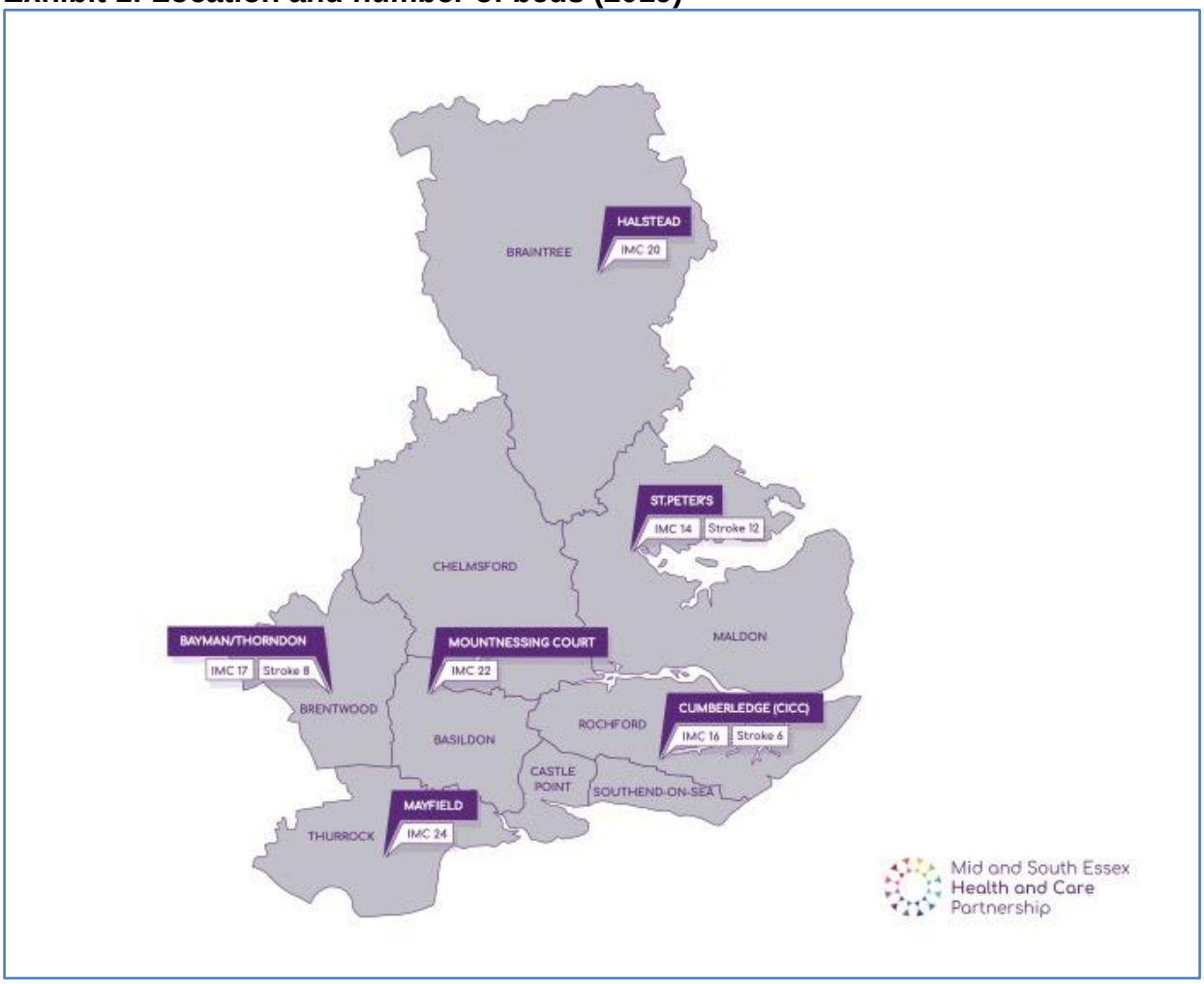
- Halstead
- Maldon
- Rochford
- Thurrock

Over the last 18 months, an average of 200 people were admitted to these beds each month, and the average length of stay is 18 days. The most common reason for admission is rehabilitation.

Configuration of community beds – 2019

The exhibit below shows the location and number of community beds in 2019*, prior to any of the changes introduced in response to COVID*. At that point, there were two main types of beds – intermediate care (IMC), which generally provided care for people who were well enough to be discharged from a main hospital but were not yet able to return home, and stroke care beds, which provided rehabilitation for people who had suffered a stroke.

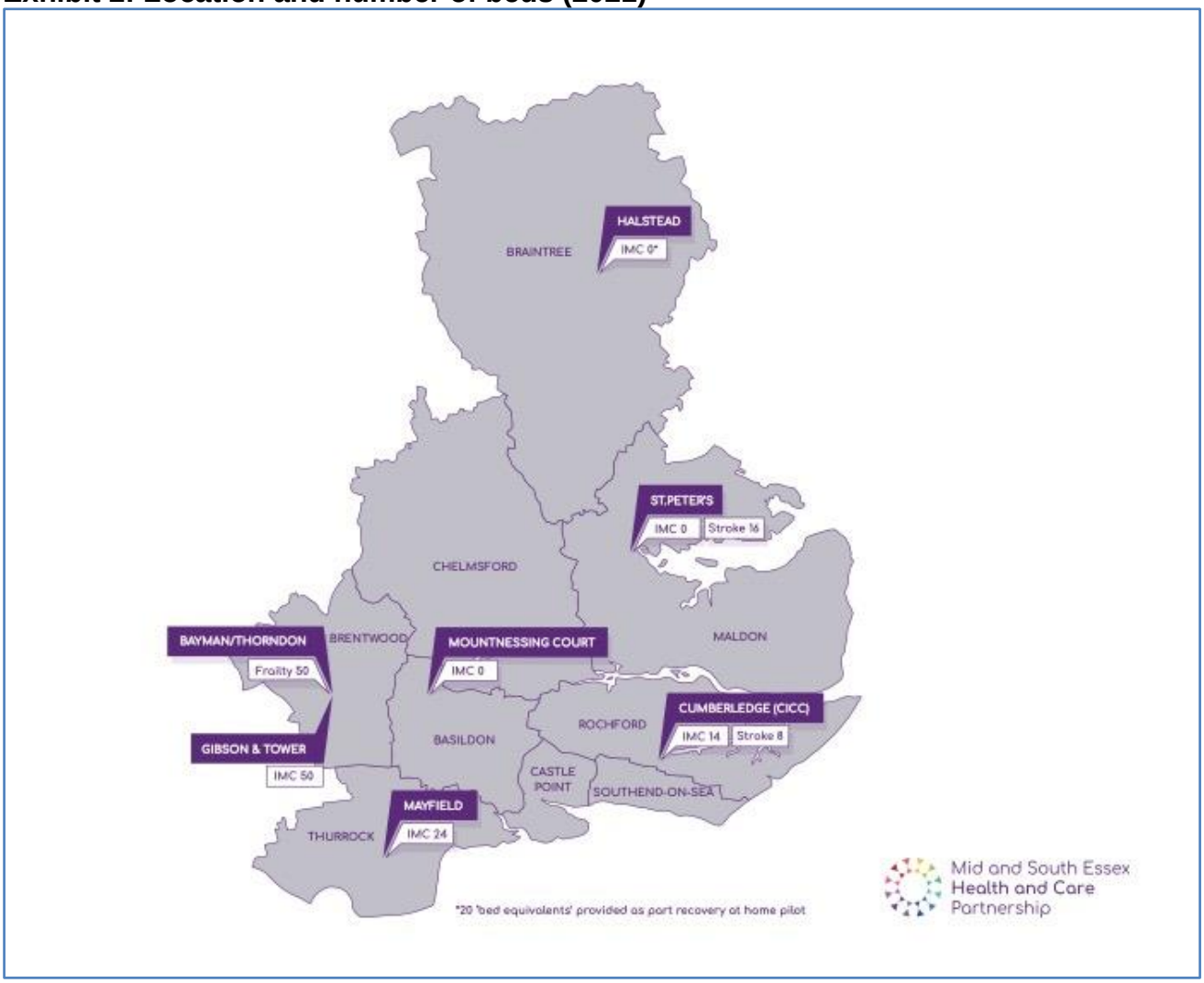
Exhibit 1: Location and number of beds (2019)



Configuration of beds - 2021

One of the many urgent changes made in response to COVID was to significantly alter the location and mix of community inpatient beds. These changes resulted in the following configuration, which remain in place currently:

Exhibit 2: Location and number of beds (2021)



A key change that was introduced involved moving two acute wards that focus on caring for frail older people from the main Basildon Hospital site to Brentwood Community Hospital. This was driven by the need to rapidly increase capacity at the main hospital to meet the additional demands of the first and second waves of the pandemic (especially the need for more critical care beds); the importance of physically separating people with and without COVID in order to minimise the spread of infection; and the need to make best use of the available staff.

In addition, as part of the urgent changes intermediate care beds were relocated from both St Peter's Hospital in Maldon, and Mountnessing Court, Billericay.

In the north of the County (Halstead), we replaced the community beds with an intensive home recovery service, with the teams who were previously based on the ward providing intensive support to people in their own homes.

The case for change

Following the urgent changes made to the configuration of community beds as part of the response to COVID, in recent months a number of our clinical leaders been considering what the future configuration of community inpatient and acute frailty beds could look like. Our work has been driven by the twin objectives of improving outcomes for patients and ensuring we make best use of the available resources and capacity.

In considering these issues, we have been looking at four main elements: overall hospital bed capacity and flow; stroke rehabilitation; intermediate care; and frailty. These four elements form the core of the emerging case for change.

Overall bed capacity and flow

One of our key considerations is how in future we use the available bed capacity – acute as well as community hospital - to support the overall 'flow' through the system. Getting this right is key to ensuring that we have enough capacity to both respond to emergency pressures (including any future waves of COVID) and to reduce waiting times for elective or planned care.

Alongside a wide range of services and partners, community inpatient beds play a key role in enabling people to be discharged from our main hospitals as soon as they are medically fit; without this capacity, people's length of stay in our main hospitals would increase, making it more difficult to ensure there are beds available for emergencies.

Alongside this, as a result of COVID we now have long waiting lists for elective or planned care. We are determined to reduce these waiting times as quickly as possible, and to do so we need to ensure there is sufficient bed capacity (including in critical care).

Stroke

There are very clear national standards for optimising stroke care, including for rehabilitation following emergency treatment at a main acute hospital. Meeting these standards will be key if we are to consistently achieve the best possible outcomes for all people across mid and south Essex who suffer a stroke.

Initial work by our clinical leaders and their teams suggests that, to meet these standards and to take account of our growing, aging population, we will need to increase the total number of stroke rehabilitation beds we have, and may need to consider consolidating the number of sites services are provided from. This is to ensure that the vital specialist skills that are required for successful rehabilitation are not diluted.

Our objective is to make sure that in future we improve outcomes for patients by

developing a consistent approach to stroke rehabilitation across mid and south Essex.

This work builds on the 2017/18 consultation *your care in the best place*[1], which considered a wide range of issues, including how the three hospitals in mid and south Essex might in the future work together to improve outcomes by separating planned and emergency care as far as is possible, and by concentrating a small number of highly specialist services (such as stroke, complex gynaecology, respiratory and urology, as well as vascular services) on to a single site. The consultation also proposed the closure of Orsett hospital, after existing services had been appropriately located, a process which was underpinned by a Memorandum of Understanding.

Intermediate Care

Intermediate care beds form one element of a much broader set of services that aim to help people remain in their own homes for as long as possible or, if they require admission to an acute hospital, support their discharge and return home.

Our clinicians have been considering the future role of community intermediate care beds as part of our wider work as part of our local response to the national Ageing Well programme, including getting the balance between beds and wider community resources right. Our initial assessment suggests that although we have roughly the right number of beds in total, there is some inequality of access across mid and south Essex, and there is unwarranted variation in the care model across the patch. We think that we could do more to embed a more consistent care pathway across mid and south Essex, building on the evidence base and our own experience.

Our objective is to ensure that in future the role of intermediate care beds is clearly and consistently defined across mid and south Essex. Within this, the engagement will enable us to ensure that any proposals for future community inpatient provision are fully aligned with emerging place-based/Alliance plans, as well as the wider pattern of services provided by other partners, including social care.

Frailty

As noted above, during COVID we moved two acute wards (approximately 50 beds) that focus on caring for frail older people off the main Basildon hospital site to Brentwood Community Hospital.

We are currently evaluating outcomes for patients in these two relocated wards. Based on this information and other information, we will need to decide whether to make this temporary change permanent; whether to move the two wards back to the main hospital site; or whether to explore alternative locations for these wards.

<u>Timetable</u>

We are keen to now discuss some of the thinking so far and possible models for the future configuration of community beds with the public, staff and wider stakeholders. This will help us to identify the full range of options, as well as the pros and cons of

[1] For more detail on the 2017/18 consultation, refer to the Decision Making Business Case (DMBC), http://v1.nhsmidandsouthessex.co.uk/decision-making-business-case/

each. We plan to do this during November and December 2021.

Following this initial engagement phase, we hope to be in a position to clearly articulate the most promising options for the future number and locations of intermediate care beds, and to then use this as the basis for formal public consultation. We will work closely with this Committee on the details and timing of this, but at this point we envisage starting consultation in early 2022.

Depending on the results of any future consultation, we anticipate that we will be asking the relevant Boards to make decisions on the future configuration in the summer of 2022, with implementation commencing in the Autumn.

Proposed engagement process

The focus of our pre-consultation engagement will be on seeking the opinions of patients, carers, stakeholders and partners on the local health services to be provided in a number of community inpatient settings and to gather views on current and potential service offers.

Alongside this, we will also ask for views on the criteria that we are likely to use in future as we seek define and narrow down future options.

We will examine themes and insight from our existing engagement work, with particular reference to the conversations had around the develop of our local response to the NHS Long Term Plan.

The main focus of our approach will be on the patients and people who represent patients that could be directly affected by the potential changes in the provision of community beds. We plan to do this through targeted engagement, with a strong emphasis on the views of carers.

Will we seek to work with advocacy and support groups including Age UK Essex, The Stroke Association and Essex Carers Support to promote this dialogue.

Over the next few months our clinicians will continue to undertake detailed work to further develop possible service models. As part of this, we will be considering the potential to improve clinical outcomes and patient experience; the impact on staffing; the numbers and types of patients needing our services; and the financial requirements.

We will also be engaging with staff who currently provide services in order to gather their views and insights as we develop our thinking.

This period of pre-consultation engagement with the public and other stakeholders will help to inform and refine the possible service models and options. As part of this we will be engaging with Local Authorities in particular Adult Social Care colleagues on the whole system impacts.

This will then be incorporated into a pre-consultation business case for consideration by a range of groups across mid and south Essex, as well as by NHS England as part of the assurance process.

During this period we will also be engaging with the East of England Clinical Senate, who will provide and external clinical view of emerging thinking and service models.

The proposals contained in the final pre consultation business case will then be subject to formal public consultation. We will work closely with colleagues from the three mid and south Essex HOSCs to agree the details of this process.

Both the pre-consultation and any subsequent formal consultation will be progressed based upon the following principles:-

- We will fulfil our statutory duties to inform staff, the public, patients and stakeholders about proposed changes in service delivery
- We will be transparent and accountable in the rationale for the current situation and future proposals
- We will consider all suggestions put forwards in the development of options
- We will seek to maintain the reputation of the NHS as a whole; and
- We will respond to questions raised by those with concerns in a timely and informative manner.

Joint HOSC

As any future consultation would span the whole of mid & south Essex, at the appropriate juncture we would be keen to discuss with the Committee the potential to form a Joint Health and Overview Scrutiny Committee (JHOSC), comprising members from Thurrock Council, Southend-on-Sea Borough Council and Essex County Council.

4. Update and Next Steps

Subject to discussions with this Committee, and with the Overview and Scrutiny Committees in Essex County and in Thurrock, we plan to start our engagement activities later in November, and to continue discussions for approximately 2 months.

We propose bringing back a summary of the main points from the engagement to this Committee in early 2022, together with a plan – for discussion – on how and when to move to public consultation on the main options. In general, ‘formal’ public consultations take place over a 12-week period, although naturally this varies depending on the topic and when the consultation is held.

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